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A study to assess the effectiveness of Planned Teaching Programme on Knowledge, Attitude and Practice regarding prevention of COVID-19 infection among adults residing in Adaikakkuzhi village at Kanyakumari district.

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CHAPTER-I

INTRODUCTION

Stay Home and Stay Safe (WHO)

COVID-19, commonly known as SARS-CoV-2, is an infection caused by the corona virus. The World Health Organization (WHO) first declared the corona virus in Wuhan, China, on December 31, 2019, and on January 30, 2020, it was declared a pandemic and a health emergency. On March 11, 2020, the World Health Organization declared the COVID-19 virus to be a worldwide pandemic. On May 24, 2021, the World Health Organization stated that there were over 167,521,515 million confirmed cases of COVID-19 infection worldwide, along with over 34.6 L fatalities.

(Worldometer, 2021) The infectious virus known as SARS-CoV-2 is usually transmitted from person to person by respiratory droplets from the mouth or nose. It has been determined that dexamethasone, which comprises Remdesivir, Hydroxychloroquine, Lopinavir/ritonavir, and interferon, is a successful treatment for COVID-19 patients. The best strategies to stop the virus from spreading are social distancing, frequent hand sanitization, frequent surface cleaning, the use of face masks, and quarantine. Numerous government and health agencies, such as the WHO, have been actively urging people to take precautions against the virus's spread, such as implementing lockdowns. (World Health Organization, 2020) The best defense against an emergency is knowledge about how to prevent COVID-19. Preventive actions are necessary to control the pandemic, and knowledge about how to prevent COVID-19 infection helps to lower the spreading and death rate. Preventive measures, research team and researcher support, and the most recent research and literature are the three key components of community health education. To improve awareness, attitudes, and practices about COVID-19 infection, a thorough community health education campaign is essential.

STATEMENT OF THE PROBLEM

A study to evaluate the knowledge, attitude, and practice of adults living in Adaikakkuzhi village in Kanyakumari district about the prevention of COVID-19 infection as a result of a planned teaching program.

OBJECTIVES

- To assess the level of Knowledge, Attitude and Practice regarding prevention of COVID-19 infection among adults residing in Adaikakkuzhi village
- To evaluate the effectiveness of Planned Teaching Programme regarding prevention of COVID -19 infection among adults
- To find out the association between the pre-test level of Knowledge, Attitude and Practice regarding prevention of COVID-19 infection with selected demographic variables among adults.

HYPOTHESIS

- **H1**: There was a significant difference in the level of Knowledge, Attitude and Practice regarding prevention of COVID-19 infection before and after Planned Teaching Programme among adults.
- **H2**: There was a significant association between the pre-test levels of Knowledge, Attitude and Practice regarding prevention of COVID-19 infection with selected demographic variables among adults.

OPERATIONAL DEFINITIONS:

Assess

In this study, "assess" refers to determining the adults living in Adaikakkuzhi village's level of knowledge, attitude, and practice regarding COVID-19 infection..

Effectiveness

Effectiveness in this study is defined as the notable change in knowledge, attitude, and practice toward COVID-19 infection following the implementation of the planned teaching program.

COVID-19 infection

The infectious disease known as coronavirus disease 2019 (COVID-19), which is brought on by SARS-COV-2, is characterized by fever, dry cough, dyspnea, muscle soreness, sputum production, diarrhea, and sore throat. It is spread by respiratory droplets that are released during coughing. 2020's National Institutes of Health.

Adults

A mature, fully formed individual between the ages of 36 and 55 is referred to as an adult in this study.

Planned Teaching Programme

A planned teaching program is defined in this study as a methodically organized and developed educational program that covers topics such as definition, epidemiological determinants, mode of transmission, incubation period, signs and symptoms, investigation, treatment, and prevention of COVID-19 infection for 45 minutes each evening (4-5 hours) over four days.

Knowledge

Understanding Knowledge in this study pertains to information and comprehension about adult COVID-19 infection prevention. Through a knowledge questionnaire, it is measured.

Attitude

Mentality In this study, adults' feelings or opinions on preventing COVID-19 infection are referred to as attitude.An attitude scale is used to elicit it.

Practice

The actions taken to prevent or control COVID-19 infection are referred to as practice in this study. Checklists are used to measure it.

ASSUMPTIONS

The study assumes that,

- SARS COVID-19 infection symptoms may vary from individual to individual.
- The teaching program may have a positive effect on Knowledge, Attitude and Practice among adults regarding COVID-19 infection residing in Adaikakkuzhi village.

DELIMITATIONS

The study is delimited to adults

- between 36 and 55 years
- living in Adaikakkuzhi village
- willing to participate
- who speak and read Tamil

CONCEPTUAL FRAMEWORK

The conceptual framework for this study is based on Imogen King’s goal attainment model (1971).

CHAPTER II

REVIEW OF LITERATUR

A study by Manal Mohamed Ahmed Ayed et al. (2020) evaluated the effects of a training program to evaluate higher secondary schools in Sohag, Egypt, on their knowledge, attitudes, and practices about COVID-19 infection. In March 2020, 260 students in total were chosen using a stratified random sampling procedure. The study employed a pre/post quasi-experimental design. The findings indicate that following program implementation, 90% of participants reported having strong knowledge, 100% reported having a positive attitude, and 100% reported having good practices. According to the study, a systematic training program can effectively enhance students' understanding, attitudes, and behaviors related to COVID-19 infection.

CHAPTER III

RESEARCH METHODOLOGY

The research approach, research design, variables, settings, population, sample, sample size, and selection criteria are all covered in this chapter. Other topics covered include tool development, instrument validity and reliability, pilot study, data collection procedures, data analysis plan, and ethical considerations.

RESEARCH APPROACH

The impact of the planned teaching program on knowledge, attitude, and practice related adult COVID-19 infection prevention was evaluated in this study using a quantitative research approach.

RESEARCH DESIGN

The pre-experimental research design was chosen for this investigation. Only one group was pre-tested and post-tested. This is the schematic representation::

O_1	X	O_2

Keys :

O_1 : Pre-test assessment of Knowledge, Attitude and Practice on prevention of COVID-19 infection among adults

X : Administration of intervention (Planned Teaching Programme)

O_2 : Post-test assessment of Knowledge, Attitude and Practice on prevention of COVID-19 infection among adults.

VARIABLES

Independent variable

In this study, the planned teaching program with reference to COVID-19 infection prevention was one of the independent variables.

Dependent variable

Knowledge, attitude, and practice toward preventing COVID-19 infection among people aged 36 to 55 years were the dependent variables in this study.

Extraneous variable

Sociodemographic factors such age in years, gender, religion, family type, educational attainment, monthly income, prior knowledge exposure, and information source are all considered extraneous variables in this study.

SETTING OF THE STUDY

The Adaikakkuzhi community area in the Kanyakumari district served as the study's location.

POPULATION

Adult residents of Adaikakkuzhi village are included in the population for this study.

Target population

The study's target demographic consists of people living in Adaikakkuzhi village in the Kanyakumari district who are between the ages of 36 and 55.

Accessible population

Adults who met the inclusion criteria and were between the ages of 36 and 55 made up the study's accessible population.

SAMPLE

Adults who met the inclusion criteria and lived in Adaikakkuzhi hamlet between the ages of 36 and 55 made up the study's samples.

SAMPLING TECHNIQUE

According to the inclusion criteria, a nonprobability convenience sample technique was employed in this investigation.

SAMPLE SIZE

In this study, the sample size was 100 adults between the age group of 36-55 years who fulfill the inclusion criteria residing in Adaikakkuzhi village.

SAMPLING CRITERIA

INCLUSION CRITERIA

The study included adults

- of both gender
- between 36 to 55 years of age

- who are willing to participate in the study.
- who are residing in Adaikakkuzhi community area.
- who can understand Tamil and English.

EXCLUSION CRITERIA

The study excludes adults

- who are deaf and dumb.
- who are unavailable at the time of data collection
- with neurological impairment

SELECTION AND DEVELOPMENT OF STUDY TOOL

The tool was prepared on the basis of objectives of the study. The following methods were used for the development of the tool by the investigator.

- Review of literature from books, journals, other publications, and websites.
- Discussion with subject experts like guides and biostatistician.

DESCRIPTION OF THE TOOL

A Structured Interview cum Observation Tool was developed and used to collect necessary data.

TOOL-1 SECTION- A

SOCIO DEMOGRAPHIC VARIABLES

Socio demographic data are the first part of the tool consist of 7 items includes age in years, gender, religion, type of family, educational status, monthly income, previous exposure to knowledge, and source of information.

TOOL-2 SECTION- B

QUESTIONNAIRE ON COVID-19 INFECTION

The structured knowledge questionnaire comprising of 20 items, regarding prevention of COVID-19 infection. The total Score Interpretation was:

Score	Interpretation
1-7 (1-35%)	Inadequate knowledge
8-14 (40-70%)	Moderately adequate knowledge
15-20 (75-100%)	Adequate knowledge

SECTION- C

5-point Likert scale consisting of 10 items regarding prevention of COVID-19 infection. The total maximum and minimum score were 50 and 10 respectively. The score was interpreted as,

Score	Interpretation
1-17 (1-34%)	Unfavorable attitude
18-33 (36-66%)	Favorable attitude
34-50 (68-100%)	Most favorable attitude

SECTION- D

Observational checklist comprising of 10 items regarding prevention of COVID-19 infection. The total maximum and minimum score were 10 and 0 respectively. The score was interpreted as,

Score	Interpretation
1-3 (1-30%)	Worst practice

4-7 (40-70%)	Good practice
8-10 (80-100%)	Best practice

VALIDITY

Five specialists (from Community Health Nursing) reviewed the updated data collection instrument to guarantee its content validity. The experts were asked to evaluate the items for the study's degree of agreement, appropriateness, and usefulness. Following the consensus of all the specialists, the tool was finalized.

RELIABILITY

Karl Pearson's coefficient of correlation (r) was used in the test-retest approach to determine the tool's dependability for knowledge. There was a positive association between the reliability for knowledge (r = 0.89), attitude (r = 0.72), and practice (r = 1.00005). The instruments were determined to be extremely dependable for advancing the investigation, and the score shows a high correlation.

PILOT STUDY

In the Kanyakumari district's Unnamalaikadai village, a pilot research was carried out. In March 2021, a one-week initial authorization request was made through the Panchayat Office. Using a handy non-probability sampling strategy, the researcher chose ten samples. The Structured Knowledge questionnaire, the Likert scale for attitude, and the Observational Checklist for practice were used in the pre-test. Following the pre-test, the second day's scheduled instruction was carried out. The pilot project was quite successful, and on the seventh day, a post-test was administered utilizing a structured knowledge questionnaire, a Likert scale for attitude, and an observational checklist for practice.

DATA COLLECTION PROCEDURE

The data collection process was carried out in Adaikakkuzhi village, Kanyakumari district, for one month in April 2021 after obtaining approval from the ethics committee.

Phase-1

The first step was to build rapport after getting approval from the Panchayat President of Adaikakkuzhi village. The samples gave their verbal consent, and the study was conducted with secrecy guaranteed. Using a handy non-probability sampling technique, 100 samples were chosen. Sociodemographic information, a structured knowledge questionnaire about COVID-19 infection prevention, a 5-point Likert scale to gauge attitude, and an observational checklist to gauge practice were used for the pre-test. The total samples were divided into four sections, with 25 samples in each portion.

Phase-2

After a three-day break, a 45-minute lesson on knowledge, attitude, and practice on COVID-19 infection prevention was given using A.V. aids such posters and flash cards, along with a demonstration of hand washing method.

Phase-3

On 7th day the post-test was done by using the same tool.

PLAN FOR DATA ANALYSIS

Data collected were analyzed using both descriptive and inferential statistics such as Mean, Standard Deviation, Paired T test, and Chi-square test.

CONCLUSION

According to the study, individuals' knowledge, attitudes, and practices on COVID-19 infection prevention are improved by planned teaching programs. The study found that knowledge was associated with certain demographic variables, such as family monthly income, educational status, and prior exposure to knowledge; attitude was associated with certain demographic variables, such as occupation; and practice was associated with certain demographic variables, such as family type, occupation, and educational status. Consequently, the independent variables in knowledge will be influenced by family monthly income, educational attainment, and prior exposure to information. The independent variables will be influenced by occupation, family type, and educational attainment in both attitude and practice.

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ELECTRONIC SEARCH

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