

**IMPACT OF STRUCTURED DIETARY EDUCATION ON KNOWLEDGE
REGARDING SARS-COV-2 PREVENTION AND MANAGEMENT AMONG
UNDERGRADUATE NURSING STUDENTS IN BENGALURU.**

by

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ABSTRACT

“AN EVALUATIVE STUDY TO ASSESS THE EFFECTIVENESS OF A
STRUCTURED EDUCATIONAL INTERVENTION ON KNOWLEDGE
PERTAINING TO THE SIGNIFICANCE OF DIETARY PRACTICES IN THE

PREVENTION AND MANAGEMENT OF SARS-COV-2 INFECTION AMONG UNDERGRADUATE NURSING STUDENTS IN SELECTED NURSING COLLEGES OF BENGALURU.

Background of the study

In early December 2019, an outbreak of coronavirus disease 2019 (SARS-COVID-19), caused by a novel severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), occurred in Wuhan City, Hubei Province, China. On January 30, 2020 the World Health Organization declared the outbreak as a Public Health Emergency of International Concern. As of February 14/2020, 49,053 laboratory-confirmed and 1,381 deaths have been reported globally. Perceived risk of acquiring disease has led many governments to institute a variety of control measures³⁰.

Certain factors such as lifestyle, age, health status, sex, and medications affect the nutritional status of an individual during the SARS-COVID-19 pandemic, the nutritional status of individuals has been used as a measure of resilience toward destabilization. Optimal nutrition and dietary nutrient intake impact the immune system through gene expression, cell activation, and signaling molecules modification. In addition, various dietary ingredients are determinants of gut microbial composition and subsequently shape the immune responses in the body. Therefore the existing evidence suggests that the only sustainable way to survive in the current situation is to strengthen the immune system. An adequate intake of zinc, iron, and vitamins A, B12, B6, C, and E is essential for the maintenance of immune function. In the current scenario, SARS-COVID-19 has imposed a new set of challenges for the individual to maintain a healthy diet. The state of self-isolation, lockdown, and social distancing are important measures to flattening the curve of the disease, although these measures have

severe repercussions on an individual's life. The act of confining to one's home has significant impacts on one's health, including changes in eating patterns, sleeping habits, and physical activity. It would promote sedentary behavior that affect mental and physical health and lead to an increased risk of obesity. Fear and anxiety may also cause changes in dietary habits leading to unhealthy dietary patterns and less desire to eat or with lessened enjoyment during eating³¹.

OBJECTIVES OF STUDY

To assess the existing knowledge regarding role of diet in SARS-COVID-19 infection among 3rd year Basic science nursing students in selected colleges at Bengaluru.

To evaluate the effectiveness of structured teaching programme on knowledge regarding role of diet in SARS-COVID-19 infection among the 3rd year Basic science nursing students in selected colleges at Bengaluru.

To find an association between the pre-test knowledge score regarding role of diet in SARS-COVID-19 infection among 3rd year Basic science nursing students with their selected demographical variables.

Methods

Evaluative approach, one group pre-test post-test design was used, with non-probability convenient sampling technique. Data was collected from 60 3rd year basic BSc nursing student using questionnaire through structured teaching programme. Structured teaching programme was imparted and post-test was scheduled after 7 days using the same questionnaire method.

Results:

The present study shows that pre-test knowledge score of 3rd year basic science nursing

students had 38.3% of the participants had inadequate knowledge and 61.7% of the participants had moderately adequate knowledge and none of them had adequate knowledge regarding role of diet in SARS-COVID-19 infection. Whereas post-test knowledge score was found that 10% respondents had moderately adequate knowledge and 90% had adequate knowledge regarding role of diet in SARS-COVID-19 infection. Mean pre-test knowledge of the 3rd year basic science nursing students 15.43 and mean post-test knowledge was 26.26 and calculated 't' value (-19.21) at 0.05 level of significance with p-value less than 0.0001 indicates that STP on knowledge regarding role of diet in SARS-COVID-19 infection among 3rd year basic science nursing was effective in increasing their knowledge.

Interpretation :

The findings of the study revealed that there is significant difference in the mean pre-test and post-test knowledge scores of 3rd year basic science nursing students. The mean post-test knowledge score were higher than mean pre-test scores. There was significant improvement in the knowledge after the intervention among the 3rd year basic science nursing students it can be concluded the structured teaching programme was effective in improving the knowledge of 3rd year basic science nursing students, H1 is accepted. There was significant association between the pre-test knowledge score and selected demographical variables such as medical history of covid-19 infection and source of information. Therefore in the research H2 is accepted for the selected SARS-COVID-19 is a disease caused by a new strain of coronavirus. 'CO' stands for corona, 'VI' for virus, and 'D' for disease. Formerly, this disease was referred to as '2019 novel coronavirus' or '2019-nCoV.' The final name of the disease will be provided by the International Classification of Diseases (ICD). WHO is also proposing

'2019-nCoV' as an interim name of the virus. The final decision on the official name of the virus will be made by the International Committee on Taxonomy of Viruses. ICTV announced "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)" as the name of the new virus on 11 February 2020¹.

At the termination of 2019 and throughout 2020, the spread of the coronavirus disease 2019 (SARS-COVID-19) virus from first identification in China across the world has had a major health and financial impact that the world has not seen for at least a century. This is expected to continue well into 2021 and probably 2022 as well. The potential impact of SARS-COVID-19 on nutritional habits and, inversely, the impact of nutrition on the epidemiology of the SARS-COVID-19 pandemic is worthy of study considering the positive and negative associations of nutrition with morbidity and mortality. The purpose of this review is to evaluate nutritional research nutrition as it relates to the SARS-COVID-19 pandemic³.

Severe acute respiratory syndrome coronavirus (SARS-CoV), emerged from China and rapidly spread worldwide. Over 8098 people fell ill and 774 died before the epidemic ended in July 2003. Bats are likely an important reservoir for SARS-CoV. SARS-like CoVs have been detected in horseshoe bats and civet cats. The main mode of transmission of SARS-CoV is through inhalation of respiratory droplets. Faeco-oral transmission has been recorded. Strict infection control procedures with respiratory and contact precautions are essential. Fever and respiratory symptoms predominate, and diarrhea is common. Treatment involves supportive care. A new and rapidly progressive respiratory syndrome termed severe acute respiratory syndrome (SARS) was identified by the World Health Organization (WHO) in the Guangdong Province of China as a global threat in March of 2003².

Macrobiotic diet promotes overall health by creating a balance in the body. The diet also helps against a number of diseases including cancer, asthma, psoriasis and various health elements related to lifestyle. It restores the detoxification process as well⁵. Microbiotic diet is generally vegetarian and consists largely of whole grains, cereals and cooked vegetables. A diet consisting mostly of whole grains, vegetables is associated with general health benefits. However, microbiotic diets poor nutrition if not properly planned⁶.

Coronavirus disease (SARS-COVID-19) is an infectious disease caused by a newly discovered coronavirus. Most people fall sick with SARS-COVID-19 will experiences mild to moderate symptoms and recover without special treatment. Here are some professional and authentic dietary guidelines to withstand SARS-COVID-19⁷:

- Eat fruits daily (guava, apple, banana, strawberry, cantaloupe melon, grapefruit, pineapple, papaya, orange, Longman fruit, blackcurrant, pumelo) with a serving size of two cups (4 servings)⁷.
- Eat fresh vegetables (green bell peppers, garlic, ginger, kale, lime, coriander (dried), broccoli, green chili pepper) 2.5 cups of vegetables (5 servings) legumes (beans and lentils)⁷.
- Eat whole grains and nuts, 180 g of grains (unprocessed maize, oats, wheat, millet, brown rice or roots such as yam, potato, taro or cassava)⁷
- Use nuts like almonds, coconut, and pistachio⁷.
- Red meat can be eaten once or twice per week, and poultry 2–3 times per week. Use foods from animal sources (e.g., fish, fish, eggs, and milk) and 160 g of meat and beans⁷.

- For snacks, choose fresh fruits and raw vegetables rather than foods that are high in sugar, salt or fat. Avoid irregular snacking⁷.
- Do not overcook vegetables as it leads to the loss of important nutrients such as vitamins and minerals⁷.
- When using dried or canned fruits and vegetables, choose varieties without added sugar or salt⁷.
- Make sure the food is prepared and served at acceptable temperatures ($\geq 72^{\circ}\text{C}$ for 2 mins)⁷.
- Limit the salt intake to five g a day⁷.
- Consume unsaturated fats (found in avocado, fish, nuts, soy, olive oil, canola, corn oil, and sunflower) rather than saturated fats (found in butter, fatty meat, coconut and palm oils, cheese, ghee, and cream)⁷.
- Drink 8–10 glasses of water every day. It helps to transport nutrients in the blood, gets rid of waste, and regulates the body temperature⁷.
- Avoid all fizzy, carbonated, concentrated juices, and all drinks which contain sugar⁷.
- Maintain a healthy lifestyle of exercise, meditation, and regular sleep. Adequate sleep will help to support immune functioning⁷.
- Eat at home to avoid contact with other people and try to reduce the chance of being exposed to SARS-COVID-19⁷.

HYPOTHESIS:

H1 There will be a significant difference between pre-test and post-test knowledge scores regarding role of diet in SARS-COVID-19 infection among 3rd year Basic science nursing students at selected colleges at Bengaluru.

H2 There will be significant association between the pre-test knowledge score regarding role of diet in SARS-COVID-19 infection among 3rd year Basic science nursing students and selected demographical variables.

Inclusion criteria

- 1) 3rd year Basic science nursing student who are willing to participate.
- 2) 3rd year Basic science nursing students who are available at the time of study.

Exclusion criteria

- 1) 3rd year Basic science nursing students who had been exposed to similar teaching previously.
- 2) 3rd year Basic science nursing students who are sick and absent during the date of collection.

Frequency distribution of demographic variables of the students.

Distribution of participants according to their gender

Sl.NO	Gender	Frequency	Percentage
1	Male	13	21.7
2	Female	47	78.3
Total		60	100.0

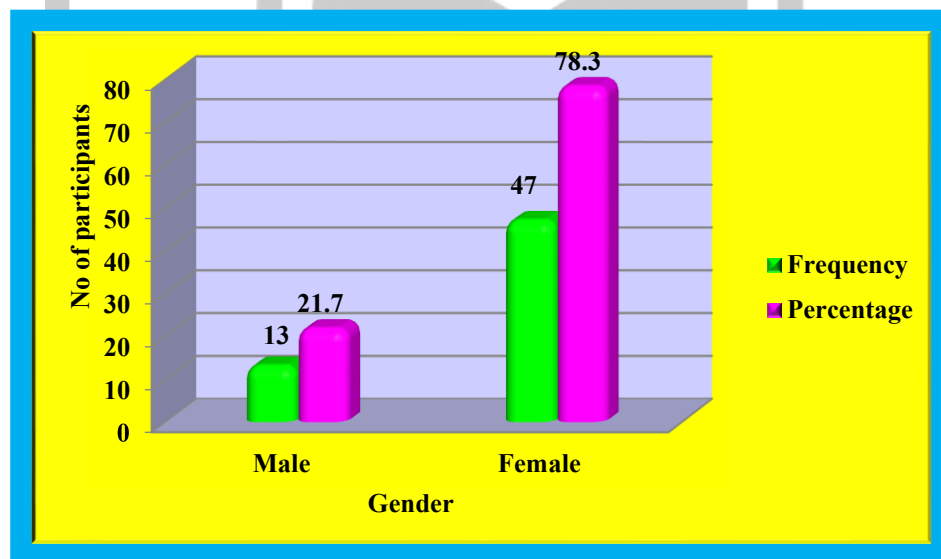


Figure 04: frequency and percentage distribution of participants according to their gender

The data presented in table 05 and figure 04, depicts that majority of the participants 47 out of 60 (78.3%) were females and remaining 13 (21.7%) of the study participants were males.

Table no 06

Frequency and percentage distribution of participants according to their religion

SINO	Religion	Frequency	Percentage
1	Hindu	41	68.3
2	Muslim	03	5.0
3	Christian	15	25.0
4	Others	01	1.7
Total		60	100.0

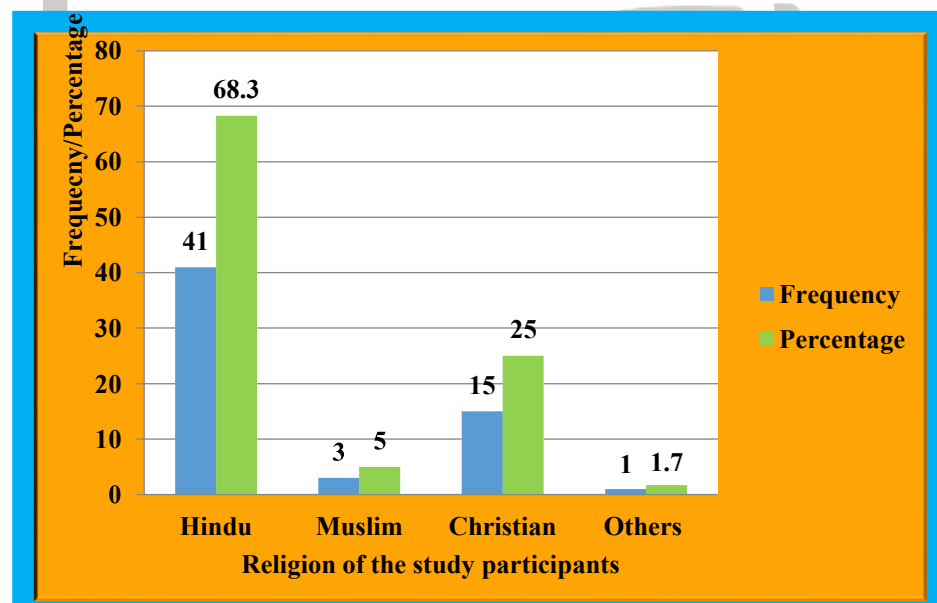


Figure 05. Frequency and percentage distribution of participants according to their religion.

The data presented in table 06 and figure 05, It was observed that majority 41(68.3%) of the study participants were Hindu followed by 15(25.0%) were Muslims, 3(5.0%) were Cristian and only 1(1.7%) belongs to the other caste.

Table no 07

Frequency and percentage distribution of participants according to their family income

Sl.NO	family income	Frequency	Percentage
1	<5000 Rs	05	8.3
2	Rs. 5001- Rs. 10000	16	26.7
3	Rs. 10001- Rs.15000	16	26.7
4	> 15001 Rs	23	38.3
Total		60	100.0

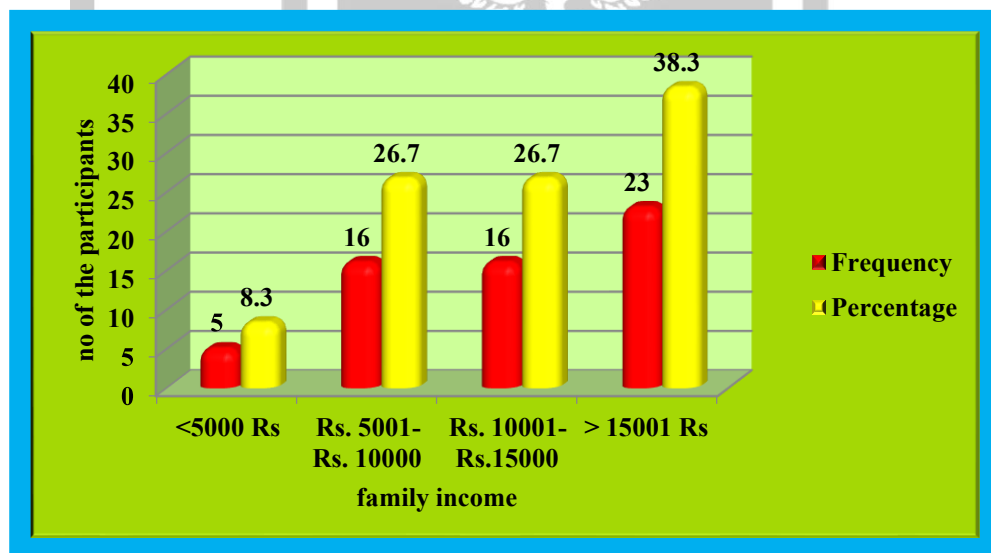


Figure 06: Frequency and percentage distribution of participants according to their family income

The data presented in table 07 and figure 06, revealed that majority 23(38.3%) of the study participants had family income more than 15001Rs followed by 16(26.7%) each had family income between Rs. 5001- Rs. 10000 and Rs. 10001- Rs.15000. 5(8.3%)

had family income less than 5000Rs.

Table no: 08

Frequency and percentage distribution of participants according to their Fathers education

Sl.NO	family income	Frequency	Percentage
1	No formal education	8	13.3
2	Primary education	11	18.3
3	Secondary education	27	45.0
4	Graduation	14	23.3
Total		60	100.0

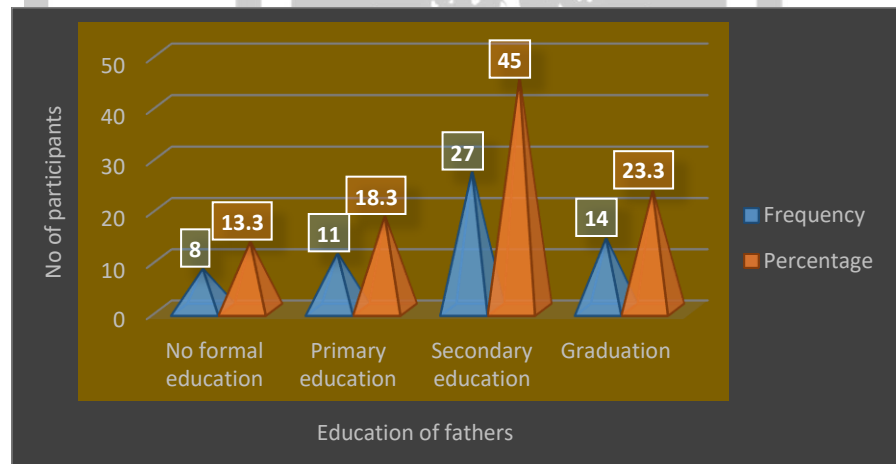


Figure 07: Frequency and percentage distribution of participants according to their Fathers education

The data presented in table 08 and figure 07, it was observed that majority 27(45.0%) of the study participants fathers were studied up to secondary education, 14(23.3%) fathers were graduates, 11(18.3%) fathers were studied up to primary and remaining 8(13.3%) had no formal education.

Table no 09

Frequency and percentage distribution of participants according to their Mothers education

SINO	Mothers education	Frequency	Percentage
1	No formal education	08	13.3
2	Primary education	18	30.0
3	Secondary education	27	45.0
4	Graduation	06	10.0
5	Post-graduation	01	1.7
Total		60	100.0

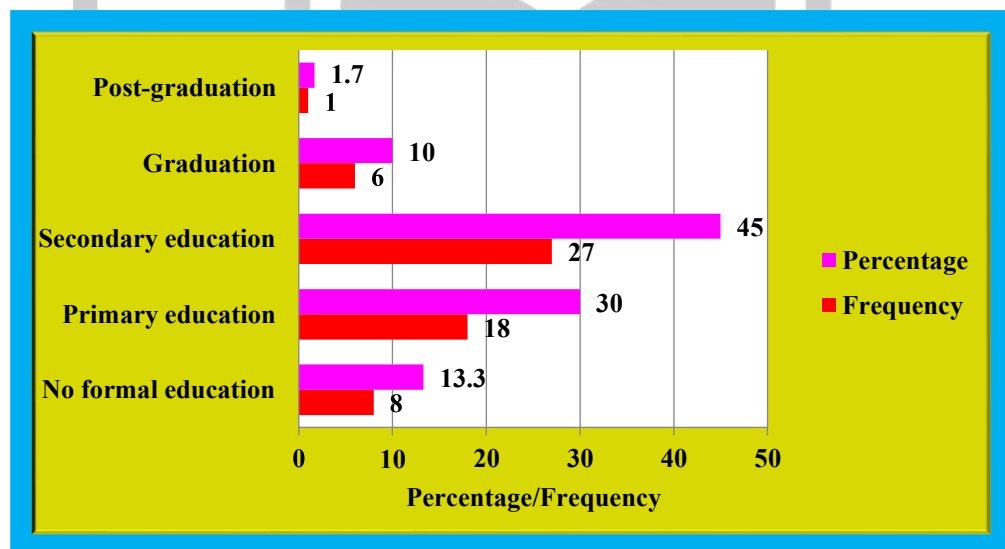


Figure 08: Frequency and percentage distribution of participants according to their Mothers education

The data presented in table 09 and figure 08, it was observed that majority 27(45.0%) of the study participants mothers were studied up to secondary education, 18(30.0%) mothers had primary education, 8(13.3%) had no formal education, 6(10.0%) mothers were graduates and only 1(1.7%) were post graduates.

Table no 10
Frequency and percentage distribution of participants according to their parent's occupation

SINO	parent's occupation	Frequency	Percentage
1	Self- employee	08	13.3
2	Daily wagers	07	11.7
3	Farmer	23	38.3
4	Government employee	04	6.7
5	Private employee	12	20.0
6	Business	6	10.0
Total		60	100.0

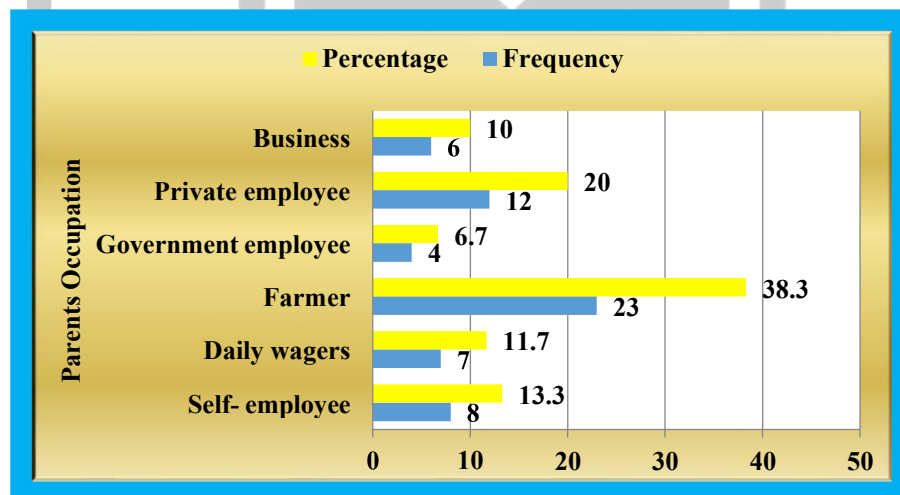


Figure 09: Frequency and percentage distribution of participants according to their parent's occupation

The data presented in table 10 and figure 11 revealed that majority 23(38.3%) of the study participants parents were farmers, 12(20.0%) were doing private job, 8(13.3%) were self-employed, 7(11.7%) were daily wage workers, 6(10.0%) were doing business, and only 4(6.7%) were in government job.

Table no 11

Frequency and percentage distribution of participants according to their dietary pattern

SINO	dietary pattern	Frequency	Percentage
1	Vegetarian	08	13.3
2	Mixed	52	86.7
Total		60	100.0

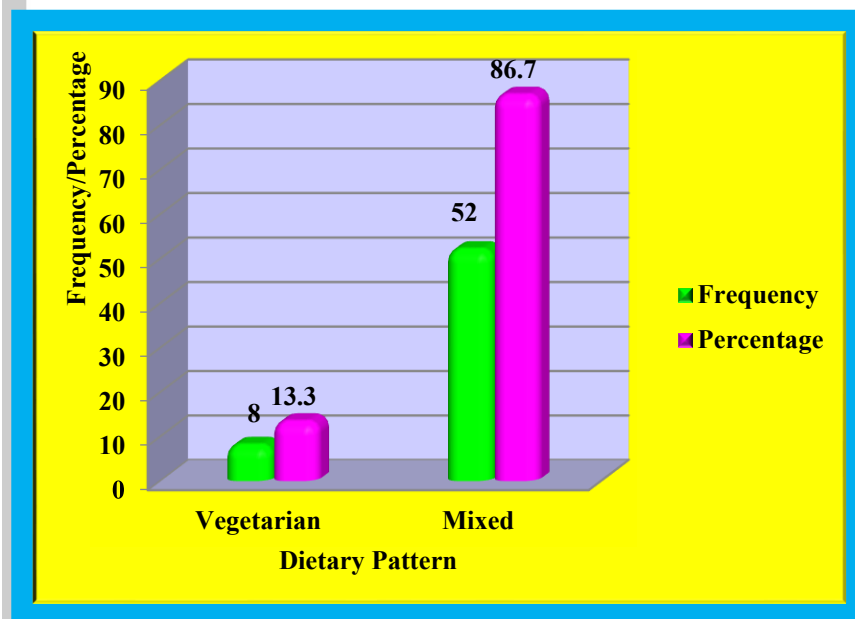


Figure 10: Frequency and percentage distribution of participants according to their dietary pattern

The data presented in table 11 and figure 12, it was seen that majority 52(86.7%) of the study participants were vegetarians and remaining 8(13.3%) of the study participants were doing mixed diet.

Table no 12

Frequency and percentage distribution of participants according to their Badhabits

SINO	Bad habits	Frequency	Percentage
1	Alcohol consumption	03	5.0
2	Smoking	02	3.3
3	Tobacco chewing	04	6.7
4	No bad habits	51	85.0
Total		60	100.0

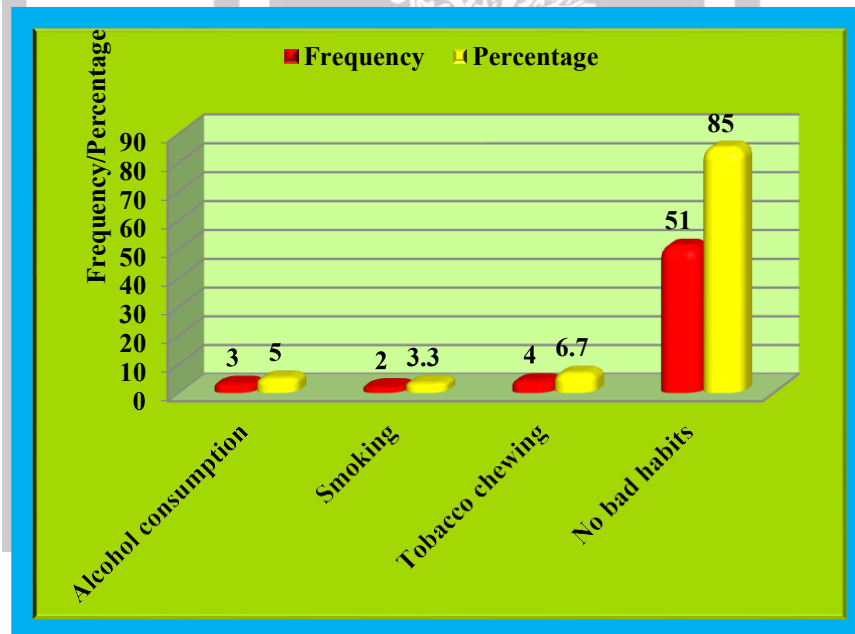


Figure 11: Frequency and percentage distribution of participants according to their Bad habits

The data presented in table 12 and figure 13, majority 51(85.0%) of the study participants had no habits, 4(6.7%) study participants had habit of tobacco chewing,

3(5.0%) had habit of alcohol consumption and remaining 2(3.3%) had habit of smoking.



Table no 13

Frequency and percentage distribution of participants according to their medical history of SARS-COVID-19

SINO	medical history of SARS-COVID-19	Frequency	Percentage
1	Yes	23	38.3
2	No	37	61.7
Total		60	100.0

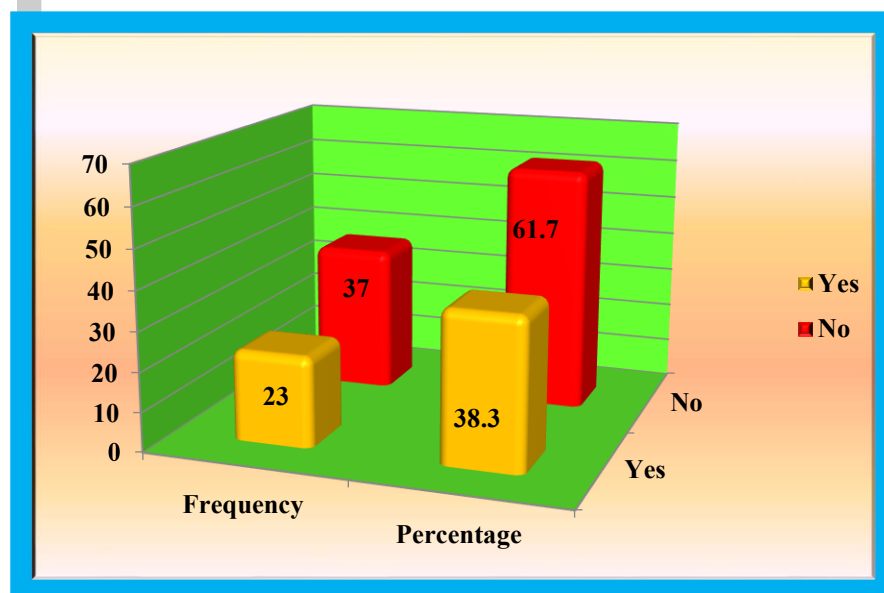


Figure 12: Frequency and percentage distribution of participants according to their medical history of SARS-COVID-19

The data presented in table 13 and figure 12, it was seen that, off the 60 study participants, majority 37(61.7%) had no medical history of SARS-COVID-19 and remaining 23(38.3%) had medical history of SARS-COVID-19.

Table no 14

Frequency and percentage distribution of participants according to their source of information

SINO	source of information	Frequency	Percentage
1	Television/ Mass Media	19	31.7
2	Internet	15	25.0
3	Books	04	6.7
4	Friends and relatives	05	8.3
5	Health personals	15	25.0
6	Training programme	02	3.3
Total		60	100.0

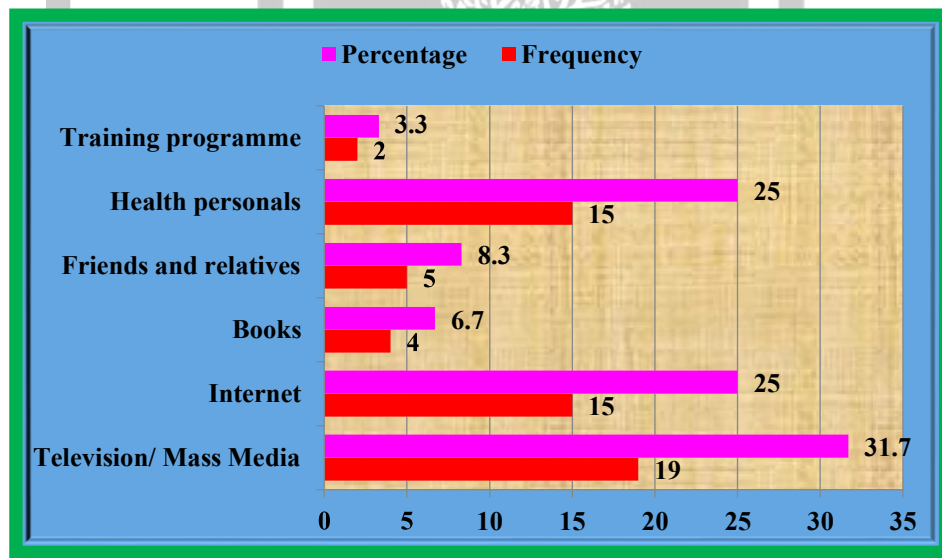


Figure 13: Frequency and percentage distribution of participants according to their source of information

The data presented in table no 14 and figure 13, revealed that majority 19(31.7%) of the study had information regarding role of diet in SARS-SARS-COVID-19 through Television/ Mass Media, 15(25.0%) through Internet & Health personals respectively. very few 2(3.3%) through Training programme

SECTION 12

OVER ALL AND ASPECT WISE KNOWLEDGE SCORES OF RESPONDENTS
REGARDING ROLE OF DIET IN SARS-COVID-19 INFECTION

Table 15

Distribution of participants on pre-test knowledge level regarding role of diet in
SARS-COVID-19 infection.

Sl. No	Knowledge level	Respondents	
		Number	Percentage
			(100%)
1	Inadequate	23	38.3%
2	Moderately adequate	37	61.7%
3	Adequate	00	00
Total		60	100%

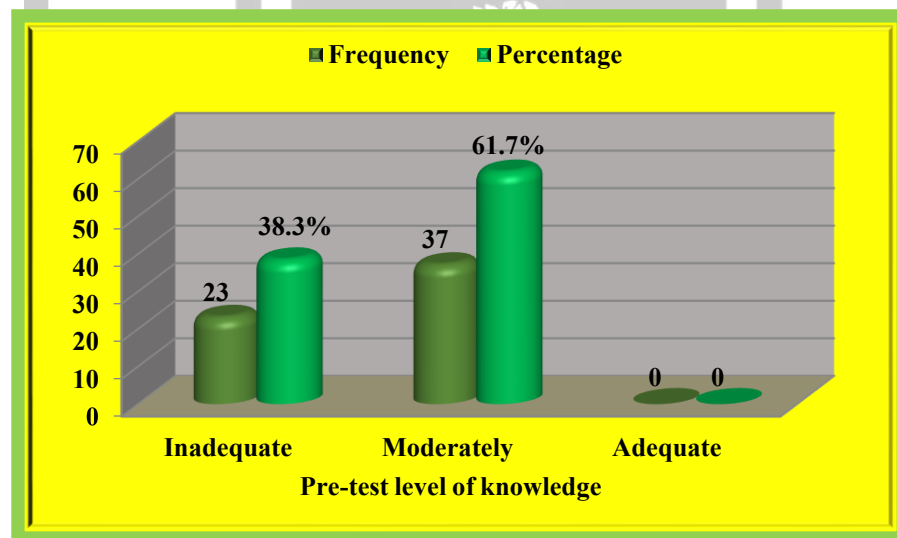


Figure 14: Pre-test level of knowledge regarding role of diet in SARS-COVID-19 infection.

The data printed in table 15 and figure 14 shows that 23 out of 60 respondents had inadequate knowledge and 37 out of 60 respondents had moderately adequate knowledge.

Table 16

Aspect wise pre-test knowledge scores of participants regarding role of diet in SARS-COVID-19 infection.

N=60

Sl. no	Knowledge aspect areas wise	No of the items	Mean	SD	Mean %
1	Section I	2	1.93	0.25	96.5
2	Section I	3	2.1	0.64	70
3	Section I	25	11.4	2.57	45.6
		30	15.43		

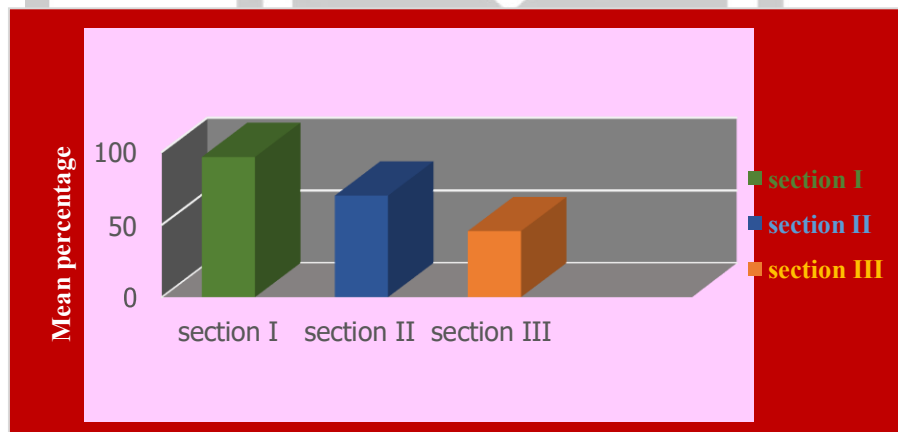


Figure 15: Pre-test knowledge scored of participants regarding role of diet in SARS-COVID-19 infection.

The data presented in the table 12 and figure 16 depicted the aspect wise pre-test knowledge scores of the participants in the area of knowledge related general information regarding SARS-COVID-19 infection mean percentage is 96.5% with mean 1.93 and SD 1.59. About SARS-COVID-19 information mean percentage is 70% with mean 2.1 and SD 0.64. Role of diet in SARS-COVID-19 infection mean percentage is 45.6% with mean 11.4 and SD 2.57.

Table 17

Distribution of participants on post-test knowledge level regarding role of diet in SARS-COVID-19 infection.

Sl. No	Knowledge level	Respondents	
		Number	Percentage
1	Inadequate	00	00
2	Moderately adequate	06	10%
3	Adequate	54	90%
Total		60	

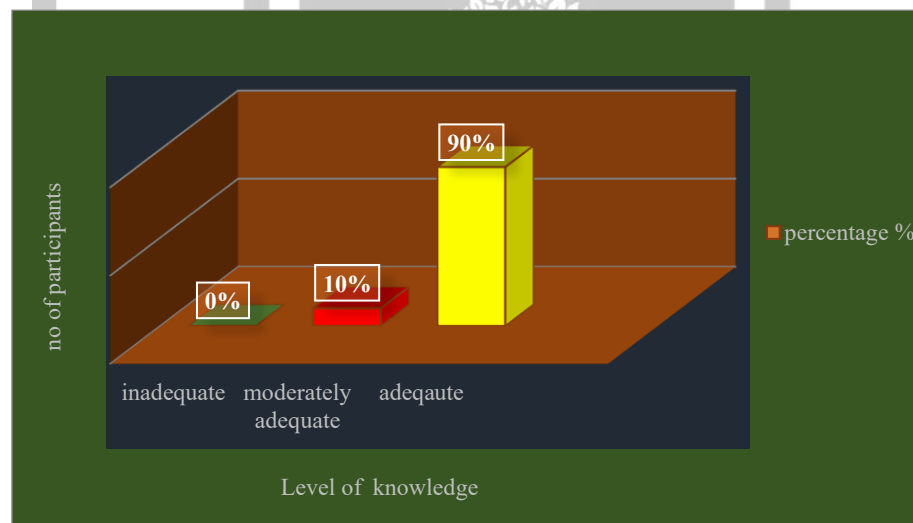


Figure 16: post-test knowledge level regarding role of diet in SARS-COVID-19 infection.

The data presented in table 17 and figure 18 shows that 6 out of 60 (10%) participants had moderately adequate knowledge and 54 out of 60 (90%) participants had adequate knowledge regarding role of diet in SARS-COVID-19 infection.

Table 18

Aspect wise post-test knowledge scores of participants regarding role of diet in SARS-COVID-19 infection.

N=60

Sl. no	Knowledge aspect areas wise	No of the items	Mean	SD	Mean %
1	Section I	2	2.00	0.0	100%
2	Section II	3	2.90	0.30	93.44%
3	Section III	25	21.4	2.85	85.6%
		30	26.3		

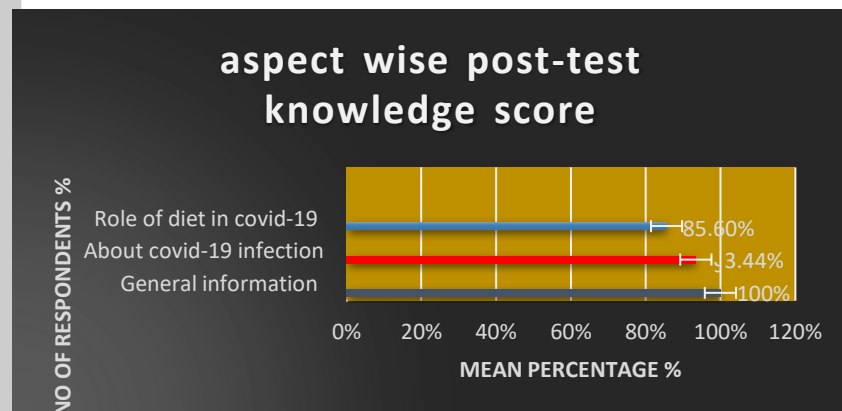


Figure 17: aspect wise post-test knowledge score of participants regarding role of diet in SARS-COVID-19 infection.

The data presented in the table 17 and figure 16 depicted the aspect wise pre-test knowledge scores of the participants in the area of knowledge related general information regarding SARS-COVID-19 infection mean percentage is 100% with mean 2 and SD 00. About SARS-COVID-19 information mean percentage is 93.44% with mean 2.9 and SD 0.30. Role of diet in SARS-COVID-19 infection mean percentage is 85.6% with mean 21.4 and SD 2.85.

Table no 19

Classification of participants on pre-test and post-test knowledge scores regarding role of diet in SARS-COVID-19 infection.

SINO	Level of knowledge	Pre-test		Post-test	
		Frequency	%	Frequency	%
1	Inadequate	23	38.3	00	00
2	Moderately Adequate	37	61.7	06	10.0
3	Adequate	00	00	54	90.0
	Total	60	100.0	60	100

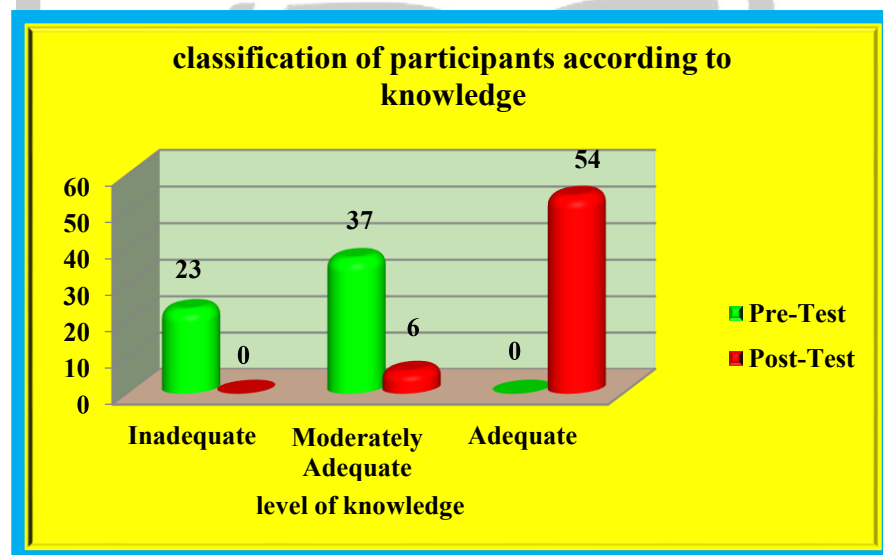


Figure 18: Comparison of knowledge regarding role of diet in SARS-SARS-COVID-19 infection among 3rd year Basic science participants

The data presented in table 19 and figure 18, revealed that knowledge of regarding role of diet in SARS-SARS-COVID-19 infection among 3rd year Basic science nursing students has increased after structured teaching program. After STP majority 54(90.0%) had adequate knowledge on role of diet in SARS-COVID-19 and remaining 6(10.0%) had moderately adequate knowledge

Table no 20

Paired 't' test for comparing knowledge regarding role of diet in SARS-COVID-19 infection among 3rd year Basic science nursing students

Paired Differences			t	df	Sig. (2-tailed)
Mean	Std. Deviation	SE Mean			
-10.83	4.38	0.566	-19.21	59	<0.000(S)

Table no 20 showed that mean paired difference in knowledge score was -10.83 with t-value=-19.21 with p-value less than 0.0001 indicates that structured teaching programme on knowledge regarding role of diet in SARS-COVID-19 infection among 3rd year Basic science nursing students was effective in increasing their knowledge

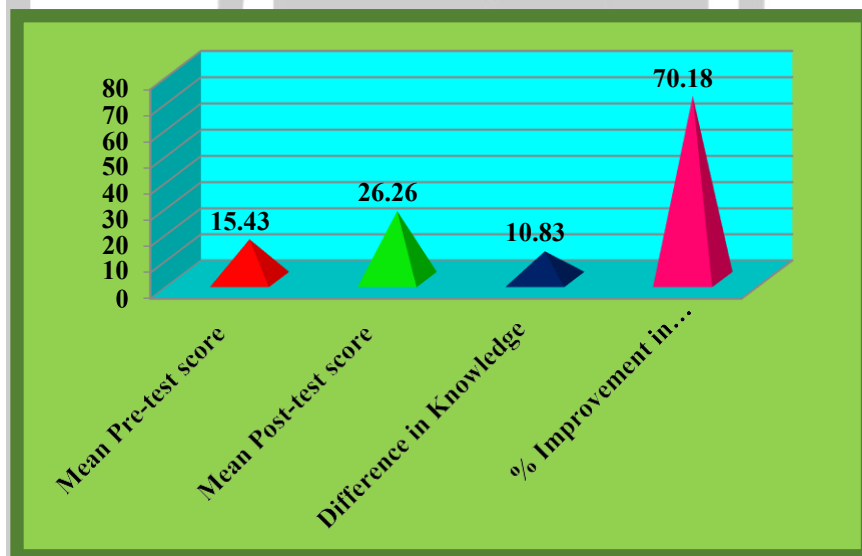


Figure 19 : mean pretest, posttest, and percentage improvement in knowledge regarding role of diet in SARS-COVID-19 infection among 3rd year Basic science nursing students

The data presented in table no 20 and figure 19, it was seen that mean pre-test knowledge score was 15.43 and mean post-score was 26.26 and the difference in knowledge score was 10.83 with percentage improvement in knowledge was 70.18.

Table no 21

Level of knowledge regarding role of diet in SARS-COVID-19 infection among 3rd year Basic science nursing students

Level of knowledge	Pretest		Posttest		t-value	p-value
	Mean	SD	Mean	SD		
Inadequate	12.5	1.34	—	—	—	Sig
Moderately Adequate	17.24	1.86	20.33	1.50	-3.85	< 0.0001(S)
Adequate	—	—	26.92	2.16	—	Sig

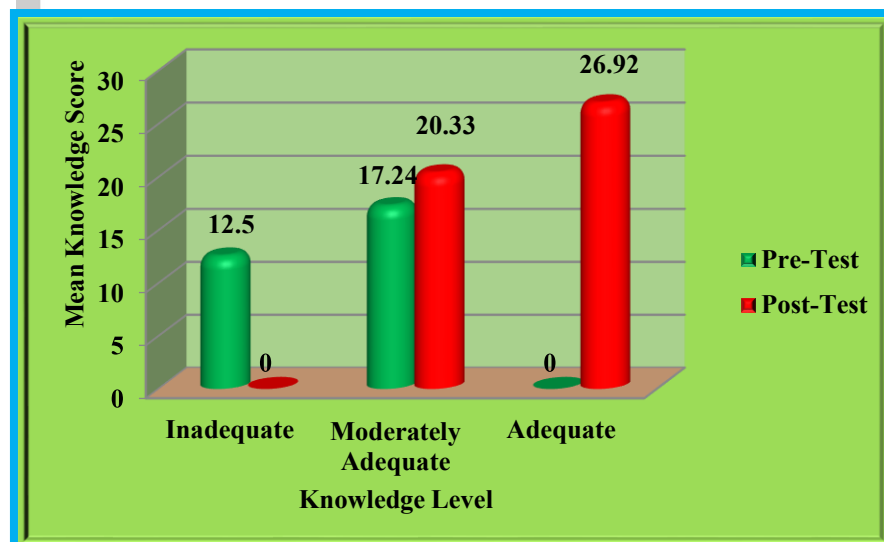


Figure 21: Level of knowledge regarding role of diet in SARS-COVID-19 infection among 3rd year Basic science nursing students

The data presented table no 21 & figure no 20, it was clear that there were no study participants having inadequate knowledge regarding role of diet in SARS-SARS-COVID-19 infection. After planned teaching program, mean pre-test moderately adequate knowledge score was 17.24 whereas mean post-test moderately adequate knowledge score 20.33 and difference score was highly significant with p-values < 0.0001. There were no 3rd year Basic science nursing students with adequate knowledge before STP but after STP mean adequate knowledge score were 26.92.

Table no 22

Section wise level of knowledge regarding role of diet in SARS-COVID-19infection
among 3rd year Basic science nursing students

Area	Pretest		Posttest		t-value	p-value
	Mean	SD	Mean	SD		
Section-I	1.93	0.25	2.00	0.0	-2.05	0.04(S)
Section-II	2.1	0.64	2.90	0.30	-8.21	< 0.0001(S)
Section-III	11.4	2.57	21.4	2.85	-18.6	< 0.0001(S)

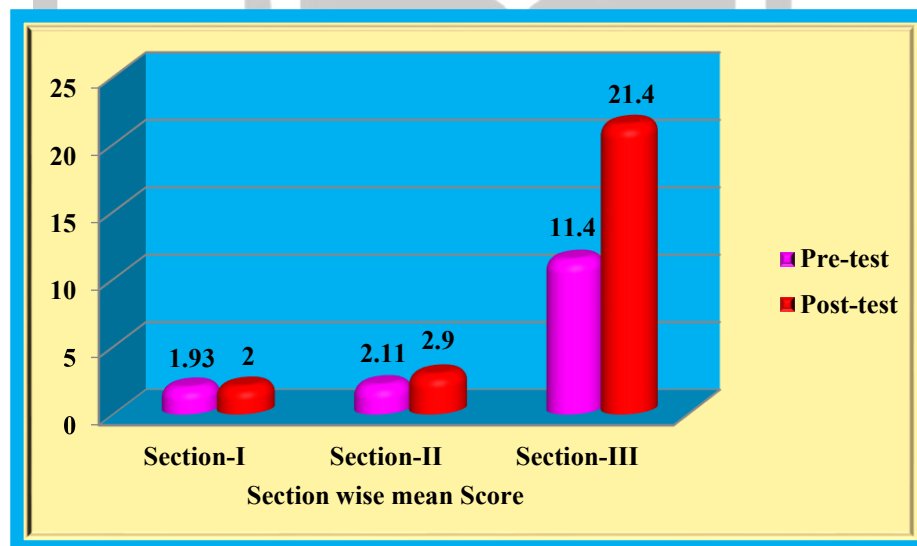


Figure 21: section wise level of knowledge regarding role of diet in SARS-COVID-19 infection among 3rd year Basic science nursing students

The data presented in table 22 and figure 21, it was seen that there was significant section wise increasing in knowledge of the 3rd year Basic science nursing students regarding role of diet in SARS-COVID-19 infection.

Table no 19

Association between the Pre-test knowledge score regarding role of diet in SARS-COVID-19 infection among 3rd year Basic science nursing students with their selected demographical variables.

S.I No.	Pre-test knowledge		Chi-square	Df	p-value	Result
	≤M	>M				
Gender						
Male	9	4	2.05	1	0.152	NS
Female	22	25				
Religion						
Hindu	22	19	1.55	3	0.670	NS
Muslim	1	2				
Christian	8	7				
Others	0	1				
family income						
<5000 Rs	3	2	0.42	3	0.935	NS
Rs. 5001- Rs. 10000	9	7				
Rs. 10001- Rs.15000	8	8				
> 15001 Rs	11	12				
family income						
No formal education	5	3	1.145	3	0.766	NS
Primary education	6	5				
Secondary education	12	15				
Graduation	8	6				

Mothers education						
No formal education	4	4	4.75	4	0.314	NS
Primary education	10	8				
Secondary education	16	11				
Graduation	1	5				
Post-graduation	0	1				
parent's occupation						
Self- employee	3	5	3.71	5	0.592	NS
Daily wagers	3	4				
Farmer	15	8				
Government employee	1	3				
Private employee	6	6				
Business	3	3				
dietary pattern						
Vegetarian	4	4	0.010	1	0.919	NS
Mixed	27	25				
Bad habits						
Alcohol consumption	1	2	3.29	3	0.349	NS
Smoking	2	0				
Tobacco chewing	3	1				
No bad habits	25	26				
Medical history of SARS-COVID-19						
Yes	5	18	13.377	1	0.0001	

No	26	11				S
Source of information						
Television/ Mass Media	12	7	20.41	5	0.001	S
Internet	2	13				
Books	4	0				
Friends and relatives	5	0				
Health personals	8	7				
Training programme	0	2				

From table no 15, it was observed that there is no association between the post-test knowledge score regarding role of diet in sars-SARS-COVID-19 infection among 3rd year Basic science nursing students with their selected demographical variables such as gender, religion, family income, father and mother education, parents occupation, dietary pattern and bad habits but it was highly associated with medical history of SARS-COVID-19 and source of information with p-value < 0.05.

DISCUSSION

The purpose of the significant of the discussion is to interpret and describe the significant of the findings in light of what was already known about the research problem being investigated and to explain any new understanding or fresh insights about the problem after taking the findings into consideration. The discussion will always connect to the introduction by way of research questions or hypothesis posed and the literature reviewed. The discussion should always explain how the study has moved the reader's understanding of research problem forward from the end of the introduction³⁵.

This chapter deals with the discussion of the study with appropriate literature review, statistical analysis and findings of the study based on the objectives of the study. The present study was done to evaluate the effectiveness of structured teaching program on knowledge regarding role of diet in COVID-19 infection among 3rd year basic science nursing students in selected colleges at Bengaluru.

Structured knowledge questionnaire was used to collect data. A pre-experimental one group pre-test and post-test was used to conduct the study. The investigator utilized the non-probability convenient sampling technique to select the subject.

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