Original Article

A Qualitative Study to Explore Survivors' Experiences in the Implementation of Covid-19 Primary Prevention Efforts in Aceh Province

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How to cite this article: Reca Melati Phonna, Teuku Tahlil, Dara Febriana. A Qualitative Study to Explore Survivors' Experiences in the Implementation of Covid-19 Primary Prevention Efforts in Aceh Province. International Journal of Nursing Education / Vol. 16 No. 4, October-December 2024.

Abstract

Background: Primary prevention plays an important role in preventing the occurrence of a disease or other health problems including Covid-19. The purpose of this study was to explore the experiences of Covid-19 survivors in implementing primary prevention efforts for Covid-19.

Research Method: This Qualitative study used a phenomenological descriptive design. The Study participants comprised Covid-19 survivors in the capital of Aceh Province, Indonesia. Data were collected using demographic data sheets, Covid-19 primary precaution questionnaires, interview guidelines, field notes, and voice recording devices. Data analysis employed a qualitative data analysis technique.

Results: The study shows two main themes regarding Covid-19 survivors' experiences in implementing primary prevention efforts for Covid-19: knowledge about primary prevention efforts for Covid-19, and; obstacles in implementing Covid-19 primary prevention (e.g., use of masks, washing hands, physical distancing, etc)

Conclusion: Covid-19 primary prevention implementation can have both positive and negative experiences for survivors (people). Health professionals should consider these in their intervention programs.

Keywords: Covid-19, Survivors' Experience, Primary Prevention Efforts

Introduction

The SARS-CoV virus continues to undergo a mutation process that makes it so contagious, and has caused the Covid-19 pandemic. This poses a risk to society because patients who are in the incubation period and misdiagnosed negatively can spread the virus[1]. On May 5, 2023, the World Health Organization (WHO) revoked the Public Health Emergency of International Concern (PHEIC) status

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Submission date: June 13, 2024 **Revision date:** July 28, 2024 **Published date: Oct 22, 2024**

for COVID-19. Even though the pandemic emergency status has been lifted, the government still prioritizes preparedness and vigilance. WHO emphasized the need for a transition period for long-term handling of Covid-19[2].

Policies related to various transmission prevention initiatives have been issued by governments worldwide. The use of masks is one of the initiatives that has been accepted by the whole world. In this regard, the WHO and the US Centers for Disease Control (CDC) advise the general public to use cloth masks, and several countries (including Indonesia) have adopted this recommendation[3]. Masks have been proposed as a way to limit community transmission by asymptomatic carriers or at least clinically undetected infected patients, which may be a major factor behind the rapid spread of Covid-19[4].

Medical surgical masks and N95s can protect the wearer from various infections or the possibility of transmitting infections. These results appear to be consistent, so they can be used by health care workers to protect against respiratory infections[5]. Preventive measures are key to implementation in health services and communities, especially in vulnerable ages who are at high risk and with comorbid diseases such as hypertension. Avoiding touching the eyes, nose and mouth, and practicing coughing or sneezing etiquette by covering the nose and mouth with the upper arm inside is important, as is wearing a mask and keeping a distance (at least 2 meters) from others[6].

Seeing the situation of rapid and deadly growth of COVID-19 cases, prevention efforts must be carried out quickly and precisely. Prevention can be done through primary prevention, secondary prevention and tertiary prevention. Primary prevention is action taken before a health problem occurs. Primary prevention can be done with health promotion and self-protection. Secondary prevention is action taken after a health problem occurs. Secondary prevention emphasizes efforts to find health problems and treat early. Tertiary prevention is action taken after a health problem is resolved by preventing recurrence and disability. Given that there is no cure to kill the coronavirus, primary prevention is the most appropriate to do[7].

Primary prevention is a way to form a healthy society. A healthy community is characterized by its ability to carry out prevention efforts and to improve health status through community organizing efforts. Organizing efforts can be done by improving environmental sanitation, eradicating infectious diseases, individual hygiene education, and developing social engineering[8].

According to WHO, the confirmed incidence of Covid-19 in the world in 2023 was 762,201,169[9]. In Indonesia, the incidence of Covid-19 reached 6,751,662 positive confirmed cases, 6,584,006 confirmed recovered from Covid-19, 161,057 confirmed deaths, and 6,599 positive cases[10]. In Aceh Province, Covid-19 reached 44,885 confirmed positive, 42,603 confirmed recovered, 2,269 confirmed deaths, and 13 cases who were undergoing treatment. Throughout 2023, there will be no additional new cases of Covid-19 in Aceh[11].

Vaccines are a way to actively increase a person's immunity to an antigen (from germs, viruses or bacteria) so that if later exposed to the same antigen (germ), the person already has antibodies so that disease does not occur. The goal is to prevent the occurrence of certain diseases in a person[12]. A survivor is a person who experiences an event or disaster firsthand and manages to survive[13].

This research was conducted to examine the experiences of Covid-19 survivors who carried out primary prevention before being infected with the Covid-19 virus.

Research Methods

The study was qualitative, and used a phenomenological descriptive design. The study population involved Covid-19 sufferers in Aceh Province. Key participants were Covid-19 survivors with several inclusion criteria including having received at least one Covid-19 vaccination and implemented other primary preventions before their Covid-19 diagnoses were identified; having Covid-19 primary prevention screening scores over 63; being able to communicate verbally well and being willing to share their experiences; aged between 18 to 60 years, and; physically and spiritually healthy.

Data was collected through in-depth interviews from October 2023 to December 2023. Data collection

tools included demographic data sheets, Covid-19 primary precaution questionnaires, interview guidelines, field notes, and voice recording devices.

Data were analyzed using a qualitative data analysis technique of Miles and Huberman, including data condensation, data display, drawing, and verifying conclusions.

Results

Study Participants

Eight of the 26 Covid-19 survivors selected for the study were involved as samples because data saturation was reached with the eight participants. Characteristics of the study participants are described in Table 1 as follows.

Table 1: Characteristics of Participants

No	Age (years)	Sex	Education	Year of disease infected
1	28	Female	Senior High School	2020
2.	29	Male	Diploma 3	2021
3	34	Female	Senior High School	2020
4	42	Male	Bachelor Degree	2020
5	23	Male	Senior High School	2020
6	34	Female	Bachelor Degree	2021
7	33	Male	Senior High School	2020
8	50	Female	Bachelor Degree	2020

Table 1 shows that the participants aged between 23-50 years, half of them were female and had senior high school education backgrounds, and the vast majority were infected with Covid-19 in 2020.

Two main themes regarding participants' experiences with the implementation of Covid-19 primary prevention are identified: (1) Participants' knowledge about Covid-19 primary prevention, (2) Obstacles experienced by participants in implementing Covid-19 primary prevention, with some sub-themes.

Knowledge about Covid-19 Primary Prevention

Most of the participants have good knowledge about Covid-19 primary prevention. The participants can describe primary prevention efforts for Covid-19 correctly: "*The primary prevention that I know is the main prevention, yes, usually masks, hand washing, vaccines, avoiding crowds and crowds*" (Participant 1, aged 28 years). "*Primary prevention is the main form of prevention that the government recommends us to do*" (Participant 8, aged 50 years).

Obstacles in the Implementation of Primary Prevention for Covid-19

Participants describe some problems experienced in the implementation of Covid-19 primary prevention, include in wearing masks, washing hands, maintaining distance, using vaccines, and avoiding crowds.

Discomfort in the use of masks

Five of the eight participants felt discomfort when using masks such as skin irritation, dyspnea, and unrecognizable face. Two of these participants describe their experiences as follows: "*Using a mask for the first time is a bit uncomfortable because you are not used to it, feel short of breath, and the skin is irritated, people also don't know us, we also don't know people so we don't dare to reprimand". (Participant 6, aged 34 years). "Yes, if before getting Covid, the mask pack was uncomfortable, then the feeling of breathing was a bit poor, continuing to talk like it was clear that we were talking because it was covered with a mask, that was the experience of the mask pack."* (Participant 8, aged 50 years)

Obstacles in handwashing

Seven of the eight participants said sometimes difficult to implement hand washing because the handwashing facilities were not always available.

Examples of how the participants describe their experiences are as follows: "*If we wash our hands, it's difficult if we leave the house besides a place to eat. If a place to eat has indeed been provided with a place to wash hands, yes, but if we don't go to a place to eat, it's a bit difficult…, there are not many places to wash hands first at the beginning of Covid*". (Participant 1, aged 28 years). "*When we want to wash our hands, it's hard to get water in my place, so when sometimes we have done something to wash our hands, it's very difficult to water, there are no facilities available*". (Participant 2, aged 29 years).

Discomfort in taking the vaccine

All participants felt discomfort when getting vaccinated, especially about possible adverse effects of the vaccine. Examples of how the participants describe their experiences are as follows: "*Often get information that vaccines can be paralyzed or sickly if there is pain can get worse*". (Participant 3, aged 34 years). "*I get a lot of negative information about vaccines that can cause people to fear vaccines for example such as vaccines can cause paralyzed, swelling above the upper shoulder arm (participants show their vaccinated hands), bruises…" (participants laugh)*". (Participant 5, aged 23 years).

Discomfort in implementing social distancing behaviors

Five of the eight participants felt discomfort when implementing social distancing for social or cultural reasons. Examples of how the participants describe their experiences are as follows "*Keeping a distance is difficult because there are neighbors because they are too familiar so it is a bit difficult to keep their distance. That is limited, it cannot be implemented properly*". (Participant 1, aged 28 years). "*That's why we have tried to keep our distance, only what other people who don't want to keep their distance from us, let alone men, yes, they often don't care what is implemented by the government*". (Participant 6, aged 34 years).

Discomfort in applying crowd avoidance behavior

Six of the eight participants felt difficulty in implementing crowd avoidance behavior for several social purposes. Examples of how the participants describe their experiences are as follows: "The unpleasant experience while avoiding the crowds is not good, our activities are already limited, which is not fun, yes, there are usually activities we can rush to places or what, like going to a game place with family, tourist attractions for holidays can no longer be done during Covid." (Participant 4, aged 42 years). "That's why we have tried to keep our distance, only what other people who don't want to keep their distance from us, let alone men, yes, they often don't care what is implemented by the government". (Participant 6, aged 34 years).

Discussions

The perception of the public that considers Covid-19 as something very dangerous or vice versa is inseparable from the social construction that has been built. In this case, community groups have adjusted their outpouring of their stance to the existing social reality, namely the process of adjustment between themselves and the world outside them. However, self-adjustment to the world outside of himself is carried out by adapting related to habits and so on in the midst of social reality in the form of the Covid-19 pandemic[14]

Covid-19 spreads contagious, which refers to an infection that spreads rapidly in a tissue. This form of spread, interconnected elements in a network can transmit infections to each other. The term contagious is not limited to diseases, but can metaphorically spread from one individual to another[8].

Social distancing is the concept of maintaining a safe distance from other humans of at least two meters to reduce and even break the chain of transmission of Covid-19[15]. The purpose of implementing social distancing is to reduce the possibility of physical contact between infected people and uninfected people so as to minimize the transmission of disease. Social distancing can also be done without having to shake hands, just wave or greet by raising both hands or give greetings by raising both hands when meeting other people[16].

Covid-19 can be transmitted from person to person through the spit of the sufferer when speaking. One way to prevent is the use of masks as one of the effective methods in preventing the COVID-19 virus that enters through the nose and mouth. The use of masks is the simplest and cheapest but very effective way to prevent the transmission of the virus[17]

Additionally, the WHO's recommendation in dealing with the Covid-19 outbreak is to wash hands regularly. This is because Covid-19 can be transmitted when holding the mouth or nose without washing hands first after touching objects that are splashed with saliva of Covid-19 patients and close contact with Covid-19 patients such as shaking hands18. Hand washing is not recommended using water alone. Although water is known as a universal solvent, it cannot eliminate Covid-19 and cannot release dirt and grease when washing hands. The correct recommendation for washing hands is to use soap and water or hand sanitizer[19].

Getting vaccinated is a preventive measure that people can take to avoid contracting Covid-19 and transmitting Covid-19 to others. While safe and effective vaccines are good prevention tools, it's important to still take other precautions such as wearing masks, maintaining hand hygiene, maintaining physical distance from others, and avoiding crowded and poorly ventilated places[20].

Conclusions

Primary prevention of Covid-19 is very important. Perception and attitude have an important role in behavior and are a benchmark for a person's awareness. If a person has a poor or bad perception, it will have an impact on their behavior and a good perception and positive attitude greatly affect community actions in suppressing the spread of the outbreak by practicing real activities to reduce the risk of contracting such as complying with Covid-19 prevention protocols. Furthermore, the inconvenience in carrying out primary prevention of Covid-19 makes it impossible to carry out total or comprehensive prevention so that people who have carried out primary prevention are still infected with Covid-19.

Conflict of Interest: No conflicts of interest to disclosed.

Funding: No external funding was received for this study.

Ethical Clearance: Ethical approval was received from The Research Ethics Committee of The Nursing Faculty of Universitas Syiah Kuala with approval number 112014201123 dated December 14, 2023.

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