

Impact of Diagnosis, Treatments, and Precaution in Primary Health Centre during Covid 2019



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This study examines COVID – 20i9 impact of diagnosis, treatments, and precaution in Thoothukudi district. The primary data and secondary data were used. Most of the data collected through questionnaires and interview schedules and secondary data collected through published articles, journals, magazines, books, newspapers, and websites. The data collected from about 144 respondents selected using a random sampling method covering the villages Arumuganeri, Authur, Eral, Kalugumalai, Karungulam, Mappilaiyurani, Pudukottai, Sivakalai, Thenthiruperai, Vallanadu, Veppalodai, and Vembar. Version 21.0 Statistical Package for Social Science (SPSS) was used to analyze the data. The collected data were analyzed by using appropriate statistical tools like percentage, rank test, and chi-square test for arriving at conclusions. The findings of the study are to define the patient shows various symptoms usually fever/headache, running nose/cold, cough, breathing trouble, wheezing, etc and to identify the possible causes of COVID-19, to prevent the prospective transmission of diseases to other patients and health care staff.

Keywords: Corona virus disease-2019, Diagnosis, Treatment and Precaution

Introduction

Health wellness is a very basic requirement for all individuals. If individuals are sound in health they could discharge their best for the society at the micro-level and nation and globe at the macro-level. Health wellness is a measure of the energy and productive capacity of any country. When health is missing, knowledge cannot disclose itself, the ability cannot manifest, power cannot emanate, and prosperity becomes ineffective. Today the

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concept of development has shifted from economic improvement to human resources. Human development has been accepted as an important goal of the Eighth Five Year Plan as well as. The economic survey also stresses the same and makes it crucial for the long-term success of economic reforms. Thus the long-term development of social sectors such as education and health is vital for sustaining high rates of overall economic growth.

Primary Health Care (PHC) services substantially affect the general health of the population. However, many other factors also influence the quality and efficiency of PHC services in developing countries. The World Health Organization (WHO) particularly points out that to some extent, the decline in the health status of developing countries is attributed to inadequacies in PHC implementation and neglecting responsible factors such as commitment, allocation of financial resources to PHC, and community participation.

Prevent infection and slow transmission of COVID-19.

- Wash hands regularly with soap and water, and clean with alcohol-based hand rub.
- Maintain 1 metre distance between people coughing and sneezing.
- Keep away from touching the face.
- Cover the mask with face when coughing or sneezing.
- Stay at home

Objectives of the Study:

1. To analyze the demographic profile of the respondents in Thoothukudi Primary Health Centres.
2. To evaluate the impact of diagnosis, treatment, and prevention of COVID – 19 in Thoothukudi District.

Methodology

The primary data and secondary data were used. Most of the data collected through questionnaires and interview schedules and secondary data collected through published articles, journals, magazines, books, newspapers, and websites. The data collected from about 144 respondents selected using a random sampling method covering the villages Arumuganeri, Authur, Eral, Kalugumalai, Karungulam, Mappilaiyurani, Pudukottai, Sivakalai, Thenthiruperai, Vallanadu, Veppalodai, and Vembar. Version 21.0 Statistical Package for Social Science (SPSS) was used to analyze the data. The collected data were

analyzed by using appropriate statistical tools like percentage, rank test, and chi-square test for arriving at conclusions.

Review of Literature

Adepeju. M. Lateef & Euphemia. M. Mhlongo (2020) in his paper entitled “A Literature Review on people-centered Care and Nursing Practice in Primary Health Care Setting”. The study has been found that the deliveries of nurses with people-centered care concept in primary healthcare centers. Nurses’ job in delivering PCC and gauging their information and understanding is becoming essential and crucial. In primary health centre environments, staff plays a significant role in understanding a patient's culture of quality and efficient health care.

Anthony Rahul Golden S. & S. Bulomine Regi (2019) examines the research study investigates various problems that are faced by patients in Private Hospitals, Tirunelveli city. The objective of the study is to identify the lack of services in private hospitals that adversely affect a patient’s physical and mental health. A comprehensive survey was made in the hospitals situated in the research area through a structured interview schedule to record the problems faced by the patients regarding private healthcare hospitals. 75 percent of the respondents were randomly selected from four Private hospitals situated in Tirunelveli City. The study has been found that the problem faced by patients in private hospitals based on facilities and treatment provided by the health sector. This study suggests that the proper attention of provision on sound infrastructure, usage of medical equipment, and cost consumed by the private hospitals. The results of this review highlighted evidence of the relationship between quality health care.

Materials and Methods

The demographic characterized of the sample are analyzed and found that among the total respondents of 144, 37.5 percent of the respondents are male, 41.7 percent of the respondents are female and 20.8 percent of the respondents are transgender. About 29.8 percent of the respondents fall under the age group of above 60 years, 21.6 percent of the respondents fall under the age group of 21 years - 30 years, 15.9 percent of the respondents fall under the age group of 51 years - 60 years, 12.6 percent of the respondents fall under the age group of 31 years – 40 years, 11.8 percent of the respondents fall under the age group of 41 years – 50 years and 8.3 percent of the respondents fall under the age group of below 20 years. About, 15.9 percent of the respondents are illiterates, 11.1 percent of the respondents are undergraduate level, 25.7 percent of the respondents are diploma, 31.3 percent of the

respondents are undergraduate level, 9.1 percent of the respondents are postgraduate level and 6.9 percent of the respondents are professionals. The majority of the respondents are working in private as large as 22.9 percent, 15.9 percent of the respondents are agriculturist, 8.3 percent of the respondents are working in government employee, 6.9 percent of the respondents are working in the company, 6.3 percent of the respondents are doing businessman, 11.9 percent of the respondents are working in teaching and 7.7 percent of the respondents are others i.e. housewife. While 7.6 percent of the respondents are monthly income falls under the category of below Rs. 10,000, 11.9 percent of the respondents are monthly income falls under the category of Rs. 10,001 – Rs. 20,000, 36.9 percent of the respondents are monthly income falls under the category of Rs. 20,001 – Rs. 30,000, 21.5 percent of the respondents are monthly income falls under the category of Rs. 30,001 – Rs. 40,000, 13.8 percent of the respondents are monthly income falls under the category of Rs. 40,001 – Rs. 50,000 and 8.3 percent of the respondents are monthly income falls under the category of below Rs. 5,000. About 63.1 percent of the respondents are married, 23.7 percent of the respondents are unmarried, 5.5 percent of the respondents are a divorcee and 7.7 percent of the respondents are a widow. Most of the respondents are having above five members in their family as large as 43.8 percent, 6.9 percent of the respondents are having 2 members in their family, 4.8 percent of the respondents are having three members in their family and 31.3 percent of the respondents are having five members in their family. About 15.9 percent of the respondents are having one male child, 13.3 percent of the respondents are having two male children, 36.8 percent of the respondents are having three male children, 22.2 percent of the respondents are having four male children and 11.8 percent of the respondents are having above four male children. While 25 percent of the respondents are having one female child, 10.4 percent of the respondents are having two female children, 26.4 percent of the respondents are having three female children, 25.7 percent of the respondents are having four female children and 12.5 percent of the respondents are having above female children. The majority of the respondents are nuclear families as large as 57.6 percent and 42.4 percent of the respondents are joint families.

TABLE 1: DEMOGRAPHIC PROFILE OF THE RESPONDENTS

Items	Counts	%	Items	Counts	%
Gender:			Family Income:		
Male	54	37.5	Below Rs. 10,000	11	7.6
Female	60	41.7	Rs. 10,001 – Rs. 20,000	17	11.9
Transgender	30	20.8	Rs. 20,001 – Rs. 30,000	53	36.9

Age:			Rs. 30,001 – Rs. 40,000	31	21.5
Below 20 Years	12	8.3	Rs. 40,001 – Rs. 50,000	20	13.8
21 Years – 30 Years	31	21.6	Above Rs. 50,000	12	8.3
31 Years – 40 Years	18	12.6	Marital Status:		
41 Years – 50 Years	17	11.8	Married	91	63.1
51 Years – 60 Years	23	15.9	Unmarried	34	23.7
Above 60 Years	43	29.8	Divorcee	8	5.5
Education:			Widow	11	7.7
Illiterates	23	15.9	Size of the Family:		
School Level	16	11.1	Two	10	6.9
Diploma	37	25.7	Three	7	4.8
UG	45	31.3	Four	19	13.2
PG	13	9.1	Five	45	31.3
Professional	10	6.9	Above Five	63	43.8
Occupation:			Number of Male Children:		
Agriculturist	23	15.9	One	23	15.9
Coolie	29	20.1	Two	19	13.3
Private Employee	33	22.9	Three	53	36.8
Government Employee	12	8.3	Four	32	22.2
Company	10	6.9	Above Four	17	11.8
Business man	9	6.3	Number of Male Children:		
Teaching	17	11.9	One	36	25.0
Others	11	7.7	Two	15	10.4
Nature of Family:			Three	38	26.4
Joint Family	61	42.4	Four	37	25.7
Nuclear Family	83	57.6	Above Four	18	12.5

It is observed from Table 2 shows that 50 percent of the respondents are taking treatment in primary health centres. About 13.2 percent of the respondents prefer private hospitals for treatment, 31.9 percent of them undergo treatment in government hospitals. Only 4.9 percent of the respondents have taken indigenous treatment which is comparatively very less costly.

TABLE 2: SOURCES OF TREATMENT

S. No	Sources	Frequency	Percent
1	Primary Health Centres	72	50.0
2	Private Hospitals	19	13.2
3	Government Hospital	46	31.9
4	Indigenous Treatment	7	4.9
Total		144	100

The most common diseases for the adults are fever/headache followed by a cough as found in Table 3. Fever/headache, Running nose/cold, cough, fracture, stroke corona virus are affecting diseases the adults. In the case of children, fever/headache, stomach ache,

cough, cold, eye diseases, viral fever, and corona virus are the diseases that affect. Similarly, old age peoples who are more perceptive and weak are also affected by these diseases because of low-level resistancy.

TABLE 3: DISEASES AFFECTING TO FAMILY MEMBERS

S. No	Diseases	Adults	Children	Total
1	Fever / Headache	134	86	220
2	Running Nose / Cold	128	139	267
3	Cough	116	111	227
4	Fracture and wounds	31	4	35
5	Stroke	33	10	43
6	Skin Diseases	15	11	26
7	Poor Vision	34	14	48
8	Stomach Ache	53	89	142
9	Body Pain	66	-	66
10	Joint Pain	28	-	28
11	Ulcer	65	24	89
12	Cancer	3	-	3
13	T.B.	11	-	11
14	Pregnant Women Health Checkup	53	-	53
15	Diabetes	48	152	200
16	Blood Pressure	105	7	112
17	General Health Checkup	96	54	150
18	Delivery	114	-	114
19	Family Planning	39	-	39
20	Breathing Trouble	66	16	82
21	Asthma /Wheezing	93	42	135
22	Dysentery/ Diarrhea	77	27	104
23	Typhoid	46	41	87
24	Eye Diseases	4	21	25
25	Viral Fever	2	8	10
26	Cholera	8	1	9
27	Malaria	3	2	5
28	Bird Flu	1	1	2
29	Snake Bite/insecrs-biteAccident	2	-	2
30	Dengue Fever	3	1	4
31	Chikungunya Fever	4	9	13
32	CoronaVirus	88	41	129

In applying the measures stated above (Table 4) to prevent diseases, among the 144 respondents, 25.7 percent of the respondents are cleanliness at home and environment to prevent diseases, 47.2 percent of the respondents are taking immediate treatment when symptoms are seen, felt that continuous exercise is the best preventive measures to prevent diseases. 9 percent of the respondents felt that continuous exercise. When symptoms are seen

the other preventive measures to be taken immediately is 7.7 percent, balanced diet is 6.9 percent. However, 4.5 percent of the respondents take all the above preventive measures to prevent diseases.

TABLE 4: TYPES OF PREVENTIVE MEASURES

S. No	Preventive Measures	Frequency	Percent
1	Cleanliness at home and Environment	37	25.7
2	Taking immediate treatment when symptoms are seen	68	47.2
3	Continuous Exercise	13	9.0
4	Yearly Medical Checkup	11	7.7
5	Balanced diet	10	6.9
6	All of the above	5	4.5
	Total	144	100

EDUCATION AND MEDICINES/VACCINATIONS ASPECTS

Table 5 explains the relationship between the education of the respondents and medicines/vaccination aspects with the help of the chi-square test. Since the ‘P’ values are less than 0.05 at five percent level of significance, the null hypotheses are rejected and it is concluded that there is a significant difference between the education of the respondents and their medicines/vaccinations aspects.

TABLE 5: EDUCATION AND MEDICINES/VACCINATIONS ASPECTS

Medicines/Vaccinations Aspects	Rate	Degrees of Freedom	Asymp.Sig. (2-sided) (P Value)
Pearson Chi-Square	12.113(a)	12	0.003
Likelihood Ratio	12.312	12	0.001
Linear-by-Linear Association	0.031	1	0.764
N of Valid Cases	300		

CONCLUSION

From this article, it is understandable that health care services provided to the people in Thoothukudi district village is considerably good as revealed in the sample respondents who widely use primary health centres for treating almost all diseases. Again the basic need indicators such as health and education are closely related to each other. The government rules should guarantee an improved level of health status, which will definitely achieve the goal of “Health for all” and it will go a long way in meeting the social needs of people.

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