A STUDY ON MENTAL HEALTH AND THE USAGE OF SANITIZER & MASK DURING COVID

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Introduction

Coronavirus viruses are known to cause mutations that cause toxic diseases in mammals and birds. In humans, they are usually spread by airborne droplets of fluid produced by infected individuals. Scientists have been identified about the human being coronavirus since the 1960s. But in the last half-century, it has rarely gained widespread recognition. All Coronaviruses are zoonotic. After mutation, remodelling, and adaptation, they begin in animals and can pass on to humans. The International Committee for the classified viruses has approved the naming of more than 40 coronaviruses. Most of these infected animals.

A novel coronavirus (nCoV) is a new strain not previously known in humans. Once scientists agree on what a coronovirus is, they give it a name (as in the case of COVID-19, the basis of the virus is SARS-CoV-2).

Coronaviruses get their name from what they see under a microscope. The virus is centred on an envelope surrounded by protein spikes. It gives the appearance of a crown. The word corona means "crown" in Latin.

Alcohol-based sanitisers have been highly suggested for use in opposition to viruses like SARS-CoV-2. Consistent support shows that disinfectants with isopropyl alcohol content between 60 and 70 percent are amazingly effective at breaking down the virus's oily outer layer and neutralized it. As a consequence, many people have started using hand sanitisers and sanitizing wipes that supplies lacked remain a problem in this country and others.

Masks are an important solution to suppress transmission and save lives. Use a comprehensive mask to do all this! As part of the exercise, avoid crowding, closed and close contact systems, good ventilation, hand washing, sneezing and coughing, including physical disturbances. Depending on the type, masks can be used to protect healthy individuals or to prevent further spread.

Scope of the Study

In virus moving areas, and crowded systems, we can't live at least one meter away from others and in rooms with poor or unknown ventilation. Determining the quality of ventilation is not always easy, it depends on the rate of air change, recirculation and outdoor fresh air. So if you have any doubts, it is safe to wear a mask. We should wash our hands before and after applying the mask.

When wearing a mask, we still need to maintain as much physical distance from others as possible. Wearing a mask does not mean that we can have close contact with people. For indoor public establishments such as busy shopping centres, religious buildings, restaurants,

schools and public transportation, the mask should be worn if it is unable to maintain physical distance from others.

If a visitor comes to our home who is not a member of the household, wear a mask if we are unable to build physical distance or if ventilation is poor. When outdoors, wear a mask if we are unable to maintain physical distance from others. Some examples are busy markets, congested roads and bus stops, etc.

The following sequences on correct make uses of medical masks derive from the practices in health- care settings:

Wear mask cautiously to cover mouth and nose and tie. Securely to reduce any gaps between the face and the mask; while in use, let alone touching the mask; remove the mask by using the suitable technique (i.e. do not finger the front but remove the bootlace from behind); after taking away or whenever we accidentally touch a used mask, clean hands by using an alcohol-based hand rub or soap and water if clearly soiled. Reinstate masks with a new clean, dry mask as soon as they become damp humid. Don't use again single-use masks, remove single-use masks after each use, and dispose of them instantly upon removal.

This study focuses on the mental health of teacher educators while wearing mask and usage sanitizer to reduce covid 19 and effectiveness. Nowadays teacher educators are travelling and working without break. So the investigator is interested to experiment with the teacher educators.

Objectives of the Study

The following objectives are generated by the researcher to test in the study:

1. To find the level of correlation between mental health and wearing a mask and using sanitizer among teacher educators.
2. To find out the significant difference in mental health among teacher educators with the use of mask in terms of age.
3. To find out the significant difference in mental health among teacher educators while the usage of alcohol-based hand sanitizers and alcohol-free hand sanitizers in terms of age.
4. To find out the significant difference in mental health among teacher educators in regulations and effects of wearing a mask and using sanitizer in terms of age.

Hypotheses of the Study

The following hypotheses are generated by the researcher and tested in the study:

1. The level of correlation between mental health and wearing a mask and using sanitizer among teacher educators is average.
2. There is no significant difference in mental health among teacher educators with the use of mask in terms of age.
3. There is no significant difference in mental health among teacher educators while the usage of alcohol-based hand sanitizers and alcohol-free hand sanitizers in terms of age.
4. There is no significant difference in mental health among teacher educators in regulations and effects of wearing a mask and using sanitizer in terms of age.

Methodology

A normative survey method was adopted for the study to identify the behavioral changes of teacher educators wearing mask and usage of sanitizer. The random sampling technique was used in the selection of a sample of 50 teacher educators in Madurai. The investigator selected the normative survey method for the study.

Population

The Population of the study is the teacher educators working in Madurai.

Sample of the Study

The investigator has used stratified random sampling for the selection of the sample. 50 teacher educators were selected from the population. Out of these 50 teacher educators, 35 of them are at the age of above 30 and 15 of them are at the age of below 30. The sample was selected from the rural area alone and they were working in private colleges of Education.

Tools used for the Study

The investigator has used a self-constructed tool that contains 20 items.12 positive items and 8 negative items were framed. A questionnaire (Google form) was used by the investigator to collect the necessary data.

Reliability of the Tool

The investigator adopted the split-half method to find out the reliability of the tool and found it to be 0.76.

Validity of the Tool

The investigator has found the concurrent validity to find out the validity of the tool.

Statistical Analysis of Data

The investigator used mean, standard deviation, percentage analysis and 't' test to analyze the data

Hypothesis No:1

The level of correlation between mental health and wearing a mask and using sanitizer among teacher educators is average

Table 1

S.No	Description	No. of Teacher educators	Percentage of teacher educators
1.	High	28	56
2.	Moderate	10	20
3.	Low	12	24

From the above table, it is found that the correlation between mental health and using mask and sanitizer among teacher educators is high level. Hence the hypothesis 1 is not accepted.

Hypothesis No: 2

There is no significant difference in mental health among teacher educators with the use of mask in terms of age.

Table 2

Age	N	Mean	S,D	't' value	Result
Above 30	31	8.13	2.459	1.2706	NS
Below 30	19	7.13	2.499		

From the above table it is found that the 't' value is 1.2706. Since the calculated 't' value 1.2706 is less than the table value of 1.96 for d.f =42, it is concluded that there exists no significant difference in the mental health among teacher educators with the use of mask in terms of age. Hence the formulated hypothesis is accepted.

Hypothesis No: 3

There is no significant difference in mental health among teacher educators while the usage of alcohol-based hand sanitizers and alcohol-free hand sanitizers in terms of age.

Table 3

Type of sanitizer	N	Mean	S,D	't' value	Result
Alcohol based	24	8.13	2.459	1.0248	NS
Alcohol free	26	7.54	1.948		

From the above table, it is found that the 't' value is 1.0248. Since the calculated 't' value 1.0248 is less than the table value of 1.96 for d.f =58, it is concluded that there exists no significant difference in mental health among teacher educators while the usage of alcohol-based hand sanitizers and alcohol-free hand sanitizers. Hence the formulated hypothesis is accepted.

Hypothesis No: 4

There is no significant difference in mental health among teacher educators in regulations and effects of wearing mask and using sanitizer in terms of age.

Table 4

Marital status	N	Mean	S,D	't' value	Result
Married	31	7.13	2.499	0.4054	NS
Unmarried	19	7.22	2.152		

From the above table it is found that the 't' value is 0.4054. Since the calculated 't' value 0.4054 is less than the table value of 1.96 for d.f =48, it is concluded that there exists no significant difference in mental health among teacher educators in regulations and effects of wearing mask and using sanitizer in terms of marital status.Hence the formulated hypothesis is accepted.

Findings

1. There is a high level of correlation between mental health and using mask and sanitizer among teacher educators. Hence the hypothesis 1 is not accepted.
2. There is no significant difference of mental health among teacher educators with the use of mask in terms of age. Hence hypothesis 2 is accepted.
3. There is no significant difference of mental health among teacher educators while the usage of alcohol-based hand sanitizers and alcohol-free hand sanitizers. Hence hypothesis 3 is accepted.
4. There is no significant difference of mental health among teacher educators in regulations and effects of wearing a mask and using sanitizer in terms of marital status in terms of age. Hence hypothesis 4 is accepted.

Suggestions for Further Research

- From the results of the present study the following suggestions have been made for further study.
- The investigator due to lack of time and other resources conducted the study with only 3 colleges' student in Madurai.
- Similar study can be conducted for the different groups such as arts, science and vocational courses in higher secondary schools teachers also

Conclusion

According to the modern concept of education, a desirable change is the ultimate goal of education. Through this mental health of the teacher educators depends upon the various factors such as the biological, psychological, physical, social and college factors, etc., In today's education system, we find that the teacher educators mental health dominate in all activities. Hence positive mental health makes the teacher educators proud and self-satisfaction motivates them for future success. In this study, 98% of the result provided that there exists no significant difference between the levels of mental health among teacher educators. Because they are mature ones. The investigator concludes that using sanitizer and wearing a mask just to protect them from the Covid virus. It never affects their mental health.

Reference

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