Perception and Experience of COVID-19 Positive Cases at Gorkha District

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Abstract

The Coronavirus disease has overcome geographical barriers achieving a remarkable proliferation. Because of that, different countries started public health protocols to control the spread of the virus, much of them related to social distancing, hand wash, and lockdown the cities. COVID-19 pandemic is rapidly increasing across the globe, creating a range of psychological impacts, including panic disorder, anxiety, depression and stress. In this panic scenario, this study was conducted in the Gorkha district to understand the perception and experience of COVID- 19 infected people. Data were collected through interviews in the period of 2021 to 2022. This study aimed to assess the Knowledge, perception and experience of COVID - 19 infected people while staying in isolation. This study followed the qualitative research method with Phenomenology research design was adopted. Phenomenology is a science to study the as experience by individual. In this study was conducted in the perception and experience of COVID-19 infected people that focuses on obtaining data through open-ended and conversational communication. and 24 interviews were collected from participants who were COVID-19 positive and had completed 14 days of isolation. The research participants were purposively selected based on their voluntary participation. The collected information was thematically analyzed and presented. Based on the nature of the information, some themes were quantified as well. The findings of the study revealed that participants have partial knowledge of the COVID-19 pandemic. Most of them shared that fever, cough, diarrhoea, shortness of breath, common cold, headache as symptoms of the disease, In addition, they shared that COVID-19 is a fatal disease. We need to care about this disease, whereas some participants opined that it is not an actual disease. It is only a rumour. Regarding the perception of the illness itself, most participants reported that using masks, washing hands or sanitizer, and maintaining social distance will help prevent the disease. Several interventions are also being implemented to prevent this pandemic, In this study which is framed using the Conceptual framework of the health belief model of stress and coping explained

by Zewdie A, Mose A, Sahle T, et al. 2022. This study reports participants' views on disease prevention measures such as maintaining personal hygiene, adhering to physical distancing, and using personal protective equipments. In addition, sheds light on people's perspectives and experiences that can inform population-targeted policies in the future. So, I suggest that public policies consider guidelines on knowledge translation and risk communication strategies for timely manner and ensuring compliance with public control measures by the population.

Keywords: Experience, Home Isolation, Institutional Isolation, Knowledge, Perception

Introduction

The global impact of COVID-19 has brought the most significant crisis for this generation, causing an unfortunate effect on health, world economies, societal cohesion, and people's daily lives (Gavin, Lyne, & McNicholas, 2020). The 2019–20 coronavirus epidemic is an ongoing epidemic of coronavirus disease 2019 (COVID19), caused by severe acute respiratory syndrome corona virus2 (SARS-CoV-2) (Gupta& Goplani,2020). The outbreak was first found in Wuhan, Hubei, China, in December 2019. It was declared a pandemic by the World Health Organization (WHO) on 11th March 2020 (Yaping, Weihua, & Tsorng, 2021). The COVID-19 pandemic is rapidly increasing across the globe, creating a range of psychological impacts, including panic disorder, anxiety, depression and stress (WHO, 2020).

When coronavirus disease got outbreak in December 2019, many countries' people went for social distancing, quarantine, and isolation to break the transmission chain of the infection. The Cochrane Library evaluating 29 studies indicates that quarantine can reduce the number of infected at rates from 81% to 44% and in the number of dead from 61% to 31% (Mayr et al., 2020; Panthee et al., 2020). Following the global footpath, in Nepal, institutional quarantine facilities are arranged by mobilizing available infrastructures such as schools, campuses, hostels, hotels and other accommodating facilities. The provision of a minimum of 14 days quarantine was made mandatory for international travelers (air), international travelers (ground), unfeasible home-based quarantine, and those violating home-based quarantine as decided by the local authority (Government of Nepal, 2020). Spending time in quarantine/isolation is often an unpleasant and undesirable experience for those who undergo it. It creates separation from loved ones, the loss of freedom, uncertainty over disease status, boredom (Brooks et al., 2020). The mental problems caused by COVID-19 lockdown and quarantine impacted the psychological wellbeing of individuals from the entire community, including teachers, students, casual labourers, healthcare professionals and the general population (Sun et al., 2021). People being quarantined for an extended period may result in anxiety, stress, anger, sleep disturbance, feeling of isolation, and depression (Yan et al., 2021). The COVID-19 outbreak gives rise to stigmatizing

factors like fear of isolation, racism, discrimination, and marginalization with social and economic ramifications (Gupta& Goplani,2020).

Furthermore, strict social distancing, quarantine, lack of supplies, inadequate information, socio-economic disruption, changes in daily lives, job loss, and financial hardship further trigger psychological problems during this pandemic attack (Gavin, Lyne, & McNicholas, 2020). The study has suggested that the government should urgently develop psychosocial crisis prevention and intervention models, health care personnel and other stakeholders targeting for general population and quarantine (Brooks et al., 2020). In this scenario, this study was conducted to explore the experience of the people living in isolation.

The health belief model specifies that individuals' perceptions about particular behavior can predict the performance of respective behavior. So far, the model has been used to explain why people did not follow COVID-19 preventive behavior. Although we are using it, to our best knowledge, its predictive ability in COVID-19 preventive behavior is unexplored (Zewdie A, Mose A, Sahle T, et al. 2022).

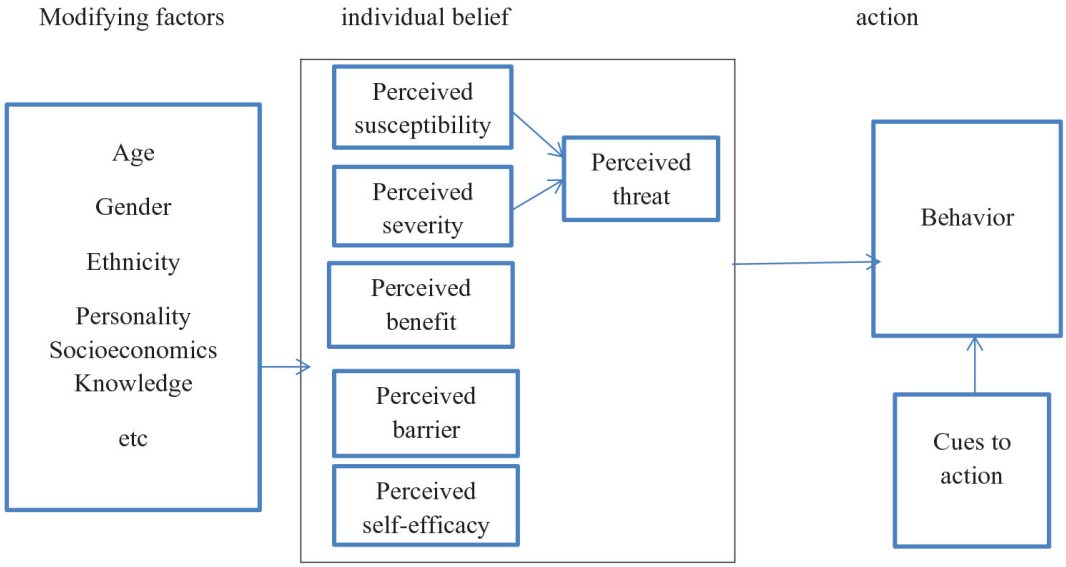

Figure 1. Conceptual framework of the health belief model. Coping by Zewdie A, Mose A, Sahle T, et al. 2022.

As COVID-19 pandemic emerged and propagated across the world scholars from different departments investigated the reason why people did not follow COVID-19 preventive behavior using the important framework, the HBM. Several interventions are also being implemented to prevent this pandemic, which is framed using the HBM.

Despite we use the HBM for explaining COVID-19 behavior and designing of COVID prevention program; to our best knowledge, issue related to its predictive ability and most frequently associated construct to COVID-19 behavior is unexplored. Conceptual framework of the health belief model of stress and coping explained by Zewdie A, Mose A, Sahle T, et al. 2022.

MATERIALS AND METHODS

Research design

This study follows the qualitative research method to the conducted in perception and experience with a positive COVID-19 report.

Study population and Study Site:

This study were 24 infected people from COVID-19 in the Gorkha district. Positive cases of COVID-19 from the Barpak Sulikot Rural Municipality, Bhimsen Thapa Rural Municipality and Gorkha Municipality in Gorkha district were research participants who have completed the 14 days of the isolation period, either in-home isolation or institutional isolation.

Municipality/Rural Municipality	Number of participants
Barpak Sulikot Rural Municipality	7
Bhimsen Thapa Rural Municipality	5
Gorkha municipality	12

Figure 2. Study site

Gorkha District is located in Gandaki Province of Nepal. (Source: Bureau of Statistics, Nepal)

Inclusion criteria

The study was conducted in the Gorkha district in Nepal, where 24 positive cases of COVID-19 were included. This study was a small-scale study. I have adopted propulsive sampling. It is a form of non-probability sampling in which researchers rely on their judgment when choosing population members to participate in their study.

Data Collection Tools

In-depth interviews:

Interviews is the tool for collecting the data. Interview is one of the good processes of data collection which is used in real filed by the researchers. Interviews were employed to gather rich data from individual informants on particular issues and activities. For the interview, interview guidelines with open-end questions were used.

Finalization of the Tools:

The finalization of the tool, the questions were pre-tested with a similar background of the positive cases, which were not included in the analysis. For the pre-test of the tool, two interviews were conducted, and necessary changes were made after the pre-test of the tool.

Data Collection Procedures:

At first, I decided to select the district. Then, I went to the district hospital and district health office; from there, I collected the name list of infected person residents of the Gortha district. I contacted the infected people, who agreed on the participation in the study. Then, I built the report with them and talked to them about my study objectives. Then, I interviewed them individually with some guideline questions, and after that, I recorded the interview on my mobile phone recorder. Finally, I transcribed the recorded interviews and then translated into English language and generated the themes based on the objectives, and interpreted them systematically.

Data Analysis:

The interviews were considered as the source of data, which were transcribed and coded into specific themes. Meaningful sentences and paragraphs of field notes and transcriptions were underlined, highlighted and organized into particular themes. Then, themes of qualitative data were identified, considering the objectives and scope of the study. Key issues that emerged from the data were grouped under the identified themes or categories. Possible links between types and themes/sub-themes were identified. Subsequently, the analysis of the data was presented. Some data were quantified based on the nature of the information.

Ethical Statement:

All participants were informed about the aims of this study and gave written informed consent. All data was collected in an anonymous database. In research, ethical consideration is one of the critical issues that reflects the belief or principle regarding

what right and wrong conduct is. I was sensitive and cautious regarding moral issues that might occur in the infected people. I took permission from the department of health and physical education for the study. I obtained verbal and written consent before collecting data from research participants. Collected data were confidential. I assigned pseudonyms to the participants to make them anonymous in this study and protect their privacy rights.

Analysis of the Data and Interpretation of Results

Demographic Profile of the Respondents:

Age of the participants

Table 1: *Sex of the Research Participants*

Sex	No.	Percent
Female	7	29.2
Male	17	70.8
Total	**24**	**100.0**

Table 1 Explain the demographic information of the participants regarding COVID-19, there were altogether 24 respondents: 17 males and 7 females.

PCR Test Done

The type of PCR test done by research participants. Nearly one-third (7) of the participants had their PCR test at Quarantine centre, 2 respondents had in from Home Quarantine, 2 respondents had self for PCR test and nearly half of the participants (13) did their PCR test from contact testing.

Perception of disease

All the respondents agreed that COVID-19 is a new disease, so they were uncertain about its outcome.` Rest of the respondents were communicable disease, Few respondents opined it is a non-communicable disease. In contrast, a few respondents presented COVID-19 is a pandemic disease; very few (1) research participant is presented it formed in the body itself.

"TV news is saying if, one individual suffers from this disease, his entire family can easily get this disease. That's the way I was stayed in isolation for 14 days, to prevent my family from the disease" (N2)

Knowledge about symptoms of COVID-19

Participants were found to have some knowledge about symptoms. Most of them shared that fever, cough, diarrhea, shortness of breath, common cold, headache a sign of disease.,

"I think it is a viral disease which can be transmitted through droplets from the mouth and nose during coughing and sneezing. Also, it can be transmitted by touching infected persons" (N16)

Furthermore, participants shared that people having low immunity, children, older adults and the diseased (asthma, heart disease, liver disease and kidney disease) are more at risk of COVID-19. In addition, some of them participants said: It is a fatal disease, be care about this disease, It is not an actual disease. It is only a rumor. Some of them participants said: It is a fatal disease, which affects developed countries. (N_{19}, N_8, N_1)', It is a communicable disease, be cautious about this disease. (N_{12}, N_{18}, N_{20})', It is a dangerous disease; it causes huge death. (N_{17}, N_{10})', It is transmitted through direct contact (N_{14})'; it is a non-communicable disease that mainly affects people of children and old age.

This COVID- 19 is a new disease; even scientists and doctors do not know the exact information, symptoms, treatment, and complication. I am much worried regarding its future health impact. I am not feeling any difficulty now, but I can't say what will happen to me in the future. I am very worried about that. Although it looks normal in the beginning, the complexity of this pandemic is terrifying (N3).

Another participant shared:

"Well, there is no separate toilet for each person. Two or more infected persons should use a single toilet. The toilet has soap but not enough water" (N1)

Furthermore, other participants added.

Food in the center is well-arranged but I don't have a good appetite. There is open space outside but no practice of playing games, dancing, exercising, etc. Furthermore, there is no internet facility, so we opened data to run the internet on a mobile phone. No facility to watch television and counselling service. Such a thing made us more stressed, as we don't have anything to divert ourselves except talking with either a family member or with friends from isolation" (N2).

Perception and experience during the isolation period

The perception of the disease itself, most of the participants reported using masks, washing hands or using sanitizer, and maintaining social distance will help prevent the disease. Similarly, participants also reported that maintaining at least a 1-meter distance during the conversation was necessary. Some said that bathing after returning from the market and changing clothes regularly could prevent transmission.

Use of mask, use sanitizer, keep social distance, eat nutritious food, use lukewarm water, keep sanitation (N_9)', Not be afraid, use the homeopathic medicine, eat nutritious food, use lukewarm water. If any symptoms are seen, consult with a health person and

go to the hospital (N_2)', Drink lukewarm water, Turmeric and GURGO water (N_8)', Wash hand after doing every work, eat nutritious food, be care about sanitation (N_{20})', Compulsory use of mask and sanitiser, keep social distance to others (N_4)', If we think it is not infected disease, it threatens the developed countries of the world (N_7)', Keep social distance and be care about sanitation (N_{22}).

Problems face in isolation

The problem respondents face in the isolation center, as presented above, 2 research participants said food and technical problems', while 7 research participants said toilet during. Similarly, 13 respondents said they didn't have any problem during the isolation center. However, they were many limitations in the management of the isolation center of local government.

There was a problem related to the use of the toilet, limited toilet and government were saying, separate toilet required. (N22).

Feeling while staying at the isolation

The feeling while staying at the isolation one-fourth of the respondents alone, 5 research participants felt sad, 2 research participants were doubted on social behavior's, 6 research participants had mental tension, whereas 5 research participants said no any problems and obstacle they were feeling.

Furthermore, there was a mixed response from the participants regarding the facilities they were provided. Some participants were satisfied with the facilities, whereas some were not. Those who were pleased with the facilities were more positive toward the situation compared to those who were not.

I feel chest pain, difficulty breathing, and coughing that makes me uncomfortable, and I feel weak after abatement of the fever. I felt bored while staying like this (N5)

Furthermore,

"I am here after my PCR report positive. I had heard several news reports of Italy about coronavirus cases, so I was scared to listen to my positive report for the first time. I thought I would die. I became despondent. But now I am feeling better. I am here to save my family; they will not get the disease from me" (N10).

Participants had shared their feeing while being in isolation like this" I liked clean and peaceful environment, But poor nutritious food, problem of toilet which I disliked (N_9), I liked nutritious food, But there was problem of toilet in isolation centre Which I disliked (N_{17}, N_{24}), I liked peaceful environment but there was strict control to meet with friends and travels in new places Which I disliked (N_{19}, N_{20}, N_{21}, N_{22}, N_{23}), I liked separate room, peaceful environment, the staff show good behaviors, but feeling stress when lived alone in isolation which I disliked (N_{11}), I liked the CC camera and

nutritional food, But there was problem of toilet in isolation centre which I disliked (N_{16}, N_2), I liked the CC camera, But hated the behaviors of health worker and problems of toilet in isolation centre (N_{14}, N_6)', I liked the peaceful environment and nutritional food but there was problem of toilet in isolation centre which I disliked (N_{15}), I liked the staff show behaviors and nutritional food But there was problem of toilet in isolation centre which I disliked (N_{12}) (N_{10}), I liked the staff show good behaviors But there was problem of toilet in isolation centre which I disliked ((N_3, N_{13}, N_7, N_8), I liked the technical management CC camera and fan and separate room , But hated the behaviors of health worker and poor nutritious food in isolation centre (N_{18}, N_1, N_4, N_5).

Perception of the relatives

Nearly one-fifth of research participants said their relatives convinced them from the phone call, For less than 10 research participants said their relatives did nothing and one research participant shared that their relatives ignored them and their presence.

Due to close contact with me, my family members might also get this virus; I get more stressed when I think about my family. Maybe I am much worried about my family. I don't get enough sleep, and even if I fall asleep for a while, I wake up. (N5)

Social perception of COVID-19

Among respondents', 8 research participants said 'Did nothing special', two research participants said 'Hated me, they biased me in every social activities, they though that I keep this disease from outdoor tour', 9 research participants said 'Show different behaviors them normal condition and they want to separate from me. I feel hated', 5 research participants said ' Show good behaviors to me'.

Although I am already negative, my relatives didn't invite me to social rituals because I got COVID-19. It doesn't feel good (N23)

Similarly, there were varied perceptions regarding COVID-19 about its origin and its survival. Participants blamed different non-vegetarian food items for being the source of infection. They thought that consuming meat and eggs could cause this disease and suggested people to avoid raw consumption. Moreover, the participants agreed upon the pervasive notion that virus' survival decreases in hot temperatures. They also believed that Nepalese people are immune to the virus and would not be affected easily. In addition, they supported the idea of the roles of turmeric, onion, tea and alcohol in preventing the disease. Participants agreed that people with low immunity, children, older adults and the diseased (asthma, heart disease, liver disease and kidney disease) are more at risk. However, The participants' answers to the question -' Perception about COVID-19' in the participants said: It is a general communicable disease, so we live in isolation (N_{22}, N_{24}))' pandemic speeds all over the world along with developed countries. So, be cautious (N_7)'. The people who use suffering from chronic disease,

child and old age, musty be affected by COVID easily. But the young man with strong immunity power is rarely infected from the COVID (N_3, N_{10}, N_{15})'; I cannot believe it is a fatal disease. But the people who use suffering from cornice disease musty be affected from COVID easily. But the young man who has strong immunity power is rarely infected from the COVID ((N_3, N_{12}, N_{13}, N_{17})', I do not have any knowledge about this disease (N_{11})', It is a common disease. It is not such infected disease which is listening in media. But be careful from the COVID-19 (N_6, N_5, N_8,)', It is a general communicable disease. (N_1, N_9, N_{19}, N_{20}, N_{23},) ',

Furthermore, participants shared that the COVID-19 is pandemic; it speeds all over the world along with developed countries. They further added, in our country, social media play the role of blackmailing means. If we want to control rumour, the government should focus on stopping bad rumours and strictly controlling social media (N_{18}).

Behavior adopted after recovery

This section deals with the activities adopted by the research participants after recovery and their present condition during the interview.

Use of sanitizer

The respondents' responses to the question regarding the use of sanitizer, early half of the participants (n=10) shared that they rarely use sanitizer, while 3 research participants use it never. However, near half (n= 11) of the research participants said they always use sanitizer. *"After staying in isolation for 14 days, I realized that as far as possible, we need to use either sanitiser or wash hands using soap and water." (N14)*

Use of face mask

The respondent's responses to the use of face mask among all the respondents, 2 respondents of research participants said they don't use masks anymore. In contrast, a significantly most of participants (20) said they always use a mask while going outside, and 2 participations of research participants said they rarely use a mask.

Social distance

The respondent's responses to the keep social distance, 10 research participants maintain social distance, while 14 research participants said they maintain as far as possible.

Discussion of finding

This research was conducted among COVID-19 positive cases in the Gorkha district on their knowledge, perception, and experience during disease conditions and isolation. The study was based on primary data obtained from twenty-four positive cases

using semi-structured interview guidelines. The findings of the study were presented in four different themes Socio-demographic profile of participants; knowledge of COVID-19; perception and experiences of during isolation, and behaviour adopted after recovery.

A study conducted among caregivers of dementia from Virginia showed that caregivers had considered stressors related to COVID-19 as a primary appraisal and available support, resources as a secondary appraisal. Similarly, caregivers who were more concerned about the COVID-19 pandemic had experienced more stress compared to those who had recognized positive aspects of the pandemic (Savla, Roberto, Blieszner, McCann, & Knight 2021). The finding of this study supports the finding of our study; despite being COVID- 19 positive, participants perceived disease differently; some of them had perceived it as a fatal disease, whereas some had perceived it as simple seasonal flu. Similarly, a qualitative study conducted to investigate increased stressful life events (SLEs) due to the COVID-19 pandemic in the U.S.A. based on Lazarus and Folkman's transactional model, participants varied in perceived threat and challenge appraisals of COVID-19, indicating both calm and fear. Among participants, the majority (95%) were predominantly negative; 42% very negsative, and nearly half (53%) were moderately negative (Jean-Baptiste, Herring, Beeson, Dos Santos, & Banta, 2020). Similarly, a web-based questionnaire focused on the COVID-19 pandemic was completed by 1,272 people from 4th May to 17th May 2020, based on the transactional model of stress and coping, found that people reported difficulties across eight domains: social relationships, activity restrictions, psychological, health, financial, global environment, death after the COVID-pandemic. This finding is similar to the finding of our study, where participants were more concerned about lifestyle after COVID-19 and its uncertain outcomes.

Furthermore, despite the lack of social interaction, isolation, and loss of income, the uncertainty of the disease was the triggering factor for stress observed in our study. Our research findings are in line with the study conducted with people living in quarantine from China, where most of the participants felt exhausted and socially excluded because of COVID-19 (Sun et al., 2020). In contrast, a poor attitude towards quarantine, boredom and poor coping mechanisms, fears of infection and stigma, difficulties in access to health care, and unnecessary post-quarantine follow-ups were reported as stressful for participants from Uganda (Ndejjo, Naggayi, Tibiita, Mugahi, & Kabira, 2021). Nepal government had developed COVID-19 isolation management guideline 2077, where the facilities required to run the intuitional isolation were mentioned. The isolation centres this study had conducted had basic facilities complying with the guideline 2077; a single bed with a physical distance of two meters and drinking water facilities. However, in some centres, water quality was reported poor. They were provided with a four times meal in a day, hygiene kit, hand washing, and toilet facilities. Health workers were also available to monitor the health condition of clients. This indicates that the isolation centres were well facilitated and convenient to live in. A study based on Lazarus & Folkman (1986) highlights that the environment

can act as a major stressor. The finding supports our study, where participants who were staying in enough facilities at isolation perceived less stress than staying in fewer facilities. The study by Sun, Wei, Wang, Wang, & Shi (2020) among Nurses working for COVID-19 positive had adopted speculation, distraction, self-consciousness, humour, rationalization as a psychological defence mechanism to cope with stress. In contrast, in our study, participants were found to be playing games, using mobile to keep in touch with others and activating the social network, watching movies as a distraction to get free from stress as coping of the situation.

Conclusions

Several interventions are also being implemented to prevent this pandemic, In this study which is framed using the Conceptual framework of the health belief model of stress and coping explained by Zewdie A, Mose A, Sahle T, et al. 2022. This study reports participants' views on disease prevention measures such as maintaining personal hygiene, adhering to physical distancing, and using personal protective equipments. In addition, sheds light on people's perspectives and experiences that can inform population-targeted policies in the future. So, I suggest that public policies consider guidelines on knowledge translation and risk communication strategies for timely manner and ensuring compliance with public control measures by the population.

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