

Assessment of the Lifestyle and Practice among Covid 19 Patients toward the Disease in Ramadi City-2021

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Abstract

Background: Because of the rapid spread of the covid 19 as a pandemic, unexpected measures had been done to control this pandemic all over the world. the knowledge, attitudes, and practices (KAP) toward the disease are important to implement these measures [1]. **Material and methods:** A cross-sectional study of convenience nonprobability sampling was done that which 400 previous covid 19 detected patients were interviewed in Al-Andalus health center of Ramadi city during the period from September-to December 2021. **Results:** The study revealed that the average mean age was 40 ± 14 years that 60% of the patients were over 40 years in which more than half of them had cardiovascular diseases, hypertension, and diabetes mellitus. 55% (220) of the patients were females that most of them were housewives and had not graduated while 45% (180) of them were males, smokers, working, and graduated. 50% (200) were obese and 25% (100) were overweight with BMI was 35, 38 for males and females respectively concerning 34% were gaining weight. Only 35% of patients had changed toward a healthier lifestyle by changing their diet habits, and physical activity, because of worry from complications. There was a positive correlation between sex, knowledge, and education, $P \text{ value} < 0.001$. Regarding practice toward corona preventive measures, 50% of the patients had hygiene measures at home and preventive measures with people. 20% (50) of them had taken garlic, vegetables, and fruit frequently, had donned physical activity with sunlight exposure, and had an agreement for vaccination. Most of the patients were anxious. For dietary patterns, more than half of the patients had fatty-junky food, a lot of carbohydrates, home sweets frequently, with lack of intake of garlic, fish, vegetables, orange juices, fruits, and doing exercise.

Keywords: lifestyle, Practice, preventive measures, Covid-19 patients

1. Introduction

In Wuhan- China, a pneumonia case of coronavirus appeared at the end of Cucinotta et al. [1] Pandemic was decorated by World Health Organization Cucinotta et al. [1] 3 million confirmed cases and 202,733 deaths were detected in April-2020, in many countries all over the world. [2] Alpha and Beta genera of COVID-19 mainly infect bats but also infect others like camels, rabbits, and humans, [3] The virus can be transmitted from animals and humans to humans through direct contact or droplets. [4] Most of the patients had respiratory symptoms of mild to the moderate degree that didn't require hospitalization. [5] Elderly and those who had comorbidities like diabetes hypertension, heart diseases, cancer, and asthma are more likely to have serious symptoms and illnesses. [6] Maintaining a healthy lifestyle such as eating a lot of fresh fruits and vegetables, achieving a certain level of exercise, sufficient sleep, and vaccination is crucial when the immune system fights back. [7, 8] When $\text{BMI} \geq 35 \text{ kg/m}^2$ (severe obesity), there is a higher risk for complications, so Losing weight is one of the strategies to decrease this risk. [9]

2. Method

Sampling Technique

A convenience nonprobability sampling was done that which 400 covid 19 patients were interviewed after recovery in Al-Andalus health center of Ramadi city. Sample size

Was calculated by measuring the proportion of covid 19 in Iraq was, 8.15%. [10, 11] By using Confidence Level 95%, sample size = $(1.96)^2 \times P(1-P) = 115$ [12]. $m(0.05)^2$

Instruments

The study comprised a structured questionnaire that inquired about demographic information (age, gender, residence, and employment). Body Mass Index (BMI) was reported: $\text{weight(kg)/height(meter}^2\text{)}$.

BMI Categories

Underweight = < 18.5 , Normal weight = $18.5\text{--}24.9$, Overweight = $25\text{--}29.9$, Obesity = BMI of 30 or greater. [13]

Dietary habits information before and during the attack of the corona were considered by using food frequency distribution (by dividing the dietary pattern intake according to food groups and frequently intake: when intake 3-4 times/week it was considered daily intake, 2-3 times/week-considered weakly, less than 2 times/week-considered monthly). [14] Lifestyle habits before and during the attack of the corona were considered as smoking, anxiety, and physical activity. The practice of preventive measures were considered as: eating garlic, and fruits frequently, being exposed to sunlight, frequently, doing home hygiene measures and with people, relaxant, agreement with vaccination.

3. Statistical analysis

Analysis was formed by using SPSS version 26. Data were

presented in form of percentages, mean and standard deviation. The significance and relationship were tested by using the Pearson correlation test, Odds ratio. Statistical significance was considered with P-value equal to or less than 0.05.

Ethical consideration

Approvals and permissions to be obtained from the Health Directorates, and related health facilities. After a thorough explanation of the study objectives to the participants and were assured that the information taken would be kept strictly confidential and used by the researchers only for research work.

4. Results

Table-1: Socio-demographic features showed that 10% was <18 years and 18-30 years, 20% was from 31-40 years, and 60% was >40 years with average mean age was 40±14 years. (240) 60% of the patients who were over 40 years had comorbidity as 60% of them had CVD, HT, and 40% had DM. 55% (220) of the patients were females while 45% were males. 20% of the patients were illiterate, 40% completed 2nd school and graduated. 40% of the patients were working and 60% was from urban area. 25% was normal weight and overweight, 50% was obese with Body Mass Index (BMI) was and 35, 38 for males, and females respectively.

Table-1: Socio-demographic features and comorbid diseases			
Variables	Categories	No.	%
Age	<18	40	10
	18-30	40	10
	31-40 >40	80	20
Gender	Male	180	45
	Female	220	55
Education	Illiterate	80	20
	2 nd	160	40
	Graduated	160	40
Occupation	Working	200	50
	Non-working	200	50
Male smoking	Yes	280	70
	No	120	30
Residence	Urban	240	60
	Rural	160	40
CVD	Yes	240	60
	No	140	40
Hypertension	Yes	240	60
	No	160	40
DM	Yes	160	40
	No	240	60
BMI	Normal weight	100	25
	Overweight	100	25
	Obesity	200	50

Table 2: Correlation: between knowledge with age, sex, and education

		Age	Sex	Occupation	Knowledge	vaccine	Education
Age	Pearson Correlation	1	-.342**	-.529**	.410**	.079	.697**
	Sig. (2-tailed)		.000	.000	.000	.114	.000
	N	400	400	400	400	400	400
Sex	Pearson Correlation	-.342**	1	-.449**	.465**	.351**	-.038
	Sig. (2-tailed)	.000		.000	.000	.000	.450
	N	400	400	400	400	400	400
Occupation	Pearson Correlation	-.529**	-.449**	1	-.708**	-.224*	-.545**
	Sig. (2-tailed)	.000	.000		.000	.000	.000
	N	400	400	400	400	400	400
Knowledge	Pearson Correlation	.410**	.465**	-.708**	1	.465**	.578**
	Sig. (2-tailed)	.000	.000	.000		.000	.000
	N	400	400	400	400	400	400
Vaccine	Pearson Correlation	.079	.351**	-.224*	.465**	1	.274**
	Sig. (2-tailed)	.114	.000	.000	.000		.000
	N	400	400	400	400	400	400
Education	Pearson Correlation	.697**	-.038	-.545**	.578**	.274**	1
	Sig. (2-tailed)	.000	.450	.000	.000	.000	
	N	400	400	400	400	400	400

There was a positive correlation between sex, knowledge, and education. P value<0.001

Table 3: Showed that 50% of the patients had hygiene and preventive measures at home and with and toward the people. 20% had a good practice they as had taken garlic, did physical activity, exposure to sunlight, agreed to have vaccine and relaxant. Only 35% of patients had changed toward a healthier lifestyle, mainly changing diet habits, physical activity, and relaxation

Table 3: Frequency distribution of the practice toward preventive measures		
practice questions	FrequencyYes	FrequencyNo
	%	%
Do eat garlic frequently	80 20	320 80
Exposed to sunlight frequently	80 20	320 80
Do eat fruits frequently	80 20	320 80
Do hygiene measures at home	200 50	200 50
Do preventive measures with people	200 50	200 50
Relaxant	80 20	320 80
physical activity	80 20	320 80
Do agree with vaccine	80 20	320 80

Figure1: Showed that only 20% of the patients had orange juices, fruits, vegetables, and garlic with onion daily. 70% of the patients had fatty-junky food daily, 80% had carbohydrates and 40% had home sweets daily.



Figure1 distribution of dietary frequency table

Discussion: More than half of the patients were females nongraduated. The average mean age was 40±14 years and more than half of the over forty years patients had comorbidity, the same finding was observed in a study that revealed the mean age of the patients was 43 years with comorbidity and most of them were nongraduated and females. [15] Most of the patients were overweight and obese with 34% gaining weight. The same findings were found in a survey that 40% of the persons had gained weight, this might be due to working at home, physical inactivity which leads to appetite and body fat dysregulation, [16] and home ban might be the cause of consumption a lot of junk-fatty food. [17, 18] Most of the

males in this study were smokers, and graduated. Many studies found that there was a significant association between severe symptoms covid19 smoking, due to air pollution and lung damage. [19] Only 40% of all patients graduated with a positive correlation between knowledge, age, and education. Illiterate patients showed 5.12 times to have poor practices those than who had high educational level. [19] Only 35% of patients had changed toward a healthier lifestyle, which might be due to the pandemic of covid 19, but the compulsory home ban and social isolation might lead to unhealthy eating, sedentary behavior and sleeping patterns disturbance. [20] Most of the patients had an unhealthy dietary pattern as a low intake of fresh food and lack of exercise might be due to limited activity and difficulty in shopping. And consuming fresh foods, with emotional and psychological outbreak 80% of the patients were deswelling to take the vaccine because of worry about complications.

Conclusion: Most of the patients were females, nongraduated with a poor lifestyle, and preventive measures were applied against covid19 disease. There was a positive correlation between sex, knowledge, and education.

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