Knowledge and practice related to Covid-19 among mentally ill patients of psychiatric OPD at BP Koirala Institute of Health Sciences, Dharan

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Abstract

Introduction:

The covid-19 pandemic has caused a serious impact on both the physical and mental health of mentally ill population. Mentally ill individuals are vulnerable to easy transmission of infection compared to the general population. The objective of the study is to assess the level of Knowledge and Practice related to Covid-19 among mental ill patients.

Material & Methods:

A cross-sectional study was conducted among psychiatric patients attending Psychiatric Out Patient Department of BPKIHS. Non-probability purposive sampling was used to collect information from 147 respondents. Data was collected through face-to-face interview using self-developed questionnaires on knowledge and practice related to Covid-19. Descriptive analysis and chi-square were used to find the association of knowledge and practice with selected demographic variables and Pearson's correlation was used to assess the correlation between knowledge and practice.

Results:

Out of 147 mentally ill patients, the mean age was 37.54 years (SD= 37.54±13.053), 51.7% were female, 64.6% were married, 9.5% were illiterate, and 7.5% were infected with Covid-19. More than three fourth (89.8%) of them scored Good level of knowledge and 95.9% had a Good level of practice regarding Covid-19. The level of knowledge showed a significant association with patients' education and occupational status and a positive correlation between knowledge and practice.

Conclusion:

The study result showed that mentally ill patients had a good level of knowledge and practice towards COVID-19. The level of knowledge showed a significant association with education and occupation.

Key words:

Covid-19, Mentally ill patients, Knowledge, Practice

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INTRODUCTION

World Health Organization characterized the COVID-19 outbreak as a global pandemic in March 2020 after its discovery in Wuhan, China in December 2019. It has affected all age groups, with the highest mortality among older individuals and patients with chronic illness.[1] The first coronavirus disease (COVID-19) in Nepal was reported on 23 January 2020. One published data from Nepal reported that 25.4% and 7% people had predominant anxiety and depression due to impact of lockdown.[1]

COVID-19 outbreak has caused overt psychological and mental health problems in mentally ill patients. Because of lack of cognition level and proper insight, there is deprivation knowledge and practice on preventive measures

which could easily lead to psychological morbidities like stress, fear and anxiety.[2]

Lack of education related to knowledge and preventive measures of Covid-19 and non compliance of visiting to mental health care centers due to stigma might be the major reasons for Covid-19 infections in this population. Preventive strategies like following standard protocol are very important for such cognitive altered patients.[3]

Studies have been conducted among health care workers, general patients in hospital and clinics, college students as well as occupational workers. Huge number of studies have been done by China in eastern Asia and secondly in south Asia like India, Pakistan and Bangladesh during the pandemic. However, there is lack of studies among vulnerable population like mentally ill patients.[4]

Providing proper knowledge and preventive measures of Covid-19 to the mentally ill patients in psychiatric wards, OPD, as well as proper home treatment of individuals with mental illness, and case management can be done as preventive measures that can be taken at an institutional level for this vulnerable population. There is still gap of research studies in this population in Nepal.

The main objective of this study is to assess the level of Knowledge and Practice of Covid-19 among mentally ill patients.

MATERIALS AND METHODS

Descriptive Cross sectional study design was used to assess the level of knowledge and practice related to Covid-19 among patients with mental illness at Psychiatric OPD, BPKIHS, Dharan. It is located in the sub-metropolitan city of Dharan in Sunsari district in eastern Nepal. The department of Psychiatry confers the basic responsibilities of Health Services, teaching, research, community health services and outreach programs including increasing mental health awareness of people of the eastern region of Nepal. Sample size was calculated using formula z2pq/d2 where p=25%, [Prevalence 25% was taken from a study done in India in 2020 among severe mentally ill patients] [16] d (allowable error=5%). Sample size was 162 including 10% non response rate. Sample was mentally ill patients above 18 years of age and who had insight and understand Nepali language. Non-probability purposive sampling method was used to obtain information through face-to-face interview technique with structured Self developed questionnaire in Nepali version. Content validity of the instrument was maintained by literature review and consulting with subject expertise. Pre-test was done on 10% of sample size. According to findings of the pre-test needed modification was done.

Questionnaire was divided into two parts. Part I: Socio-demographic information, Part II: Knowledge and Practice regarding Covid-19. It consisted total 24 questions in which 14 questions are related to knowledge and 10 questions related to practice regarding Covid-19 and all of them are multiple response questions. For knowledge, the cutoff point was taken as 50%. Scoring above 50% was considered as good level of knowledge while scoring less than 50% was considered as poor level of knowledge. For practice, the cutoff point was taken as 75%. Scoring above 75% was considered good level of practice while scoring less than 75% was considered as poor level of practice.[14]

Ethical clearance was obtained from the Institutional Review Committee (IRC), BPKIHS. Informed written consent was taken from each respondent. The obtained data were coded, entered and analyzed in Statistical Package for Social Science (SPSS) version 16. Descriptive statistics (frequency, percentage, median) was used to describe the various Socio-demographic variables. Inferential statistics; Pearson's Chi-square test and Fisher's exact test were used to find out the association between the outcome variable with selected independent variables.

RESULTS

This study was conducted in patients aged 18 years and above comprising both male and female where 60.5% were between 20-40 years, 25.2% were between 40-60 years. Female respondents were 51.7%. About seventy percent were Hindu by religion, 64.6% were married, 9.5% were illiterate and 38.1% completed secondary level.

Seven and half percent of respondents were infected with Covid-19 within 2 years. More than three forth (89.8%) of the respondents had good knowledge regarding Covid-19 prevention. The study showed more than one forth (27.2%) of respondents didn't know the causative organism of Covid-19 however maximum of the respondents knew about the main symptoms of Covid-19 like fever (85%),

fatigue (68.5%), dry cough (61.2%), and myalgia (60.5%). Three forth (89.8%) of the respondents showed good level of knowledge related to Covid-19 and 95.9% of the respondents had good practice regarding Covid-19 prevention.

The result revealed that education and occupation were significantly associated with level of knowledge.
The result showed positive correlation between Knowledge and Practice (r =.284, p=0.000). It reflects that with increased level of knowledge, level of practice also increased.

Table 1: Mental Illness-related characteristics (N=147)

Characteristics	Frequency	Percentage
Psychiatric diagnosis		
Depression	38	25.9
Anxiety disorder	36	24.5
BPAD	17	11.6
Psychotic symptoms	26	17.7
Substance abuse	12	8.2
Others (ATPD, unspecified non organic psychosis, phobia etc)	18	12.1
Duration of taking psychotropic drug		
Never	40	27.2
Less than 1 year	42	28.6
1-5 years	39	26.5
More than 5 years	26	17.7
Other chronic illness		
Hypertension	17	11.6
Diabetes	7	4.8
Headache	27	18.4
Others (gastritis, hypothyroidism, eye, ear problems etc)	96	65.3
History of Covid 19 infection		
Yes	11	7.5
No	136	92.5
If yes, have you tested (n=11)		
Yes	8	72.7
No	3	27.3
Hospitalization due to Covid 19 infection (n=8)		
Yes	5	62.5
No	3	37.5
Vaccination against covid 19		
Yes	127	86.4
No	20	13.6
If yes, number of dose you got (n=127)		
1 dose	14	11
2 dose	58	45.6
Booster dose	55	43.3
Family members contracted with Covid-19		
Yes	14	9.5
No	133	90.5

Table 2: Knowledge related to Covid-19 (N=147)

SN	Variables	Yes F (%)	No F (%)	Don't know F (%)
1	Covid-19 is caused by a virus.	104(70.7%)	3(2%)	40(27.2%)
2	Covid-19 is transmitted through respiratory droplets of infected person.	110(74.8%)	7(4.8%)	30(20.4%)
3	The main symptoms of Covid-19 are:			
	a. Fever	125(85%)	2(1.4%)	20 (13.6%)
	b. Fatigue	101(68.7)	3(2%)	43(29.3%)
	c. Dry cough	90(61.2%)	12(8.2%)	45(30.6%)
	d. Myalgia	89(60.5%)	4(2.7%)	54(36.7%)
4	Wearing masks properly helps to reduce spread of the virus.	136(92.5%)	2(1.4%)	9(6.1%)
5	Frequent handwashing is essential to reduce spread of the virus.	138(93.9%)	4(2.7%)	5(3.4%)
6	Maintaining social distancing reduces transmission of infection.	139(94.6%)	0(0%)	8(5.4%)
7	People who have contracted with infected person should be immediately get isolated in proper place.	136(92.5%)	3(2%)	8(5.4%)
8	In general, the observation period of Covid-19 infected person is 7 days.	111(75.5%)	0(0%)	36(24.5%)
9	All people infected with Covid-19 will die.	27(18.4%)	106(72.1%)	14(9.5%)
10	Early supportive treatment can help people recover from the infection.	134(91.2%)	0(0%)	13(8.8%)
11	Vaccine is now available for Covid-19	144(98%)	0(0%)	3(2%)
12	The virus is more dangerous for the elderly than the young ones.	132(89.8%)	1(0.7%)	14(9.5%)
13	The virus can also affect children.	118(80.3%)	5(3.4%)	24(16.3%)
14	People can get infected with Covid-19 if get neglected.	141(95.9%)	2(1.4%)	4(2.7%)

Table 3: Practice related to Covid-19 (N=147)

SN	Variables	Yes	No
1	During Covid-19 pandemic, did you use handkerchief or cover your face with crease of elbow while coughing or sneezing?	140(95.2%)	7(4.7%)
2	wash your hands frequently using water?	144(98%)	3(2%)
3	wear face masks while going outside?	146(99.3%)	1(0.7%)
4	touch your face and eyes with uncleaned hands?	12(8.2%)	135(91.8%)
5	maintain social distance while exposed to others?	135(91.8%)	12(8.2%)
6	use hand sanitizers?	141(95.9%)	6(4.1%)
7	disinfect surfaces regularly at home?	116(78.9%)	31(21.1%)
8	keep yourself away from sick/infected people?	146(99.3%)	1(0.7%)
9	go social gatherings such as temples, parties, market?	4(2.7%)	143(97.3%)
10	eat healthy food to increase immunity against Covid-19 infection?	139(94.6%)	8(5.4%)

Table 4: Association between level of Knowledge and Socio-demographic variables (N=147)

Characteristics	Level of Knowledge		p-value
	Poor (%)	Good (%)	
Age			
<30	4(2.7%)	48(32.7%)	0.204
30-50	6(4.1%)	64(43.5%)	
>50	5(3.4%)	20(13.6%)	
Sex			
Female	7(4.8%)	64(43.5%)	1.000
Male	8(5.4%)	68(46.3%)	
Ethnicity			
Brahmin	4(2.7%)	43(29.3%)	0.892
Tarai/Madhesi	9(6.1%)	74(50.3%)	
Others	2(1.4%)	15(10.2%)	
Religion			
Hindu	11(7.5%)	93(63.3%)	1.000
Others	4(2.7%)	39(26.5%)	
Marital Status			
Married	14(9.5%)	98(66.7%)	0.120
Unmarried	1(0.7%)	34(23.1%)	
Education			
Illiterate	6(4.1%)	8(5.4%)	<0.010*
Primary	6(4.1%)	29(19.7%)	
Secondary and above	3(2%)	95(64.7%)	
Type of family			
Nuclear	5(3.4%)	60(40.8%)	0.423
Joint	10(6.8%)	72(49%)	
Place of Residence			
Rural	11(7.5%)	70(47.6%)	0.174
Urban	4(2.7%)	62(42.2%)	
Occupation			
Home maker	3(2%)	41(27.9%)	0.018*
Business	2(1.4%)	26(17.7%)	
Agriculture	8(5.4%)	24(16.3%)	
Others	2(1.4%)	41(27.9%)	
Monthly income			
<25000	11(7.5%)	75(51%)	0.276
>25000	4(2.7%)	57(38.8%)	
History of Covid-19 infection			
Yes	-	11(7.5%)	0.604
No	15(10.2%)	121(82.3%)	
Hospitalization due to Covid-19 infection (n=8)			1.000
Yes	-	5(3.4%)	
No	15(10.2%)	127(86.4%)	
Vaccination against Covid-19			
Yes	14(9.5%)	113(76.9%)	0.694
No	1(0.7%)	19(12.9%)	
Family members contracted with Covid-19			
Yes	-	14(9.5%)	0.362
No	15(10.2%)	118(80.3%)	

*Significant association *p < 0.05*

Table 5: Association between level of Practice and Socio-demographic characteristics (N=147)

Characteristics	Level of Knowledge		p-value
	Poor (%)	Good (%)	
Age			
<30	4(2.7%)	48(32.7%)	0.216
30-50	2(1.4%)	68(46.3%)	
>50	0(0%)	20(13.6%)	
Sex			
Female	1(7%)	70(47.6%)	0.211
Male	5(3.4%)	71(48.3%)	
Ethnicity			
Brahmin	0(0%)	47(32.0%)	0.090
Tarai/Madhesi	6(4.1%)	77(52.4%)	
Others	-	17(11.6%)	
Religion			
Hindu	5(3.4%)	99(67.3%)	0.671
Others	1(0.7%)	42(28.6%)	
Marital Status			
Married	4(2.7%)	108(73.5%)	0.628
Unmarried	2(1.4%)	33(22.4%)	
Education			
Illiterate	1(0.7%)	13(8.8%)	0.791
Primary	1(0.7%)	34(23.1%)	
Secondary and above	4(2%)	94(36.1%)	
Type of family			
Nuclear	2(1.4%)	63(42.9%)	0.691
Joint	4(2.7%)	78(53%)	
Place of Residence			
Rural	4(2.7%)	77(52.4%)	0.174
Urban	2(1.4%)	64(43.5%)	
Occupation			
Home maker	4(2.7%)	40(27.2%)	0.238
Business	-	28(19%)	
Agriculture	1(0.7%)	31(21.1%)	
Others	1(0.7%)	42(28.6%)	
Monthly income			
<25000	4(2.7%)	82(55.8%)	1.000
>25000	2(1.4%)	59(40.2%)	
History of Covid-19 infection			
Yes	-	11(7.5%)	0.604
No	15(10.2%)	121(82.3%)	
Hospitalization due to Covid-19 infection (n=8)			1.000
Yes	-	11(7.5%)	
No	6(4.1%)	130(88.4%)	
Vaccination against Covid-19			
Yes	5(3.4%)	122(83%)	0.591
No	1(0.7%)	19(12.9%)	
Family members contracted with Covid-19			
Yes	-	14(9.5%)	1.000
No	6(4.1%)	127(86.4%)	

*Significant association *p < 0.05*

DISCUSSION

In this study, majority of respondents were female (60.5%) with mean age 37.54 years. This result is similar to the study done in India which showed majority of respondents were female (52.3%) with mean age 33.9 years.[16]

Regarding level of knowledge current study showed 89.8% of the respondents had good level of knowledge related to Covid-19 which supports the findings of the study conducted in Iran that also showed good level of knowledge (90%).[20] The findings is contradict to the study in India that revealed good level of knowledge in 25% of respondents.[16] With regard to the knowledge questionnaire, in the present study 92.5% respondents knew wearing masks helps to reduce spread of infection which is congruent with the study done in Iran which showed 98.7% knew wearing masks helps to reduce spread of infection.[20] Similarly, in this current study, 93.5% knew about maintaining social distancing to reduce transmission of infection which is congruent with the study done in Bangladesh that showed 93.5% knew about maintaining social distancing.[7]

The reason for revealing good level of knowledge may be due to different precautionary and awareness programs launched massively through mass media by government level during long term pandemic so there may be increased awareness in patients.

Regarding level of practice, current study showed that 95.9% of respondents had good level of practice related to Covid-19 which is similar to the findings of the study conducted in Iran that showed good level of practice in 89%.[20]

Concerning the practice level, in current study 98% washed their hands with soap and water frequently which is congruent to the study findings done in Bangladesh that revealed 93.8% washed their hands with soap and water. Similarly in this study 91.8% maintained social distance which is similar to the study that showed 90.8% maintained social distance.[7]

This study showed good level of knowledge (43.5%) in age group between 30-50 years which in congruent with the study done in Uganda in which good level of knowledge (33.3%) was found in age group 30-40 years. Similarly in current study found that married had good level of knowledge (66.7%) that is similar to study of Uganda which showed married had good level of knowledge (61.4%).[14]

Present study showed significant association of knowledge with education (p=<0.01) which is found to be similar to the study of India that also showed significant association of knowledge with education (p=<0.05).[16]

In this present study, result showed association of knowledge with education (p=<0.010) and occupation (p=0.018) which was contradict to the study done in Uganda that showed association of knowledge with marital status (p=0.020)

CONCLUSION

The study findings conclude that three forth (89.8%) of the respondents showed Good level of knowledge while 95.9% had Good level of practice regarding Covid-19 prevention. The study objective was to assess the level of knowledge and practice related to Covid-19 among mentally ill patients and the result showed maximum of the mentally ill patients in this study had Good knowledge and practice which was remarkable.

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CONFLICT OF INTEREST

None

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