

Assessment of concerns and health-seeking behaviours related to COVID-19 infection

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Abstract

Introduction: Coronavirus disease (COVID-19) is an infectious disease caused by severe acute respiratory syndrome coronavirus. The majority of people infected with the COVID-19 virus can experience delicate to moderate respiratory disorders. **Objectives:** 1) To assess the physical symptoms, concerns and health-seeking behaviours related to COVID-19 infection among adults, 2) To correlate the concerns and health-seeking behaviours related to COVID-19 infection among adults, 3) To associate the concerns and health-seeking behaviours with the demographic variables. **Methods:** A quantitative - descriptive design was chosen for the study. From the general population, 120 adults were selected using a convenient sampling technique. A structured questionnaire, checklist and rating scale were used to collect the data through the self-report - telephonic interview method. **Results:** Majority (58.3%) of samples had mild physical symptoms, 48.3% of them had extreme concern related to COVID-19 infection, and 48% of samples had excellent health-seeking behaviour. **Conclusion:** Concerns and health-seeking behaviour play an essential role in reducing infection. Those who had more concerns about their health also had good health-seeking behaviour.

Keywords: concerns, COVID-19, health-seeking behaviours, physical symptoms

Introduction

Coronavirus disease (COVID-19) is an infectious disease caused by severe acute respiratory syndrome coronavirus. The majority of people infected with the COVID-19 virus can experience delicate to moderate respiratory disorders. Older folks and people with underlying medical issues like diabetes, chronic respiratory illness, and cancer are more likely to develop serious illnesses (Huang et al., 2020).

World Health Organization (2021, May 16) reported that 16,21,77,376 cases have been reported across the 188 countries and territories with more than 33,64,178 deaths; 2,11,67,746 people have recovered.

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Manuscript received: 26 June 2021

Revision accepted: 27 August 2021

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The best way of prevention and transmission of COVID-19 infection is to understand it, its causes, spreads, and its management. Protect yourselves and others from infection by washing hands frequently using hand sanitizer for at least 20 seconds, not touching the face, mouth, nose and eyes because COVID infection can live on the surface for up to 72 hrs like cell phone etc., avoid shaking hands and hugging people, avoid sharing other's things like makeup, phone, cover mouth and nose when others cough and sneeze, use alcohol-based disinfectants to clean hard surfaces in the home like door handles, furniture and toys, maintain physical distancing of six feet, avoid gathering in groups, avoid eating in public places, wash all fruits and vegetables under running water, wear a mask and wash after each use and self-quarantine (Ngwewondo et al., 2020; Iftikhar, 2020).

During an emergency, immediate measurement of changes in health-seeking behaviour is essential to utilize the healthcare facilities. Moreover, estimating the burden of the disease and severity of COVID-19 symptoms is essential to find the relevant interventional

How to cite this article: Rani, E. V., Sudha, R., & Yashodha, G. (2021). Assessment of concerns and health-seeking behaviours related to COVID-19 infection. *Manipal Journal of Nursing and Health Sciences*, 7 (2). 40-43.

methods and allocate healthcare resources (Yang *et al.*, 2021).

COVID-19 pandemic positively impacted health seeking behaviour among some of the study participants. Positive effect on their healthcare seeking behaviour was explained to be due to the fear of contracting the complicated form of the disease and improved health knowledge. Two aspects of care seeking behaviour were identified to have improved, namely health consciousness and regular medical check-up (Saah, Amu, Seidu, & Bain, 2021). This study aimed to explore the concerns and health-seeking behaviours related to COVID-19 infection among adults.

The objectives of this study were to:

- Assess the physical symptoms, concerns and health-seeking behaviours related to COVID-19 infection among adults.
- Correlate the concerns and health-seeking behaviours related to COVID-19 infection among adults.
- Associate the concerns and health-seeking behaviours with the demographic variables.

Materials and Methods

Research design, setting, and sample for the study

The research approach was quantitative. A descriptive research design was selected for the study. The study population included adults (general) between the age group of 21 and 71 years and above at selected community, Chennai. From the general population, 120 adults were chosen using the non-probability convenient sampling technique. A checklist and rating scale were used to assess the concerns and health-seeking behaviour of COVID-19 infection.

Tool for data collection

The tool consisted of a structured questionnaire, checklist, and rating scale. The tool consisted of three parts. Part I included structured inquiries to elicit demographic information like age, gender, educational level, occupation, monthly income, marital status, household size, dietary pattern, and religion. Part II consists of two sections. Section A assessed the physical symptom related to COVID-19. This section

consisted of 15 symptoms related to COVID-19 using a checklist. Respondents were asked to respond yes/no; if yes, scored as “1” and no, scored as “zero”. The evaluation was done as mild symptoms (0-50%), moderate symptoms (51-75%), and severe symptoms (76-100%). Section B rating scale was used to assess the concerns related to COVID-19 infection. The rating scale consisted of 25 items. Each statement was scored as always (1), sometimes (2) and never (3). The evaluation was done as follows mild (<50%), moderate (50-75%) and extreme (>75%) concern. Part III was a rating scale applied to assess health-seeking behaviour. Total 25 statements each were scored as always (1), sometimes (2) and never (3). The overall score was poor (<50%), good (50-75%), and excellent (>75%).

The tool was validated by nursing experts. The reliability of the tool was calculated by an inter-rater scale. The reliability correlation coefficient values are 0.81 for physical symptoms, 0.76 for concerns related to COVID-19 infection, and 0.86 for health-seeking behaviour.

Method of data collection and data analysis

Data was collected through self-report-telecom interview methodology. The study was approved by the ethical committee constituted by the college. Consent was obtained from the participants and therefore confidentiality and privacy of the samples were maintained throughout the study. Data was analyzed using descriptive and inferential statistics. Frequency and percentage distribution were used to describe the demographic information, concerns and health-seeking behaviours. Coefficient correlation (r) was used to correlate the concerns and health-seeking behaviours. The Chi-square test was applied to associate the concerns and health-seeking behaviours with selected demographic variables.

Results

The majority (51.7%) of the samples were between 21-30 years of age. Equal range of the participants (50%) were females and males, 57.5% had high school education, 45.8% of the samples had worked in private jobs, 45% had monthly financial gain less than Rs 10,000, 86.7% were married, 55.8% had a household

size of 3-5 people, 87.5% were non-vegetarian, and 86.7% were Hindus.

Table 1
Physical Symptoms of COVID-19 Infection

Physical symptoms	Frequency (f)	Percentage (%)
Mild	70	58.3
Moderate	45	37.5
Severe	5	4.2

A checklist was used to collect the information about physical symptoms of COVID-19. The total scores obtained were then classified as mild (0-50%), moderate (51-75%), and severe symptoms (76-100%).

Table 1 showed that the majority (58.3%) of samples had mild symptoms and 4.2% of them had severe symptoms of COVID-19.

Concerns related to COVID-19 infection

Concerns related to Covid 19 infection

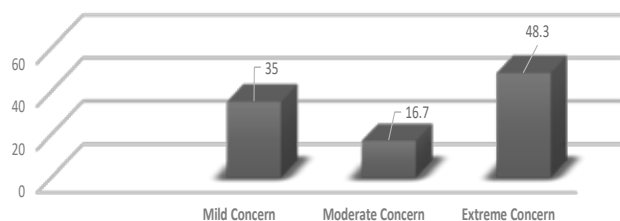


Figure 1. Bar diagram showing the concerns related to Covid 19 infection in terms of percentage.

The bar diagram presented in Figure 1 showed that the majority (48.3%) of samples had an extreme concern and 35% of them had mild concern related to COVID-19 infection.

Health-seeking behaviours

Majority (48%) of samples had excellent health-seeking behaviour, 27% had good health seeking behaviour and 25% of them had poor health-seeking behaviour.

Correlation between concerns and health-seeking behaviours related to COVID-19 infection

There was a weak positive correlation between concerns and health-seeking behaviour ($r = 0.338, p < .01$).

Association between concerns and health-seeking behaviours related to COVID-19 with the demographic variables

The study findings showed that there was a statistically significant association between concerns and health-seeking behaviour with age and educational status at a $p < .05$ level of significance. There was no statistically significant association between concerns and health-seeking behaviour with gender, occupation, monthly income, marital status, household size, dietary pattern, and religion.

Discussion

The present study aimed to assess the concerns and health-seeking behaviour related to COVID-19 infection among adults in a selected setting.

The demographic characteristics of the sample of this study showed that an equal number of the participants were male and female. Regarding physical symptoms, the majority of them had mild symptoms like fever, headache, body pain, cough, breathing difficulty, sore throat, nausea, vomiting and diarrhoea.

The above findings were supported by a cross-sectional study by Ngwewondo et al. (2020) which showed that 5.0% reported fever, 8.3% dry cough/catarrh, 6.5% throat irritation, 13.1% headache, 0.9% diarrhoea, 2.5% difficulty in breathing, 6.0% muscle pain and 2.2% did not smell odour or taste. Of all the respondents, 4.7% suffered from hypertension, 6.9% from a common cold, and 24.6% from malaria (Ngwewondo et al., 2020).

In the present study, 48% of them had extreme concerns related to COVID-19 infection; 48.3% of them had excellent health-seeking behaviour. Regarding the finding that health-related lifestyles had improved among the participants, Brauer. (2021), posits that during pandemic including COVID-19, people change their behaviours. Positive behaviours have been increased access to and magnitude of health informational campaigns which leads to effective and fast behavioural modifications (Lodge et al., 2020).

In the present study, those who had an extreme concern about COVID-19 infection also had excellent health-

seeking behaviour. There was a positive correlation between concerns and health-seeking behaviour ($p < .01$).

The study findings showed that there was no statistically significant association between concerns and health-seeking behaviour with demographic variables. The findings were supported by Lodge *et al.* (2020) and Ngwewondo *et al.* (2020). There was no significant association between gender, age, and symptoms on health seeking behaviours of patients with COVID-19. This may be a new public health emergency of international concern; the health seeking behaviour of patients with COVID-19 mainly depends on government policies at an early stage of the outbreak.

Conclusion

COVID-19 pandemic insists the positive impact of health seeking behaviour of the adults. The study concluded that those who had more concerns about their health also had good health-seeking behaviour. COVID-19 pandemic helped the adults to improve their health concern and health seeking behaviours and also their lifestyle.

Source of support: None

Conflict of interest: None declared

Source of support in the form of grants: None

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