International Journal of Science and Research (IJSR)
ISSN: 2319-7064
SJIF (2022): 7.942

A Descriptive Study to Assess the Knowledge and Practice regarding Prevention of COVID-19 among School Going Children in Selected Schools, Kolhapur

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Abstracts: ***COVID-19 does not distinguish borders, race or gender. Everyone is affected but not equally. Women are at risk of seeing structural socioeconomic gaps deepen with COVID-19, along with worsening violence and social norms. We explore the extent to which COVID-19 will exacerbate gendered employment, income generation and, ultimately, poverty gaps. We explore a new but sprawling literature discussing the employment effects of COVID-19. We also develop a simple Micro simulation methodology to estimate the poverty impacts of COVID-19 (versus a counterfactual of no COVID-19); the specific poverty reduction impacts of mitigation policies; and the distinctive impacts by gender. We test our micro simulation approach in Colombia, a country that has implemented an unparalleled number of mitigation measures and has reopened its economy earlier than regional neighbors. We find that the poverty impacts of COVID-19 are daunting (between 3.0 and 9.1 pp increases of poverty headcount). Mitigation measures vary considerably in their individual capacity to reverse poverty (from no effect to 0.9 pp poverty reduction). A fiscally neutral UBI will bring about larger poverty reductions. Importantly, both men and women report similar poverty impacts from the pandemic and mitigation policies. The sheer magnitude of the downturn, the design of interventions and our own measure of poverty explain this result. Objective of the Study: !) The objective of the study is to assess the knowledge regarding prevention of COVID-19 among school going children.2) To find out the co-relation between knowledge and practice regarding prevention of COVID-19among school going children. Method: The research approach adopted for the study was quantitative evaluative survey and the research design was Descriptive research. By using Non probability, Purposive sampling technique, 300 samples from 2 schools selected from Kolhapur. Those who have fulfilled inclusion criteria Samples were school going children. Results: Majority of the school going children (60.33%) belonged to above 12 years of age, and (36.6%) school going children belonged to 10 to 12 years, (3%) school going children belonged to8-10 years of age. Out of 300 schools going children majority (51.3%) were male, (48.6%) were female. Regarding source of information for (48.33%) school going children ' source of information was television and for (32.3%) it was mobile and for (14.3%) source of information was parents and (5%) it was friends. regarding language known (51.3%) know Marathi and (48.6%) know English language. Regarding knowledge of school going children, minimum (5%) school going children had good knowledge, maximum number of school going children (15.3%) had poor knowledge and (79.6%) school going children had average knowledge. In this present study the majority of subjects (56.3%) had a average practice and (21%) had good practice and (22.6%) had poor practice regarding prevention of COVID-19. Interpretation and Conclusion: The present study revealed knowledge of school going children regarding PREVENTION OF COVID-19. It is interpreted that children need to inform about it.***

Keywords: Knowledge, Practice, Prevention, COVID-19, Children, School

1. Introduction

"Knowledge is a treasure, but Practice is the key to it''

Lao tzu

Background and Objectives

Corona virus Disease 2019 (COVID-19) is caused by SARS-CoV-2, novel virus which was detected first time in Wuhan city of China during December 2019 as respiratory infection. Then it spread rapidly to over 198 countries.[1, 2] COVID-19 is highly contagious disease which manifest as respiratory illness (like the flu) with main clinical symptoms such as a dry cough, fever, and in more severe cases, difficulty in breathing.[3] World Health Organization (WHO) declared COVID-19 Public Health Emergency of International Concern (PHEIC) on 30th of January 2020 and called for collaborative efforts of all countries to prevent the rapid spread of COVID-19. COVID19 was declared as a global pandemic by WHO on 8th March 2020.[4, 5] China being the first country to report cases of COVID-19 has taken firm infection control measures, isolating the exposed and suspected cases according to international standards, constantly updated the diagnosis and treatment process, and carried out public awareness activities.[6] In India, a confirmed case of COVID-19 was reported on 30th January 2020, who was a student traveled from Wuhan, China, and has successfully recovered from the infection on 14th February 2020. The fight against COVID-19 is still continuing in India and other countries. The final success will be guaranteed only if people adopt control measures drawn by Indian Council of Medical Research (ICMR) and WHO which is mostly influenced by citizens knowledge, attitude, and practices (KAP) towards COVID-19. During Pandemic, In India complete lockdown was imposed in March 2020 which continued till May 2020 to stop chain of transmission of COVID-19. Many research studies also say that children either may infect themselves or can serve as carriers of the virus without symptoms called "silent carriers" and hence play a vital role in spreading the infection.12 There are certain standard sprecautionary measures to prevent COVID infection and they are wearing mask, Social distancing (6feet), avoiding crowds & poorly ventilated Indoor spaces and washing hands regularly.

2. Methods

Quantitative evaluative survey and the research design was Descriptive research. By using Non probability, Purposive sampling technique, 300 samples from 2 schools selected from Kolhapur. Those who have fulfilled inclusion criteria Samples were school going children. The reliability of the tool was established and the data was collected by using demographic data and 25 questioners on knowledge, and on Practice Yes or No Scale was given.

3. Ethical Consideration

Ethical clearance was taken from committee of D. Y Patil <college of Nursing, Kolhapur. Apart from this, Written Information Consent was taken from authorities of the Schools, Kolhapur to collect data. Confidentially and Privacy of the study participants were also be maintained.

4. Result

Table 1: Frequency and percentage distribution of school going children according to socio-demographic data, n=300

Sr. No	Socio demographic Variables	Frequency (f)	Percentage (%)
1	Gender		
	a) Female	146	48.6
	b) male	154	51.3
2	**Age**		
	a) 8-10	9	3
	b) 10-12	110	36.6
	C) above 12	181	60.33
3	**Information**		
	a) Mobile	97	32.3
	b) Television	145	48.33
	c) Friends	15	5
	d) Parents	43	14.3
4	**Language**		
	Marathi	154	51.3
	English	146	48.6

Table 2: Frequency and Percentage (%) distribution of knowledge scores of school going children regarding prevention of COVID-19, n=300

Knowledge scores	Frequency (f)	Percentage (%)
Good (18-25	46	15.3
Average (09-17)	239	79.6
Poor (0-08)	15	5

Section 3: Calculated mean, median, mode, SD and range of knowledge of school going children regarding prevention of COVID-19

Mean	Median	Mode	SD	Range
14.1	14	15	4.27	23

Table 4: Frequency and Percentage (%) distribution of Practice scores of school going children regarding prevention of COVID-19, n=300

Knowledge scores	Frequency (f)	Percentage (%)
Good (8-10)	131	43.6
Average (4-7)	169	46.3
Poor (0-03)	68	22.6

Table 5: Calculated mean, median, mode, SD and Range of practice scores, n = 300

Mean	Median	Mode	SD	Range
10.38	5	5	2.26	9

Section 6: Finding related to Correlation between knowledge and practice score of school going children. Table no 6:-calculation of correlation between knowledge and practice score.

Mean of score	Mean of Practice score	Correlation between Knowledge & Practice
14.1	10.3	1.0

5. Discussion

Majority of the school going children (60%) belonged to above 12 years of age, and (36. %) school going children belonged to 10 to 12 years, (3%) school going children belonged to8-10 years of age. Out of 300 School going children majority (51%) were male, (48%) were female. Regarding source of information for (48%) school going children' source of information was television and for (32%) it was mobile and for (14%) source of information was parents and (5%) it was friends. Regarding language known (71%) know Marathi and (28%) know English language. In this present study the majority of subjects (79.6%) had a average knowledge and (15.3%) had good knowledge and (5%) had poor knowledge regarding prevention of COVID19.

6. Conclusion

The finding of the study can help nurse to understand and prepare health plans for school going children. Nurses can also provide guidance and counseling to school going children in age group Above 12 years with help of charts, flash cards, models, Community Health Nurse can educate the school going children about PREVENTION OF COVID-19 in health care settings.

7. Implication of the Study

The Findings of the study have implication for the Nursing administration. Nursing Personnel can develop skill in communication, health care professionals and academic performance. Future Nurses can develop the knowledge regarding Prevention of diseases and improve the quality care and practices in the school going children as well as in the community.

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