

# Assessment of Status of Post-Recovery Patients with COVID-19 Infections in Nepal

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## **Acronyms**

CDC: Center for Disease Control and Prevention

EDCD: Epidemiology and Disease Control Department

ERB: Ethical Review Board

HCW: Health Care worker

HEOC: Health Emergency Operation Center

IDI: In depth Interview

IPC: Infection Prevention and Control

IPC: Interpersonal Communication

MOHP: Ministry of Health and Population

NHRC: Nepal Health Research Council

PTSD: Post Traumatic Stress Disorder

PTSS: Post Traumatic Stress Symptoms

WHO: World Health Organization

## **Acknowledgement**

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## **Executive Summary**

### **Introduction**

COVID-19 is now a pandemic affecting many countries globally. COVID-19 infection is reported both symptomatic and asymptomatic. There are numerous symptoms for COVID-19 which are usually mild and begin gradually. Some people become infected but only have very mild symptoms. Around 1 out of every 6 people who get COVID-19 becomes seriously ill and develop difficulty breathing and seek hospitalization. Unaffected people being worried about getting the COVID-19 infections from someone who has recovered may attempt to avoid them, they may also be worried about being stigmatized by the community. Hence, this study explored the post-recovery physical, mental and social health status of COVID-19 recovered patients returning to normalcy.

### **Methods**

We used mixed method design for this study. Both quantitative and qualitative approaches were mixed to have an in-depth overview of the research question and the objectives set for the COVID-19 post recovered patient study. A total of 552 COVID-19 recovered patients for the quantitative study and 25 recovered patients of COVID-19 infections for a qualitative study was taken. Thematic analysis was done for qualitative study and descriptive statistics was done for a quantitative study.

### **Results**

For the qualitative study, 25 participants were included for IDI, where 14 of them were army/police and others were from different a profession like teacher, farmer, foreign employment, student, government officer. In the Quantitative study, almost 68 and 35 percent were male and female respondents respectively. Most (42.8%) of them were army and police, about 9 percent were healthcare workers, and other almost 49 percent of the participants were involved in different occupations like a driver, teacher, student, foreign employment, labor work, etc. Regarding their travel history, most (44.6%) of them had traveled Inter municipality followed by 29.9 percent who came from abroad. Forty-nine participants traveled within the national boundary and 8 percent of them had interstate travel history followed by 7.4 percent of them who had inter-district travel history. While only 1.3 percent of recovered patients didn't have any travel history. Almost 33 and 22 percent stayed in home isolation and hospital respectively when infected with COVID-19 but

27 percent of the recovered patients did not reveal the place of stay. Smoking and alcohol consumption habit has decreased among participants before and after COVID-19 infection.

On physical health status, it is revealed that the majority of the recovered patients could normally do household chores, activities outside the household and financial work accounting 86.6 percent, 87.5 percent and 84.4 percent respectively. But few of them required assistance in carrying out all those activities. A qualitative study revealed the majority of the COVID-19 symptomatic patients experienced a variety of physical symptoms like fever, headache, body pain, fatigue, tiredness, sore throat, cough, loss of taste, loss of smell, sneezing, loss of appetite and difficulty in breathing. while some felt totally fine without any symptoms during the period of the infection. The majority of them had immunity-boosting ayurvedic herbs during the infection and few of the participants entertained themselves doing their preferred activities in hospitals\quarantine center to cope up with the stress. Moreover, not much difference in the daily functional activities in most of the recovered patients have been revealed while few were found doing fewer activities than usual as they were concerned about their health. On the contrary, few recovered patients were not doing any of the daily work, still being conscious of COVID-19 in fear of getting infected again.

For social health, quantitative findings revealed more than half (51.7%) of the participant's social health was highly affected. From the IDI, it was found that family members to be major approached sources in providing support during Covid-19. They shared that the response and support from the relatives varied among their relatives. Some received care and support but, the majority of participants did not experience any affection and love from their relatives. In addition, the majority of the participants felt ignorance and misbehave from society. *"Relatives used to be afraid of me after hearing I was infected, even some people used to be afraid of having phone calls, after my corona positive report relatives and community people afraid to come in our house."* *"My father was so worried. My wife couldn't sleep the whole night thinking about my health."*

Moreover, From the quantitative findings, the majority of the participants didn't have any kind of mental stress however, there were few participants who responded they had repeated disturbing and unwanted thoughts about COVID-19, trying to avoid information on COVID-19 and had negative thoughts/feelings towards themselves and others accounting 2.4 percent, 3.3 percent and 1.4 percent respectively. In addition, most of them had faced some financial stress followed by work/business stress and general stress at home. COVID infected patients who were asymptomatic didn't



experience any emotional change in them but recovered patients who are symptomatic experienced a wide range of symptoms of psychological stress and disorder.

## **Conclusion**

A majority of COVID-19 recovered patients had a normal health condition after recovery, while few participants had complicated health conditions even after recovery and require assistance for daily activities. The majority of participants did not experience any affection and love from their relatives due to the fear of COVID-19 where they thought they may get affected as well and also get afraid to receive phone calls.

It concludes that most of the patients being affected socially by the community people and relatives. Though mental status seems to be normal among the majority of recovered patients, however, some COVID-19 recovered patients have some kind of mental disturbance. It is recommending that there should make a friendly environment at home and an office setting focused on love and affection to able to live a socially and economically productive life.

## Background

Corona virus diseases (COVID-19) is an infectious disease caused by the recently discovered coronavirus (SARS-CoV-2). COVID-19 is now a pandemic affecting many countries globally.<sup>1</sup> There are numerous symptoms for COVID-19 which are usually mild and begin gradually.<sup>1</sup> Some people become infected but only few have very mild symptoms.<sup>2</sup> Most people (about 80%) recover from the disease without needing hospital treatment.<sup>3</sup> Around 1 out of every 6 people who get COVID-19 becomes seriously ill and develop difficulty breathing.<sup>4</sup> Older people, and those with underlying medical problems like high blood pressure, heart and lung problems, diabetes, or cancer, are at higher risk of developing a serious illness. However, anyone can catch COVID-19 and become seriously ill.<sup>1</sup>

As provided by worldometers.info (corona virus update on September 11, 2020) 28,329,707 people has been infected globally however, 20,345,796 has been recovered till date.<sup>5</sup> According to the Ministry of Health and Population Nepal, there have been 50,465 coronavirus cases 35,700 recovered cases in Nepal to date (September 11, 2020).<sup>6</sup> The recovery rate of Nepal is 70.7%.<sup>6</sup> The centers for disease control and prevention explained that those with COVID-19 who are considered recovered meet 3 criteria: no fever for at least 72 hours without medication, improvement in other symptoms, like a cough or shortness of breath and a period of at least 7 days have passed since symptoms first appeared.<sup>7</sup> Recovery time depends on the sickness of patients. Some people were shrugging off the illness quickly, but for others, it could leave lasting problems and the body may not function at 100 percent, especially if the person was hospitalized and was severely ill. The World Health Organization estimates that it can take 6 weeks or longer for someone to fully recover.<sup>8</sup> Some of the recovered patients will still have some lingering effects of the virus as well as of the hospital environment.<sup>9</sup> A recent study published in Morbidity and Mortality Weekly Report by CDC found that COVID-19 can lead to prolonged illness even in patients with milder illness as well as in young adults. Over 35% of patients reported persistent symptoms including cough, fatigue, or shortness of breath after 2-3 weeks of recovery.<sup>9</sup>

Post-traumatic Stress Disorder (PTSD) and Posttraumatic Stress Symptoms (PTSS) have been described in HCWs and patients after COVID-19.<sup>10</sup> Most of the COVID-19 recovered patients experience stress for several weeks and this usually disappears within a short period, but the

psychophysical symptoms including fear, stress, depression and anxiety may persist for a longer time. Patients who recovered from the virus are not being accepted in the community because of the risk of infection and to maintain social distancing.<sup>11</sup> In the context of Nepal, it is obvious that people are exposed to the multiple sources of apparent stressors, like the continuous stream of news on COVID 19, reports of surmounting coronavirus cases all over the world, distance from the social support system, restrictions in social life, extra concerns for basic need supplies, etc. These additional factors on top of the stress from COVID-19 infection can further exacerbate the emotional and psychological distress among patients during and after recovery.

### **Rational/justification**

The Ministry of Health and Population (MoHP) is responsible for overall policy formulation, planning, organisation and coordination of the health sector research. This COVID-19 post recovery study was conducted on the request of MoHP. To become economically and socially productive, it is important for patients to completely recover both physical and psychological health. Some of the recovered patients still have some lingering effects of the virus as well as of the hospital environment. In such situations recovered patients feel paranoid. During the quarantine period, the COVID-19 infected, as well as few recovered patients, are devoid of human contact, which might raise the chances of mental symptoms. Many societies have not been accepting patients recovering from the virus because of the risk of infection and social distancing orders in place. So, they were prone to physical and social few psychological problems. Unaffected people being worried about getting the COVID-19 virus from someone who has recovered may attempt to avoid them, they may also be worried about being stigmatized by the community. Hence, this study was exploring the post-recovery physical, mental and social health status of COVID-19 recovered patients returning to normalcy.

## **Objective**

### **General objective**

- To assess the health status of COVID 19 post-recovery patients in Nepal and explore preventive measures at the national level in Nepal.

### **Specific objective**

- To assess the physical health status of post-recovery COVID-19 patients.
- To evaluate the social wellbeing of COVID-19 recovery patients.
- To assess the impact of COVID-19 on daily functional activities and socio-economic productivity of recovered patients.

## **Research Methodology**

### **Study design**

Quantitative and qualitative approaches were mixed to have an in-depth overview of the research question and the objectives set for the COVID-19 post recovered patients study. This research was adopting a systematic scientific inquiry that seeks to build a holistic, largely narrative description after the post-recovery of COVID-19.

### **Study area and study participants**

The study was carried out in all seven provinces considering the ecological belt of terai, hill and mountain regions. A total of 552 COVID-19 recovered patients for the quantitative study and 25 COVID-19 recovered patients for a qualitative study were taken.

### **Sampling and Sample size**

List of all the recovered patients were made available. From the available list, the recovered patients, whom we could access and those who was willing to give the response within the time frame was the sample size for the study. For the qualitative component of the study, from the available list, sampling was done based in the theory of saturation.

In-depth Interview (IDIs) were carried out until the information was saturated and no new information was generated with repetition, Total 25 IDIs were conducted for the study.

### **Data Collection tools**

For the survey of COVID-19 recovered patients, a structured questionnaire was designed to be used for a telephonic survey. IDI guideline for COVID-19 recovered patients covered key issues to elicit their experience as being a COVID-19 patient in terms of physical, mental and social wellbeing.

### **Data collection techniques**

A telephonic interview was taken by 21 enumerators. In-depth Interview guidelines were developed in English and translated into the local language (Nepali) by the experts. and questions were rephrased in language that participants understand. A full transcription of the IDI was prepared within the same day using audio record during the interview. Developed transcripts were discussed thoroughly in the research team of NHRC to identify confusing issues that need further exploration. Issues that need clarification or exploration were covered in the following interviews.

### **Pretesting**

Pretesting was done with ten COVID-19 recovered patients of the sample population in a similar setting. Experts consultation was done with subject experts. Validity and reliability of a tool, Pretesting was done to obtain validation of the questionnaires and IDI guidelines.

### **Data management and analysis**

#### **Analysis of quantitative**

Descriptive statistics were used to describe the health status of COVID-19 recovered patients. It includes frequency, percentage including cross-tabulation.

#### **Transcription and analysis process of qualitative data**

In-depth Interview guidelines were transcribed in the Nepali language from the audio recorded during the telephonic interview. Nepali transcriptions were then translated to English and were thoroughly checked for consistency. In the first round, researchers screened all the transcripts to create possible codes for the transcript. In the second phase, researchers thoroughly read the transcripts line by line to capture the real essence of data through open codes. Similar codes were grouped to reduce and narrow down the data. Themes were finalized with subsequent discussion with the research team to ensure that they are in accordance with the objectives of the study. Quotations, that were clear and express ideas that were relevant and interesting in terms of the purpose of the study were selected to cite as verbatim while presenting the findings.

### **Ethical consideration**

Ethical approval was obtained from the Ethical Review Board (ERB) of the Nepal Health Research Council (NHRC).

### **Limitations**

1. Most of the contact numbers of the recovered patients provided in the list belonged to health workers or focal person of the quarantine or hospital they stayed during the period of infection. So, those recovered patients were not able to be contacted for the survey.
2. Due to the telephonic interview, information could not be made clear to some of the respondents and even some of them were unreachable at the time of phone call. So, there was need of repeated call.
3. Information was supposed to be gathered from different professional but due to wrong contact number and unreachable network, information was not representative.
4. For IDI, most of the respondents were busy with their respective work so there was need of taking appointment with them ultimately took a bit more time for data collection.
5. The provided list of COVID-19 recovered patients were unmanaged (duplication, contact number and other details were not written clearly).

## Findings

The post-recovery impact on recovered patient with COVID-19 was assessed. The survey collected sociodemographic information (gender, age, ethnicity, religion, education and occupation) together with physical, mental and social health status of COVID-19 recovered patients. The information on travel history including the place of stay during the time of infection was also examined. A total of 552 patients participated in the survey.

**Table 1. Sociodemographic characteristics of COVID recovered patients**

<b>Sociodemographic Variables (N=552)</b>	<b>Frequency</b>	<b>Percent</b>
<b>Gender</b>		
Male	378	68.5
Female	174	31.5
<b>Age</b>		
20 and below	23	4.0
21-30	230	29.0
31 to 40	156	28.3
41 to 50	88	15.9
51 to 60	48	8.7
More than 60	17	4.5
<b>Marital Status</b>		
Married	389	70.5
Divorced/Separated	2	0.4
Single	6	1.1
<b>Ethnicity</b>		
Hill Brahmin	130	23.6
Hill Chhetri	106	19.2
Terai Brahmin/ Chhetri	56	10.1
Hill Dalit	36	6.5
Terai Dalit	94	17.0
Newar	20	3.6
Other hill janajati	91	16.5
Terai janajati	14	2.5
Other terai caste	2	0.4

<b>Sociodemographic Variables (N=552)</b>		
	<b>Frequency</b>	<b>Percent</b>
<b>Gender</b>		
Others	3	0.5
<b>Religions</b>		
Hindu	501	90.8
Buddhist	26	4.7
Muslim	16	2.9
Christian	8	1.4
Kirat	1	0.2
<b>Education</b>		
Illiterate	21	3.8
Literate but no formal schooling	26	4.7
Primary education	80	14.5
Secondary Education	164	29.7
Higher	261	47.3

Out of all participants 552, 378 (68.5%) were male, 174 (31.5%) were female. Majority (44%) of the participants in the study were less than 30 years of age and a minority (3.1%) were more than 60 years of age. The mean age of the participants was 34.63. More than 70 percent of participants were married, 28.1 percent were unmarried and the remaining 6 and 2 of them were single and were divorced/separated respectively. It was evident that 23.6 percent of total participants belonged to Hill Brahmin, followed by 19.2 percent to Hill Chhetri, 17 percent to Terai Dalit, 16.5 percent to other hill Janajati, 10.1 percent to Terai Brahmin/Chhetri, 6.5 percent to Hill Dalit, 3.6 percent to Newar, 2.5 percent to Terai Janajati. The majority of participants were Hindus which accounted for 90.8 percent of the total, followed by 4.7 percent Buddhist, 2.9 percent Muslim, 1.4 percent Christian and 0.2 percent Kirat. A total of 261 (47.3%) of participants had higher education, followed by 164 (29.7%) participants who had secondary education, 80 (14.5%) of total had primary education, 26 (4.7%) of the total were literate but without formal schooling, and 21 (3.8%) of them were illiterate. (Table 1)



**Table 2. Occupation of COVID recovered patients**

Occupation (N=552)	Frequency	Percent
Healthcare worker	48	8.7
Driver	18	3.3
Housewife	26	4.7
Hotel/Restaurant	13	2.4
Service	41	7.4
Air Crew	7	1.3
Abroad employment	14	2.5
Army, Police	236	42.8
Student	11	2.0
Labor work	37	6.7
Self-business	39	7.1
Teacher	14	2.5
Banker	10	1.8
Farmer	23	4.2
Others	15	2.7

Out of 552 patients, majorities (42.8%) patients were army and police. In addition, 8.7 percent of recovered patients were healthcare workers, followed by 7.4% of patients from the service sector, 7.1 percent from the self-business background, 6.7 percent of labor workers. (Table 2)

**Table 3. Travel history of COVID recovered patients**

Travel history (N=552)	Frequency	Percent
Abroad	165	29.9
Inter province	68	12.3
Inter District	66	12.0
Inter Municipality	246	44.6
Not travelled	7	1.2

A total of 246 (44.6%) Participants had a travel history of Inter rural municipality/municipality followed by 165 (29.9%) participants who came from abroad countries. Around twelve 68 (12.3%)

of them had interprovincial travel history and 66 (12%) of them had inter-district travel history. Moreover, there were 7 (1.2%) participants who didn't have any travel history. (Table 3)

**Table 4. Place of stay during COVID-19 infection**

Place of stay during Covid-19 infection (N=552)	Frequency	Percent
Home isolation	180	32.6
Hospital	123	22.3
Quarantine	100	18.1
Not revealed	149	27.0

Majority 180 (32.6%) of the recovered patients stayed in home isolation when they were tested corona positive. Which is followed by 123 (22.3%) patients staying at the hospital. Recovered patients who had stayed in quarantined during infection was 100 (18.1%) however, 149 (27%) did not reveal the place of stay at the time of infection. (Table 4)

#### **Current health status of COVID-19 recovered patients**

**Table 5. Current health status of COVID-19 recovered patients with co-morbid condition**

Current health status (N=70)	Frequency	Percent
Diabetes	38	54.3
Heart Disease	22	31.4
Chronic Lung Disease	2	2.9
Chronic Liver Disease	2	2.9
Asthma	5	7.1
HIV Infection	1	1.4

Regarding the current health status of post recovered patients of Covid-19, majority 38(54.3%) had diabetes, followed by 22(31.4%) participants with heart diseases, 5(7.1) participants with asthma, 2 (2.9) participants with chronic lung disease and also 2(2.9) responded with chronic liver disease and only single participants had HIV infection. (Table 5)

**Table 6. Smoking and alcohol consumption behavior of COVID-19 recovered patients**

<b>Smoking and Alcohol Consumption behavior (N=552)</b>		
	<b>Before COVID-19 n(%)</b>	<b>After COVID-19 n(%)</b>
Smoking	113(20.5)	65(11.8)
Alcohol	150(27.2)	86(15.6)

A majority of 492(89.1%) recovered patients had a normal health condition after recovery, while 58(10.5) had few problems and only 2(0.4%) participants had complicated health conditions even after recovery (Table 6).

**Table 7. Current health condition of COVID-19 recovered patients**

<b>Current health condition (N=552)</b>	<b>Frequency</b>	<b>Percent</b>
Normal	492	89.1
Few problems	58	10.5
Complicated	2	0.4
<b>Current weight (N=552)</b>		
High	99	17.9
Low	46	8.3
Normal	407	73.7

Moreover, about their body weight majority of participants, 407(73.7%) reported having normal body weight post-recovery of COVID-19, However, almost 18 percent of recovered patients had increased their weight and 46(8.3%) said that they lost their weight. (Table 7).

## Physical health status of COVID-19 recovered patients

**Table 8. Cross-tabulation between physical health and activities**

Physical health	Physical activities (N=552)		
	Doing household chores n(%)	Doing activities outside home n(%)	Finance related work n(%)
Normal	478(86.6)	483(87.5)	466(84.4)
Has difficulty, but does by self	21(3.8)	19(3.4)	25(4.5)
Requires assistance	19(3.4)	9(1.6)	16(2.9)
Dependent	34(6.2)	41(7.4)	45(8.2)

Majorities of the recovered patients were able to do different types of physical activities normally as they do it before. Almost 87 percent of the participants were able to do household chores normally while 6 percent of them revealed that they are dependent on doing household chores. Further, 3.8 percent of the participants said that even having the difficulty they do the household chores by their own and 3.4 required assistance. In addition, for doing activities outside the home like agricultural work, buying goods, animal husbandry, majorities (87.5%) were able to do it normally but 7.4 percent of the participants were dependent on doing such activities but only 1.6 percent of them revealed that they require assistance. For work-related to finance like a business, office or labor work etc. majorities (84.4%) were able to carry out the work normally however, 8.2 percent of the participants were dependent, 4.5 percent of them had difficulty but does by self and almost 3 percent required assistance. (Table 8)

**Table 9. Cross-tabulation between travel history and doing household chores**

Travelling history	Doing household chores (N=552)			
	Normal n(%)	Has difficulty, but does by self n(%)	Requires assistance n(%)	Dependent n(%)
Abroad	157(95.2)	3(1.8)	2(1.2)	3(1.8)
Within nation	39(79.6)	3(6.1)	3(6.1)	4(8.2)
Inter state	35(79.5)	2(4.5)	1(2.3)	6(13.6)
Inter District	30(73.2)	2(4.9)	1(2.4)	8(19.5)
Inter municipality	213(86.6)	9(3.7)	12(4.9)	12(4.9)
Not travelled	4(57.1)	2(28.6)	0	1(14.3)

With regard to travelling history and carrying out physical activities, it has been revealed that the majority of the patients could normally do household chores, activities outside the home and financial activities. However, 12(4.9%) patients who had a travel history of inter municipality and rural municipality were dependent and required assistance in doing household chores. (Table 9).

### **Current Physical condition**

Out of 25 post COVID-19 recovered patients, twenty (20) COVID-19 recovered patients were fit and fine. They shared that they were completely fit normal as previous and can do all regular activities.

*"Now I am good. I don't have any problems."*

- 30 years, Police, Living within the country, Province-2

*"Right now, I have been eating well. It's better than before. I am the same as I was before"*

- 35 years, Farmer, Arrived from abroad, Sudur Pashchim Province.

Meanwhile, people who are symptomatic, the majority of them experienced with the loss of appetite and tiredness, some of them experienced headaches and eye pain. They also revealed that they feel the loss of appetite after the discharge of 2-3 days and some also feel tired so easily after a minor work.

*"I get tired easily. In the beginning days while I discharge there was loss of appetite for 2-3 days."*

- 32 years, Officer, travelled Inter-province, Province-1.

*"It was only that when I woke up, I used to feel a bit tired now; maybe it was because we were a bit mentally tortured, and it is obvious."*

- 32 years, Police, Living within country Province-2.

Few of them shared the symptomatic experience even after the recovery of COVID-19. Thus, they are feeling itching in their nose, sneeze frequently, suffer from cough and cold feel irritated in the throat and also felt a loss of smell and taste. Some of them complained of being gradually weak when they start working and it took a lot of time to get recovered.

*"Sometimes I feel itching in my nose. Now a day, I sneeze frequently and had an irritated throat."*

- 27 years, Police, Living within the country, Province-7.

*"I slightly felt loss of smell and loss of taste."*

- 26 years, health Officer, Inter-province, Province-5.

*I used to feel very weak in the beginning and it took time to get recovered when I start to work. I had felt weakness a lot.*”

- 32 years, officer, Inter-province, Province-1.

### **Physical health problems during the COVID -19**

Out of the 25 participants, it was found that the majority (n= 14) of the participant’s experienced a variety of the physical symptoms while others (n=10) felt fine without any symptoms during the period of the infection. Symptomatic participants experienced fever, headache, body pain, muscle pain, fatigue, tiredness, sore throat, cough, loss of taste, loss of smell, sneezing, loss of appetite and difficulty in breathing.

*"I started losing the taste of food. It was a dry cough. It was because I used to drink a lot of hot water and turmeric water, it must have heated my body."*

-38 years, Janajati living within country, Province-5.

*"I used to get tired all day." "I felt less energy" "I had no appetite at that time."*

- 30 years, Chhetri, living within country, Province-3.

*"I suffered from high fever and could not eat properly and felt severe weakness. The first death news triggered me to be mentally ill."*

- 32 years, Brahmin, Health worker, Province no. 1.

### **Daily functional activities (During COVID-19 infectious period)**

During in-depth interview the participants shared about the daily functional activities during their COVID-19 infection period. Majority of them had immunity boosting ayurvedic herbs during the infection. Out of 25 COVID-19 participants most of them shared that they used to drink *kaada* made up of clove, black peeper, cinnamon, tulsi leaves and chawanprash.

*“I used to drink around one liter of warm water, after that I used to prepare 'Kaada' I used to add clove, black peeper, cinnamon, tulsi leaves, turmeric in water and boil for around half an hour. I used to drink it about 1 glass regularly in the morning every day.”*

- 30 years, police, Arrived from abroad, Province-2.

*“The hospital health workers used to give us ayurvedic medicine; I think because of which I did not lose my appetite.”*

- 26 years, Police officer, Inter-province, Province-5.

*The only things that I ate were “Chawanprash”*

- 31 years, officer, living within the country, Province-1.

While few of them believed drinking hot water (turmeric, lemon, cumin and ajwain) continuously can build up their immunity to get rid of the virus. Moreover, the health workers suggested them to drink more water.

*“I used to drink turmeric water, lemon water and cumin water at hospital.”*

- 37 years, Police, Living within the country, Bagmati Province.

*“I haven’t drunk any such thing like turmeric water; it’s only normal hot water, which I have been regularly drinking at home.”*

- 28 years, Student, Living within the country, Province-1.

And few of the participants entertained themselves doing their preferred activities in hospitals/quarantine center to cope up with the stress.

*“I used to dance until I started sweating. After that, I used to either watch T.V or sleep.”*

- 37 years, Police, Living within the country, Bagmati Province.

*“I do Normal as before, read books.”*

- 28 years, Student, Living within the country, Province-1.

*“Some of the people in hospital used to sweep the floor, other used to mop the floor. At around 6:30, hospital used to play the music and we all used to dance.”*

- 37 years, Police, Living within the country, Province-3.

Few of the participants expressed that they kept doing certain activities like yoga workout to keep their immunity boost up and while few of others mentioned more exercise may lose their energy

and there is more chance of being affected by other disease so they prefer doing exercises only for few minutes.

*“At evening we used to do physical exercises, used to do yoga, exercises.”*

- 26 years, officer, Inter-province, Province-5.

*“If we do a lot of hard exercise, energy loss may occur; it seems that other diseases may attack. I used to do respiratory exercise for 2-3 minutes.”*

- 27 years, Police, Living within the country, Bagmati Province.

### **Social health status of COVID-19 recovered patients**

**Table 10. Social health status of COVID recovered patients**

Social status	Social well-being (N=470)	
	Frequency	Percent
Low	227	48.3
High	243	51.7

Out of 552, 82 patients reported that their society were unknown about them being infected with COVID-19. Therefore, 470 participants, who were exposed to the COVID-19 infection in society were asked 7 questions to identify the mental health status. While aggregating these 7 questions, the mean cut off point was 12.4 with a standard deviation of 3.89 and the minimum value was 1 and the maximum value was 26. Cut off values below 12.4 were considered as low social health status and above 12.4 were considered high social status. more than half 243 (51.7%) mentioned having a high level of social health status and 227 (48.3%) mentioned having a low level of social health status. (Table 10)



**Table 11. Cross-tabulation between treated place and social health status**

Treated place	Social health (N=470)	
	Low	High
Home isolation	79(47.3)	88(52.7)
Hospital	55( 55)	45(45)
Quarantine	41(47.7)	45(52.3)
Not revealed	52(44.4)	65(55.6)

The recovered patient treated in the hospital during COVID-19 infection had a low level of social health. Among the recovered patient having a low level of social health, patient staying in home isolation was less affected in society. However, patients not revealing the place of treatment during infection also was highly affected by 64(55.2%) in their social health. (Table 11)

**Family’s perception**

During IDI, Family members were found to be major approached sources in providing support during COVID-19 and also found that family members were more concerned about their nearest one.

*"My sister, brother, mother, father, maternal uncle, and aunt were more focused on the fact that I returned alive and well."*

- 20 years, Teacher, Living within the country, Sudurpaschim province.

*"There is strong support from my family, nothing as such There is absolute support from everywhere. Everything is nice, I haven’t faced any sort of hatred from anyone till now."*

- 32 years, Living within the country, Police technician, Province 2.

However, an individual's access to support sources differs with the present circumstances and their availability. But some participants didn’t prefer to inform their mother and father and made them mentally weak.

*"I didn't inform my mom and dad. I informed my brother about it. I didn't want to bother my mom and dad mentally as there are so many bad news and rumors in media regarding corona infection like kills people."*

- 30 years, Government officer, Living within country, Province 2.

### **Relative's perception**

The participants shared that the response and support from the relatives varied within their relatives. Some received more concern and support but, the majority of participants did not experience any affection and love from their relatives. Out of 25, COVID-19 infected, few of the participants of the COVID-19 infected realized being ignored from their relatives, is because of their feeling of fear of COVID-19 where they thought they may get affected as well. They also said that some of the relatives also get afraid to receive phone calls.

*"Relatives used to be afraid of me after hearing I was infected, even some people used to be afraid of having phone calls, after my corona positive report relatives and community people afraid to come in our house."*

- 32 years, Police, Living within the country, Province-2.

*"I have faced ignorance and embracing moments from society. Other than family members, we have to face relatives and neighbors. If there is more mental pressure, there is more chance of dying and reaching mortuary other than hospital or coma."*

- 32 years, office, Living within the country, Province-1.

Because of the fear of ignorance some participants didn't let know anyone expects family members of their infection and stayed at isolation. And also pooled that people tend to see infected persons negatively, so due to fear of being ignored they keep the relatives unaware of the fact of being infected.

*"When you get affected by Corona, people see us differently, let's say a bit Negatively. A bit differently; what do you call that; anyways society wants to stay away from us as possible."*

- 37 years, Indian Army, Arrived from abroad, Sudurpashchim Province.

While other few of them shared about a good response of their relatives on their infection as they were stressed about the diseases but they didn't ignore them on being positive, also some of them cared and showered a lot of concern about them to make them feel positive and stay safe.

*"I haven't found anything like that! All is well, the families are well, the neighbors are well, and Everything is fine."*

- 40 years, Indian Army, Arrived from abroad Province-1.

*"They said nothing negative they were stressed because of it."*

- 35 years, Farmer, arrived from abroad, Sudurpashchim Province.

*"My friends already start to come and talk with me as previously. They told me that now I have a certificate of having a negative test so they are not worried to talk to me."*

- 37 years, Police, Living within the country, Bagmati Province.

Also, it was revealed few of the participants got were counseled by their seniors from the workplace and they were told not to inform the family to keep their family away from the stress and to keep owns self away from the stress.

*"Senior sir is one who provides us emotional support during that time. We are police and we have to obey the order of our seniors."*

- 37 years, Police, Living within the country, Bagmati Province.

*"He reacted very nicely. He asked me to stay safe. There might not be good facilitate. There is a high risk of contamination over there. So, you stay safe and maintain your diet and other kinds of stuff. Eat-in time. Drink hot water. He increased my self-esteem too."*

- 30 years, Police, Living within the country, Province-2

### **Societal perception**

The majority of the participants felt ignorance and misbehave from society. This effect is due to the wrong perspective of society towards COVID-19 contamination and the lack of proper education towards it. Whereas, few didn't experience any kind of hatred from society.

*"Here in my society, they do not know that I am corona positive. I have faced ignorance and embracing moments from society."*

- 32 years, Police, Living within the country, Province-2

*"In our village /society does not look corona infected people in a positive way they said that we shouldn't go near "infected person and contact them."*

- 49 years, Arrived from abroad, foreign employment Province-1.

*“There is a lack of COVID awareness among the educated people also and they misbehave the corona positive people.”*

- 27 years, Police, Living within country, Bagmati Province.

Few of the participants expressed that they got some positive response too from their society. They even shared same mess after reporting COVID-19 negative with safety measures.

*“There are boys who had tested negative before we had. We all share food in the same mesh. There’s nothing of such sort.”*

- 38 years, Police driver, Living within the country, Province-5.

While few others did not prefer saying to the society about their infection to run from probable social ignorance as they felt if society people identify about their illness then they had to suffer much more. So to run from ignorance from the community people they manage in their way by following compliance of safety.

*“The family and the society don't know, only the friends of office know about my COVID-19 status.”*

- 25 years, Police, Living within the country, Sudurpaschchim province.

*“In my village, nobody knows this, if I have to be frank. In my house, they know. In Kathmandu, I didn’t find the necessity to let them know.”*

- 37 years, Police, Living within the country, Bagmati Province.

Few of the participants shared that other people in society are suspecting COVID-19 for other diseases like typhoid and felt afraid to go to their houses and so they further said that even the educated people are acting an inhuman way which should be controlled.

*“At that time my mother had typhoid but community people thought it was corona and afraid of it but relatives and community people were afraid to come to our house.”*

- 32 years, health office, Travel inter-province, Province-1

One of the participants reported that they had to argue with society people by showing the proof of corona negative report to survive in society.

*“I am negative now (by showing the negative certificate) I can’t infect you, but you can infect me instead.”*

- 27 years, foreign employment, Arrived from abroad Bagmati Province

### **Socio-economic productivity**

Socio economic status of some of the participants were highly affected by the COVID-19 whereas, few of them adjusted with the situation as they received regular payment from their respective job. It was revealed that people infected with covid-19 had to isolate themselves until the negative report so it is affecting their monthly earning as shared by few of the participants. They further said that reduction in their regular monthly salary compelled them to lend money for fulfilment of their basic need.

*“Salary was being paid but now it has not come from Shrawan.”*

- 25 years, living within country, police, province 5.

*“We receive less salary than before. In this time, we need more diet foods and 2-time meal of office isn't sufficient for us. We used to borrow money from friends to buy nutrient food.”*

- 37 years, living within country, police, province 3

Hardly few participants said that they were not affected by covid-19 infection as they are getting regular salary on time without deduction even if they are off duty.

*“We received monthly salary here so the salary was not deducted.*

- 38 years living within country, police, province 3.

*“There is no duty in this day as usual due to corona so I am free. I don't have any such financial problems.”*

- 27 years living within country, police, province 3.

Few COVID-19 recovered patients reported due to the pandemic, there is no any economic production yet they aren't facing financial crisis. Besides, they were anxious about others, for not getting job due to their corona positive report consequently it was affecting their economic production and growth. So they request government to think over the situation and help them get rid of their financial problems.

*“I get salary. I don't see there will be any economic production in this condition. I have no much worries because my salary comes in time. But there are other such people who are unemployed and*

*may be searching for the job. People treat the infected ones in very inhuman way. people won't let COVID infected to give them any job. It will be tough for their economic growth. If government get concerned in that, it would be very nice. economic production can be raised.”*

- 30 years, living within country, government officer, province 2.

*“I have our own vehicle. When there was no lockdown, in that vehicle we transported roof tins. when lockdown started, the work has stopped. I am planning to do something by investing.”*

- 27 years, living abroad, province 3.

### **Daily functional activities (After COVID-19 infection)**

From the IDIs, not much difference in the daily functional activities in most of the recovered patients has been observed while, few were found doing less activities than usual as they were concerned about their health. In contrary, few recovered patients were not doing any of the daily work, still being conscious of COVID-19 in fear of getting infected again. Most of the COVID-19 recovered patient revealed having a normal daily functional activities and spending time with the family as usual. Moving back to the normal life and continuing the regular activities was an important part of being recovered and resistant. For most participants, exercise and other physical activities were essential for being totally recovered and increase immunity. Few stated they have stopped their alcohol drinking habit since they got infected with COVID-19.

*“I go for my computer classes, during day time I take rest and, in the evening, I give time to my academics...but now I will also focus on my football practices. I don't maintain social distance within the home as such...I am being treated the same way I used to before.”*

- 20 years, living within country, teacher, Sudurpaschim province.

*“I wake up at 5 AM after that I run lightly, I am driver of police force. I have to go out sometimes to pick up people and senior police officer. Sometime I have to drive vehicle for senior or otherwise I have to carry luggage for them. I used to drink before I got sick and stopped drinking since then.”*

- 38 years, living within the country, police driver, Bagmati province.

*“I go on light walks, and do exercise when I feel like it. That is normal. It was like that from early on.”*

- 32 years, living within the country, police technician, Province 2.

Few participants carried less activities than the normal life after being recovered with a fear that doing more activities or hard work makes them weak and they become susceptible to other diseases. Moreover, few of the participants were aware and was taking different precaution to gain back the immunity.

*“If we do a lot of hard exercise, energy loss may occur, it seems that other diseases may attack.”*

- 27 years, living within country, police soldier, province 3.

*“I am alone here at my house there is not much work in the office too. I just go and come home. I only go to the office for daily attendant. I just do-little bit of work. I cook at home. During the day I do gardening and watering to plant. I do light exercise. I drink turmeric water regularly. I drink hot water with less turmeric powder, less rock salt (birenun), basil leaf and cumin.”*

- 30 years, living within country, police, province 3.

There are respondents not able to go back to the normal life and do their regular daily functional activities. However, light exercise is being carried to cope the mental stress. It still seems to have a kind of anxiety regarding the infection among the recovered patients as social distancing is made essential.

*“I go for a walk in the evening for half an hour freely to prevent mental stress and pressure. I don't touch anyone though. I don't talk to anyone while I walk. I maintain distance with everyone.”*

- 30 years, living within country, government officer, Province 2.

## Mental health status of COVID-19 recovered patients

**Table 12. Mental health status of COVID-19 recovered patients**

<b>Mental health status of COVID-19 recovered patients (N=552)</b>	<b>No n(%)</b>	<b>Some n(%)</b>	<b>High n(%)</b>
Repeated disturbing and unwanted thoughts about the COVID-19 outbreak	469(85)	70(12.7)	13(2.4)
Trying to avoid information or reminders about the COVID-19 outbreak	463(83.9)	71(12.9)	18(3.3)
Negative feelings/thoughts towards themselves and others	509(92.2)	3(6.3)	8(1.4)
Work/business stress	434(78.6)	91 (16.5)	27(4.9)
General stress at home	446(80.8)	90(16.3)	16(2.9)
Severe financial stress/due to unemployment	389(70.5)	113(20.5)	50(9.1)

With regard to mental health, the majority (more than 80%) of participants did not have repeated disturbing and unwanted thoughts about the COVID-19 outbreak, did not try to avoid information or reminder about the COVID-19 outbreak and did not have negative feelings/thoughts towards themselves and others. However, almost 13 percent of participants had somewhat repeated disturbing and somewhat tried to avoid the information about the COVID-19 outbreak. In addition, more than 70% of participants mentioned that they did not have work/business, home, or financial stress due to unemployment. More than 16 percent of participants somewhat felt the work/business, home, or financial stress due to unemployment. Only 4.9 percent of participants highly felt the work/business stress, 2.9 percent highly felt general stress at home and 9.1 percent of participants felt highly stressed with financial reasons due to unemployment. (Table 12)

**Table 13. Cross-tabulation between educational and work/ business stress**

<b>Education</b>	<b>Work/Business stress (N=552)</b>		
	<b>No n(%)</b>	<b>Some n(%)</b>	<b>High n(%)</b>
Illiterate	17(81)	3(14.3)	1(4.8)
Literate but no formal schooling	16(61.5)	6(23.1)	4(15.4)
Primary education (1to7)	54(67.5)	18(22.5)	8(10)
Secondary Education	133(81.1)	26(15.9)	5(3)
Higher	214(82)	38(14.6)	9(3.4)



Recovered patients having some and high level of work/business stress were found among the participants having higher level of education accounting 38(14.6%) and 9(3.4%) respectively. In contrary, it was found least among the participants who were illiterate. The detail is shown in the table. (Table 13)

**Table 14. Cross tabulation between place of stay for treatment and work/business stress**

Place of stay for treatment	Work/Business stress (N=552)		
	No n(%)	Some n(%)	High n(%)
Home isolation	137(76.1)	35(19.4)	8(4.4)
Hospital	104(84.6)	16(13)	3(2.4)
Quarantine	79(79.8)	11(11.1)	9(9.1)
Not revealed	114(76.0)	29(19.5)	7(4.7)

Majorities of the recovered patients did not have any work/business stress, general stress at home and severe financial stress despite the place of treatment during the infection. However, 35(19.4) COVID-19 recovered patients who stayed in home isolation and 29(19.5) COVID-19 recovered patients who didn't reveal the place of having some level of work/business stress and 9(9.1) COVID-19 recovered patients staying in quarantined revealed high stress related to work or business. (Table 14)

**Table 15. Cross-tabulation between treatment place and general stress at home**

Place of stay for treatment	General Stress at home (N=552)		
	No n(%)	Some n(%)	High n(%)
Home isolation	140(77.8)	34(18.9)	6(3.3)
Hospital	108(87.8)	13(10.6)	2(1.6)
Quarantine	78(78.8)	16(16.2)	5(5.1)
Not revealed	120(80.1)	27(18.1)	3( 2)

In addition, 27(18.1%) patients not revealing the place of stay had some level of general stress at home and 6(3.3%) of them staying at home isolation had a high level of stress at home. (Table 15)

**Table 16. Cross tabulation between the place of stay for treatment and financial stress**

Place of stay for treatment	Severe financial stress/ Due to unemployment (N=552)		
	No n(%)	Some n(%)	High n(%)
Home isolation	131( 72.8)	27( 15)	22( 12.2)
Hospital	100( 81.3)	20( 16.3)	3( 2.4)
Quarantine	56( 56.6)	29( 29.3)	14( 14.1)
Not revealed	102( 68.5)	37( 24.4)	11( 7.4)
Total	389( 70.5)	113( 20.5)	50( 9.1)

Moreover, about the financial stress, 36(24.2) COVID-19 recovered patients not revealing the place of stay and 29 (29.3%) COVID-19 recovered patients staying in quarantine had some level of stress and few patients had a high level of financial stress. (Table 15)

### **Stress**

During IDI, it was found that COVID infected person who were asymptomatic didn't experienced any emotional change in them but people who are symptomatic experienced a wide range of symptoms of psychological stress and disorder.

*“Nothing happened, if it was difficult because of Corona, something would have happened to me, I would have been scare.”*

- 25 years, police, living within the country, Bagmati Province.

*“I felt tired. and headache a lot. And felt a bit mentally tortured by positive report.”*

- 32 years, Technician, living within the country, Province 2.

*“I don't have any health issues due to that it would not affect me badly.”*

- 49 years, Foreign Employment, Arrived from abroad, Province 1.

Out of the 25 COVID infected, majority didn't experience any kind of emotional changes in themselves, the explanation behind this are, as they were not aggravated by any physical symptoms and they are commonly infected with their friends or family members and staying happily with them in isolation.

*“In isolation also we were large in number 10-12 people like uncle aunties so everybody was there so I did not feel like loneliness anxiety or stress.”*

-31 years, Office living within the country, Province 1.

*“I feel like since one is alone, there is no facility, nothing to pass time, one naturally becomes hopeless and gets bad feelings.”*

- 38 years, Police driver, living within the country), Province 5.

Also, it was revealed that occupation of the infected people was also one of determining factor of stress level. It was revealed that occupation like army and police were having less stress and have high self-esteem within themselves. One of the participants shared that:

*“I didn’t feel stress. I am a man of the army myself. So, I am a self-motivated person in myself.”*

- 37 years, Army, Male patients, living within the country, Bagmati Province.

Some of them said that being contaminated unexpectedly was the troublesome circumstance for them and sentiments of fear and stress were noticeable among them but later they normalized after getting counselling and after meeting /sharing the experience with the similar patients inside the hospital or isolation.

*“I was quarantined (Isolated) alone. I felt so bad at that time and afraid of danger. After 7-8 days, I went to hospital and saw many cases of COVID-19 and felt a little bit comfort and started to spend the moments in a joy relieving depression.”*

- 32 years, Police, living within the country Province 1.

*“Well, obviously I am little worried and anxious at the beginning. I went to hospital and started to talk with the other people. Me and other people of my ward used to talk with each other and share each other’s experienced. After few days, I feel it is normal to be infected.”*

- 24 years, Student, living within the country, Bagmati province.

Also, there were some of the recovered people who had the fear that they might get contaminated once more and had a mindset that they haven’t got the rid of the virus completely.

*“After the reports were negative, I felt a bit relieved. My headache was also better.”*

- 32 years, living within the country, Police technician, Province 2.

*“Sometime I doubt I get corona again when I have mild headache or sore eyes or pain in chest so it impacts my mental health.”*

- 30 years, Police, living within the country, Bagmati province.

*“I was afraid of whether corona would infect me again or my family would be affected in the same way but I guess it would not affect me because it has been 20 to 22 days I am at home.”*

- 49 years, Foreign employment, Arrived from abroad, Province 1.

*“I get relief from stressed as I called the doctor and asked him if corona would infect me again or not he told me I don’t need to take tension I can walk, eat like normal day.”*

- 32 years, Goldsmith, Arrived from abroad, Province 1.

Few of them also said that, as they got infected their family member got so scared, they expressed that being COVID positive was not only affecting their mental health but also this had made negative impact in mental status of the family members.

*“My father was so worried. My wife couldn’t sleep whole night thinking about my health.”*

- 37 years, Police, living within the country Bagmati Province.

*“I had been convincing my parents saying that nothing will happen and nothing has happened to me. Parents were all serious about it, while I used to convince them.”*

- 20 years, Teacher, living within the country, Sudurpaschim Province.

Few of them said that, as the society and friend become familiar with infected history, they faced ignorance and had to go through the more stressful situation, which made them more depressed.

*“They used to say that COVID can affect lungs, liver, kidneys even organ failure can occur which made me feel alone and depressed.”*

- 32 years, office, treated, living within the country, Province 1.

Beside all these, few participants reported that one of the major origins of stress is also continued exposure to news and social media related to COVID-19. They shared that unreliable sources of breaking news related to COVID-19 made them more anxious rather than the positive report.

*“We had a group of 10 people and we all are living on our own way without watching any news.”*

- 24 years, Student, living within the country, Bagmati Province

*“While watching various news about COVID, I heard lungs will damage. Overall a lot to people Felt same thing and become scared.”*

- 27 years, Police, living within the country, Bagmati Province

### **Coping mechanism**

To adjust the upsetting circumstances, it was found that, self-motivation, doing exercises, engaging in the social media, listening religious songs, watching motivational video, sharing and talking inside the isolated people, dancing and perusing books got to be the viable way to manage their stress. Majority of the participants shared that self-motivation like positive feeling and their internal feeling of being well mentally and physically fit had gotten to be leading adapting components at the time of infection.

*“I am the young, I convince myself that nothing will happen to me. With having of positive report, there was no symptoms on me.”*

- 27 years, Police, living within the country, Bagmati Province.

*“I thought I am fit; I am fine so I felt nothing would have happened.”*

- 40 years. Army, Arrived from abroad, Province 1.

*“People take stress and it is their own loss. I thought that even I had taken little worry, it would have loss to myself.”*

- 27 years, Foreign employment, Arrived from abroad, Bagmati Province.

Likewise, some of the participants utilized the time to do workout and physical exercise 3 times per day as they thought that excessive workout made them tired and they have a sound sleep amid the day time also. While few of them took the sleeping is the one of the best coping mechanism to overcome the stressful situation.

*“Excessive physical exercise made us feeling sleepy so I used to sleep 2 hours each day (day time). Sleeping is the best therapy to reduce the mental tiredness. If you can sleep more, mental pressure will be relieved.”*

- 32 years, Police, living within the country, Province 1.

Alike, few participants revealed that they chose listening religious songs as coping mechanism and performed exercise/ yoga regularly by tuning the melody.

*“In morning, they play religious song. I used to do yoga and do physical activities at passage to make the mind peaceful.”*

24 years, Student, living within the country, Bagmati Province.

In the same way, during times of stress, some of participants cared and helped each other and showed support for stress relief.

*“I kept it that way because the people who lived there in isolation were all healthy and there were no health issues, so we thought corona it’s nothing like that we heard of eating healthy and staying by following the rules regularly we can win corona so me and my friend we thought of wining it at any cost so as our results was also good.”*

- 49 years, Foreign Employment, Arrived from abroad, Province 1.

*“If you sit alone, unnecessary things come in mind. This is how people go into depression, even some people commits suicide. There are such incidents also. Saying so, I have saved one/two friends.”*

- 27 years, Foreign Employment, Arrived from abroad, Bagmati Province.

Few of the participants perceived being ignored from the relatives is normal in this pandemic. Among them one of the participants revealed that he also tried to take the ignorance in an easy way and also tried to motivate the relatives by explaining not to take any mental pressure in order to cope up with the diseases.

*“We should take their ignorance in an easy way and try to explain about it, I used to do same.”*

- 32 years, office, Travel inter province, Province-1

While, some of them shared they mostly engaged in the social media for time pass and engaged themselves by watching the motivational video to get relieved from the mental stress.

*“I watch videos over internet, talked with people around watching positive motivational videos, we engage in social media like face book for time pass.”*

- 28 years, Student, living within the country, Province 1.

Whereas, dancing, playing and reading had become the worthy for few of the participants at the time of isolation and made themselves busy in order to cope the panic situation.

*“We used to eat enough food, relax, dance and do exercise.”*

- 37 years, Police, living within the country, Bagmati Province.

*“I used to dance sometimes when I was in hospital which enhance the positive feeling.”*

- 25 years, living within the country, Bagmati Province.

*“By reading book, I did progress and still I am doing”.*

- 37 years, Police, living within the country, Bagmati Province.

### **Help seeking behaviors**

It was revealed that the majority of participants revealed that talking help from their immediate family members like wife, bother sister or who were nearby. As well as friends appeared to be most useful person for the few of the participants but hardly limited of them said friends did not behave normal as they knew about being corona positive.

*“My sister and his husband are nearby. They helped me. I also call at my office if I have any problem. After that rescue team come and help us.”*

- 30 years, Police, living within the country, Bagmati Province.

*“I have stayed together with my duty friends. people change when you get corona positive. But it didn't matter much to my friends.”*

- 30 years, Government Officer, living within the country, Province 2.

Beside all these, few of them were more comfortable to talked with the health worker and shared that if there raised any problems, they immediately called them. Also, revealed that health workers were ready to help anytime when they while stayed at hospital. Also it was found that health worker like doctors, ad nurse’s positive attitude is also one of the factor that decrease the stress level of the COVID infected people.

*“Yes, they have very good services. We were provided with the doctor’s contact number for the case of emergency. I didn’t have any unnecessary stress when I was at hospital. The services of the hospital were very good.”*

- 24 years, Student, living within the country, Province 3.

*“If I have any problem in my health I will call at hospital.”*

- 59 years, Retired Indian army, living within the country, Gandaki Province.

*“Once, our one friend had problem at the mid night. Doctors came to see him even at midnight by wearing PPE.”*

- 37 years, Police, living within the country, Province 1.



**Table 17. Sociodemographic characteristics of COVID-19 recovered patients IDI participants, (N=25)**

<b>Variables</b>	<b>Number of COVID-19 recovered patients</b>
<b>Marital status</b>	
Married	19
Unmarried	6
<b>Age</b>	
20-30	11
31-40	12
Above 41	2
<b>Caste</b>	
Janajati	10
Chhetri	6
Brahmain	8
Dalit	1
<b>Education</b>	
Secondary	4
Higher secondary level	14
Bachelor and above	7
<b>Occupation</b>	
Police/Army	12
Student	2
Goldsmith	1
Foreign employment	2
Indian army	3
Office job	3
Teacher	1
Farmer	1

## **Conclusion**

Most of the COVID-19 recovered patients were male and of less than were 30 years of age. Most of them were married and almost 50 percent had a higher education level. The recovered patient was involved in different occupations, which most of them were army/police, which is followed by a health worker. Further, most (44.6%) of the recovered patient had the travel history of the inter GP/MP while few of them had not traveled. The number of home isolated patients was high. Smoking and alcohol consumption has reduced after the COVID-19 infection.

### **For physical health**

A majority of 492(89.1%) COVID-19 recovered patients had a normal health condition after recovery, while 58 (10.5) had few problems and only 2(0.4%) participants had complicated health conditions even after recovery. likewise, 1.6 percent of COVID-19 recovered patients revealed that they require assistance for daily activities. Out of the 25 participants, it was found that the majority (N= 15) of the participant's experienced a variety of the physical symptoms during the COVID-19 period while others (N=10) felt fine without any symptoms during the period of the infection. Symptomatic COVID-19 infected patients experienced fever, headache, body pain, muscle pain, fatigue, tiredness, sore throat, cough, loss of taste, loss of smell, sneezing, loss of appetite and difficulty in breathing. The majority of symptomatic COVID-19 infected patients experienced the loss of appetite and tiredness, some of them experienced headaches and eye pain and feel the loss of appetite after the discharge of 2-3 days and some also feel tired after a minor work. *"Sometimes I feel itching in my nose. Now a day, I sneeze frequently and had an irritated throat. "I used to feel very weak in the beginning and it took time to get recovered when I start to work. I had felt weakness a lot."* Symptomatic COVID-19 infected patients experienced a wide range of symptoms of psychological stress and disorder. *"I felt tired. and headache a lot. And felt a bit mentally tortured by the positive report."*

### **For social health**

Slightly, less than half 227 (48.3%) of COVID-19 recovered patients having a low level of social health status. The majority of participants did not experience any affection and love from their relatives due to the fear of COVID-19 where they thought they may get affected as well. They also said that some of the relatives also get afraid to receive phone calls. *"Relatives used to be afraid of me after hearing I was infected, even some people used to be afraid of having phone calls, after my*

*corona positive report relatives and community people afraid to come in our house." "My father was so worried. My wife couldn't sleep the whole night thinking about my health."*

### **For mental health**

More than 16 percent of COVID-19 recovered patients felt the work/business, home, or financial stress due to unemployment. Among them, 4.9 percent felt the work/business stress, 2.9 percent felt general stress at home and 9.1 percent of participants felt stressed with financial reasons due to unemployment. An asymptomatic COVID-19 recovered patients didn't experience any emotional change in them but COVID-19 recovered patients who are symptomatic experienced a wide range of symptoms of psychological stress and disorder. *"I felt tired. and headache a lot. And felt a bit mentally tortured by the positive report."* It was revealed that the majority of participants revealed that talking help from their immediate family members like wife, brother-sister, or who were nearby. As well as friends appeared to be the most useful person for the few of the participants but hardly limited of them said friends did not behave normally as they knew about being corona positive.

In conclusion, despite the COVID-19 infection, post-recovery patients had a normal health condition. Few patients showed up being dependent on doing physical activities, however, majorities could carry out the activities on their own. In addition, it can also be concluded that most of the patients being affected socially by the community people. Though mental status seems to be normal among the majority of recovered patients, however, some patients revealed having some kind of mental disturbance.

## **Recommendation**

### **For physical health**

- The government and local level should focus on maintaining a friendly environment at quarantine, isolation and hospital setting to help the early recovery of COVID-19 patients.
- An appropriate counseling mechanism should be provided by health worker at the health center, quarantine and isolation centers.
- There should be a provision of evaluating and reporting the clinical features, risk factors, and the effectiveness of case management, challenges and outcomes of COVID-19 to amplify the voices, stories and images to large audiences.

### **For mental health**

- Being ignored and hatred from society because of the positive report of COVID-19 has worsened their mental state. So, there should have a long term support provision to COVID-19 recovered patients to get rid of the fear of COVID-19 as well as reoccurrence.
- Consumption of smoking and alcohol consumption has reduced among COVID-19 infected patients. Therefore, based on the circumstances the government of Nepal shall make initiate smoking and tobacco control program.
- There should be the provision of ensuring equal access to appropriate information, care and alert systems by providing appropriate health awareness news through social media to overcome negative behaviors and attitudes of the society.
- Positive attitudes of family members, relatives and health worker have made an impact on the quick recovery of Covid-19 patients. So, they should show the positive behaviors to the COVID-19 recovered patients to stable state of mind.

### **For social health**

- The result shows that self-motivation, doing exercises, engaging in social media, listening to religious songs, watching motivational videos, sharing and talking inside the isolated people, dancing and reading books So, an appropriate mechanism should be developed in home, quarantine, isolation during and even after post-recovery to be socially healthy.
- IPC guidance should be developed and disseminate to change the attitudes towards COVID-19 among family, relatives and community people.

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## Annex I: List of enumerators

SN	Name of Enumerators
1	Rejina Shrestha
2	Alina Dahal
3	Urusha Prajapati
4	Soniya Khadka
5	Ronila Dhakal
6	Reecha Ghimire
7	Kusum Shahi
8	Urusha KC
9	Janaki Pandey
10	Dr. Kshamata Subedi
11	Sapana Thapa
12	Natasha Chand
13	Amrita Sapkota
14	Mariya Chalise
15	Asmita Adhikari
16	Roshni Ghatani
17	Richa aryal
18	Kshitiz Swar
19	Alisha Adhikari
20	Susma Baniya
21	Puja Gartaula

## Annex II: Questionnaire

### Assessment of Post-Recovery Impact on Patients with COVID-19 in Nepal

#### Socio-demographic information:

#### Registration number:

Full

Name:

#### Address at the time of Diagnosis:

Province: \_\_\_\_\_ District: \_\_\_\_\_ GP/MP \_\_\_\_\_ Ward \_\_\_\_\_

No: \_\_\_\_\_ Tole: \_\_\_\_\_ Village \_\_\_\_\_ **Permanent**

#### Address:

Province: \_\_\_\_\_ District: \_\_\_\_\_ GP/MP \_\_\_\_\_ Ward \_\_\_\_\_

No: \_\_\_\_\_ Tole: \_\_\_\_\_ Village \_\_\_\_\_

SN	Question	Answer	Skip
1	Gender	1. Male 2. Female 3. Not specified/Unknown	
2	Age	[__][__]years [__][__]months	
3	Marital status	1. Unmarried 2. Married 3. Divorced /Separated 4. Single	

4	Ethnicity	1. Hill Brahminn 2. Hill Chhetri 3. Terai Brahmin/ Chhetri 4. Hill Dalit 5. Terai Dalit 6. Newar 7. Other hill janajati 8. Terai janajati	
		9. Other terai caste 10. Muslim 88. Others 99. Unknown	
5	Religion	1. Hindu 2. Buddhist 3. Muslim 4. Christian 5. Kirat 88. Other (Specify)	
6	Education	1. Illiterate 2. Literate but no formal schooling 3. Primary education (1to7) 4. Secondary education (8to10) 5. Higher 6. Not Applicable	
7	Occupation	1. Employed as a Healthcare Worker 2. Employed in a microbiology laboratory 3. Employed in other profession	
8	Travelling history	1. Abroad 2. Inter state 3. Inter district 4. Inter GP/MP 5. not travelled	
9	Where do you treat yourself during COVID-19 tenure	1. Self-isolation 2. Hospital discharge 3. Quarantine	
10	Name of treating hospital	.....	
11	Referral (If any)	.....	
12	Admitted date		
13	Discharged date		
<b>COVID-19 recovered patient characteristics</b>			



13	Diabetes	1. Yes 2. No		
14	Heart disease	1. Yes 2. No		
15	Chronic lung disease	1. Yes 2. No		
16	Chronic liver disease	1. Yes 2. No		
17	Active tuberculosis	1. Yes 2. No		
18	Asthma	1. Yes 2. No		
19	HIV infection	1. Yes 2. No		
		<b>Before infected from COVID-19</b>		<b>After infected from COVID-19</b>
		<b>Yes (1)</b>	<b>No(2)</b>	<b>Yes(1)</b> <b>No(2)</b>
20	Smoker			
21	Alcohol consumption			
<b>Prese nt health conditions</b>				
23	How is your current health condition	Normal.....1 Few problems.....2 Complicated.....3		
24	How is your current weight	High.....1 Low.....2 Normal.....3		

**Physical well-being: In the past 4 weeks, did the patient have any difficulty or need help with:**

S.N	Questions	Normal(1)	Has difficulty, but does by self(2)	Requires assistance(3)	Dependent(4)
1.	Doing household chores (cooking food, washing clothes, cleaning and doing any other household work)				
2.	Activities outside home (agricultural work, animal husbandry, buying household goods etc.)				
3.	Activities related to financial income (business affairs, working in office or daily wages)				

## **Social well being**

<b>S.N</b>	<b>Questions</b>	<b>Fully agree (1)</b>	<b>Agree(2)</b>	<b>Disagree(3)</b>	<b>Fully Disagree(4)</b>
1.	There are people I can depend on to help me if I really need it.				
2.	There are people who join the same social activities I do.				
3.	I have close relationships in society that provide me with a sense of emotional security and well-being.				
4.	There is someone I could talk to about important decisions in my life.				
5.	I have relationships in workplace where my competence and skills are recognized.				
6.	I am able to be a part of a group of people who share my attitudes and beliefs.				
7.	I feel a strong emotional bond with at least one other person.				

## **Mental Well-being**

<b>S.N</b>	<b>Questions</b>	<b>No (1)</b>	<b>Some (2)</b>	<b>High(3)</b>
1.	Repeated disturbing and unwanted thoughts about the COVID-19 outbreak			
2.	Trying to avoid information or reminders about the COVID-19 outbreak			
3.	Have you had any negative? feelings/thoughts towards yourself and others? (Probe: I am a bad person, I cannot trust anyone, society is not secure to live)			
4.	Work/business Stress			
5.	General stress at home			
6.	Severe financial stress/Due to unemployment			

### Annex III: Nepali Questionnaire

नेपालमा COVID-19/कोरोना भाइरस बाट संक्रमित भई निको भएका बिरामीहरूमा परेको प्रभावको मूल्यांकन

सामाजिक र जनसांख्यिकीय विवरण

Registration number.....

पूरा नाम.....

स्थायी ठेगाना

प्रदेश ..... जिल्ला .....

गाउँपालिका/ नगरपालिका..... वडा नं .....

टोल.....

अस्थायी ठेगाना

प्रदेश ..... जिल्ला.....

गाउँपालिका/ नगरपालिका..... वडा नं .....

टोल.....

क्र सं	प्रश्नावाली	उत्तर	स्कीप
१	लिंग	महिला.....१ पुरुष.....२ नताकिएको / थाहा नभएको .....३	
२	उमेर	.....वर्ष	
३	वैवाहिक स्थिति	विवाहित .....१ अविवाहित .....२ छुट्टिएको .....३ एकल.....४	

४	जाती	बहुन.....१ क्षत्री.....२ दलित .....३ नेवार .....४ जनजाती.....५ मुस्लिम .....६ अन्य तराई जाती .....७	
५	धर्म	हिन्दु.....१ बुद्धिष्ट .....२ मुस्लिम .....३ इशाई .....४ अन्य भए खुलाउने.....८८	
६	शैक्षिक स्तर	अशिक्षित.....१ साक्षर तर औपचारिक शिक्षा नभएको.....२ प्राथमिक शिक्षा (१ देखि ७).....३ माध्यमिक शिक्षा (८देखि १०).....४ उच्च शिक्षा.....५ अन्य( खुलाउने) .....८८	
७	पेशा	स्वास्थ्यकर्मीको रूपमा कार्यरत.....१ माइक्रोबायोलाजी प्रयोगशालामा कार्यरते.....२ अन्य पेशामा कार्यरत.....३	
८	यात्रा गरेको ठाउँ	विदेश.....१ अन्तर प्रदेश .....२ अन्तर जिल्ला.....३ अन्तर नगरपालिका वा गाउँपालिका.....४ यात्रा नगरेको.....५	
९	तपाईं कोरोना वाट संक्रमित भई निको हुने अवधि भर तपाईंले कहाँ बसेर आफ्नो उपचार गराई निको हुनुभयो	घरमा आइसोलेसनमा (अलग) बसेर .....१ अस्पतालमा.....२ क्वारेन्टिनमा.....३ अन्य (खुलाउने).....४	

उपचार गरिएको अस्पताल.....

रिफर गरिएको अस्पताल (यदी भएमा).....

भर्ना

मिति..... डीसचार्ज मिति.....

कोरोना भाइरसको संक्रमणबाट निको भएका व्यक्तिमा स्वास्थ्य विवरण

क्र सं	प्रस्नावली	उत्तर	स्कीप
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		छ (१)		छैन (२)	
१	मधुमेह				
२	मुटु रोग				
३	जटिल फोक्सोको रोग				
४	जटिल कलेजोको रोग				
५	सक्रिय क्षयरोग				
६	दम				
७	एचआईभी संक्रमण				
८	अन्य				
	प्रस्नावली	कोरोना भाइरसको संक्रमण अघि		कारोना भाइरसको संक्रमण पछि	
		गर्छु (१)	गर्दैन (२)	गर्छु (१)	गर्दैन (२)
९	धुम्रपान सेवन				
१०	मद्यपान सेवन				

#### कोरोना भाइरसको संक्रमितका वर्तमान स्वास्थ्य अवस्था

क्र सं	प्रस्नावली	उत्तर	स्कीप
१	तपाइको वर्तमान स्वास्थ्य अवस्था कस्तो छ	राम्रो..... १ सामान्य समस्या..... २ गम्भीर समस्या..... ३	
२	तपाइको हाल तौल कस्तो छ	उच्च..... १ कम..... २ ठिकै..... ३	

#### For physical-well being

#### कार्यात्मक गतिविधिबारे प्रस्नावलि (Functional Activities Questionnaires)

बिगत ४ हप्तामा तल उल्लेखित क्रियाकलाप गर्न विरामीलाई केहि असहज वा मद्दत आवश्यक परेको थियो?

क्र सं	प्रस्नावली	सामान्य (१)	कठिनाई छ तर आफैले गर्छु (२)	सहयोग आवश्यक छ(३)	निर्भर (४)
१	घर भित्रको कामकाज गर्न ( खाना पकाउन, लुगा धुन, घर सफा गर्न वा अन्य घरायसी कामकाज गर्न)				
२	घर बाहिरको कामकाज गर्न( खेतिपाती, गाई वस्तु को हेरचाह, घरमा चाहिने आवश्यक वस्तु किन्न वा अन्य चाहेको काम गर्न)				

३	आर्थिक आयआर्जन को क्रियाकलाप ( व्यापार व्यवसाय, कार्यालयमा काम गर्न, दैनिक आय आर्जनको कामकाज गर्न)।				
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**Social well-being** (आफ्नो समाजमा कारोना संक्रमित भएको थाहा नभए यो खण्ड (सेक्शन) छोड्ने)

क्र सं	प्रश्नावाली	पूर्ण सहमत (१)	सहमत(२)	असहमत (३)	पूर्ण असहमत (४)
१	मलाई आवश्यक परेको बेलामा मलाई सहयोग गर्न मेरा साथी हरु वा अन्य व्यक्तिहरु हुनु हुन्छ				
२	म समावेश भएको सामाजिक काममा (खेलकुद, सरसफाई, आदि) समाजको अन्य व्यक्तिहरु पनि सामेल हुने गरेका छन				
३	मेरो आफू बस्ने समाजसंग घनिष्ठ सम्बन्ध छ जस्ले गर्दा म सामाजिक र भावनात्मक सुरक्षा को अनुभूति गर्छु				
४	मेरा साथ मा त्यस्ता व्यक्ति हरु छन जो संग म मेरो आफ्नो जिन्दगी को महत्वपूर्ण निर्णयहरुको बारे कुरा गर्न सक्छु				
५	म काम गर्ने ठाउँ मा मेरो लगाभ छ जस्ले गर्दा मेरो कामको मान्यता र मुल्यांकन हुन्छ				
६	म समाजको एउटा हिस्सा बन्न सफल भएको छु जुन कारण मेरो मनोवृत्ति र विश्वास बढेको छ				
७	मेरो साथ मा कम्ति मा एकजना यस्ता व्यक्ति छन जो संग मेरो बलियो भावनात्मक सम्बन्ध रहेको छ				

**Mental well-being**

क्र सं	प्रश्नावाली	छैन(१)	केहि भएको छ (२)	धेरै भएको छ (३)
१	के तपाईंले कोरोना भाईरस संक्रमण कुनै तरीकाले फेरी महसुस गर्नुभएको छ ? जस्तै: त्यसको बारेमा सपना देख्ने वा कडा (बिर्सिनै नसक्ने) यादहरु आउनु वा संक्रमण पून आफ्नो शरीरमा अनुभव गर्नु			
२	के तपाईंले कोरोना भाईरस संक्रमणको बारेमा नसोचन वा कुरा नगर्न प्रयास गर्नुभयो ?			



३	के तपाईंलाई आफु वा अरु प्रति धेरै नकारात्मक धारणा रविचार (जस्तै: म नराम्रो मान्छे हुँ, कसैलाई विश्वास गर्न सकिदैन, संसार असुरक्षित छ आदि ) आएको छ			
४	तपाईं लाई आफ्नो काम वा व्यापारमा तनाव महसूस भएको छ			
५	तपाईं लाई आफ्नो घरमा सामान्य तनाव महसूस भएको छ			
६	तपाईं लाई आर्थिक तनाव (बेरोजगारी वा अन्य कारण ) महसूस भएको छ (If the respondent is not a working population skip the question)			

## Annex IV: IDI guidelines

नेपालमा COVID-19/कोरोना भाइरस बाट संक्रमित भई निको भएका बिरामीहरूमा परेको प्रभावको मूल्यांकन

### सामाजिक र जनसांख्यिकीय विवरण

Registration number.....

पूरा नाम.....

### स्थायी ठेगाना

प्रदेश ..... जिल्ला .....

गाउँपालिका/ नगरपालिका..... वडा नं .....

टोल.....

### अस्थायी ठेगाना

प्रदेश ..... जिल्ला .....

गाउँपालिका/ नगरपालिका..... वडा नं .....

टोल.....

लिङ्ग, उमेर, वैवाहिक स्थिति, जाती, धर्म, शैक्षिक स्तर, पेशा, यात्रा गरेको ठाउँ

कोरोनाबाट संक्रमित भई निको हुने बेला सम्म तपाईंले कहाँ बसेर आफ्नो उपचार गराउनुभयो हामीलाई बताईदिनु सक्नु हुन्छ (प्रोब: घरमा आइसोलेसनमा (अलग) बसेर, अस्पतालमा, क्वारेन्टिनमा, परिवारसंगै

उपचार वा रिफर गरिएको अस्पताल.....

### शारीरिक स्वास्थ्य (Physical health)

1. Can you tell us about your current physical health condition? Current physical health issues (Probe) (Feeling tired or having little energy, Poor appetite or overeating, Fever, Dry cough, Sore throat, Diarrhea, Fatigue, Sore eyes, conjunctivitis, water eyes, Loss of smell, Respiratory infections, problem on heart, kidneys, and brain, Loss of taste, No symptoms, etc.)

१) हाल तपाईंको शारीरिक स्वास्थ्य अवस्था बारे बताई दिनुहोस् । (प्रोब: थकान महसुस वा तागत कम भएको महसुस, भोक कम लाग्ने वा अत्यधिक खान मन लाग्ने, ज्वरो, सुख्खा खोकी, घाँटी दुख्ने, पखाला लाग्ने, आँखाहरू दुख्ने, आँखाबाट

पानी बग्ने, गन्ध हराउँदै जाने, श्वासप्रश्वासमा समस्या, हृदय, मिर्गौला, र मस्तिष्कमा समस्या, खाने कुराको स्वाद हराउने, कुनै लक्षण नभएको, आदि)

2. What physical health problems /issues did you face when you were infected with COVID-19? (Probe) (Feeling tired or having little energy, Poor appetite or overeating, Fever, Dry cough, Sore throat, Diarrhea, Fatigue, Sore eyes, conjunctivitis, water eyes, Loss of smell, Respiratory infections, problem on heart, kidneys, and brain, Loss of taste, No symptoms, etc.)

२) तपाईं कोरोना भाइरस बाट संक्रमित हुँदा तपाईंलाई के कस्ता स्वास्थ्य समस्या देखा परेको थिए ? (प्रोब: थकान महसुस वा तागत कम भएको महसुस, भोक कम लाग्ने वा अत्यधिक खान मन लाग्ने, ज्वरो, सुख्खा खोकी, घाँटी दुख्ने, पखाला लाग्ने, थकान, आँखाहरू दुख्ने, आँखाबाट पानी बग्ने, गन्ध हराउँदै जाने, श्वासप्रणाली संक्रमण, हृदय, मिर्गौला, र मस्तिष्कमा समस्या, खाने कुराको स्वाद हराउने, कुनै लक्षण नभएको, आदि)

3. Tell us in detail about daily functional activities (Probe) (food consumption pattern (tea, turmeric, alcohol, onion prevents corona), physical activities, self-isolate, etc.)

३) तपाईं आफुले दैनिक रूपमा गरिने काम हरु बारे विस्तृत रूपमा बताई दिन सक्नु हुन्छ? (प्रोब: खाना खाने शैली (चिया, बेसार, रक्सी, प्याज) शारीरिक गतिविधिहरू, अरुबाट आफू अलग बस्ने, आदि)

4. Do you have any more experiences to tell us about physical wellbeing?

४) तपाईंसँग शारीरिक स्वास्थ्यको बारेमा कुनै थप अनुभवहरू भए हामीलाई बताईदिनुहोस ?

### **मानसिक स्वास्थ्य (Mental health (Psychological well-being))**

1. Have you felt any stress or anxiety or loneliness? Do you think it is due to COVID-19 only, or additionally, due to the overload of information you're getting?

१) के तपाईंले कुनै किसिमको तनाव, चिन्ता वा एकलोपन महसुस गर्नुभएको छ ? यदि छ भने, COVID-19 बाट संक्रमित भएको कारण यस्तो महसुस भएको हो वा यस्तो महसुस गर्नुमा अन्य कुनै कारण छन ?

2. What measures have you taken to cope with the stress/anxiety/loneliness? (Probe) (Coping and self-care styles: speculation, isolation, distraction, self-consciousness, humor, rationalization)

२) तनाव, चिन्ता र एकलोपनको सामना गर्न तपाईंले के-कस्ता उपायहरू अपनाई राख्नु भएको छ (प्रोब: सामना गर्ने र आफ्नो ध्यान राख्ने, अलग बस्ने, distraction, self-consciousness, humor, rationalization)

3. How has your psychological state of mind been in the past few days? (anxiety, depression, post-traumatic stress disorder (PTSD), etc.) What is your help seeking behaviors?

३) विगत केहि दिनमा कोरोना भाइरस बाट संक्रमित भएको कारणले तपाईंको मानसिक अवस्थामा फरक पाउनु भएको छ ? तपाईंलाई आवश्यक परेको खण्डमा को सँग सहयोग लिने गर्नु भएको छ ।

### **सामाजिक स्वास्थ्य (Social health/Social wellbeing)**

1. What is the social perception (Family, relatives, society) of COVID-19? (Probe) Experience, Risk perception, Community exposure Awareness)

१) तपाईं प्रति घरपरिवार, आफन्त र सामाजिक धारणा कस्तो रहेको छ । साथै कस्तो रूपमा लिएका छन् (बोलि चालि, सरसहयोग, आदि) ? (प्रोब: घरपरिवार भित्र बुवा, आमा, सासु ससुरा, श्रीमान, श्रीमति, छोरा, छोरी, आदि आफन्त भित्र घरपरिवार वा आफुसँगको नातागोताका मान्छे र सामाजिक भन्नाले कार्यालय, स्कुल, आदिमा भेटिने मानिसहरु) अनुभव, जोखिम हुन सक्ने सम्बन्धि ज्ञान, सामुदायिक संक्रमणको जानकारी

2. How do you spend your time after COVID-19 post-recovery? (Probe) (Daily functional activities and Socio-economic productivity, Coping and self-care styles)

२) तपाईंले आफ्नो समय कसरी बितार्इराख्नु भएको छ ? जागिर, घरायसी काम, आदि (प्रोब: दैनिक गतिविधिहरू र सामाजिक, आर्थिक उत्पादन, सामाजिक भेदभाव, समस्या सामना गर्ने र आफ्नो ध्यान राख्ने)

के तपाईं प्लाज्मा (Plasma) दान गर्न इच्छुक हुनुहुन्छ ?