

POST COVID HEALTH ISSUES AMONG FEMALES OF RURAL AREAS OF RAJOURI DISTRICT

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Abstract - Women serve on the frontlines against COVID 19, and the impact of the crisis on women is stark. Women face compounding burdens: they are over-represented in health systems, continue to do the majority of unpaid care work in households. Women are at the forefront of the battle against the pandemic as they make up almost 70% of the health care workforce, exposing them to greater risk of infection, while they are under-represented in leadership and decision-making processes in the health care sector. Moreover, due to persistent gender inequalities across many dimensions, women's jobs, businesses, incomes and wider living standards may be more exposed than men's to the anticipated widespread economic fallout from the crisis. Among seniors, globally, there are more elderly women living alone on low incomes – putting them at higher risk of economic insecurity. A sample of 100 females from different villages of rural area of Rajouri district was selected for the present study. A questionnaire was framed for the collection of data. Data was analysed both quantitatively and qualitatively.

Key words- Covid-19, women, globally, infection and widespread.

1. INTRODUCTION

COVID-19 (coronavirus disease 2019) is a disease caused by a virus named SARS-CoV-2. It can be very contagious and spreads quickly. Over one million people have died from COVID-19. COVID-19 most often causes respiratory symptoms that can feel much like a cold, the flu, or pneumonia. COVID-19 may attack more than your lungs and respiratory system. Other parts of your body may also be affected by the disease. Most people with COVID-19 have mild symptoms, but some people become severely ill.

Coronaviruses (Covid) are a large family of viruses that cause illness ranging from the common cold to more severe diseases. A novel coronavirus (nCoV) is a new strain that has not been previously identified in humans. The new virus was subsequently named the “COVID-19 virus” Coronavirus disease (COVID-19) is an infectious disease caused by the SARS-CoV-2 virus. Most people who fall sick with COVID-19 will

experience mild to moderate symptoms and recover without special treatment. However, some will become seriously ill and require medical attention.

Women are serving on the frontlines against COVID-19, and the impact of the crisis on women is stark. Women face compounding burdens: they are over-represented in health systems, continue to do the majority of unpaid care work in households, face high risks of economic insecurity (both today and tomorrow), and face increased risks of violence, exploitation, abuse or harassment during times of crisis and quarantine. The pandemic has had and will continue to have a major impact on the health and well-being of many vulnerable groups. Women are among those most heavily affected. From a medical perspective, early evidence suggests that COVID-19 seems to hit men harder than women. Fatality rates for men who have contracted COVID-19 are 60-80% higher than for women. However, as COVID-19 spreads around the world, the impact of the pandemic on women is becoming increasingly severe.

Women are at the forefront of the battle against the pandemic as they make up almost 70% of the health care workforce, exposing them to greater risk of infection, while they are under-represented in leadership and decision-making processes in the health care sector. Moreover, due to persistent gender inequalities across many dimensions, women's jobs, businesses, incomes and wider living standards may be more exposed than men's to the anticipated widespread economic fallout from the crisis. Among seniors, globally, there are more elderly women living alone on low incomes – putting them at higher risk of economic insecurity.

Symptoms

Signs and symptoms of coronavirus disease 2019 (COVID-19) may appear 2 to 14 days after exposure. This time after exposure and before having symptoms is called the incubation period. You can still spread COVID-19 before you have symptoms (PR symptomatic transmission). Common signs and symptoms can include:

- Fever
- Cough
- Tiredness

Early symptoms of COVID-19 may include a loss of taste or smell.

Other symptoms can include:

- Shortness of breath or difficulty breathing
- Muscle aches
- Chills

- Sore throat
- Runny nose
- Headache
- Chest pain
- Pink eye (conjunctivitis)
- Nausea
- Vomiting
- Diarrhoea
- Rash

People who are older have a higher risk of serious illness from COVID-19, and the risk increases with age. People who have existing medical conditions also may have a higher risk of serious illness. Certain medical conditions that may increase the risk of serious illness from COVID-19 include:

- Serious heart diseases, such as heart failure, coronary artery disease or cardiomyopathy
- Cancer
- Chronic obstructive pulmonary disease (COPD)
- Type 1 or type 2 diabetes
- Overweight, obesity or severe obesity
- High blood pressure
- Smoking
- Chronic kidney disease
- Sickle cell disease or thalassemia
- Weakened immune system from solid organ transplants or bone marrow transplants
- Pregnancy
- Asthma
- Chronic lung diseases such as cystic fibrosis or pulmonary hypertension
- Liver disease
- Dementia
- Down syndrome
- Weakened immune system from bone marrow transplant, HIV or some medications
- Brain and nervous system conditions, such as strokes
- Substance use disorders.

Females should adopt following precautions to save themselves from covid 19: -**1. Wash your hands frequently and carefully**

Use warm water and soap and rub your hands for at least 20 seconds. Work the lather to your wrists, between your fingers, and under your fingernails. You can also use an antibacterial and antiviral soap.

Use hand sanitizer when you cannot wash your hands properly. Rewash your hands several times a day, especially after touching anything, including your phone or laptop.

2. Avoid touching your face

SARS-CoV-2 can live on some surfaces for up to 72 hours. You can get the virus on your hands if you touch a surface like:

- gas pump handle
- your cell phone
- a doorknob

Avoid touching any part of your face or head, including your mouth, nose, and eyes. Also avoid biting your fingernails. This can give SARS-CoV-2 a chance to go from your hands into your body.

3. Stop shaking hands and hugging people

Similarly, avoid touching other people. Skin-to-skin contact can transmit SARS-CoV-2 from one person to another.

4. Do not share personal items like:

- phones
- makeup
- combs

It's also important not to share eating utensils and straws. Teach children to recognize their reusable cup, straw, and other dishes for their own use only.

5. Cover your mouth and nose when you cough and sneeze**COVID IN RURAL AREAS**

The COVID-19 pandemic has brought much human suffering. It has underlined **that risks** to the foundations of human well-being are real global threats with multiple knock-on effects on economy and society. While the crisis is global, the impacts are territorially different. Well-connected urban areas were among the first exposed to the pandemic.

COVID-19 is having a detrimental impact on rural population health. The virus has caused hundreds of thousands of deaths. At the same time, public health and social measures to prevent virus transmission are

having wider health consequences. Loss of employment and income has exacerbated food insecurity, health services have been partially or completely disrupted across the world, and many measures have had adverse impacts in terms of mental and physical health. Negative health impacts of COVID-19 are disproportionately being felt by populations living in vulnerable circumstances, widening existing health inequalities.

Covid 19 affect different people in different ways most infected people will develop mild to moderate illness and cover without hospitalization. Covid-19 is acute respiratory illness in human caused by corona virus, capable of producing serve symptoms and in some case death, especially in older people and those with underlying infection. That's why it is important to know the post COVID health issues of rural females of Rajouri district.

OBJECTIVES OF THE STUDY

1. To study the post covid health issues among females in rural areas of district Rajouri.
2. To identify the extent of infection and health issues due to COVID-19 in females of district Rajouri.

CHAPTER 2.

RESEARCH METHODOLOGY

The present study was an attempt to access the 'post COVID health issues among rural females of Rajouri district.

Locale of the study- The present study was conducted on females of district Rajouri.

Sample plan

- **Selection of the block-**selection was done on the basis of maximum number of respondents.
- **Selection of respondent** -from the selected block, the list of the respondent the sample size was drawn.
- **Construction of the research schedule-** Interview schedule was constructed for the collection of the data while keeping the objectives in the mind.
- **Pre-testing of research schedule-** The research schedule was pre-tested in non- sampled area to find out the obscurity and weakness in schedule.
- **Area of the study-** The study was conducted on the rural females of District Rajouri.
- **Sample size-** The sample of the study was comprised of 100 rural females from Rajouri District.
- **Criteria of sample-** Sample of 100 rural women were selected.

CHAPTER-3

RESULT AND DISCUSSION

SECTION-1

GENERAL INFORMATION

The data was collected to obtain background information about the respondent their age, education, type of family and monthly income of the family.

AGE	NUMBER	PERCENTAGE
20-30	20	20%
30-40	54	54%
40-50	26	26%
TOTAL	100	100

In this table no :- 1(a) shows that there are females of different age group who are suffered from COVID-1. Majority of females was of 30-40 yrs with percentage of 54% was victims and they were all working women.

TABLE NO: 1(B) MARITAL STATUS OF RESPONENT

MARITAL STATUS	NUMBER	PERCENTAGE
MARRIED	64	64%
UNMARRIED	30	30%
WIDOW	06	6%
DIVORCED	NIL	NIL
TOTAL	100	100

From above the table no. 1(b) shows the martial status of COVID females. It shows that maximum 64% of covid females were married, 30% are unmarried, 6% were widows and nobody was divorced.

TABLE NO: 1(C) EDUCATIONAL QUALIFICATIONS OF THE RESPONENT

QUALIFICATION	NUMBER	PERCENTAGE
ILLITRATE	6	6%
MATRIC	16	16%
12 TH	24	24%
GRADUATION	30	30%
MASTERS	24	24%
TOTAL	100	100%

From above the table. No 1(c) shows the educational of the covid females which describes that mostly females were educated i.e., Masters 24%, 12th 24%, Graduation 30%, matric 16%. Only few (6%) females were illiterate.

TABLE NO: 1(D) OCCUPATION OF THE RESPONDENTS

OCCUPATION	NUMBER	PERCENTAGE
GOVT. EMPLOYEE	18	18%
PRIVATE JOB	24	24%
HOUSE WIFE	38	38%
STUDENT	20	20%
TOTAL	100	100%

This table no. 1(d) shows that maximum (38%) of females were house wife's. 24% of females were private worker's and about 20% were students , who were studying in higher education.

SECTION: -B**TABLE NO: - 1 WHICH YEAR DID YOU SUFFER FROM COVID-19**

YEAR	NUMBER	PERCENTAGE
2019	10	10%
2020	20	20%
2021	34	34%
2022	36	36%
TOTAL	100	100%

Table no. 1 shows the years with different percentage of covid victims. In 2019, there was very low percentage (10%) of covid in females because it was in its initial stage at that time. But the number of females was increased day by day. Majority of the females suffers from covid 19 in the year 2020 i.e., 36%.

TABLE NO: - 2 VARIOUS SYMPTOMS OF COVID-19

SYMPTOMS	NUMBER	PERCENTAGE
FEVER	20	20%
COUGH	Nil	Nil
NASAL CONGESTION	Nil	Nil
BODY PAIN	42	42%
HEADACHE	14	14%
DIFFICULTY IN BREATHING	Nil	Nil
CHEST PAIN	16	16%
ALL OF THE ABOVE	8	8%
TOTAL	100	100%

In above second table there are different kinds of symptoms like fever, cough, body pain etc. From above table it was analysed that females about 20% females suffer from fever, headache 14%, chest pain 16% utmost no of women suffered from body pain with percentage of 42%.

TABLE NO: -3 TEST CONFIRMED COVID-19

TEST NAME	NUMBER	PERCENTAGE
SWAB TEST	52	52%
RT-PCR	32	32%
ANY OTHER	16	16%

The above table shows the various methods of confirmation for covid19, hence 52% had swab test. 32% RT-PCR and only 16% through other symptoms.

TABLE NO: - 4 PLACE FROM YOU GET TESTED

PLACE	NUMBER	PERCENTAGE
HOSPITAL	58	58%
HOME	12	12%
ANY OTHER	10	10%

This table no 4 shows that many Covid females got tested for covid 19 from Government Hospitals and Private Hospitals which is 58%, 12% females got themselves tested at their own places, 10% females got tested from their Offices also.

TABLE NO: - 6 EXPERIENCED UNEXPLAINED WEIGHT LOSE.

OPTIONS	NUMBERS	PERCENTAGE
YES	84	84%
NO	16	16%

The above table shows that the females who suffered from unexplained weight were 84% and 16% of the females did not suffer from any kind of unexplained weight.

TABLE NO: - 8 LOST POWER OF SMELL AND TASTE

OPTIONS	NUMBERS	PERCENTAGE
7 DAYS	76	76%

14 DAYS	18	18%
MORE THAN 14 DAYS	6	6%

Table no. 8 shows that majority of the respondents lost power of smell and taste i.e., 76% for 7 days, 18% lost for 14 days and only 6% of the respondents lost power of smell and taste was more than 14 days

TABLE NO: - 10 PLACES OF ISOLATION

PLACE	NUMBERS	PERCENTAGE
HOME	16	16%
HOSPITAL	76	76%
ANOTHER	8	8%

The above table no. 10 revealed that mostly 76% of the respondents stayed in isolation at hospital, 16% at home and only 8% stayed at another places like offices, schools etc.

TABLE NO: - 11 TREATMENT

OPTIONS	NUMBERS	PERCENTAGE
HOME TREATMENT	24	24%
HOSPITAL TREATMENT	76	76%

Table no.11 clearly revealed that majority of the respondents (76%) got treatment for covid from hospital and remaining 24% got themselves treated at home.

CONCLUSION

From the above study, it came to know that the mental health impact of the COVID-19 pandemic can persist and be long lasting for several years after pandemic. Reports from the various part of the world show that significant proportion of the people who recovered from COVID-19 suffers from the various health issues which are collectively called "POST COVID-19" the common symptoms included fatigue, breathlessness, cough, joint pain, chest pain, muscle ache, headache so on. In our experience we identified that the females of 30-40 years were mostly affected with covid-19. The covid-19 pandemic has caused a major disruption affecting almost all aspect of health and social dimensions of our lives.

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