



# “A STUDY TO ASSESS THE IMPACT OF STRUCTURED TEACHING PROGRAM (STP) ON THE KNOWLEDGE REGARDING CORONA VIRUS DISEASE (COVID-19) AMONG THE GENERAL NURSING MIDWIFERY (GNM) STUDENTS OF ANCILLARY MEDICAL TRAINING SCHOOL, SHIREENBAGH, SRINAGAR, KASHMIR”.

Mr.Rais Ahmad<sup>1</sup>, Ms.Farhat Jabeen<sup>2</sup>, Gousia Nabi<sup>3</sup>, Lubna Shabir<sup>4</sup>, Maryum Jan<sup>5</sup>, Adafar Bashir<sup>6</sup>, Nuzhat Rehman<sup>7</sup>, Faizana Hussain<sup>8</sup>, Nusrat Akther<sup>9</sup>, Rawhan Mansoor<sup>10</sup>.

<sup>1</sup>Faculty Govt. College of Nursing and Paramedical Sciences, GMC, Srinagar, J&K, India.

<sup>2</sup>Scholar, Department of Clinical Bio-Chemistry, University of Kashmir, J&K, India.

<sup>3,4,5,6,7,8,9,10</sup> B.Sc Nursing, Former Students of Govt. College of Nursing Baghi-Dilawer Khan, Srinagar, J&K, India.

## ABSTRACT

**Background:** Corona Virus Disease 2019 (COVID-19) is a contagious disease caused by severe acute respiratory syndrome corona virus 2 (SARS-COV-2). The first case was identified in Wuhan, China, in December 2019. It has since spread worldwide, leading to an ongoing pandemic. Small droplets and aerosols containing the virus can spread from an infected person's nose and mouth as they breathe, cough, sneeze, sing or speak. The virus may also spread via contaminated surfaces, although this is not thought to be the main route of transmission. It can spread as early as two days before infected persons show symptoms and from individuals who never experience symptoms. People remain infectious for up to 10 days in moderate cases, and two weeks in severe cases. Symptoms of COVID-19 are variable, but often include fever, cough, fatigue, breathing difficulties, loss of smell and taste. Symptoms begin one to fourteen

days after exposure to the virus. Various testing methods have been developed to diagnose the disease. The standard diagnosis method is by real-time reverse transcription polymerase chain reaction (RT-PCR) from the nasopharyngeal swab. Several vaccine erase chain reaction (new have been developed and various countries have initiated mass vaccination campaigns. Although work is underway to develop drugs that inhibit the virus, the primary treatment is currently symptomatic. Management involves the treatment of the symptoms, supportive care, isolation and experimental measures. Preventive measures include physical or social distancing, quarantining, and ventilation of indoor spaces, covering while coughs and sneezes, hand washing and keeping unwashed hands away from the face. The use of masks or covering has been recommended in the public setting to minimize the risk of transmission. **Aim:** 1. To assess the pre-test knowledge scores regarding the Corona Virus Disease (COVID-19) among the General Nursing Midwifery (GNM) students. 2. To assess the post-test knowledge scores regarding the Corona Virus Disease (COVID-19) among the General Nursing Midwifery (GNM) students. 3. To compare the pre-test and post-test knowledge scores regarding the Corona Virus Disease (COVID-19) among the General Nursing Midwifery (GNM) students. 4. To find the association between the pre-test knowledge scores regarding the Corona Virus Disease (COVID-19) among the General Nursing Midwifery (GNM) students with selected Demographic variables (age, source of information, residence). **Methodology:** Thirty (30) GNM students were selected to conduct this study at the Ancillary Medical Training School, Shireenbagh, Srinagar, Kashmir. Quantitative approach was adopted. A pre-experimental one group pre-test post-test design was used in the present study to accomplish the objectives. Simple random sampling technique was used for the selection of 30 GNM students from the accessible population. The prepared tool (structured knowledge questionnaire) and the intervention (structured teaching program) was validated by a panel of experts. Pre-testing of the tool and intervention was done to check for the clarity and feasibility. Pilot study was conducted to assess the feasibility of the study. The main study was conducted from 26-03-2021 to 01-04-2021. Data was collected by the administering structured knowledge questionnaire. After collecting data structured teaching program was administered to the subjects and on the 5<sup>th</sup> day post-test was conducted by using same structured knowledge questionnaire. The data was analyzed by descriptive and inferential statistics using chi-square and t-test. **Results:** The findings revealed that majority of the study subjects 18(50%) had good knowledge,

12(40%) had very good knowledge and none of the subjects had neither average nor below average knowledge with post-test mean score 30.00 which was significantly higher than the mean pre-test knowledge score of 20.22. Study concludes that there was gain in knowledge among students after importing structured teaching program. The study also concluded that there was statistically no association was found between Age in years, Residence, and source of information of students with their pre-test knowledge scores ( $p > 0.05$ ).

**Key words:** Impact, Structured Teaching Program, Knowledge, Corona Virus disease (COVID-19), GNM Students.

## BACKGROUND OF THE STUDY

### Introduction:

Corona virus disease 2019 (COVID-19) is a contagious disease caused by severe acute respiratory syndrome corona virus 2 (SARS-COV-2). The outbreak of Novel Corona virus disease (COVID-19), the first known human infection was in Wuhan Hubei, China. A study of the first 41 cases of confirmed COVID-19, published in January 2020.<sup>[01]</sup>

There are about 40 different varieties; they mainly infect the humans and non-human mammals and birds. In humans and birds, they cause respiratory tract infections that can range from mild to lethal. Mild illnesses in humans include some cases of the common cold (which is also caused by other viruses, predominantly rhinoviruses), while more lethal varieties can cause SARS, MERS, and COVID-19. In cows and pigs they cause diarrhea, while in mice they cause hepatitis and encephalomyelitis.<sup>[02]</sup>

The name "corona virus" is derived from Latin word *corona*, meaning "crown" or "wreath". The name was coined by June Almeida and David Tyrrell who first observed and studied human corona viruses. The word was first used in print in 1968 by an informal group of virologists in the journal *Nature* to designate the new family of viruses. The name refers to the characteristic appearance of virions (the infective form of the virus) by electron microscopy, which has a fringe of large, bulbous surface projections creating an image reminiscent of the solar corona or halo. This morphology is created by the viral spike peplomers, which are proteins on the surface of the virus. The scientific name *Corona virus* was accepted as a genus name by the International Committee for the Nomenclature of Viruses (later renamed International Committee on Taxonomy of Viruses) in 1971. The common name corona virus is used to refer to any member of the subfamily *Orthocoronavirinae*.<sup>[03]</sup>

Corona viruses are a group of large sized (100-160 nm), spherical, positively sense, non-segmented, single-stranded RNA with genome sized 26-32 kb (the largest among known RNA viruses), and known to infect both animals and humans. Corona virus has been classified into four genera (a-alpha, b-beta, c-gamma and d-

Delta), out of which only two genera-alpha which contains CoV-NL63 & CoV-229E, and -beta contains CoV-OC43, CoV-HKU1, Middle East respiratory syndrome corona virus (MERS-CoV) and SARS-CoV, found to be infectious for human .The genome of COVID-19 virus constitutes 29,903 nucleotides which upon fresh reannotation and mapping of the RNA-sequences obtained, presented the reads assembly, and was very similar to SL-CoVZC45-an already known bat strain and SARS-CoV. [04]

The Omicron variant is a variant of SARS-CoV-2, the virus that causes COVID-19. As of December 2021, it is the newest variant. It was first reported to the World Health Organization (WHO) from South Africa on 24 November 2021.[05,06]

On 26 November 2021, the WHO designated it as a variant of concern and named it "Omicron", the fifteenth letter in the Greek alphabet.Compared to previous variants of concern, Omicron is believed to be far more contagious (spreading much quicker), and spreads around 70 times faster than any previous variants in the bronchi (lung airways), but it is less able to penetrate deep lung tissue, and perhaps for this reason there is a considerable reduction in the risk of severe disease requiring hospitalization. However the extremely high rate of spread, combined with its ability to evade both double vaccination and the body's immune system, means the total number of patients requiring hospital care at any given time is still of great concern.

The new variant was first detected on 22 November 2021 in laboratories in Botswana and South Africa based on samples collected 11–16 November. The first known sample was collected in South Africa on 8 November. In other continents, the first known cases were a person arriving in Hong Kong from South Africa via Qatar on 11 November, and another person who arrived in Belgium from Egypt via Turkey on the same date. As of 16 December 2021, the variant has been confirmed in more than 80 countries. The World Health Organization estimates that by mid-December, Omicron likely was in most countries, whether they had detected it or not. [07,08]

The persons infected by Novel Corona virus are main source of infection. The major route of transmission of COVID-19 is from person-to-person via respiratory droplets and direct personal and physical contact within the community setting as indicated by currently available evidences. This Person-to-person transmission route can be through respiratory droplets which can be enhanced by physical body contact through handshake, hugging, kissing and sex due to close physical contact. Similarly, corona virus can be released in respiratory droplets through sneezing and coughing. When the respiratory droplets released come in contact with mucous membrane of the eyes, nose and mouth of an individual directly or indirectly through contaminated agents and surfaces (such as Automated Teller Machines and note currencies, electronic gadgets including phones and laptops, door handles and handrails, lift or elevator buttons and fomites including cloths, utensils and furniture), infection may likely occur. Transmission can also be airborne as it was recently proven under laboratory condition that respiratory droplets of smaller size which is also called aerosols can remain in air for approximately three hours. The incubation period for the novel corona virus is somewhere between 2 to 14

days after exposure. [09]

COVID-19 affects different people in different ways. Most infected people will develop mild to moderate illness and recover without hospitalization. Most common symptoms: fever, dry cough, tiredness. Less common symptoms: aches and pains, sore throat, diarrhea, conjunctivitis, headache, loss of taste or smell, a rash on skin, or discoloration of fingers or toes. Serious symptoms: difficulty breathing or shortness of breath, chest pain or pressure, loss of speech or movement.

According to researchers in China, these were the most common symptoms among people who had COVID-19: Fever (99%), fatigue (70%), cough (59%), lack of appetite (40%), body aches (35%), shortness of breath (31%), and mucus/phlegm (27%).

Some people who are hospitalized for COVID-19 have also had dangerous blood clots, including in their legs, lungs, and arteries. [10]

Though infection is usually due to exposure to the virus either directly or indirectly, there are some factors that are responsible. These factors may include;

Human factor: such as age, sex, blood group, immunity, personal hygiene, underline pre-existing diseases and travel history to a COVID-19 endemic.

Environmental factor: such as temperature and humidity, and Occupations factor: that may predispose some frontline health professional workers to the virus.

Though all age groups including infants, children, grown-ups and elderly exposed to the virus are susceptible, patients with lower immune system such as the elderly and those with other underline diseases (immune-compromised) are more prone to developing infections and complications and this may lead to fatality particularly in older ones.[11]

The COVID-19 pandemic in India is part of the worldwide pandemic of corona virus disease 2019 (COVID-19) caused by severe acute respiratory syndrome corona virus 2 (SARS-CoV-2) with a rise of 127 million reported case, 71.7 million recoveries and 2.78 million deaths globally as in March 28, 2021. The first case of COVID-19 in India, which originated from China, was reported on 30 January 2020. India currently has more than 11.9 million reported cases of COVID-19 infection and more than 161k deaths as of March 28, 2021. The new COVID-19 cases in India are over 60,000 cases reported per day as in mid-March, 2021. On 18-12-2021 prevalence was 34,733,194 cases. On 6-12-2021 1,294,608,045 vaccine doses have been administered. [11]

In union territory of Jammu and Kashmir, two suspected cases with high viral load were detected and isolated on 4 March in Government Medical College, Jammu. One of them became the first confirmed positive case on 9 March 2020. Both individuals had a travel history to Iran. As of 28 March 2021; total numbers of

positive cases in Jammu and Kashmir were 129k. This includes, 126k successful recoveries/discharges and 1984 deaths. With a testing rate over 10,000 per million, Jammu & Kashmir is now leading all the states in the country in testing. 13 June 2021, total no. Of active cases was 16284, successful recoveries/ discharges was 286180 and deaths was 4174. Total vaccine doses administered are 36, 46,922. On 16-12-2021; Confirmed cases was 3, 23499, Active cases was 1229, Recovered case was 3, 17,872 and Deaths was 4398. On 25 August 2021, nearly 16.5 lakh people received 2 doses of vaccine. On 20 September 2021, 1 crore vaccine doses was administered. On 14 October 2021 1.4 crore doses of Vaccine have been administered so far in J and K. [12]

### **NEED OF THE STUDY:**

As the knowledge of Corona Virus Disease (COVID-19) is crucial in today's scenario to protect self and others from its contaminations and to detect and identify new cases in order to handle them as early as possible, so that cross contamination can be reduced until the vaccine is administered to each and every individual in the country against this disease and it get fully eradicated. The present study was conducted on the IST year General Nursing Midwifery (GNM) students of Ancillary Medical Training (AMT) School, to assess the impact of Structured Teaching Program (STP) on the knowledge regarding Corona Virus Disease (COVID-19).

### **STATEMENT OF THE STUDY:**

“A study to assess the impact of Structured Teaching Program (STP) on the knowledge regarding the Corona Virus Disease (COVID-19) among General Nursing Midwifery(GNM) students of Ancillary Medical Training (AMT) School, Sheerinbagh, Srinagar, Kashmir”.

### **OBJECTIVES OF THE STUDY:**

- I. To assess the pre-test knowledge scores regarding the Corona Virus Disease (COVID-19) among the General Nursing Midwifery (GNM) students.
- II. To assess the post-test knowledge scores regarding the Corona Virus Disease (COVID-19) among the General Nursing Midwifery (GNM) students.
- III. To compare the pre-test and post-test knowledge scores regarding the Corona Virus Disease (COVID-19) among the General Nursing Midwifery (GNM) students.
- IV. To find the association between the pre-test knowledge scores regarding the Corona Virus Disease (COVID-19) among the General Nursing Midwifery (GNM) students with selected Demographic variables (age, source of information, residence).

**HYPOTHESIS:**

**H<sub>1</sub>:** There is significant increase in the mean post-test knowledge score as compared to mean pre-test knowledge score regarding the Corona Virus Disease (COVID-19) among the General Nursing Midwifery (GNM) students at 0.05 level of significance.

**H<sub>2</sub>:** There is significant association between the pre-test knowledge regarding the Corona Virus Disease (COVID-19) among the General Nursing Midwifery (GNM) students with selected Demographic variables (age, source of information, residence) at 0.05 level of significance.

**ASSUMPTIONS:**

1. The General Nursing Midwifery (GNM) students have significantly inadequate knowledge regarding the Corona Virus Disease (COVID-19), because of their academic level.
2. The Structured Teaching Program (STP) will enhance the knowledge of the General Nursing Midwifery (GNM) students regarding the Corona Virus Disease (COVID-19).
3. Appropriate knowledge regarding the Corona Virus Disease (COVID-19) can reduce the incidence of the Corona Virus Disease (COVID-19).

**DELIMITATIONS OF THE STUDY:**

The study is delimited to the following:

- i. The data should be collected from the selected students of selected institution (Ancillary Medical Training School, Shireenbagh, Srinagar).
- ii. The study should be focused on the GNM (Ist Year) students only.
- iii. Sample size should be limited to 30
- iv. Duration of one week for data collection..

**METHODOLOGY:**

**RESEARCH DESIGN:** Pre-experimental single group pre-test post-test design was used to determine impact of Structured teaching program regarding the Corona virus disease (COVID-19) among the General Nursing Midwifery (GNM) Nursing students of Ancillary Medical Training School, Shireenbagh, Srinagar, Kashmir.

**STUDY POPULATION:** In this study the population comprises of students studying in GNM, Ist year at Ancillary Medical Training School, Shireenbagh, Srinagar.

**SAMPLE:** The present study was conducted on 30 IST year GNM students.

**SAMPLING TECHNIQUE:** In this study Simple Random Sampling was used to select the sample. Sample consists of 30 IST year GNM students.

**DATA COLLECTION INSTRUMENT/TOOL:** In the present study, data collection instrument/ tool used was structured questionnaire to assess the knowledge regarding the Corona virus disease (COVID-19). Data collection tool comprises of the following sections:

**Section A:** Deals with demographic data related to the GNM students. It includes: age in years, gender, source of information, residence

**Section B:** Deals with knowledge regarding Corona virus disease (COVID-19). It comprises of 2 parts:

**Part-1:** Knowledge regarding origin, definition, clinical manifestations, risk factors, diagnostic evaluation, and complications of Corona virus disease (COVID-19).

**Part-2:** Knowledge regarding transmission, prevention, and management of the Corona virus disease (COVID-19).

**Table 1: Showing the blueprint of the structured questionnaire used research study**

Tool	Sections	Items	Item No.
Structured questionnaire	Section-A: Demographic Variables	Age	1
		Source of information	1
		Residence	1
	Section-B: Knowledge regarding the Corona virus disease (COVID-19)	Items related to origin, definition, clinical manifestations, risk factors, diagnostic evaluation, and complication, of Corona virus disease (COVID-19)	20
		Items related to transmission, prevention, and management of the Corona virus disease (COVID-19)	20
		<b>Total</b>	<b>40</b>

Table 1 predicts that the Section B of structured questionnaire consists of 40 items with single correct answer.

**Data collection procedure:**

The data was collected during the month of April from 20<sup>th</sup> of April to 26<sup>th</sup> of April from the 30 Ist year GNM students selected by simple random sampling technique.

Pre-test was done by using a self-structured questionnaire on 20<sup>th</sup> April to assess the pre-test knowledge regarding the corona virus disease (COVID-19).

Structured teaching program was given on knowledge regarding corona virus disease (COVID-19) after the pre -test on the same day (i.e.20<sup>th</sup> April).

Post-test was carried on 5<sup>th</sup> day by administering the same self-structured questionnaire on Ist year GNM students regarding corona virus disease (COVID-19).

Data was collected and analyzed and tabulated using both inferential and descriptive statistics.

**RESULTS AND DISCUSSIONS**

The results are computed by using descriptive and inferential statistics based on objectives and hypotheses of the study. The collected data was edited, tabulated, analyzed, interpreted and findings obtained were presented under the following sections.

**Section I:** Description of demographic variables of study subject (age, source of information, residence)

**Section II:** Description of pre-test and post-test knowledge scores of study subject regarding knowledge of corona virus disease (COVID-19).

**Section III:** comparison of pre-test and post - test knowledge score of study subject regarding knowledge of corona virus disease (COVID-19)

**Section IV:** Association between pre-test knowledge scores regarding knowledge of corona virus disease (COVID -19) with their demographic variables (age, source of information, residence).

**Section I: Description of demographic variables of the study subjects.****Table No. 2: Frequency Distribution of Demographic variables.****N=30**

Variables	Opts	Percentage	Frequency
Age in Years	18-20 Years	16.7%	5
	20-22 Years	63.3%	19
	22-24 Years	20.0%	6
	Above 24 Years	0.0%	0
Source of information	No	6.7%	2
	Parents/Relatives	20.0%	6
	Teachers/Books	0.0%	0
	Mass Media	73.3%	22
Residence	Rural	83.3%	25
	Urban	16.7%	5

Table 2 revealed that out of the 30 study subjects most of the subjects 19 (63.3%) were in the age group of 20-22 years, majority of study subjects 22 (73.3%) were having mass media as source of information and most of the study subjects 25 (83.3%) belongs to the rural area.

**Section II: Description of Pre-test and Post-test knowledge scores of study subjects regarding knowledge of corona virus disease (covid-19).****Table 3: Table Showing Frequency and Percentage Distribution of pre- test knowledge Scores regarding knowledge of corona virus disease (covid-19).****N=30**

Table Showing Frequency and Percentage Distribution of pre- test knowledge Scores.		
Knowledge Level	Score Category	Pre-Test f (%)
Below Average	(0-10)	0(0%)
Average.	.(11-20)	15(50%)
Good	.(21-20)	15(50%)
Very Good	(31-40)	0(0%)

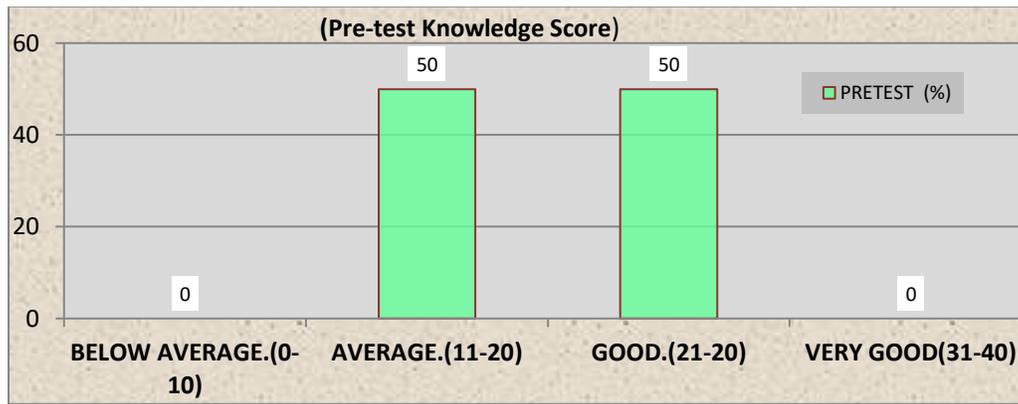


Fig 1: bar diagram showing the pre- test knowledge Score of the study subjects.

Table 3 and figure 1 revealed that in pre-test knowledge scores out of 30 study subjects 15(50%) were having average level of knowledge regarding corona virus disease and 15 (50%) were having good level of knowledge regarding the corona virus disease, 0% had below average level of knowledge regarding corona virus disease and 0% had very good level of knowledge regarding corona virus disease.

**Table 4: Table Showing Frequency and Percentage Distribution of Post- test knowledge Scores regarding knowledge of corona virus disease (covid-19).**

N=30

Knowledge Level	Score Category	Pre-Test f (%)
Below Average	(0-10)	0(0%)
Average.	.(11-20)	0(00%)
Good	.(21-20)	18(60%)
Very Good	(31-40)	12(40%)

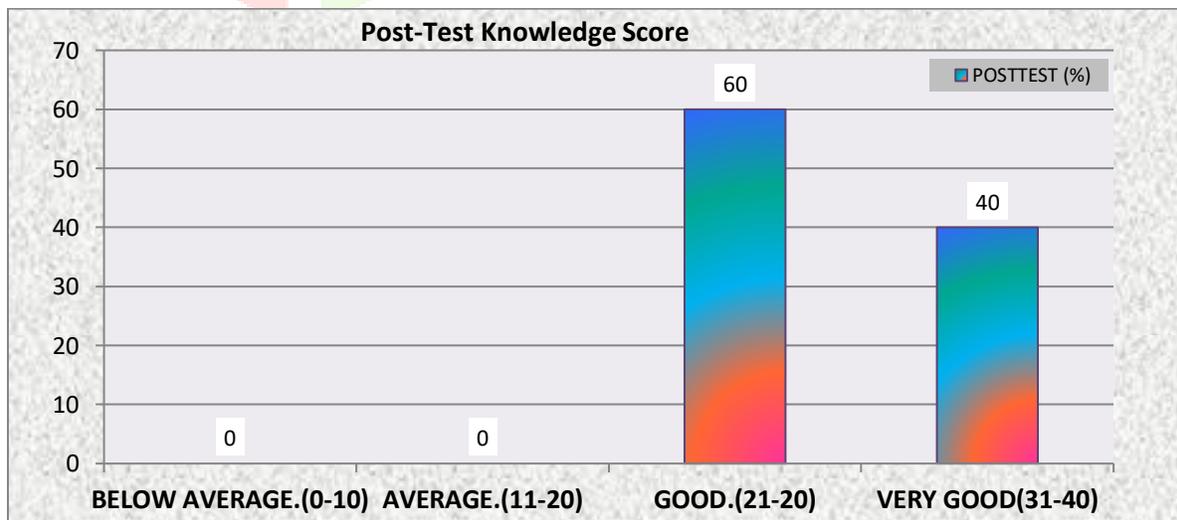


Fig 2: Bar diagram showing the post- test knowledge of the study subjects.

Table 4 and figure 2 revealed that in post- test knowledge score out of 30 study subjects, most of the subjects 18(60%) were having good level of knowledge regarding corona virus disease, 12(40%) were having very good level of knowledge, 0(0%) were having below average level of knowledge regarding corona virus disease and 0(0%) were having average knowledge regarding corona virus disease.

**Section III:** Comparison of pre-test and post-test knowledge score of study subject regarding knowledge of corona virus disease (COVID-19)

**Table 5: Comparison of Mean Pre-test Knowledge score and Mean Post-test Knowledge Scores.**

N=30

Comparison of Knowledge Scores	Mean $\pm$ S.D.	Mean %	Range	Mean Diff.	Paired T Test	P value	Table Value at 0.05
Pre-test Knowledge	20.8 $\pm$ 2.696	52.00	14-25	9.200	15.198 *Sig	<0.001	2.05
Post-test Knowledge	30 $\pm$ 3.029	75.00	25-35				

S\*=Significant.

Table 5 revealed that the mean post-test level of knowledge score (43.37) is higher than mean pre-test level of knowledge score (20.8) with mean difference (9.200) regarding management of corona virus disease (covid-19) among study subjects at  $P < 0.05$  level, hence null hypothesis ( $H_{01}$ ) is rejected and research hypothesis ( $H_1$ ) is accepted which states that there is significant difference in post interventional level of knowledge among study subjects regarding management of corona virus disease (covid-19) at 0.05 level of significance. This indicates that the Structured Teaching Program (STP) was significantly effective in improving the knowledge regarding management of corona virus disease (Covid-19).

**Section IV:** Association between pre-test knowledge scores regarding knowledge of corona virus disease (COVID -19) with their demographic variables (age, source of information, residence).

This section deals with the findings related to the association between score and selected demographic variables. The chi-square test was used to determine the association between the score levels and selected demographic variables.

**Table 6: Association of pre- test knowledge scores with the selected demographic variables.**

Variables	options	Very good	good	average	Below average	Chi test	P value	df	Table value	Result
Age in years	18-20		3	2		0.919	0.632	2	5.991	Not significant
	20-22		10	9						
	22-24		2	4						
	>24		0	0						
Source of information	No		2	0		2.667	0.264	2	5.991	Not significant
	Parents/ Relatives		2	4						
	Teachers /Books		0	0						
	Mass media		11	11						
Residence	Rural		13	12		0.240	0.624	1	3.841	Not significant
	Urban		2	3						

Table 6 shows the association between the level of knowledge scores and socio demographic variable. Based on the objectives, Chi-square test was used to associate the level of knowledge scores and selected demographic variables. The Chi-square value shows that there is no significance association between the level of knowledge scores with selected demographic variables (age in years, source of information, residence). The calculated chi-square values were less than the table value at the 0.05 level of significance.

## DISCUSSION

The findings of the study were discussed as per the objectives and hypothesis of study

### Major findings of the study:

#### Section I: Description of demographic variables of the study subjects.

In present study revealed that out of the 30 study subjects, most of the subjects 19 (63.3%) were in the age group of 20-22 years, majority of study subjects 22 (73.3%) were having mass media as source of information and most of the study subjects 25 (83.3%) belongs to the rural area.

## **Section II: Description of pre-test and post-test knowledge scores of study subjects regarding knowledge of corona virus disease (covid-19).**

Objective 1: To assess the pre-test knowledge scores regarding the Corona Virus Disease (COVID-19) among the General Nursing Midwifery (GNM) students.

The findings of present study showed that in pre- test knowledge scores out of 30 study subjects 15(50%) were having average level of knowledge regarding corona virus disease and 15(50%) were having good level of knowledge regarding the corona virus disease. The pre- test mean score of the study subjects were 20.80 with mean% is 52.00 ,

Objective 2:- To assess the post-test knowledge scores regarding the Corona Virus Disease (COVID-19) among the General Nursing Midwifery (GNM) students.

Post -test knowledge score out of 30 study subjects, most of the subjects 18(60%) were having good level of knowledge regarding corona virus disease, 12(40%) were having very good level of knowledge regarding corona virus disease. The Post -test mean score of the study subjects were 31 with mean% is 75.

## **Section III: comparison of pre-test and post-test knowledge scores of study subjects regarding knowledge of corona virus disease (Covid-19 )**

Objective 3:- To compare the pre-test and post-test knowledge scores regarding the Corona Virus Disease (COVID-19) among the General Nursing Midwifery (GNM) students.

In the present study while comparing the knowledge scores of the study subjects regarding the knowledge of corona virus disease, results revealed that the mean post-test level of knowledge score (43.37) is higher than mean pre-test level of knowledge score (20.8) with mean difference (9.200) regarding management of corona virus disease (covid-19) among study subjects at  $P < 0.05$  level, hence null hypothesis ( $H_{01}$ ) is rejected and research hypothesis ( $H_1$ ) is accepted which states that there is significant difference in post interventional level of knowledge among study subjects regarding management of corona virus disease (covid-19) at 0.05 level of significance. This indicates that the Structured Teaching Program (STP) was significantly effective in improving the knowledge regarding management of corona virus disease (Covid-19).

## **Section IV: Association between pre-test knowledge scores regarding knowledge of corona virus disease (COVID-19) with selected demographic variables (age, source of information, residence).**

Objective 4:- To find the association between the pre-test knowledge scores regarding the Corona Virus Disease (COVID-19) among the General Nursing Midwifery (GNM) students with selected Demographic variables (age, source of information, residence).

Based on the objectives, Chi-square test was used to associate the level of knowledge scores and selected demographic variables. The Chi-square value shows that there is no significance association between the level of knowledge scores with selected demographic variables (age in years, source of information, residence). The calculated chi-square values were less than the table value at the 0.05 level of significance.

## **LIMITATIONS, RECOMENDATIONS AND CONCLUSION:**

### **LIMITATIONS:-**

The following points were beyond the control of the investigator:-

- The Study was limited to the sample size (30) which imposed limitation on generalization.
- Sample was selected only from one AMT School of Srinagar, Kashmir. Hence the generalization can only be made for samples studied.
- Effectiveness of educational program was assessed in terms of knowledge gain only. Skill domain not included.
- The research did not use control group. Hence the researcher had no control over the events that took place between pre- test and post-test.

### **RECOMMENDATIONS:-**

On the basis of findings of the present study, the following recommendations have been made :-

- A similar study can be conducted on large sample in order to draw more definite conclusions and generalizations.
- A similar study can be replicated on large sample with different demographic characteristics.
- An Experimental Study can be conducted with control group.
- A similar study can be recommended by using different method of teaching.
- A Comparative Study can be conducted between Rural and Urban.

### **CONCLUSION:-**

The Following conclusions were drawn from the Present study:

- Knowledge Score of General Nursing Midwifery (GNM) students of Ancillary Medical Training (AMT) School, Sheerinbagh, Srinagar Kashmir was found average regarding the Corona Virus Disease (Covid-19) in the Pre-Test. None of the steady subjects had very good and below average knowledge, 15 (50%) had good knowledge, 15 (50%) had average knowledge regarding Corona Virus Disease (Covid-19).
- There was improvement in knowledge score of study subjects after the implementation of structured teaching program regarding Corona Virus Disease (Covid-19) among General Nursing Midwifery

(GNM) students of Ancillary Medical Training (AMT) School, Sheerinbagh, Srinagar Kashmir. The mean Pre-Test knowledge score 20.8 which improved to 30 in Post-Test (P=0.001).

- The Socio demographic variables; source of information and residence were found to have significant association with the post- test knowledge scores.
- The study proved that educational program was effective in improving the knowledge of study subjects regarding corona virus disease (covid-19) among General Nursing Midwifery (GNM) students of Ancillary Medical Training (AMT) School, Sheerinbagh, Srinagar Kashmir.

### Acknowledgements:-

We thank all the participants without whom the study would not be possible.

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