Assess New Lifestyle as a Preventive Measures to Prevent COVID-19 Among People

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Abstract: The 2019-CoV infected number more than 4,101,992 of people and killed 280,454 of people in many countries over 212 (May 10, 2020). Aim: Explore new lifestyle as a Preventive Measures to prevent covid 19 among people. Electronic tool quionnair sheet, include 2 parts Part I: Demographic data: this to assess demographic data as jop, qualification. Part II: to assess using healthy life style as protective measures among people to assess actual life style as eating, exercise, sleep, social distance, use protective measure as mask, gloves, use complementary therapy. Conclusion: healthy life style among studied groups. High percentage for them reported more than 90% take healthy diet. Make hand wash more than 90% were mask, keep recreation only medical occupation keep exercise.

Keywords: Lifestyle, Preventive Measures, COVID 19, social distances, electronic tool.

INTRODUCTION

Coronavirus is caused by a virus was designated as SARS-COV-2, it is a member of the Coronaviridae family, which includes the disease which known as COVID-19, incubation period up to two weeks [1]. It cause infection for cells by a spike-like structure, in which attaches to membrane of plasma of human cells [2]. However, there are many instances weakly symptomatic cases [3]. It primarily affects the respiratory system, which result viral pneumonia by severe cases [4], and can causes complication by the acute respiratory distress syndrome (ARDS), as sepsis and septic shock, organs failure, as kidney injury or cardiac injury [5]. Symptoms most common as nasal congestion, sneeze, fever, pain, muscles pain, cough, breathe shortness, and gastero intestinal symptoms [6]. The most severe and dangers symptom is pneumonia [1]. Until now no cure or vaccine for coronavirus, but the researchers working to try to find this. There are treatment trails explored by doctors, as hydroxychloroquine and plasma therapy [7, 8]. Prevention and recommendation of covid 1 through stay at home and not go hospital if their sever symptoms, it is very important to reach out to a medical professional if need to treat at home and seek further guidance [9]. Also there is some ideas do to help for cure and heal, but it is NOT sufficient to treatment of symptoms without guidance from a licensed profession. They recommend to avoid ibuprofen unless specifically prescribed [10, 11], healthy life style as eat a healthy diet, increase of vitamin C and D, as well as to make exercise often, keep to a good s keep schedule, and reduce stress [12]. Also to get better Many symptoms can be managed with herbal remedies, as well as rest, diet, and reducing stress [13]. Also to avoid COVID-19 infection one word: prevention [9]. Measures of strengthen immunity Motto of the National Health Society, circa. 1871.

Prevention [9, 14] Important Basic Practices: as Cover face. Wash hands periodically after activity. Cover mouth during cough and sneeze. Cleaning and disinfect frequently for substance, social distancing. Keep environment fresh by Open windows [12]. Support the immune system to prevent coronavirus through health lifestyle management and stress reduction [15]. You can also take immune-supporting herbs, such as reishi mushroom, moringa, or citrus fruits like oranges [16-18]. Consider others. Think about the lives of people with weaker immune systems or those who need to protect others, such as parents and children, elderly, or healthcare workers. Before doing anything that could infect them, remember that being sick is something that is the scariest thing for every child, parent, and elderly person. Avoid any
practices that can put those you care about in danger. No matter how healthy you may be, their immune system may not be strong enough to fight this virus. Do not take risks with the lives of others.

Ways to be creative helps overall wellness. Drawing, listening or making music, cooking, reading, gardening, even mundane tasks like showering or cleaning can give an outlet for creativity [19]. Meditation Meditating has been shown to improve quality of life in people who become ill, and, additionally, it is a practice you can do while you are sick [20]. To meditate, all you really need is a comfortable place and position where you can focus on taking long deep breaths, but there are many platforms for guided meditation. There are also many apps on the mobile device and tablets that can be useful in your beginning stages of meditation. Dealing with emotions Express how you are feeling whether through writing, drawing, or sharing with others. Let your emotions out in a healthy manner instead of keeping them bottled inside [19].

Also keep personal Hygiene those activities to conserve or enhance good health through achieving personal cleanliness and environment around us [21].

Standard precautions (SPs) include personal hygiene practices, particularly hand hygiene, use of personal protective equipment (e.g., gloves, gowns, masks), safe handling of potentially contaminated equipment or surfaces in the patient environment, and respiratory hygiene/cough etiquette [22].

The foundation of our society has proven fragile. Fatalities are constantly increasing. Everyday luxuries are rapidly diminishing. The health care systems are overloaded. People have been left jobless. For the first time in a long time, the entire world stands together in their anxieties, fears, and most importantly, hope. COVID-19 is in no way a harmless disease, but you are not powerless against it. There are things you can do to minimize your chance of getting it and, although there is no cure as of yet, there are ways that you can help your immune system prevent and combat this infection. With all the misinformation circulating, we hope to inform you on everything you need to know about this virus, and what you can do to keep yourself safe, as well as to bring you a sense of peace during these troubling times [23].

**Aim of the study:** The current study aims to explore New lifestyle as a Preventive Measures to prevent covid 19 among people.

**Research Questions**
1. Does New lifestyle affect as a Preventive Measures to prevent covid 19 among people?

**Materials and Method**
**Research design:** Descriptive design was used in the current study.

**Setting:** The study was carried out at Qualipia sitting in the following areas namely; Benha, Kafer shouker, Toukh, shibin, alqanater. Quiliop, shoupra,alobour, from march to the end of June 2020.

**Subjects:** The study subject comprised available people on the days of observation in all areas previously through groups.

**Data collection tool:** Data of this study were collected through electronic tool quionnair sheet, which were prepared and composed of three main parts:

**Part I:** Demographic data; this part was developed by researchers to assess demographic data as jop, qualification.

**Part II:** This part was used to assess using healthy life style as protective measures among people to assess actual life style as eating, exercise, sleep, social distance, use protective measure as mask, gloves, use complementary therapy.

**Pilot Study**
A pilot study was carried on 10% of people in groups to detect any misunderstandings or problems of the tool. Based on pilot results analysis and feedback, needed modifications were made.

**Field work:**
Researchers reviewed current literature to explore healthy life style items that measure to prevent covid 19. A group of 5 experts was included to check the adequacy of the tools. Ask the admins of groups of the mentioned area to support and help the researcher in collect data. After that put the tools in electronic form in Google drive and explain the aim of the study and explain the method of filling tool for participant and verifying to researchers that filled it. This after
infirm that all participant in groups of mentioned to answer student questions and give them instruction about time of tools which was about not more than 5 minutes the data collected in one week after that not receive any answered tool, the tool by Arabic language data collected may 2020.

**Ethical Consideration**

Ethical approval was obtained prior to data collection from admin of groups. Also, informed consent was obtained from each study participant after explanation of how they would take part in the study in the part two of the questionnaire, all data was confidential and was used only for the research purpose. All rights of participants will be secured as the right to withdraw from the research at any time, No any harmful or shame questions.

**Statistical Analysis**

*After data collection, by electronic method*

Data was analyzed electronically through frequent distribution only after that it organized it by the researchers in the table to show correlation and p-Value the statistical package for social science (SPSS) program is used. It was also expressed as frequency and percentage, the probability of errors (p-value) test was used to examine the relationship between qualitative variables.

**Results**

Table-1: Frequency distribution of studied groups as regards occupation

| Profession        | No. | %   |
|-------------------|-----|-----|
| **Medical occupation (244)** |     |     |
| Resident doctor   | 186 | 76.2|
| Consultant        | 4   | 1.6 |
| Nurse             | 48  | 19.7|
| Teachers          | 6   | 2.5 |
| **Office occupation (326)** |     |     |
| Accountant        | 42  | 9.9 |
| Office worker     | 284 | 90.5|
| Workers (58)      | 58  | 100.0|

Table (1): describes that, distribution of studied groups as regards occupation, majority of medical have Resident doctors (76.2%), and Nurses have nursing (19.7%) and office work 90.5.

Figure-1: Frequency distribution of studied groups as regards occupation
Table-2: Distribution of studied groups as regards qualification

| Qualification          | No. | %     |
|------------------------|-----|-------|
| Medical occupation     |     |       |
| PhD                    | 6   | 2.5   |
| Master                 | 48  | 19.7  |
| Bachelor               | 190 | 77.9  |
| Office occupation      |     |       |
| school secondary       | 218 | 66.9  |
| Technique institute    | 66  | 20.2  |
| Preparatory school     | 42  | 12.9  |
| Workers (58)           |     |       |
| Diploma                | 8   | 13.8  |
| Basic education        | 32  | 55.2  |
| Uneducated             | 18  | 31.0  |

Table-2 shows that, distribution of studied groups as regards qualification were Bachler (77.9%) and secondary school.

Table-3: Distribution of studied groups as regards areas

| Area               | Medical (244) | Office (326) | Workers (58) |
|--------------------|---------------|--------------|--------------|
|                    | N (%)        | N (%)       | N (%)        |
| Benha              | 12 (4.9)     | 30 (9.2)    | 4 (6.9)      |
| Toukh              | 56 (23.0)    | 50 (15.3)   | 6 (10.3)     |
|quilaoup            | 38 (15.6)    | 32 (9.8)    | 14 (24.1)    |
| Alqunater          | 30 (12.3)    | 22 (6.7)    | 4 (6.9)      |
| shipin             | 18 (7.4)     | 26 (7.9)    | 6 (10.3)     |
| shoupra            | 18 (7.4)     | 100 (30.7)  | 6 (10.3)     |
| kfershouker        | 34 (13.9)    | 24 (7.4)    | 4 (6.9)      |
| alobour            | 38 (15.6)    | 42 (12.9)   | 14 (24.1)    |
| Total              | 244 (100.0)  | 326 (100.0) | 58 (100.0)   |

Table-4: The distribution of using healthy life style among people

| Items                        | Medical occupation (n=244) | Office occupation (n=326) | Total (n=570) | P. value |
|------------------------------|---------------------------|---------------------------|---------------|---------|
| 1.Use healthy diet           | Yes 220(90.2) No 24(9.8) | Yes 318(97.5) No 8(2.5)  | Yes 538(94.4) No 32(5.6) | .000    |
| 2. Keep clean surface        | Yes 12(4.9) No 238(95.1)  | Yes 60(24.5) No 266(75.5) | Yes 72(12.6) No 498(87.4) | .000    |
| 3. Clean equipment           | Yes 170(69.7) No 74(30.3)  | Yes 144(44.2) No 282(55.8) | Yes 314(55.1) No 256(44.9) | .000    |
| 4. Hand wash                 | Yes 218(89.3) No 26(10.7)  | Yes 82(25.2) No 244(74.8)  | Yes 300(52.6) No 274(47.4)  | .000    |
| 5. Use mask                  | Yes 40(16.4) No 204(83.6)  | Yes 42(12.9) No 284(87.1)  | Yes 82(14.4) No 488(85.6)   | .000    |
| 6. Use social distances      | Yes 182(74.6) No 62(25.4)  | Yes 200(61.3) No 126(38.7)  | Yes 378(66.3) No 192(33.7)   | .000    |
| 7. Keep exercise             | Yes 204(83.6) No 40(16.4)  | Yes 279(85.6) No 144(14.4)  | Yes 483(84.7) No 87(15.3)    | .000    |
| 8. Keep normal sleep         | Yes 64(26.2) No 180(73.8)  | Yes 36(11.0) No 290(89.0)  | Yes 99(17.4) No 471(82.6)    | .000    |
| 9. No smoking.               | Yes 54(21.1) No 192(78.7)  | Yes 43(13.2) No 283(86.8)  | Yes 231(40.5) No 339(59.5)   | .000    |
| 10. Keep normal body wt.     | Yes 90(36.9) No 154(63.1)  | Yes 134(41.1) No 192(58.9)  | Yes 225(39.5) No 345(60.5)   | .000    |
| 11. Use protective measures as (gloves, masks) | Yes 80(32.8) No 164(67.2)  | Yes 139(42.6) No 187(57.4)  | Yes 219(38.4) No 351(61.6)   | .000    |
| 12. Use special herpes       | Yes 144(59.0) No 100(41.0) | Yes 221(67.8) No 105(32.2)  | Yes 365(64.0) No 205(36.0)   | .000    |
| 13. Psychological support as recreation | Yes 200(82.0) No 44(18.0)  | Yes 298(89.1) No 28(10.9)   | Yes 498(87.4) No 72(12.6)    | .000    |

*S= Statistically significant difference (p<0.01), *NS= Statistically significant difference (p>0.01)

Table-4 Show that, using healthy life style among studied groups. High percentage for them reported more than 90% take healthy diet. Make hand wash more than 90% were mask, keep recreation only medical occupation keep exercie.
Table-5: Relation between levels of using health life style, qualifications and areas among study

| Levels of using healthy life style | Poor (≤60) (n=288) | Fair (61-79) (n=232) | Good (80-100) (n=108) |
|-----------------------------------|--------------------|----------------------|----------------------|
| Group                             | No.    | %      | No.    | %      | No.    | %      |
| Medical occupation                | 124    | 43.1   | 100    | 43.1   | 20     | 18.5   | .000    |
| Office occupation                 | 126    | 43.8   | 146    | 62.9   | 54     | 50.0   |
| Worker                            | 12     | 4.2    | 12     | 5.2    | 34     | 31.5   |
| Qualifications                    |        |        |        |        |        |        |
| PhD medicine                      | 3      | 1.0    | 3      | 1.3    | 0      | 0.0    | .000    |
| Master                            | 26     | 9.0    | 18     | 7.8    | 4      | 3.7    |
| Bachelor                          | 92     | 31.9   | 82     | 35.3   | 16     | 14.8   |
| Secondary                         | 100    | 34.7   | 18     | 7.8    | 100    | 92.6   |
| Technical                         | 16     | 5.6    | 34     | 14.7   | 16     | 14.8   |
| Preparatory                       | 20     | 6.9    | 20     | 8.6    | 2      | 1.9    |
| Area                              |        |        |        |        |        |        |
| Benha                             | 24     | 8.3    | 16     | 6.9    | 6      | 5.6    |
| Toukh                             | 12     | 4.2    | 92     | 39.7   | 8      | 7.4    | .000    |
| gualoi                            | 34     | 11.8   | 32     | 13.8   | 20     | 18.5   |
| Alquimeter                        | 46     | 16.0   | 4      | 1.7    | 6      | 5.6    |
| shipin                            | 10     | 3.5    | 20     | 8.6    | 20     | 18.5   |
| shoupra                           | 70     | 24.3   | 46     | 19.8   | 8      | 7.4    |
| kfershouker                       | 50     | 17.4   | 8      | 2.4    | 4      | 3.7    |
| alobour                           | 70     | 24.3   | 16     | 6.9    | 8      | 7.4    |

**DISCUSSION**

Regarding occupation, majority of medical have Resident doctors, and Nurses. And office work this may be this group more interested of this problem this agree with Clark, 2008 [24]. Who stated that Nursing is a critical factor in determining the quality of care in hospitals and the nature of patient outcomes and they should pragmatic efforts to improve patient care quality and safety in hospitals.

Regards qualification were Bachler and secondary school this in research view my due to this level of education more usable to social media and intimate to social contact group this agree with Mahdy [25] who stated that most of the nursing students were agree, satisfied to use of social media in interactivity with peers, teachers, and they decide of easy use and usefulness of it regarding using healthy life style among studied groups. High percentage for them reported more than 90%) take healthy diet. Make hand wash more than 90% were mask , keep recreation only medical occupation keep exercise, this may due to there culture by Unhealthy behaviour has been cited as the main predictor of premature and preventable disease and People of higher educational background are on average less likely to smoke, abuse alcohol, and will exercise more, eat healthier foods, and have more frequent health checks than the average population.this agree with Chaves et al., [26]; who stated that A simple, basic educational program may improve symptoms and modifiable cardiovascular risk factor s, but shows low patient adheren. Also According Ali, et al., [27] to regular hand washing practice among doctors and nurses before and after handling patients. his study revealed that less than one quarter of doctors and nurses were practice hand washing regularly after each procedure or after contact with patients; also Mahdy, et al., [28], his study portrayed that there were improvement in nurses' total knowledge after intervention of professional competence approach both immediately post and followup. In the pre-intervention; more than three quarters of nurses their knowledge was unsatisfactory.

**CONCLUSION**

Healthy life style among studied groups. High percentage for them reported more than 90% take healthy diet. Make hand wash more than 90% were mask, keep recreation only medical occupation keep exercise.

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