



"Relationship between People's Anxiety Level and Their Adherence to Preventive Measures from Corona Virus infection".

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Abstract

Background: The outbreak of coronavirus disease (COVID19) was announced a pandemic by the World Health Organization (WHO) in March 2020. The main concernment is that the causative virus, SARSCoV2, can lead to fatal harm to the respiratory system, but scientists say the psychological effects of the COVID 19 pandemic on people in the impacted areas.

Methods: A descriptive – analytic study was carried out in order to achieve the stated objectives. The study has begun from January 15th 2021 through July 1st 2021. Participants were invited to complete the during the quarantine period.

Results: A total of n = 199 surveys completed by random selected sample from peoples . (51.5 %) of them have low levels according to the total score of Zung self-rating anxiety scale. And (56%) of sample Washing hands with soap and water for 20 seconds. There is a significant relationship between anxiety and wearing mask and a highly significant relationship between anxiety and washing hand.

Conclusions:

The study conclude that the majority of study sample are male aged between (14-26) and don't work and they have a low level of anxiety. The study despite that persons who oblige a higher level of prevention measures usually have the higher level of anxiety.

Key words:

relationship , anxiety Level , adherence , preventive measures corona virus ,infection

Introduction

The outbreak of coronavirus disease (COVID19) was announced a pandemic by the World Health Organization (WHO) in March 2020. The main concernment is that the causative virus, SARSCoV2, can lead to fatal harm to the respiratory system, but scientists say the psychological effects of the COVID 19 pandemic on people in the impacted areas. (Ying et al., 2021).

Even so, the rapidly evolving COVID19 situation, the transmission rate and the number of infected people in more than 150 countries, has Initiated an extraordinary situation of global proportions thus far. (Solomou & Constantinidou, 2020).

The COVID19 outbreak not only threatens the lives of those infected, but also the psychological health of the affected community. Lessons learned from previous outbreaks such as Ebola, SARS, and 2009 Influenza A (H1N1) have led to global recognition of the importance of addressing the associated mental health illnesses. regarding the outbreak. The impact of these illnesses during outbreaks is important, not least because it leads to significant impairments in social functioning and other important areas of functioning, including the inability to perform precautions (Wong et al., 2020).

The unique character of the new coronavirus, SARSCoV2, in its rapid pandemic spread has raised concerns about physical and mental health globally. (Karim et al., 2020).

Since the government implemented strict lockdown measures to contain the outbreak, positive trends have been observed. The total curfew period begins March 17, 2020 until it is partially lifted on April 26 with the continued maintenance of airport closures. On February 24, the first case of coronavirus was reported and the first death was on March 4, 2020. However, the total is 1761 confirmed cases and 1224 recoveries counted until April 26, 2020, extended. (Karim et al., 2020).

This is surprising given that mass tragedies, especially those involving infectious diseases, which often trigger waves of intense fear and anxiety, are known to disrupt behavior. behavior and psychological health of many members of the population. For example, in a recent large survey of people highly susceptible to coronavirus (i.e. Chinese medical workers), the prevalence rate of traumatic stress was 73.4%, depression was 50, 7%, systemic anxiety 44.7% and insomnia 36.1. %. While these findings are related, they are not isolated, as research on the psychological impact of previous global outbreaks has demonstrated a clear link between pandemic anxiety and symptoms. stress, anxiety, pollution, health anxiety , post-traumatic stress and suicidality(Lee, 2020).

The goals of this study is to assess the effect of adherence to prevention measures on anxiety levels and to find out the relationship between anxiety level and socio-demographical data

Method

Design of the Study:

A descriptive – analytic study was carried out in order to achieve the stated objectives. The study has begun from January 15th 2021 through July 1st 2021.

Settings of the Study:

Online sample that selected from Al Najaf Governorate

The Sample of the Study:

Simple random sample of (200) subjects, it is selected throughout the use of probability sampling, through online questionnaire. .

Data Collection:

The collection of data is performed out of the utilization of developed questionnaire, and by means of self-report technique. Online questionnaire was used. The data collection process has been performed from April 26th 2021 until May 30th 2021.

The Study Instrument:

Self-administrative online questionnaire was constructed by the researchers for the purpose of present study. An assessment tool was adopted and developed by the researchers to assess the effect of Adherence to prevention measures on person anxiety levels. The researchers used the : (Zung self-rating anxiety scale (SAS), the questionnaire was divided in to four axes the first axis consists from patient's socio-demographical data and the second axis consist from Coronavirus infection third axis contains complications of Coronavirus infection the forth axis contain the Zung self-rating anxiety scale (SAS).

Reliability of the Study Instrument:

The consistency and dependability of a research instrument to assess a variable of interest is referred to as reliability. The Zung SAS is a self report scale with 20 items that cover a wide range of anxiety symptoms, both psychological and physical (e.g., "I feel terrified for no cause at all" and "I feel like I'm falling apart and going to pieces.") in nature. Responses are given on a four-point scale ranging from one (none) to four (a lot of the time) (most, or all of the time) Participants are instructed to base their responses on their recent experiences.

There are both negative and positive items (for example, "I fall asleep effortlessly and get a great night's sleep.") encounters, with the last

mentioned being invert scored. Crude scale scores for the SAS run from 20 to 80. The SAS has palatable psychometric properties. These incorporate: inside consistency (Cronbach's alpha = 0.82) concurrent legitimacy (r =0 .30 with the Taylor Show Uneasiness Scale) and, the capacity to separate between clinical and non-clinical tests and uneasiness and other psychiatric clutters. Cronbach's alpha for the SAS in this think about was 0.83.

Statistical Analysis:

Data of studied sample were entered and analyzed using the statistical package for social sciences (SPSS) version 25. Analysis included the two types of statistics :

1-Descriptive statistics : presented as mean, frequencies and percentages. All continuous variables were tested for statistical normal distribution using bar charts and normal distribution curve .

2-Inferential Statistics : Statistical tests were applied according to the distribution and type of variables . Chi-square test was used to compare frequencies. Bivariate Pearson's correlation test , was used to assess the correlations. Correlation coefficient (r) is an indicator of the strength and direction of correlations ; its value ranged zero (complete no correlation) to one (perfect correlation) the higher r value close to one indicated stronger correlation, the positive (no sign) r value indicated a direct (positive) correlation and the negative signed r indicated an inverse correlation. Level of significance of ≤ 0.05 was considered as significant difference or correlation .

Results

Table (1) Statistical distribution of subjects by their Socio-Demographic Data

Items	Sub-groups	Study group	
		Total = 200	
		Frequency	Percentage
Age	14-26	159	79.5
	27-39	27	13.5
	40-52	6	3.0
	53-65	8	4.0
Gender	Male	101	50.5
	Female	99	49.5
Residence	Urban	197	98.5

	Rural	3	1.5
Educational Level	Read and write	11	5.5
	Primary school	16	8.0
	Secondary school	91	45.5
	Diploma or College	73	36.5
	Post-Graduate	9	4.5
Marital status	Single	154	77.0
	Married	46	23.0
Occupation	Employee	44	22.0
	House wife	8	4.0
	Worker	50	25.0
	Retired	5	2.5
	Not work	93	46.5

Table (1) shows statistical distribution of subjects by their socio-demographic data, it explains that the highest percentage of the subjects' subgroup are : subjects with ages between (14-26) years old (79.5%), male subjects (50.5%), single subjects (77 %), those who live urban residents (98.5 %), those who graduated in secondary school (45.5 %), do not work (46.5 %).

Table (2) Statistical distribution of subjects by their adherence to prevention against COVID-19

Items	Sub-groups	Study group Total = 200	
		Frequency	Percentage
Using Mask	Rarely	30	15.0
	Sometimes	88	44.0
	Usually	82	41.0
Using Sanitizer	Rarely	48	24.0
	Sometimes	90	45.0
	Usually	62	31.0
Using Gloves	Rarely	122	61.0

	Sometimes	54	27.0
	Usually	24	12.0
Changing Clothes and Taking Shower after Coming Back From Outside	Rarely	64	32.0
	Sometimes	69	34.5
	Usually	67	33.5
Washing hands with soap and water for 20 seconds	Rarely	40	20.0
	Sometimes	48	24.0
	Usually	112	56.0
Stick to Social Distancing	Rarely	40	20.0
	Sometimes	90	45.0
	Usually	70	35.0

Table (2) shows statistical distribution of subjects by their adherence to prevention against COVID-19 it explains that the highest percentage of the subjects' subgroup are : those who sometimes using mask (44%) ; those who sometimes using sanitizer (45%) ; those who rarely using gloves (61%) ; those who sometimes changing clothes and taking shower after coming back from outside (34%) ; those who sometimes washing hands with soap and water for 20 seconds ; those who sometimes stick to social distancing (45%) .

Table (3) : Descriptive Statistics of subjects' subgroups according to their total score of anxiety

Subjects' subgroups		Low	Moderate	High
	Frequency		103	97
Percentage		51.5	48.5	0

Table (3) shows Descriptive Statistics of subjects' subgroups according to their total score of anxiety, it shows that the percentage of

subjects with assessment regarding the total score of anxiety was (51.5 %) ; (48.5 %) of them have moderate levels according to the total score of anxiety ; while (0%) of them have high levels according to the total score of anxiety

Table (4): Relationship between total anxiety of the subjects and their adherence to prevention against COVID-19

Demographic Data	Chi Square	df	P value	Significance
Using Mask	6.03	2	0.04	S
Using Sanitizer	1.01	2	0.60	NS
Using Gloves	1.04	2	0.59	NS
Changing Clothes and Taking Shower after Coming Back From Outside	0.47	2	0.79	NS
Washing hands with soap and water for 20 seconds	15.00	2	0.000	HS
Stick to Social Distancing	1.39	2	0.49	NS

NS : Non-significant at P value >0.05

Table (4) shows relationship between total anxiety of the subjects and their adherence to prevention against COVID-19, it shows that there is no significant relationship between adherence to prevention against COVID-19 and total anxiety ; except for (Using Mask) and (Washing hands with soap and water for 20 seconds) in which there is a significant association (P value <0.05) with anxiety .

Discussion:

Younger ages and singles were more prevalent in our sample. Genders were approximately equally distributed. About half of the participants had secondary school education and doesn't work this agree with study of (Karim et al., 2020).

Our study convey that the most of study sample sometime adhere to prevention measure such as (using mask, using Sanitizer , Changing Clothes and Taking Shower after Coming Back From Outside, Stick to Social Distancing. While there is a higher compliance to prevention measures according to (Nguyen et al., 2021) study and this agree with our study only regarding to hand washing from all prevention measures.

According to anxiety level in our study the majority of study sample show a low level of anxiety. Regarding to (Wong et al., 2020) study that show a moderate to severe symptoms of anxiety.

There is a strong association between anxiety level and using of mask and hand hygiene and this agree with (Velikonja et al., 2020) that show a strong relation between anxiety level and using of prevention measures.

Conclusions and recommendations

conclusion:

The study conclude that:

- 1- The majority of study sample are male aged between (14-26) and don't work
- 2- Majority of study sample have a low level of anxiety.
- 3- The study despite that persons who oblige a higher level of prevention measures usually have the higher level of anxiety.

Recommendations:

- 1-The researcher recommend a farther study about effect of Adherence to prevention measures on person anxiety levels.
- 2- More educational programs about Coronavirus and importance of adherence to prevention measures

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