

# Iraqi People Practices toward Adherence of Government Strategies to Control of COVID19

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## Abstract

**Background:** Coronavirus disease 2019 (COVID-19) emerged in December 2019 in Wuhan. While the flare-up in China is about over, this exceedingly irresistible sickness is right presently spreading over the world. A poor practices and understanding of the disease among Iraqi population may lead to rapid spread of the infection.

**Objective:** the point of this think about was to survey practices of Iraqi population regarding government strategies to control COVID 19 and to identify level of practices among different Iraqi cities.

**Methods:** Cross-sectional web-based research was carry out among Iraqi population about COVID-19 during the period from 15<sup>th</sup> April 2020 to 1<sup>st</sup> June 2020. 700 participants were share from Iraqi governorates. The participants was collected from (7) cities (Baghdad, Basra, Najaf, Thigar, Misan, Karbala and Mosul). From each city (100) participants were shares. The data was collected through the uses Google form. From Iraqi governorate strategies and WHO recommendations concerning prevent of infection. The researcher use SPSS version 20 for data analysis by using frequencies and percentages and mean of score were produced.

Mean of score rating: always=3, sometimes=2, never=1. **Results:** the majority of study samples (47.7%) were within (20-29 years). More than half of participants are male (65.4%). Relative to the educational level, the majority of study sample (65.9. %) were Secondary school graduate. Practices of Iraqi population regarding COVID 19 controls at home in all items are inadequate and very low less than (1.33).also the practices of Iraqi population regarding COVID 19 control out of home had low mean of score in all items. However the average of means score (1.42). **Conclusions:** The study concluded that Iraqi community has inadequate practices to prevent speared of COVID-19 because the population not respects ministry of Iraqi health strategies. Health education should urgently be conducted focusing on hand washing, uses sanitizer, social distancing, avoid crowded, uses mask and gloves.

## Introduction

COVID-19 appear first time in in China Wuhan city in December 2019. While the flare-up in China is about over, this exceedingly irresistible sickness is right presently spreading over the world. A poor practices and understanding of the disease among Iraqi population may lead to rapid spread of the infection<sup>1, 2</sup>.

The World health Organization in first month of 2020, declared that the scene of coronavirus constituted an Open Wellbeing Crisis of Universal Concern (PHEIC)<sup>(3)</sup>.

The disease is transmitted from person to person by implies of globules hacked or breathed out by sullied individuals and by droplet-contaminated area or objects and after that touching the mouth, nose, or eyes<sup>(4, 5)</sup>.

COVID-19 is an intense respiratory infection caused by a recently developed zoonotic coronavirus. A positive-sense wrapped single-stranded RNA infection, named Serious Intense Respiratory Disorder Coronavirus-2 (SARS-CoV-2), has been disconnected from a persistent with pneumonia, and associated to the cluster of intense respiratory sickness cases from Wuhan. Hereditary investigation has uncovered that it is closely related to SARS-CoV and hereditarily clusters inside the sort Beta coronavirus, subgenus Sarbecovirus<sup>(5)</sup>. According to study from China, the all-inclusive WHO mission report appears that about 75% of at to begin without symptoms cases will development to clinical ailment, making veritable asymptomatic infection or

possibly unprecedented. Modeling estimations of pre-symptomatic transmission have been point by point to be between 48% and 62% (6). Other courses ensnared in coronaviruses transmitted incorporate contact with sullied fomites and inward breath of pressurized canned products delivered amid aerosol-generating strategies. SARS-CoV-2 infection has been identified in respiratory, fecal and blood investigation (4).

The most elevated chance related transmission happens within the nonappearance of standard safeguards, when essential contamination avoidance and preventive measures for respiratory disease are not input, and when managing with patients ECDC whose COVID-19 defilement is in any case to be affirmed. In spite of the fact that airborne transmitted isn't considered the first transmitted course, we endorse a cautious approach since of conceivable transmission through fog concentrates (7).

Key strategies on the community level include cancellation of planned events and suspension of events with super spreader potential; utilize of social separating measures to diminish coordinate and near contact between individuals within the community; travel confinements, counting diminished flights and open transport and course limitations without compromising basic administrations; deliberate domestic isolate of individuals of family contacts; changes to funeral administrations to play down swarm measure and presentation to body liquids of the diseased; and clear communication from national and universal wellbeing specialists, to guarantee confirmed data and dodge fake news, rumors, and panic (8, 9).

Mass social occasions and occasions such as citywide celebrations, devout get-togethers, social celebrations, logical conferences, and huge political occasions ought to be confined. Respiratory diseases such as influenza and now like COVID-19 are commonly transmitted at a high rate within such large gatherings (10). Based on WHO recommendations, The Iraqi governorate suspended

operations in numerous government offices beginning Walk 10, 2020. All colleges and schools are by chance closed. Operation of various markets and shopping centers is suspended; social events in parks, shorelines, and resorts are denied. Eateries are closed but for take truant advantage. Sedate stores and essential supply stores remain open to serve clients through regulatory allotted online movement applications and systems. So that, the ponder points to survey hones of Iraqi populace with respect to government methodologies to control COVID 19.

### Methodology

A cross-sectional study, web-based descriptive, which was carry out to assess level of Iraqi population practices regarding adherence of government strategies to control COVID 19. The study sample was collected from (7) cities (Baghdad, Basrah, Najaf, Thigar, Misan, Karbala and Mousl). From each city (100) participants were shares. The data was collected through the uses Google form. The period of study was conducted from 15<sup>th</sup> April 2020 to 1<sup>st</sup> June 2020.

**Study subjects:** 700 participants were share from Iraqi cities during the time of the study.

**The Study Instruments:** From Iraqi governorate strategies and WHO recommendations concerning prevent of infection, instrument were developed by researcher which is consisting from:

**Part one:** included demographic data characteristics (age, gender, level of education, living place (city).

**Part two:** question about practices of Iraqi population regarding COVID 19 control at home contain (7) items. Question about practices of Iraqi population regarding COVID 19 control out of home contain (7) items.

**Data analysis:** The researcher use SPSS version 20 for data analysis by using frequencies and percentages and mean of score were produced. Mean of score rating: always=3, sometimes=2, never=1

## Results

**Table 1: Populations' Sociodemographic Characteristics.**

No.	Variables	(n=700)	F	%	Mean	Std. Deviation
1	Age (year)	20-29	334	47.7	1.80	.935
		30-39	226	32.3		
		40-49	85	12.1		
		50-& more	55	7.9		
		total	700	100.0		
2	Gender	Male	458	65.4	1.35	.476
		Female	242	34.6		
		Total	700	100.0		
3	Educational levels	Primary school	461	65.9	2.43	.653
		Secondary school	176	25.1		
		College	63	9.0		
		Total	700	100.0		

No. = number of Variable, n = number of sample, F=frequencies, % = Percentages.

Table (1) show that the majority of study samples (47.7%) were within (20-29 years). More than half of participants are male (65.4%). Relative to the educational level, the majority of study sample (65.9. %) were Secondary school.

**Table 2: Practices of Iraqi population regarding COVID 19 control at home**

No	Items	Always		Sometime		Never		MS	sever
		F	%	F	%	F	%		
1	Hand washing before and after any work.	90	12.9	263	37.6	347	49.6	1.63	L
2	Uses sanitizer	81	11.6	223	31.9	396	56.6	1.55	L
3	Visiting avoidance	106	15.1	182	26.0	412	58.9	1.56	L
4	Home environment exchange.	20	2.9	179	25.6	501	71.6	1.31	L
5	Uses handkerchief during sneezing.	54	7.7	177	25.3	467	66.7	1.46	L
6	Sanitation of equipment that bring from out of home	29	4.1	204	29.1	467	66.7	1.37	L
7	Avoidance of mouth, eyes and nose contact.	23	3.3	187	26.7	490	70.0	1.33	L
	Total							1.45	L

No. = number of item, F=frequencies, % = Percentages, M.S. = mean of score. Cut-off-point interval: 1-1.66 = Low; 1.67-2.33 = Moderate; 2.34-3.00 = High, L=low, M=moderate, H=high

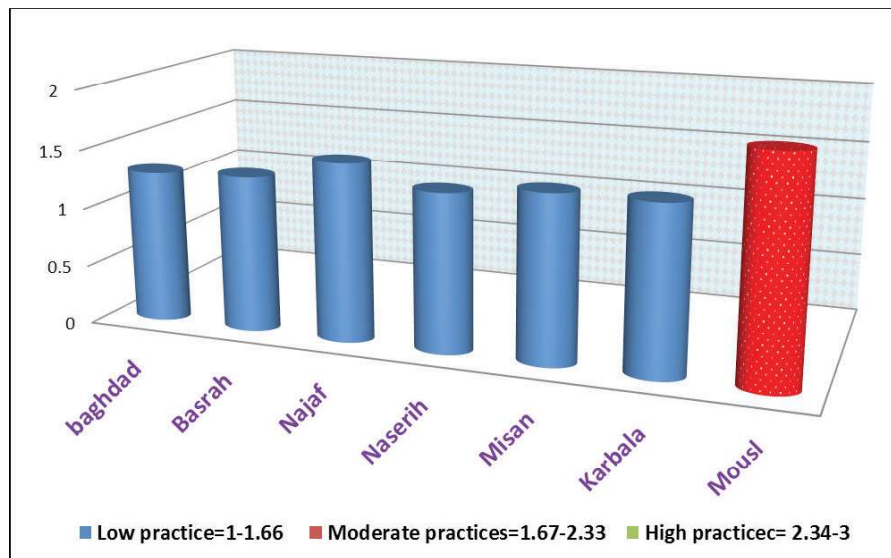
Table (2) show that there is low mean of scores about practices of Iraqi population regarding COVID 19 controls at home in all items less than (1.33). Moreover, the average means score (1.45) as a totally.

**Table 3: Practices of Iraqi population regarding COVID 19 control out of home**

No	Items	Always		Sometime		Never		MS	sever
		F	%	F	%	F	%		
1	Avoid get out of home as possible.	119	17.0	226	32.3	355	50.7	1.66	L
2	Uses of mask and gloves when you get out.	28	4.0	167	23.9	505	72.1	1.32	L
3	Avoid crowded.	79	11.3	201	28.7	420	60.0	1.51	L
4	Let distance (1.8m) between you and anthers.	34	4.9	163	23.3	503	71.9	1.33	L
5	Avoid visit person who came from pandemic area.	56	8.0	211	30.1	433	61.9	1.46	L
6	Remove gloves and mask before enter your home	26	3.7	172	24.6	502	71.7	1.32	L
7	Hand washing before enters your home.	22	3.1	206	29.4	472	67.4	1.36	L
Total								1.42	L

No. = number of item, F=frequencies, % = Percentages, M.S. = mean of score. Cut-off-point interval: 1-1.66 = Low; 1.67-2.33 = Moderate; 2.34-3.00 = High, L=low, M=moderate, H=high

Table (3) shows a low in the mean of score for all items about the practices of the Iraqi population regarding controlling COVID 19. However the average of means score (1.42).



**Figure 1: Comparison among cities by using Means of Score to identify the level of population practices**

Figure (1) reveals that the level of practices of population were Baghdad: 1.29, Basra: 1.32, Najaf: 1.5, Thi-gar: 1.33, Misan: 1.4, Karbala: 1.4 and Mosul: 1.85

## Discussions and Conclusions

Coronavirus is a seriously respiratory affliction caused by a novel human coronavirus (SARS-CoV-2, called COVID-19 disease), which causes higher mortality in people developed  $\geq 60$  a long time and in people with principal therapeutic conditions such as cardiovascular illness, deep rooted respiratory illness, diabetes and cancer<sup>(11)</sup>.

WHO and open wellbeing specialists around the world are taking activity to contain the COVID-19 episode. Be that as it may, long term victory cannot be taken for allowed. All areas of our society – counting businesses and managers – must play a part in case we are to halt the spread of this illness<sup>(12)</sup>.

Most common age group was 20-29 years (47.7%). More than half (64.4%) were male. Nearly two-third (65.9%) of respondents were Secondary school graduate (Table 1).

In regarding to practices of Iraqi population of COVID 19 control at home (Table 2), we notice that the level of mean of score come between (1.31) as a low value and (1.63) as a high value, this results consider very low associated in very important items that dealing with prevent of infection such as (Hand washing before and after any work, Uses sanitizer). The results in Table (3) that's dealing with practices of Iraqi population regarding COVID 19 control out of home reveals very low mean of score in items( 2,4,7), this items dealing with infection control such as uses protective equipment ( mask & gloves ), let distance (1.8m) between he-she and anthers and hand washing before enters his home. this study disagree with the study conducted in china by Zhong ,L. et al 2020 , this study appear that the Chinese population had good practices and exceptionally cautious: about all dodged swarmed places (96.4%) and wore covers when clearing out the domestic (98.0%) amid the fast rise period of the COVID-19 flare-up<sup>(13)</sup>. Figure (1) presented that the level of adherence in Baghdad city; this may be interpreting increasing number of cases in the May and June. Also, other cities have low level of practice toward COVID 19 control except Mosul city in north of Iraq has moderate level of adherence for Iraqi strategy to COVID 19 control. Mosul city register low levels in cases along since coronavirus appear. All patients in Baghdad from 1 January to 7<sup>th</sup>

June 2020 (2234) cases while the total cases in Mosul city (12) at the sometime<sup>(14)</sup>.

The level of Iraqi practices to adhere the standard of disease control and prevention in current study not enough absolutely. There were strategies remember by ministry of health in Iraqi according to word health organization recommendations to control corona virus<sup>(15, 16)</sup>. So, COVID 19 may transport in very high method in nearest future among Iraqi population if these recommendations not respect.

**Financial Disclosure:** There is no financial disclosure.

**Conflict of Interest:** None to declare.

**Ethical Clearance:** All experimental protocols were approved under the Adult Nursing Department and all experiments were carried out in accordance with approved guidelines.

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