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Knowledge and False Beliefs about Methods of Preventing Coronavirus among a Sample of People in Baghdad City

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ABSTRACT:

Background:

The King virus of the pandemic, Coronavirus, also known as COVID-19, was declared a pandemic by the World Health Organization (WHO) on 11th February 2020. It is a respiratory disease that not only affects the health of individuals but also majorly impacts whole human physiology. This project was conducted for the evaluation of knowledge, attitude, and misconceptions about COVID-19 and its preventive practices. Sample studied: Random sample of Baghdadi people.

Aims:

To assess the awareness of people towards COVID-19, highlight the misconceptions among people on preventive measures of COVID-19, and knowledge and the sign symptoms of COVID.

Objectives:

This study aimed to evaluate the knowledge, attitudes, and practices (KAP) in relation to COVID-19 preventive methods or misconceptions among members of the public who resided in Baghdad City. This study recruited 450 younger and 450 older adults, aged 18–75 years. The questionnaire was obtained between 1st Jan to 10th March 2021. The study was based on an electronic questionnaire.

Results

In these comparisons between medical- and non-medical-directed carers, the results were highly significant. In general, 97% of respondents had sufficient knowledge of measures that could be used to prevent COVID-19.

Conclusion:

Those who are actually applying the prevention measures are the confused ones. Our society needs raw directions about how the disease is proceeding and how to protect ourselves.

INTRODUCTION

COVID-19 is a respiratory disease. One of the most fatal viruses that threatens human global health [1,2,3]. The WHO announced the COVID pandemic after some months on March 11 — this is because of the fast spread of the disease from all countries across the globe. China was the first recorded case in December 2019. Patients with COVID-19 suffer high fever ($> 40^{\circ}\text{C}$), almost dry cough, sore throat, etc., and the most serious is dyspnea [4,5,6]. The people-to-people touch cannot stop because humans are dependent on that, whereas the speed with which it was spreading the dangerous symptoms and not having much information led responsible parties to apply lockdown. At this time of COVID-19, they went through some difficult and tough times with their recent strain finding measures for infection-threatening people, families. They surround themselves with their own relationships in a community; all interactions are similarly affected by lockdowns, which mean detachment and the behavioral distancing inherent to distance from human facets. So, without this connection, people obviously will feel more lonely and then stressed out as they fall into depression or other psychological diseases which not only affect the life of an individual but also society at large exists [7,8].

Most societies were deceived despite the fact that information regarding COVID-19 was available to all, however, Iraq is a good case in point. Hospital workers not equipped to contain these spills were directly affected, and as the spill spread, the chance of being infected increased. This work attempts to guide public health efforts and hence was aimed at assessing the percentage of true information compared to misperceptions among residents of Baghdad [9].

RESULTS:

A cross-sectional, field-based online survey was designed to describe public knowledge and misconceptions about COVID-19 prevention practices among residents of Baghdad.

MATERIALS AND METHODS

Abstract visual Online Cross-Sectional Study To Evaluate The Knowledge And Misconceptions About COVID-19 Preventive Practice Among A Group Of Adult Citizens In Babylon City (a Collaborative Work). In this study, 900 people were included from all age groups (18–75 years of age), and the duration was between January 1 — March 10, 2021. Later, data was collected by using an electronic form.

Table 1. The questions about the knowledge that including in our survey

Knowledge about methods to Prevent COVID-19	Yes	No
Do you adhere to precautionary measures to prevent COVID-19?		
Do you been wearing a mask constantly since you left the house until you return?		
Did you touch the mask with your hand while wearing it?		
Did you attend the invitation of friends and relatives for any happy or sad occasion?		
Have you refrained from visiting father or mother on the weekend?		
Did you frequent public transport vehicles such as taxis, buses, and forts?		
Were you committed to opening the windows and doors in your workplace if there were other people in the room?		
Have you kept a safe distance between you and other people?		
Have you interacted with an infected person or do you think they are infected?		
Have you taken some vitamins or antibiotics without being diagnosed, that is, without proof that you are infected?		

Table 2. The questions about the false belief that included in our survey

False beliefs about methods to Prevent COVID-19	Yes	No
Does the hand dryers available in public toilets, for example, effective in eliminating the COVID-19?		
Does spraying the body with alcohol or chlorine help eliminate the COVID-19?		
Do pets in the home spread the COVID-19?		
Do anti-pneumococcal vaccines prevent COVID-19?		
Does rinsing the nose regularly with saline help prevent infection with the emerging COVID-19?		
Does eating garlic help prevent COVID-19?		
Does applying sesame oil to the skin prevent the entry of the new COVID-19 into the body?		
Does antibiotics effective in preventing and treating the emerging COVID-19?		
Are there any specific medicines to prevent or treat the emerging COVID-19?		
Does emerging virus transmitted through mosquito bites?		
Does Cocaine protect against the COVID-19 emerging?		
Does new corona virus transmitted through things such as coins and banknotes?		

RESULTS

Note: Although 900 participants were initially recruited, not all respondents answered every question in the survey. Therefore, the total number of responses varies across tables depending on participant engagement.

1-Age of participant people

Table 3: Distribution of studied sample according to age, sex, and marital status.

Variable	#	%
Age (years)		
<30	70	13.7
30—34	66	12.9
35—39	111	21.8
40—44	96	18.8
45—49	105	20.6
>50	82	12.2
Mean±SD (Range)	40.2±9.2	(18–63)
Sex		
Male	249	48.8
Female	261	51.2
Marital status		

Married	430	84.3
Unmarried	80	15.6

Table (3): Explained the Age rang and sex of participant people, the table showed that the largest layer of participant were people in age > 35, as we see people fall between (35 to 39) age range were the most participant followed by people (45 to 49) and (40 to 44) respectively then rang is decreased in people exceeded age 50, as well as table, showed that married people participated remarkably in this questioner.

2) The participant residence and educational level

Table 4: Distribution of studied sample according to residence and educational level.

Variable	#	%
Residence		
Urban	440	13.7
Rural	70	12.9
Total	510	100%
Educational level		
Secondary school	88	18.8
Medical institute	312	20.6
College & Higher	110	12.2

Table (4) showed a significant difference between urban people and rural people in responses to the topics talking about COVID 19, also the significant differences between people whom study medical related fields and how they interact with COVID 19 fact according the study fields.

3) participant knowledge about methods to prevent COVID-19

Table 5: Distribution of studied sample according to their knowledge about

Knowledge Question	YES #	YES %	NO #	NO %	Sometimes #	Sometimes %
Do you adhere to precautionary measures to prevent COVID-19?	49	97.5	1	1.0	8	1.5
Do you been wearing a mask constantly since you left the house until you return?	47	92.4	3	6.3	1	1.3
Did you touch the mask with your hand while wearing it?	47	93.5	5	5.0	1	1.5
Did you attend the invitation of friends and relatives for any happy or sad occasion?	47	92.2	3	6.4	1	1.4
Have you refrained from visiting father or mother on the weekend?	46	91.8	4	6.3	1	1.9

Did you frequent public transport vehicles such as taxis, kias and forts?	39	78.0	9	17.6	6	22.3
Were you committed to opening the windows and doors in your workplace if there were other people in the room?	43	85.5	10	11.9	3	2.6
Have you kept a safe distance between you and other people?	27	53.0	20	40.0	3	6.0
Have you interacted with an infected person or do you think they are infected?	46	90.0	5	9.5	1	0.5
Have you taken some vitamins or antibiotics without being diagnosed, that is, without proof that you are infected?	45	89.0	4	8.6	2	1.0
Have you taken some vitamins or antibiotics without being diagnosed, that is, without proof that you are infected?	19	37.0	30	59.0	1	3.0

Table (5) showed different responses to different ways to avoid infected with COVID 19, some important result was about the general question which asked about precautionary measures to prevent COVID-19.

Note: The total number of responses in this table is less than 900 due to incomplete answers from some participants.

4. participants answers according the studied samples methods to prevent COVID-19

Table 6: Distribution of studied sample according to false beliefs about methods to prevent COVID-19

False Belief Question	YES #	YES %	NO #	NO %	Sometimes #	Sometimes %
Dose hand dryers available in public toilets, for example, effective in eliminating the COVID-19?	48	95.3	2	4.7	48	95.3
Does spraying the body with alcohol or chlorine help eliminate the COVID-19?	27	53.9	23	46.1	27	53.9
Do pets in the home spread the COVID-19?	18	37.1	31	62.9	18	37.1
Do anti-pneumococcal vaccines prevent COVID-19?	14	28.6	36	71.4	14	28.6
Does rinsing the nose regularly with saline help prevent infection with the emerging COVID-19?	23	45.5	24	45.5	23	45.5
Do eating garlic help prevent COVID19?	15	30.8	35	69.2	15	30.8
Does applying sesame oil to the skin prevent the entry of the new COVID-19 into the body?	6	83.5	84	16.5	6	83.5
Dose antibiotics effective in preventing and treating the emerging COVID-19?	34	67.3	16	32.7	34	67.3
Are there any specific medicines to prevent or treat the emerging COVID-19?	27	53.1	23	46.9	27	53.1

Can the emerging virus be transmitted through mosquito bites?	46	92.0	4	8.0	46	92.0
Cocaine can protect against the emerging COVID-19.	47	92.5	3	7.5	47	92.5
Can the new COVID-19 be transmitted through things such as coins and banknotes?	47	92.7	3	7.3	47	92.7

Table (6) showed different responses to different false beliefs people do it to avoid infected with COVID 19.

Note: The total number of responses in this table is less than 900 due to incomplete answers from some participants.

DISCUSSION

The study's findings indicated that most participants were over 35 and that married people constituted a large portion of the sample. This information indicates how well-informed middle-aged adults are about COVID-19. Table 4 revealed a discernible difference in participants' knowledge and attitudes regarding COVID-19 between urban and rural dwellers, as well as between medical and non-medical participants.

In current study we studied the general variation first like (age, sex, residence, education level) to make an image about the people layer whom percipient in this questioner so we give sober value to our study, the result in table (3) explained that the largest layer of participant were people in age > 35, as we see people fall between (35 to 39) age range were the most participant followed by people (45 to 49) and (40 to 44) respectively then rang is decreased in people exceeded age 50, as well as table, showed that married people participated remarkably in this questioner, actually these variations were expected, due to that people in these age are the main responsible and have providing parents and family, while no noted differences between sex in caring this matter, A cross-sectional study done by P in southern Dutch, the participants age range was between 18 and 90 years because the study wasn't about the awareness of the population, but it was a comparison between the symptoms depending on age. The study reported that there are significant differences between men and women in the order of symptoms [10]. the topics talking about COVID-19. A study done by Rajib Dasgupta and Ritu Priya in 2021 also reported that people resident in rural areas have a high rate of disease spreading [12]. elds and how they interact with COVID-19 facts, according to the study done by Azal Ikhlaqes [15, 16]. nt fae beliefs people have to avoid getting infected with COVID-19 [18]. about the disease. Most studies general repeople who study in medical fields always have a sensepeop, it showed the significant differences , it showed the significant differences between people who study medical-related fie, it showed the significant differences between people who study medical-related fields and how they interact with COVID, it showed the significant differences between people who study medical-related fields and how they interact with COVID-, it showed the significant differences between people who study medical-related fields and how they interact with COVID-19 facts, according to the study done by Azal Ikhlaq

LIMITATIONS OF THIS STUDY:

It was originally based on data collected through an online questionnaire, so it has a risk of response bias. Second, it means that there was a difference in response rates to different questions and tables because not all 900 participants completed the full questionnaire. Third, all the data are self-reported by respondents in Baghdad only and may not be applicable to regions of Iraq outside Baghdad.

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Nil.

CONCLUSION:

Results found that people are most likely to be engaged in COVID-19 information and prevention behavior but do so inaccurately. This is an example of just how badly straightforward and comprehensible health education is necessary. Honestly, people do not fully comprehend instructions without real-world examples. The only way to share a status quo is awareness; whether at home, company, hospital, or school, inimitable programs should be

arranged and put on hold time-to-time so people might get an awareness of right and good practices that are not going around.

RECOMMENDATION

In view of the study's practical implications and results, the following recommendations are made:

1. Increase the number of awareness specially that which use on social media to correct prevalent misconceptions regarding COVID-19.
2. Since misleading content on popular platforms like Instagram and Facebook significantly impacts public opinion, it is important to monitor and regulate such content.
3. Provide instructors at local health centers with instruction on how to convey the need of preventative care in a way that is easy to understand.
4. Integrate health awareness subjects into K-12 and college curricula to foster long-term public comprehension.
5. Repeat the same study in other areas of Iraq to find out if these misunderstandings are exclusive to Baghdad or widespread across the nation.

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