Corona Virus Related Knowledge, Practice And Perceived Barriers Among Health Care Personal – A Descriptive Approach

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Running title: Corona virus knowledge and practice among health worker.

Abstract
Background:

Corona virus infection is a potentially severe acute respiratory infected caused by severe acute respiratory syndrome coronavirus. It is highly contagious diseases and can be transmitted via animal-to-human and human to-human interaction. We aimed to assess knowledge, practice and perceived barriers among health care personnel. [1]

Objectives:

1.   To assess knowledge regarding Covid 19 among health care personnel.
2.   To assess practice regarding Covid 19 among health care personnel.
3.   To explore perceived barriers faced by health care personnel while performing their duties at   PHC.
4.   To find association between knowledge, practice and perceived barriers on COVID 19 and selected demographic variables.

Methodology: A Qualitative research approach at survey design was adopted to conduct the study in selected Community health center of Jarod and Primary health center of Waghodia.70 Health care workers were selected by using simple random sampling technique.

Result: Majority of the subjects (47.14%) were in 20-30 years age group. Majority of the subjects (47.51%) have higher secondary education and other half (28.57%) have graduation and above. Majority of the subjects (47.14%) were in 20-30 years age group. Majority of the

subjects (47.51%) have higher secondary education and other half (28.57%) have graduation and above. Majority of the subjects (40%) have 9,000-10,000 income and other half (27.14%) have 30,000-34,000 incomes.

The data indicates that there is statically significant difference found in outcome of Comparison of socio demographic variables and knowledge of health care personnel.

Conclusion: The focus of this study was to evaluate the effect of selected health care personnel of selected Community health centre of Jarod and Primary health centre of Waghodia taluka. A qualitative research approach was used in present study. 70 samples were selected by using simple random sampling technique. Data was analysed and interpreted by applying statistical methods.

Keywords: Descriptive study, Knowledge, Practice, Perceived barriers, Health care personnel, COVID 19.

Introduction:

Corona virus infection is a potentially severe acute respiratory infected caused by severe acute respiratory syndrome coronavirus. It is highly contagious diseases and can be transmitted via animal-to-human and human to-human interaction. [2] Corona virus disease is infections are emerging respiratory viruses and are known to cause illness ranging from the common cold to severe acute respiratory syndrome. Corona infection may spread by human-to-human transmission through droplet, oral and direct contact. [3]

Total number of CORONA VIRUS infection cases in the world till (23rd July 2021) is 193,534,092. Total number of CORONA VIRUS infection cases in India till (23rd July 2021) is 31,293,062. Total number of CORONA VIRUS infection cases in Gujarat till (23rd July 2021) is 8.25 lacs.[4]

Most studies conducted on COVID 19 focused on the clinical characteristics an epidemiology of the disease and not on its relation to HCWs. [5] there is an urgent need to evaluate and improve the level of awareness of Health care worker. Thus, we aim to explore the Knowledge, Practice, and Perceived Barriers of COVID 19 among Health Care Personnel In hospitals. In addition, this study highlighted the information sources utilized and barriers to infection control perceived by Health care worker. [6]

Material and methods

Researcher overall plan for obtaining answers to research questions or for testing the research statement is referred as the research design. A descriptive design was adopted for the study. In this study the base measure was structured questionnaire method was used to assess the knowledge, Practice and perceived barriers of health care personnel.

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Tool for data collection

- The proposed study was conducted after ethical clearance and formal permission from the Principal, Parul Institute of Nursing, Limda. Permission was obtained from selected CHC of Jarod.
- Informed consent was taken from the health care personnel to participate in the study.
- 70 health care personnel using simple random technique were selected Community health center of Jarod and Primary health center of Waghodia.
- Baseline data was collected from group of Health care personnel.
- Investigator personally assessed & recorded the Socio-demographic variables, Knowledge and Practice and Perceived barriers.
- Collected data were tabulated and analyzed.

Study participants and size: Sample size determine by power analysis calculated based on previous studies.

Ethical clearance: Permission was gained from Parul University and respected area of research, Gujarat, India

Result:

Section I: Findings related to demographic variables of Health care personnel.

Table 1: Frequency and percentage distribution of socio demographic variables N=70

Sr. No.	Demographic Variables	Frequency (f)	Percentage (%)
GENDER			
1.	Male	20	28.6 %
2.	Female	50	71.4%
3.	Total	70	100.0%
RELIGION			
1.	Hindu	69	98.6%
2.	Muslims	1	1.4 %
3.	Total	70	100.0%
EDUCATION			
1.	Primary	7	10.0 %

2.	Secondary	11	15.7%
3.	Higher Secondary	32	45.7 %
4.	Graduation and Above	20	28.6%
5.	Total	70	100.0%

INCOME

1.	9,000-10, 000	28	40.05%
2.	10,000-20, 000	10	14.3%
3.	20,000-30, 000	13	18.6 %
4.	30,000-34, 000	19	27.1%
5.	Total	70	100.0%

MARITAL STATUS

1.	Married	55	78.6 %
2.	Unmarried	14	20.0 %
3.	Widow	1	1.4%
4.	Total	70	100.0 %

FAMILY TYPE

1.	Joint	67	95.7 %
2.	Nuclear	3	4.3 %
3.	Total	70	100.0%

NO. OF CHILDREN

1.	1	12	17.1 %
2.	2	24	34.3%
3.	3 or More	9	12.9 %
4.	None	25	35.7%
5.	Total	70	100.0%

EARING MEMBERS

| 1. | | 1 | 19 |
| 27.1% | | | |

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2.	2	46	65.7%
3.	3	1	1.4%
4.	4	4	5.7%
	Total		70
100.0%			

SOURCE OF INFORMATION

1.		self	63
90.0%			
2.		Family and Friends	2
2.9%			
3.		Colleagues	5
7.1%			
4.		Total	70
100.0%			

Age

1.	20 – 30	33	47.1%
2.		31 - 40	20
28.6%			
3.	41 – 50	11	15.7
%			
4.	51- 60	6	8.6%
5.		Total	70
100.0%			

Section II: Findings related to comparison of socio demographic variables and knowledge of health care personnel.

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Table 2: Comparison of socio demographic variables and knowledge

N=70

Sr. No.	Demographic variables	Knowledge			Total		DF	Chi Square	P value
		Average	Good	Poor					
1.	**Age**								
	21-30	11	20	2	33				
	31-40	7	12	1	20		6	9.288	0.05
	41-50	8	3	0	11				
	51-60	4	1	1	6				
2.	**Gender**								
	Male	10	7	3	20		2	6.028	0.05 S*
	Female	20	29	1	50				
3.	**Religion**								
	Hindu	29	36	4	69		2	2.422	0.05
	Muslim	1	0	0	1				
4.	**Education**								
	Primary	5	2	0	7				
	Secondary	8	2	1	11		6	11.935	0.05
	Higher secondary	10	19	3	32				
	Graduation	7	13	0	20				
5.	**Income**								
	9,000-10,000	14	10	4	28				
	10,000-20,000	7	3	0	10		6	11.935	0.05
	20,000-30,000	3	10	0	13				
	30,000-34,000	6	13	0	19				
6.	**Marital status**								
	Married	21	31	3	55				
	Unmarried	8	5	1	14		4	4.643	0.05
	Widow	1	0	0	1				
7.	**Family type**								
	joint	28	35	4	67		2	1.092	0.05
	nuclear	2	1	0	3				

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8.	No. of children							
	1	3	9	0	12			
	2	10	14	0	24			
	3 or more	6	1	2	9	6	11.735	0.05
	None	11	12	2	25			
9.	Earning members							
	1	10	6	3	19			
	2	17	29	0	46	6	13.991	0.05 S*
	3	1	0	0	1			
	4	2	1	1	4			
10.	Source of information							
	self	27	32	4	63			
	Family & friends	1	1	0	2	4	1.346	0.05
	colleagues	2	3	0	5			

S*=Significant at 5% level (p< 0.05 level)
Section III: Findings related to perceived barriers of health care personnel.

In present study the data indicates among the variables like overcrowding divided accordingly 30% (strongly agree), 21% (agree), 14% (disagree), 5% (strongly disagree). The other data shows insufficient training in practice of health care personnel divided accordingly 30% (agree), 2% (disagree), 38% (strongly agree). The data indicates lack of policy in practice of health care personnel divided accordingly 38% (strongly agree), 17% (agree), 12% (disagree), 3% (strongly disagree). The data indicates hand hygiene in practice of health care personnel divided accordingly 40% (strongly agree), 25% (agree), 1% (disagree), 2% (strongly disagree), 2% (undecided). The data indicates wearing mask in practice of health care personnel divided accordingly 38% (strongly agree), 24% (agree), 5% (disagree), 1% (strongly disagree), 2% (undecided). The data indicates lack of knowledge in practice of health care personnel divided accordingly 31 %(agree), 5% (disagree), 2% (strongly disagree), 32% (strongly agree). The data indicates wearing PPE in practice of health care personnel divided accordingly 30% (strongly agree), 30% (agree), 8% (disagree), 1% (strongly disagree), 1% (undecided).

Conclusion: The focus of this study was to evaluate the effect of selected health care personnel of selected Community health centre of Jarod and Primary health centre of Waghodia taluka. A qualitative research approach was used in present study. 70 samples

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