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A study to assess the wellbeing among the client recovered from covid-19 in Valasarvakkam, Chennai

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Abstract

Corona is a single stranded RNA virus that had its roots into the world from almost 60 years since its discovery in late 1960s. The nomenclature of the Corona virus its named after the crown-like spikes on the outer surface of this virus structure. The outbreak of coronavirus disease 2019 (COVID-19) in the China in early December 2019, the virus had continued to spread and reached almost every country in the world. Quarantine and the isolation measures may lead to mental and social problems and have huge impacts in the global economy, The COVID-19 began on physical activity

barriers and facilitators and engagement, as well as well-being (anxiety, general mental-health), in active and inactive individuals. This review on physical activity and exercise during the COVID-19 pandemic is mainly focused on the general populations recovered from COVID-19. The Mental health denotes emotional, psychological, and the social well-being, The Positive mental health and positive psychology have an imminent role to play during this unprecedented public health crisis.

Keywords: COVID-19, Mental health, psychological, social well-being

1. Introduction

Corona is a single stranded RNA virus that had its roots into the world from almost 60 years since it is discovery in the late 1960s. Corona viruses belongs to the Corona viridae family in the Nidovirales order. The nomenclature of the Corona virus its named after the crown-like spikes on the outer surface of this virus structure ^[1]. Since the outbreak of coronavirus disease 2019 (COVID-19) in the China in early December 2019, the virus had continued to spread and reached almost every country in the world. Global disease control represents the major challenge. Governments and local authorities have to take political decisions balancing different interests and weighing the benefits and costs of that measures. On the side of benefits, measures may reduce the infection rate and prevent overloading the healthcare system and-finally-save human lives. On the side of costs, quarantine and the isolation measures may lead to mental and social problems and have huge impacts in the global economy ^[2, 3]. Physical activity is known for the beneficial effects on the immune system and for counteracting many comorbidities, such as obesity, diabetes, hypertension, and mental health disorders. Under non-pandemic circumstances, modern lifestyle behaviours (e.g., excessive screen time) encourage physical *inactivity* and sedentariness, but whether this is the exacerbated by the containment strategies during COVID-19 is unknown. Many opportunities to be physically active, such as participation in the community- or hospital-based rehabilitation programmes, and use of fitness centres and public parks have been prohibited or restricted for people of all the ages as a result of the physical distancing and self-isolation directives ^[4, 5].

We aim to report changes since the COVID-19 began on physical activity barriers and facilitators and engagement, as well as well-being (anxiety, general mental-health), in active and inactive individuals. Further, we aim to explore the differences in outdoor physical activity and nature exposure based on classifications of generalized anxiety and well-being. We hypothesize that COVID-19 would negatively impact physical activity participation overall and that this would be associated with barriers to the physical activity ^[6]. This review on physical activity and exercise during the COVID-19 pandemic is mainly focused on the general populations recovered from COVID-19. Clinically suspected and the laboratory-confirmed patients should follow government guidelines ^[7]. The Mental health denotes emotional, psychological, and the social well-being ^[8]. The Positive mental health and positive psychology have an imminent role to play during this unprecedented public health crisis. Although there was enough evidence-based literature on the application of positive mental health techniques at individual level for stress reduction or life fulfillment, its application in a pandemic scenario is minimally explored ^[9, 10].

2. Materials and Methods

A Non Experimental descriptive design was used to assess the level of knowledge regarding COVID-19 among the general public. This study was conducted in at Chennai corporation –valasravakkam Chennai. The total sample size is 100 who all are satisfies the inclusion criteria. Convenient sampling technique was used to collect the data from sample. The inclusion criteria for the study participants were above the age group of 18 years, those who are available during the data collection, who are willing to participate and able to speak, read, write and understand Tamil and English. The exclusion criteria for the study participants were general population who are critically ill and with previous history of psychiatric disorders, The general polulation who are all previously affected by COVID-19 were excluded. The

purpose of the study was explained by the investigator to each of the study participant and a written informed consent was obtained before collecting the data. The demographic data and the current level of knowledge was collected was obtained from them. The demographic data and the existing level of knowledge was collected by using the self-structured questionnaire and the collected data were tabulated and analysed by using descriptive and inferential statistics. The project has been approved by the Ethics Committee of the Institution.

3. Results

Section A: Description of the demographic variables of general population

Table 1: Frequency and percentage distribution of samples with their selected demographic variables. N=100

S.NO	Demographic Variable	Frequency	Percentage (%)
1	Age		
	a)18-25	14	14
	b)26-32	15	15
	c)33-40	26	26
	d)41-60	45	45
2	Religion		
	a)Hindu	64	64
	b)Muslim	23	23
	c)Christian	19	19
3	Education		
	a)primary education	31	31
	b)secondary education	61	61
	c)undergraduate	2	2
	d)Under qualified	6	6
4	Occupation		
	a)housewife	45	45
	b)Cooley	26	26
	c)skilled	15	15
	d)professional	14	14
5	Marital Status		
	a)Married	55	55
	b)Unmarried	45	45
6	Type of Family		
	a)Nuclear	23	23
	b)Joint	64	64
	c)Extended	13	13

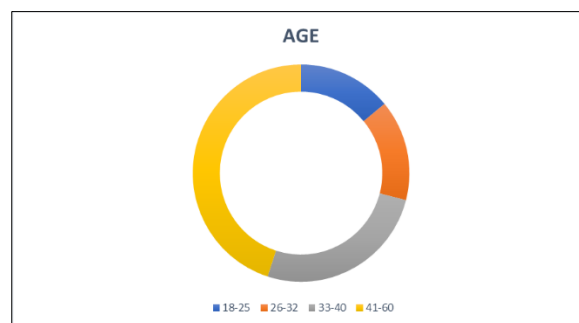


Fig 1: Graphical presentation on frequency distribution of age

Section B

Table 2: Frequency and percentage distribution level of International Physical Activity Questionnaire

Level	Frequency	Percentage
Low	28	28%
Moderate	61	61%
High	11	11%

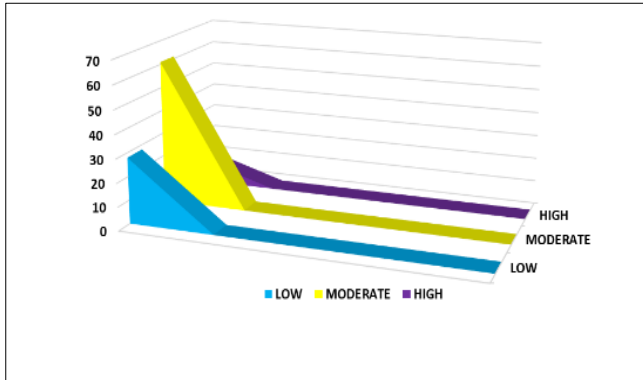


Fig 2: Graphical presentation on frequency distribution of International Physical Activity Questionnaire

Table 3: Frequency and percentage distribution level of Social Well-being Questionnaire

Level	Frequency	Percentage
Strongly Disagree	7	7%
Disagree	18	18%
Neither Agree / Disagree	43	43%
Agree	20	20%
Strongly Agree	12	12%

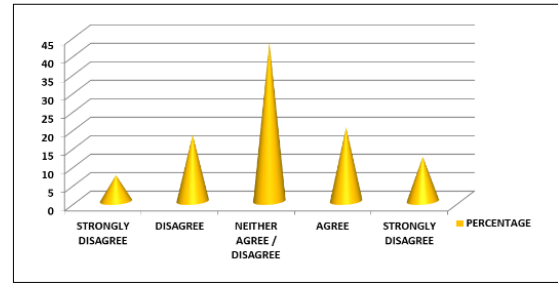


Fig 3: Graphical presentation on frequency distribution of Social Well-being Questionnaire

Table 4: Percentage distribution of level of Depression Anxiety and Stress Scale

Level	Depression	Anxiety	Stress
Normal	30%	24%	27%
Mild	24%	30%	22%
Moderate	39%	34%	36%
Severe	5%	8%	10%
Extremely Severe	2%	4%	5%

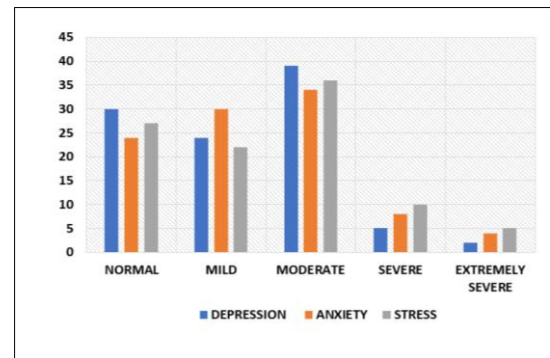


Fig 4: Graphical presentation on percentage distribution of level of Depression, Anxiety and Stress

Table 5: Percentage distribution level of WHO-5 well-being Index

	Females	Males	Total	Percentage
Number of general population with score above 13	69	38	107	83
Number of general population with below or equal to 13	9	5	14	10
General population answer 0 or 1 for one or more question	8	6	14	10

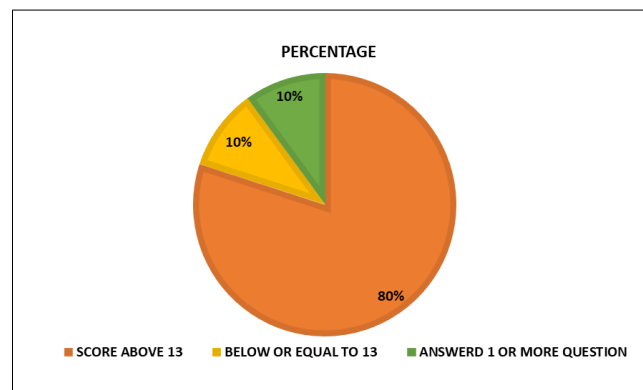


Fig 5: Graphical presentation on percentage distribution of WHO-5 well-being index.

Table 6: To find the association between demographic variables and level of International Physical Activity Questionnaire

S.No	Demographic Variables	Low		Moderate		High		Chi-Square Value
		No	%	No	%	No	%	
1	Age							$\chi^2 = 81.525$ d.f = 4 p= 0.05 S
	18-25	16	16%	29	29%	0	0%	
	26-32	0	0%	0	0%	11	11%	
	33-40	10	10%	18	18%	0	0%	
2	41-60	2	2%	14	14%	0	0%	$\chi^2 = 32.487$ d.f =6 p= 0.05 S
	Re5ligion							
	Hindu	5	5%	37	37%	0	0%	
	Muslim	16	16%	10	10%	11	11%	
3	Christian	7	7%	14	14%	0	0%	$\chi^2 = 11.715$ d.f = 4 p= 0.05 S
	Education							
	Primary	5	5%	14	14%	0	0%	
	Secondary	14	14%	30	30%	11	0%	
4	Undergraduate	3	3%	10	10%	0	0%	$\chi^2 = 98.238$ d.f =4 p= 0.05 S
	Under qualified	6	6%	7	7%	0	0%	
	Occupation							
	Housewife	3	3%	5	5%	0	0%	
5	Cooley	16	16%	34	34%	11	11%	$\chi^2 = 31.256$ d.f =2 p= 0.05 S
	Skilled	4	4%	4	4%	0	0%	
	Professional	5	5%	18	18%	0	0%	
	Marital Status							
6	Married	21	21%	42	42%	11	11%	$\chi^2 = 43.296$ d.f =4 p=0.05 S
	Unmarried	7	7%	19	19%	0	0%	
	Type of Family							
	Nuclear	8	8%	0	0%	0	0%	$\chi^2 = 43.296$ d.f =4 p=0.05 S
	Joint	4	4%	43	43%	11	11%	
	Extended	16	16%	18	18%	0	0%	

Above table reveals that, chi-square analysis was done to find out the association between the level of physical activities done by the general population after covid 19 with their selected demographic variables. The findings suggested that there was a significant association between the level of physical activities with their selected demographic variables such as age, religion, education, occupation, marital status and type of family.

4. Discussion

The aim of the present study was to assess the wellbeing recovered from general population. The semi- structured questionnaires was used to evaluate the level of physical activity, depression, anxiety, stress, wellbeing index and social wellbeing on covid19. The response was analyzed through descriptive statistics and inferential statistics. Discussion of the findings was arranged based on the objectives of the study.

First objective

The data shows that among the general population, (28%) had low level physical activity, (61%) had moderate level physical activity and (11%) had High level physical activity after COVID 19.

Second objective

The data shows that the social welbing among the general population, (7%) strongly disagree, (18%) disagree, (43%) neither agree/ disagree, (20%) agree and (12%) agree about the social well-being questionnaire after covid 19.

Third objective

The percentage distribution of Depression, Anxiety, Stress. The level of depression among the general population, (30%)

had normal, (24%) had mild, (39%) had moderate, (5%) had severe, (2%) had extremely severe.

The level of anxiety among the general population, (24%) had normal, (30%) had mild, (34%) had moderate, (8%) had severe, (4%) had extremely severe.

The level of stress among the general population, (27%) had normal, (22%) had mild, (36%) had moderate, (10%) had severe, (5%) had extremely severe.

Fourth objective

Level of WHO-5 Well being Index on COVID-19, Score above13 (80%) Score below or equal to13 (10%) 0 or 1 for one or more questions (10%)

5. Conclusion

COVID-19 pandemic has caused a lot of uncertainty in the lives of Indian public, This indicates that assisted level of wellbeing in effective and easy method to imrove wellbeing among general population recovered from COVID-19.

6. Acknowledgement

Authors would like to appreciate all the study participants for their co-operation to complete the study successfully.

7. Authors Contribution

All the authors actively participated in the work of study. All the authors read and approved the final manuscript.

8. Conflict of Interest

The authors declare no conflict of interest.

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