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Lived in Experience of COVID-19 Affected Patients

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ABSTRACT

A Severe Acute Respiratory Syndrome Coronavirus-2 (SARS-CoV-2), also familiarly known as novel COVID-19 has been viewed as crisis in public health worldwide. The present study was conducted to explore the lived in experience of COVID-19 affected patients in Puducherry, India. The objective of the study was to explore the lived in experience of COVID-19 affected patients. A qualitative phenomenological design was adopted for the study. By using simple random sampling technique 16 subjects were selected. The data were collected by using semi-structured interview guide consisting of 7 items and analyzed by using Braun and Clark's (2006) deductive thematic analysis. The results revealed 9 main themes and 27 subthemes. The 9 main themes were initial repercussion of COVID-19, experience with family members, stigmatization, service from health care team, physiological experience, psychological experiences, social experience, experience of recovery period and recommendation for people and country experiencing COVID-19. The findings of the study showed that, most of the participants experienced physical constraints and psychological disturbances, half of them faced stigmatization and most of them received care and support from family members and health care team members. The study concluded that more awareness and precautions are to be implemented by the Indian Government in order to combat COVID-19. To comprehend the mental health of COVID-19 affected patients, counseling need to be provided. Strengthening positive social behaviours will reduce stigmatization. The researcher recommends for a follow-up and various intervention study to improve the quality of life of COVID-19 affected patients.

INTRODUCTION

Respiratory tract infections are the most common infection in the early stages of human life. Many viruses are mainly associated with symptomatic respiratory tract infections [1]. A Severe Acute Respiratory Syndrome Coronavirus-2 (SARS-CoV-2), also familiarly known as novel COVID-19 has been viewed as major crisis in public health worldwide. A cluster of pneumonia cases of unknown cause was reported in the city of Wuhan, China, by health officials on Dec 31, 2019. [2]

On January 30, 2020, World Health Organization (WHO) insisted the COVID-19 outbreak as a public health emergency of international concern, and 6 weeks later, WHO characterized the COVID-19 epidemic as a pandemic [3]. The clinical symptoms of COVID-19 include fever, which is the most common symptom, cough, fatigue, malaise and shortness of breath. Global concerns about the virus have risen due to its high transmission capability, which may be coupled with morbidity and mortality. [4]

The epidemic of novel coronavirus disease 2019 (COVID-19) has captured intense attention nationwide and globally. This disease has widely and rapidly spread in China and several other countries. COVID19 pneumonia was highly contagious; spreading mainly through contact and droplets and the general population is susceptible. In India, according to the official website of the ministry of health and family welfare, as of 17 May 2021, there were 24,691,073 confirmed cases and 274,390 deaths have been reported due to COVID-19 infection. [5]

While the earlier target has understandably been on lifesaving and biomedical features, COVID-19 has rapidly established itself as an illness that negatively impacts the psychosocial health of all affected individuals [6]. Public health experts all over the world were calling attention to the requirement of study of the behavioral aspects during this pandemic and the broad ranging psychosocial effects that can be expected to arise as a result of the public health response to the novel coronavirus outbreak. [7]

Research on COVID-19 identified the factors such as uncertainty, confusion, unpredictability, the spread of misinformation and loneliness as contributing factors to the development of symptoms of anxiety, depression, panic, compulsive stockpiling and post-traumatic stress accompanied by fear of death [8]. The researcher has been exposed to the field of screening COVID-19 through

Reverse Transcriptase Polymerase Chain Reaction (RT-PCR) and Rapid Antigen Test (RAT). Individuals who have tested positive for COVID-19 have experienced denial, fear, anxiety, feeling of insecurity, depressed etc.

Jesmi A et.al conducted a qualitative phenomenological study on lived experience of 14 patients with COVID-19 infection in Iran. Using purposive sampling technique, in-depth interviews with open ended questions were adopted. Data were analyzed by Colaizzi's phenomenological approach. The results revealed three themes and nine categories. The main themes were mental strains, physical manifestations and coping mechanisms. They concluded that mental strains were the most important issues among patients with COVID-19. They also recommended supporting the COVID-19 patients psychologically and spiritually by the healthcare personnel.[12]

There is still a lack of experience about COVID-19 in the world and there are many ongoing scientific studies. SARS-CoV-2 is known to possess potent pathogenicity and transmissibility [9]. Patients with severe COVID-19 tend to have a large viral load and a long virus-shedding period[10]. However, the transmission of infection is also possible from asymptomatic patients to other individuals. [11]

To move ahead of the elementary knowledge about the lived in experiences of COVID-19 crisis, we require an in-depth insight into individual experiences [8]. Phenomenological study allows the researcher to assess the internal aspects of lived in experiences of individuals affected by COVID-19. So, the researcher was interested to conduct the study on this topic.

The problem statement of the study was a phenomenological study on lived in experience of COVID –19 affected patients in Puducherry**.** The objective of the study was to explore the lived in experience of COVID-19 affected patients.

MATERIALS AND METHODS

Research design

Phenomenological research design was used to analyze the subjects' experiences, views, perceptions and representations of COVID-19 as they present themselves to others without recourse to assumptions.

Target population and sampling

By using Simple random sampling technique, samples those who fulfilled the inclusion criteria were selected from the containment zone register in Ariyankuppam Primary Health Centre, Puducherry. The sample size for the study was calculated under known population. Sixteen subjects were selected based on the odd numbers and the data was collected from 01.03.2020 to 31.03.2020. The inclusion criteria included (1) being willing to participate (2) men, women and transgender aged above 18 years (3) being able to understand and speak in English and Tamil.

Data collection

Prior permission from the concerned authorities was obtained. The researcher met the participants prior to knowing about their availability. The researcher introduced and explained about the topic, objective and purpose of the study to each subject**.** Informed consent was taken and confidentiality was assured to the study subjects. The researcher collected the socio-demographic variables through a semi-structured questionnaire.

The data were collected by face to face, in-depth, semi-structure interviews for all the 16 participants. Interview was audio recorder and it was conducted in a conducive environment, so that the participants may feel comfortable and relaxed to share their experiences without any hindrance. The interview lasted to a mean time of 30 – 40 minutes, until data saturation. The interviewer's goal was to construct a therapeutic relationship that would allow the participants to expound freely on their experiences. A few background questions served as a warm-up to develop the rapport between the interviewer and interviewee. The interview guide questions were represented in Table 1. The interview guide questions used for each subject were same. The interviews were transcribed to Tamil in written form. Few words were written in English as per the participants verbatim.

Table 1: Lived in experience of COVID-19 interview guide

S.No	Lived in experience of COVID-19 interview guide
1	How did you feel when you had tested positive for COVID-19?
2	Tell about your experience with your partner or closest family members during COVID-19 pandemic and isolation period
3	Explain about the stigmatization that you had experienced during COVID-19 positive
4	How was your experiences about the care and services that you had received from health care team
5	Share your experience about the recovery period and treatment of the COVID-19
6	What was your experiences during COVID-19 isolation that you had in physical, psychological and social and share your thoughts about coping strategies that you have used to overcome the effects of COVID-19
7	What advice would you like to give people and country experiencing COVID-19?

Data analysis

The researcher transcribed and translated the recorded audio content. The data were manually analyzed and categorized in finding the themes and the sub themes with the help of Braun and Clark (2006) [13]. The themes explicate ideas, events, or processes in the data for identifying common patterns and codes. In addition to searching themes, the researcher searched for potential structures, which were characterized as connections between the themes and explore the difficulties and challenges faced by the participants affected by COVID-19.

Ethical review

Institutional approval for conducting the study was obtained from the Institutional Ethical Committee (IEC), MTPG & RIHS. Formal permission was obtained from the Deputy Directorate General of Public Health (DDPH), Puducherry. The samples were selected based on inclusion criteria. Informed consent and confidentiality were assured to the study subjects. The subjects were informed that their participation was voluntary, had the freedom to withdraw from the study as and when they liked to do so.

RESULTS

The study findings were organized under the following sections:

Section A: Socio-demographic variable and information about COVID-19 affected patients.

Section B: Lived in experience of COVID-19 interview guide.

SECTION A

It deals with the demographic variables of the subjects; this provides frequency distribution of socio-demographic variables of patients affected by COVID-19. Semi-structured socio-demographic variables were adopted and modified from Kuppuswamy socioeconomic scale (2020). [14]

Table 2: Frequency and percentage distribution of Socio-demographic variables and information about COVID-19 affected patients

N = 16

S. No	Socio-demographic variables	Frequency (n)	Percentage (%)
1.	**Age**		
	18-30 years	1	6.25
	31-45 years	8	50
	46-60 years	3	18.75
	>60 years	4	25
2.	**Gender**		
	Male	10	62.5
	Female	6	37.5
	Others	-	-
3	**Religion**		
	Hindu	14	87.5
	Muslim	-	-
	Christian	2	12.5
	Others	-	-

4	**Marital status**		
	Single	1	6.25
	Married	14	87.5
	Divorced	-	-
	Widowed	1	6.25
5.	**Educational qualification**		
	Professional degree	2	12.5
	Graduate or postgraduate	5	31.25
	Intermediate or post high school diploma	-	-
	High school certificate	3	18.75
	Middle school certificate	4	25
	Primary school certificate	2	12.5
	Nonformal education	-	-
6.	**Occupation**		
	Student	1	6.25
	Employed	11	68.75
	Unemployed	4	25
7.	**Type of family**		
	Nuclear family	10	62.5
	Joint family	6	37.5
8.	**Comorbid health status**		
	Diabetes mellitus	2	12.5
	Hypertension	1	6.25
	Cardiovascular diseases	2	12.5
	Others	1	6.25
	Nil	10	62.5
9.	**Personal habits**		
	Smoking	-	-
	Alcoholic	1	6.25
	Drug addiction	-	-

	Tobacco usage	-	-
	Nil	15	93.75
10.	**Source of information about COVID-19**		
	News media	8	50
	Social media and internet	5	31.25
	Family or friends	1	6.25
	Health care providers	2	12.5
	Scientific article and journal	-	-
11.	**Type of isolation**		
	Institutional isolation	1	6.25
	Home isolation	8	50
	Both institutional and home isolation	7	43.75
12.	**Duration of isolation in days**		
	1-14	4	25
	15-21	12	75
13.	**Recurrence of COVID-19**		
	Yes	-	-
	No	16	100
14.	**Did you break isolation rules**		
	Yes	-	-
	No	16	100

Table 2 Reveals the frequency and percentage distribution of socio-demographic variables of COVID-19 affected patients.

SECTION B

The audio recorded data from the lived in experience of COVID-19 affected patients were transcribed and translated. The data were manually analyzed and categorized into 9 themes and 27 subthemes which describe the experience of COVID-19 affected patients with the help of thematic analysis method of Braun and Clark (2006) [13]. It consists of 6 steps of thematic

analysis such as familiarizing with data, generating initial codes, searching for themes, reviewing themes, defining and naming themes and producing the report.

Table 3**: Distribution of Lived in experience of COVID-19 interview guide**

N=16

S.NO	THEMES	SUBTHEMES
1	Initial repercussions of COVID-19	• Reason for seeking treatment • Reaction to diagnosis • Experience of being diagnosed with COVID-19
2	Experience with family members	• Precaution and preservation • Detached or separated from family members • Nostalgia or state of being homesick • Responsibility failure • Family support • Normal recognition
3	Stigmatization	
4	Service from Health care team	• Doctors • Nurses • Sanitary workers
5	Physiological experience	• Physical constraints • Post effect
6	Psychological experience	• Conventional disease • Psychological disturbances • Fear of death
7	Social experience	• Being isolated • Moral support

8	Experience of recovery period	• Experience in adopting treatment • Nutritional requirements • Coping strategies • Abided isolation rules • Motivation and care
9	Recommendations for people and country experiencing COVID-19	• Knowledge on prevention of COVID-19 • Strategies of health promotion • Abiding rules

Table 3 depicts 9 themes and 27 sub themes which describes the lived in experience of COVID-19 affected patients.

Theme I: **Initial repercussions of COVID-19**

The first theme, initial repercussions of COVID-19 describes about the difficulties, reactions and challenges faced by the COVID-19 affected patients during the initial stage of COVID-19.

This theme was divided into three subthemes such as reason for seeking treatment, reaction to diagnosis and experience of being diagnosed with COVID-19.

During initial repercussions of COVID-19, among 16 participants, 7 of them approached health care settings for seeking treatment. Out of 16 participants, 12 reacted towards being COVID-19 positive and among 16 participants, 6 of them had experience of being diagnosed with COVID-19.

- **Reason for seeking treatment**

Among 16 participants, 7 participants had experienced physical symptoms such as cold, cough, fever, headache and body ache. So they approached health care setting for treatment and narrated as;

"Usually I had throat pain and cough; I thought it was a normal infection. After realizing the symptoms of COVID-19, I immediately approached hospital." (Participant 3)

"Initially I didn't know that I was affected by COVID-19. I had continuous fever, so I went for COVID-19 screening. After that I was reported positive for COVID-19." (Participant 7)

- **Reaction to diagnosis**

Out of 16 participants, 12 participants had fear, shock and thoughts of how they got exposed when they tested positive for COVID-19 and expressed as;

"I was really shocked after knowing that I was tested positive for COVID-19!" (Participant 15)

- **Experience of being diagnosed with COVID-19**

Among 16 participants, 6 participants were scared, had fear of isolation, fear of death and some had thoughts of getting normal and some were cautious that they should not spread COVID-19 infection to others and narrated as;

"I thought, if they isolate me, who would be there to take care of my children….! What would my husband do? Who will make food for my children? All those were revolving around my mind. I was so cautious to avoid exposing COVID-19 to my family members." (Participant 1)

"I got so scared because my thoughts were what would happen if my infection got so severe? And what would happen if I lose my life due to that!" (Participant 2)

Theme II: Experience with family members

The second theme experience with family members defines the subject's experiences expressed towards the family members during COVID-19.

This theme was divided into six subthemes as per the subjects lived in experience during COVID-19 namely precautions and preservation detached or separated from family members, nostalgia or state of being homesick, responsibility failure, family support and normal recognition.

Among 16 participants, 7 of them had the experiences of precautions and preservation, out of 16 participants, 6 of them detached or separated from family members. Among 16 participants 4 had nostalgia or state of being homesick, out of 16 participants, 2 of them experienced responsibility

failure. Among 16 participants, 4 had family support and out of 16 participants, 5 had normal recognition from the family members.

- **Precaution and preservation**

Out of 16 participants, 7 of them practiced precautionary measures such as avoiding exposure to surroundings, wearing face mask, using sanitizers, taking bath, washing their hands, legs and face before entering the home from outside and cleansing vegetables before cooking and expressed as;

"Once I enter into my home, I directly go and take my shower." (Participant 2)

- **Detached or separated from family members**

Among 16 participants, 6 of them experienced loneliness and felt they were separated from their family members during isolation period and narrated as;

"Initially, I felt lonely because of isolation. As we had separate room, I isolated myself there. I felt bad because, I was not able to speak to others normally." (Participant 3)

- **Nostalgia or state of being homesick**

Out of 16 participants, 4 of them experienced longing for love from their children and narrated as;

"I missed my son a lot. I wasn't able to see his face and I felt, no one could imagine these kinds of pandemic in their lives. I cried a lot during those times." (Participant 11)

- **Responsibility failure**

Among 16 participants, 2 participants had experiences of failure to care for their family members due to COVID-19 and expressed as;

"I thought, if they isolate me, who would be there to take care of my children….! What would my husband do?" (Participant 1)

- **Family support**

Among 16 participants, 4 participants gained support from the family members, when they were affected due to COVID-19 and narrated as;

"Once I got affected with COVID-19, all my family members also got exposed to COVID-19. As we four got affected, we had great support from our relatives. All my friends also were very supportive and they took great care of us." (Participant 2)

- **Normal recognition**

Out of 16 participants, 5 participants' family members considered the situation normally and participants had normal relationship with their family members.

"Everyone in the family treated me normally. All 3 of them in my family had normal relationship with me and we stayed together at the time of COVID-19." (Participant 4)

Theme III: Stigmatization

The third theme, stigmatization describes about the action or process of marking COVID-19 affected patients as stigmata and the participants perceived and expressed that they were stigmatized in the form of social rejection.

Out of 16 participants, half (8) of them were stigmatized by neighbors, health care workers, co-workers and friends; they expressed that the common form of stigma was social rejection and narrated as;

"We pour water in front of our home for the purpose of cleansing, which is considered as routine hygiene activity in Indian culture. People came straight towards my home and then they changed their walking direction in order to avoid being touched by that wet floor." (Participant 1)

Theme IV: Service from health care team

The fourth theme, service from health care team represents the service rendered by the health care team members towards and as perceived by COVID-19 affected patients.

This theme was divided into three subthemes such as Doctors, Nurses and Sanitary workers.

Among 16 participants, 12 participants shared their experience with Doctors, out of 16 participants, 11 participants shared about Nurses and among 16 participants, 12 of them shared about Sanitary workers.

- **Doctors**

Among 16 participants, 12 participants felt that the service and treatment provided by the doctors were good, motivated and treated friendly in such a way that they felt at home. In addition to that they also responded well through phone calls and categorized as satisfactory and unsatisfactory services.

- Satisfactory services

Out of 16 participants, 10 participants were satisfied with the service and treatment provided by the doctors and expressed as;

"Doctors usually come in the morning and evening and they check my Blood pressure, and they asked me how I was feeling? I frequently called the doctor to get their advice. They advised me to avoid getting worried unnecessarily and provided great mental support." (Participant 2)

- Unsatisfactory services

Out of 16 participants, 2 of them expressed as they have received unsatisfactory services from the doctors and narrated as;

"Doctors came to our ward and he called by our names, then he checked us under social distancing." (Participant 10)

- **Nurses**

Among 16 participants, 11 participants experienced that the service and treatment provided by the nurses were very good, took great care like goddess, sacrificed their comfort levels and the participants were appreciated for their good job and narrated as;

"Nurses too took great care of me." (Participant 3)

"Nurses are like God for us. They took great care of us. They did their job well." (Participant 10)

- **Sanitary workers**

Out of 16 participants, 12 of them experienced that the care and service provided by the sanitary workers were good, kind and done a wonderful job and narrated as;

"Sanitary workers also followed their work correctly." (Participant 1)

"Sanitary workers cleaned our area very well in the morning as well as in the evening." (Participant 2)

Theme V: Physiological experience

The fifth theme, physiological experiences, defines the physical symptoms or sufferings expressed by the participants.

This theme was divided into two subthemes namely physical constraints and post effect of COVID-19.

Among 16 participants, 15 participants had experienced physical constraints and out of 16 participants, 3 shared about post effect of COVID-19.

- **Physical constraints**

Among 16 participants, 15 participants experienced physical constrains such as cold, cough, sore throat, fever, body ache, headache, cough, fatigue, unable to sense taste and smell properly, sleep difficulties and difficulties in performing day-to-day activities and narrated as;

"I had body ache and continuous headache. In addition to that I was not able to sense the taste and smell." (Participant 1)

"I had a feeling as if the color of my face had changed. I felt as if I had lost my weight. I was unable to express my feelings and emotions. I had continuous cough." (Participant 2)

- **Post effect**

Among 16 participants, 3 participants experienced post COVID-19 effects such as fatigue, cough and fever and expressed as;

"Even though I got discharged from the hospital, I had mild fever continuously for 20 days." (Participant 2)

"After I got discharged from the hospital, I had cough." (Participant 9)

Theme VI: Psychological experience

The sixth theme, psychological experience defines the mental status of COVID-19 affected patients during their illness.

This theme was represented by three subthemes such as conventional disease, psychological disturbances and fear of death due to COVID-19.

Among 16 participants, 3 of them considered COVID-19 as a conventional disease. Out of 16 participants, 7 of them had psychological disturbances and among 16 participants, 2 of them had fear of death due to COVID-19.

- **Conventional disease**

Out of 16 participants, 3 participants considered COVID-19 as a normal disease and felt relaxed and did not face any psychological experiences and narrated as;

"As days progressed I felt normal. I felt that I had recovered from COVID-19. It was not a big thing; I had the feeling that we can recover from any disease, if we are mentally strong." (Participant 2)

- **Psychological disturbances**

Among 16 participants, 7 of them were mentally disturbed, irritated, scared, depressed and had low level of confidence for being isolated in room. The participants had accepted the sufferings and thought that recovery was due to God's grace and had thought that they had spread their infection to others and expressed as;

"I felt little bit irritated and mentally disturbed being in the same room for 15 days." (Participant 6)

- **Fear of death**

Among 16 participants, 2 participants had fear of death due to COVID-19 and narrated as;

"I felt, why this disease came to haunt our human lives." (Participant 11)

"What would happen if my infection gets so severe? What would happen if I lose my life due to that? Frequently I got thoughts of leaving my children alone in this world." (Participant 2)

Theme VII: Social experience

The seventh theme, social experience represents the participant's recognition in the society or community during COVID-19.

This theme was divided into two subthemes such as being isolated and moral support.

Among 16 participants, 10 of them had the experience of being isolated and out of 16 participants, 3 of them received moral support from their relatives, friends and neighbors.

- **Being isolated**

Out of 16 participants, 10 participants had the experience of being isolated and separated from their family, friends, neighbors and relatives during the isolation period and narrated as;

"Even now, if I attend any function, everyone put their mask properly when I go near to them. They put their masks as quickly as possible when they see me." (Participant 1)

"Socially, some people moved away from me, when I went near them. Other than that, I didn't experience anything socially." (Participant 4)

- **Moral support**

Among 16 participants, 2 of them received moral support from their relatives, friends and neighbors and expressed as;

"Socially I had a great support; hence I recovered quickly." (Participant 3)

Theme VIII: Experience of recovery period

The eighth theme, the experience of recovery period determines the participant's experience during the stage of their recovery towards COVID-19.

This theme was represented by five subthemes namely experience of adopting treatment, nutritional requirements, coping strategies, abided isolation rules, motivation and care.

Among 16 participants, 12 of them experienced adopting treatment such as consuming medications (Ayurveda and Homeopathy) and out of 16 participants, 3 of them took nutritional requirements. Among 16 participants, 4 of them utilized coping strategies such as steam inhalation, usage of comfort devices, performing breathing exercises in order to combat COVID-19. Out of 16 participants, 3 of them followed isolation rules strictly. In addition to that, among 16 participants, 6 had received motivation and care from family, friends, relatives, health care team members and political people which has played a vital role during the recovery period.

- **Experience in adopting treatment**

Among 16 participants, 12 of them had taken medications and healthy diets. In addition to that, homeopathic drugs, herbal extracts, steam inhalation were taken and approached hospital when the condition worsen and narrated as;

"They gave me the tablets for 10 days such as, Paracetamol, Calcium, Vitamin C, and then they gave me glucose. They advised me to take Paracetamol, if I had any fever at home. But I didn't have any fever. I had continuous cough. For that I took steam inhalation and took herbal drinks. I did this because; children may have a chance to get exposed to COVID-19. Daily I followed the protocols and took medications regularly." (Participant 1)

- **Nutritional requirements**

Out of 16 participants, 3 of them had taken immunity boosting foods and nutritious diets to combat COVID-19 and narrated as;

"They listed out the type of diets I was supposed to be followed. I just followed those things. Especially I did this during COVID-19." (Participant 3)

- **Coping strategies**

Among 16 participants, 4 of them coped up with the difficulties by facing the situation bravely and performed breathing exercise to combat COVID-19 sufferings and expressed as;

"Bravery is important. After I was tested positive for COVID-19, I made myself to be brave and not allowed to be get scared of myself to face those difficult situations. Secondly, I had received a great treatment from the hospital after that I had recovered." (Participant 9)

- **Abided isolation rules**

Among 16 participants, 3 participants abided the isolation rules and followed the instructions in order to avoid spreading COVID-19 infection to others and narrated as;

"After few days of discharge from the hospital, I felt normal..! They advised me to isolate myself for 21 days at home. But, I isolated myself for 3 months." (Participant 7)

- **Motivation and care**

Out of 16 participants, 6 of them were motivated and cared by the family members, health care workers and political leaders and expressed as;

"I frequently called the doctor to get their advice. Doctors also came and cared me frequently and they advised me to avoid getting worried unnecessarily. They provided great mental support." (Participant 2)

Theme IX: Recommendations for people and country experiencing COVID-19

The final theme, recommendations for people and countries experiencing COVID-19 describes the advices and directions of COVID-19 strategies by the participants to the people and country experiencing COVID-19.

This theme was divided into three subthemes such as knowledge on prevention of COVID-19, strategies of health promotion and abiding rules.

Among 16 participants, 4 of them recommended the people to gain knowledge on prevention of COVID-19, out of 16 participants, 6 of them recommended strategies of health promotion and among 16 participants, 5 of them recommended to abide rules framed by the Government.

- **Knowledge on prevention of COVID-19**

Among 16 participants, 4 participants recommended to provide appropriate actions by the Government about COVID-19 and measures to be taken for vaccination and expressed as;

"We need to be more aware towards COVID-19, so that we can avoid getting exposed to COVID-19 by others. We need to wear masks and should avoid going out frequently. So we can avoid getting exposed to COVID19." (Participant 4)

- **Strategies of health promotion**

Out of 16 participants, 6 of them recommended to consider COVID-19 as common flu and maintain good health by promoting and preserving by following treatment and services provided by the health care team. In addition to that maintaining good mental health would help in early recovery and narrated as;

"We need to be careful enough to take care of ourselves and then we need to be mentally strong enough, that will make us to face any situation in our life or any diseases in our life. We need to take good diet and for cough, we need to take locally available remedies like herbal waters, beetle leaves. If we move towards natural healthy foods, we can keep our self-more healthier than the normal." (Participant 2)

- **Abiding rules**

Out of 16 participants, 5 of them advised to follow rules such as social distance, mask and lockdown guidelines lay by the Government and expressed as;

"We need to safeguard ourselves. We need to put mask regularly and should maintain social distance. We need to avoid going into the overcrowded areas. If we follow the strong protocols of COVID-19, we can avoid getting COIVD-19 infection." (Participant 1)

DISCUSSION

The discussion of the study findings with thematic analysis was based on the objective of the study. The study was conducted to explore the lived in experiences of COVID-19 affected patients in Puducherry. The result highlighted the lived in experience of COVID-19 affected patients. In accordance with the objectives and interview guide, there were similarities as well as differences in the information provided by the participants. The researcher developed nine themes and twenty seven subthemes from the experiences provided by the participants with the help of thematic analysis.

Third theme of the study 'Stigmatization' highlighted that among 16 participants, half 8 (50%) of the participants experience being stigmatized. Whom 4 (25%) by neighbors, 2 (12.5%) by health care workers, 1 (6.25%) by co-worker and 1 (6.25%) by friend. The other half 8 (50%) of them were not stigmatized. The findings of the study were supported by **Amir K** examined a qualitative study on COVID-19 related stigma among 30 COVID-19 survivors in Kampala, Uganda. A cross-sectional exploratory research design was used. In-depth interviews were used to collect data and analysis was done using a thematic approach. The results showed that COVID-19-related stigma was prevalent and the common form of stigma was social rejection. The majority of the respondent in the sample endorsed COVID-19-related stigma and such behaviors were high in the community. They concluded that COVID-19 pandemic survivors faced social rejection and community ostracism.[15]

Fifth theme of the study 'Physiological experiences' highlighted that among 16 participants, 15 (93.75%) of them had physical constrains such as cold, cough, sore throat, fever, body ache, headache, cough, fatigue, unable to sense taste and smell properly, sleep difficulties and difficulties in performing day-to-day activities and out of 16 participants, 3 (18.75%) of them had post effect of COVID-19 such as fatigue, cough and fever. The findings of the study were supported by **Olufadewa II *et.al*** who explored a qualitative phenomenological study on the physiological and psychological experience of 39 COVID-19 survivors and the quality of care received at health facilities in five countries. A purposive sampling technique, semi-structured interviews were employed. The results showed that clinical symptoms commonly reported included feeling feverish, severe persistent and dry cough, difficulty in breathing, cold, body

pains, and aches. They concluded that many participants were satisfied with the quality of care at health centers, though some experienced early difficulty in getting tested.[16]

Sixth theme of the study 'Psychological experiences' highlighted that out of 16 participants, 7 (43.75%) of them had psychological disturbances such as mentally disturbed, irritated, scared, depressed and reduction in confidence level for being isolated in room. The participants had accepted the sufferings and thoughts that recovery was due to God's Grace and also had thoughts that they had spread their infection to others. Among 16 participants, 3 (18.75%) of them considered COVID-19 as conventional disease and out of 16 participants, 2 (12.5%) had fear of death due to COVID-19. The findings of this study were supported by **Clarisse TE et.al** who explored a phenomenological study on anxious context of the health crisis and subjective lived experience of 9 people with COVID-19 in Cameroon. Data were analyzed using phenomenological interpretative analysis. The results showed that there were strong felt anxiety, painful emotions, fear, anger, a feeling of weakness and insecurity and stress. They concluded that apart from the painful experiences, the participants implemented a set of cognitive and behavioral efforts that need to be reinforced by psychological care. [17]

Seventh theme of the study 'Social experiences' highlighted that out of 16 participants, 10 (62.5%) of them had the experience of being isolated and separated from their family, friends, neighbors and relatives during the isolation period and among 16 participants, 2 (12.5%) of them had received moral support from the relatives, friends and neighbors. The findings of this study were supported by **Kaushik M*et.al*** who conducted a cross-sectional study on the role of public awareness in preventing the spread of COVID-19 outbreak among 21,406 adult participants in India. The results showed that there was a need to extend the knowledge base among individuals to enhance their active participation in the prevention mechanisms with respect to the spread of the pandemic and following social distancing. They concluded that to improve the adaptability of people with livelihood resilience to let them protect themselves not only from the present pandemic but also from all other unforeseen infections, and to provide care to patients.[18]

CONCLUSION

The findings of this study revealed the lived in experience of COVID-19 affected patients in Puducherry. The experiences of the participants differed from one individual to another. The participants had experienced physical constraints and psychological disturbances; stigmatized by co-workers, neighbors, relatives and friends but received care and support from their family members and health care team members. Thus it was clear that the patients had more difficulties and challenges in order to overcome COVID-19. This study revealed that strategic steps for creating more awareness and precautions by the Government are mandatory in order to combat COVID-19. To comprehend the mental health of COVID-19 affected patients, counseling need to be provided by the Health Care Providers in delivering effective patient care. Strengthening positive social behaviors will reduce stigmatization.

RECOMMENDATIONS

- A similar study can be replicated in different setting with larger samples to validate and generalize the findings of the study.
- A similar study can be done among health care providers and closest family members.
- Mixed method research can be done.
- Longitudinal study can be done to establish more findings regarding initial COVID-19 pandemic.
- A correlational study can be included to find the relationship between the socio-demographic variables and lived in experience of COVID-19 affected patients.
- A follow-up study may be taken up to determine the level of stigmatization towards COVID-19.

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