

COVID-19: A Knowledge, Attitude, Practice related to preventing COVID- 19 among Muslim Community in Sikandrabad (UP)

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INTRODUCTION

- **Corona Virus disease or SARS-CoV-2** which is first identified in Wuhan city of China in 2019 & has subsequently spread worldwide is responsible for the most perilous pandemic than ever.
- **Afterward, the agent is transmitting through cough or sneezes from a infected person or by touching infected objects which has an incubation period of 2-14 days after exposure, that is spreading globally.**
- **WHO** has reviewed guidelines to narrow down the transmission of the virus by suggested few preventive measures such as social distancing, hand washing with soap/water, hand rub with sanitizer containing 60%-70% alcohol & covering mouth, nose with mask to combat COVID-19.
- **WHO and Centre of Disease Control (CDC)** have said that Elderly and patients with co-morbidities are more likely to be infected and are more prone to serious health complications, which may be associated with acute respiratory distress syndrome (ARDS) and cytokine storm. However, each and every person of any age group need to take the necessary precautions even if you are young and healthy. Effective KAP of individuals during COVID-19 disease are very important because it affect health in view of increased susceptibility or vulnerability to lung infection and could lead to mortality.

OBJECTIVE

To study the Knowledge, Attitude, Practices related to COVID-19 prevention.

METHODOLOGY

- **Study Area**
- **Study Population**
- **Study Design**
- **Sampling and Sample size**
- **Data Collection Methods**
- **Review of literature and COVID-19 guidelines**
- **Data Collection Tool**
- **Data Collection**
- **Data Analysis**

RESULTS



PROFILE OF THE RESPONDENTS

Table 1: Per cent Distribution of Respondents by their Age

Items	Number	Percentage
Age (in completed years)		
18-20	10	12
21-25	19	22.9
26-30	6	7.3
31-35	9	10.8
36-40	11	13.3
41-45	7	8.4
46-50	11	13.3
51-55	5	6
56-60	5	6
Sex of Respondents		
Male	33	39.8
Female	50	60.2
Occupation		
Housewife	27	32.5
Daily wager (zari)	24	28.9
Student	17	20.5
Business	9	10.8
Private service	5	6
Retired	1	1.2
Marital Status		
Never Married	23	27.7
Married	56	67.5
Separated	1	1.2
Widow/Widower	3	3.6
Family Size		
1 -5 Members	33	39.7
6 – 10 Members	32	38.5
11 – 15 Members	14	16.9
16 + Members	4	4.9
Type of Family		
Nuclear	53	63.9
Joint	30	36.1

KNOWLEDGE REGARDING COVID-19

Table 2: Percent distribution of respondents by their knowledge about COVID 19

Items	n	Percentage
Ways to spread corona virus		
From <u>other</u> person who has the virus	30	31.6
Droplets from the nose or mouth which are spread when a person with COVID-19 coughs or exhales.	7	7.4
Touching infected objects or surfaces, then touching their eyes, nose or mouth.	14	14.7
Do not know	33	34.7
Other (Correct - Physical contact, crowded settings)	7	7.4
(Incorrect – Through influencing others, religious belief)	4	4.2
Preventive measure		
Hand washing	33	19.6
Using <u>alcohol based</u> hand rub	13	7.8
Social distancing	63	37.5
Avoid touching eyes, nose and mouth	2	1.2
Covering the mouth and nose	36	21.4
Do not know	8	4.8
Other (Correct- Quarantine, visit to doctor)	3	1.8
(Incorrect - Soaking sunlight, Religious practice)	10	5.9
Awareness of any health facility where they can get themselves tested for Covid-19 (Yes)	9	10.8
Days after exposure to corona virus can an individual get sick (Correct number of days: 12-14)	23	27.7
Awareness of government app (Arogya <u>Setu</u>)	9	10.8

ATTITUDE TOWARDS COVID-19

Table 3: Per cent Distribution of the Respondents by their Attitudes towards COVID 19

Items	Percentage			
	Strongly agree	Agree	Disagree	Strongly disagree
Corona virus can infect any person even in Muslim Community	37 (44.6)	10 (12)	9 (10.9)	27 (32.5)
Corona virus spread while people are together in a religious place like Mosque	27 (32.5)	7 (8.4)	3 (3.6)	46 (55.5)
COVID-19 is being "Allah ka <u>Azaab</u> " to all the human beings	66 (79.5)	2 (2.4)	2 (2.4)	13 (15.7)
Social distancing is a solely prevention to conquer COVID-19	63 (75.9)	10 (12)	4 (4.8)	6 (7.3)
Chances to get COVID-19 infection	44 (53)	10 (12)	1 (1.2)	28 (33.8)

PRACTICE TO PREVENT COVID-19

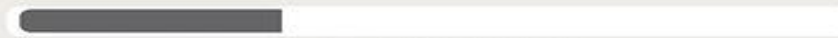
Table 4: Percent distribution of the respondents by their practices

Items	n	Percentage
Number of times people wash their hands to prevent themselves from COVID-19 using soap/water and sanitizer in 24 hours		
>12 times	30	36.1
7-12 times	31	37.3
1-6 times	9	10.8
Not sure or Uncertain	13	15.7
Average (range)	10.65 - 11.08	
Not following lockdown guidelines (Going outside) (Yes)	42	50.6
Hand washing prior to handle infant is important	63	75.9
If the women <u>shows</u> the symptoms like cold, cough and fever, does the mother continued breastfeeding to the infant (Yes)	27	32.5
If a <u>pregnant women</u> Shows symptoms like cold, cough and fever what would you suggest?		
Take her hospital for COVID-19 testing	46	49.5
Keep at home in Quarantine setting	8	8.6
No cause of worry	1	1.0
Other (Correct - Medical Treatment, Isolation)	11	11.9
(Incorrect - Medication, Blood test, Temperature test)	27	29

CONCLUSION

- **As the days are passing, the number of cases and risk of covid-19 is increasing every single day which is abruptly affecting the lives of well beings as well as the economy globally. Since, the SARS-CoV-2 becomes the most perilous virus and being the reason of current epidemic the Knowledge, Attitude and Practice of people has changed in the context of preventing themselves from novel corona virus .**
- **The study suggested, the people of Muslim Community in Sikandrabad are aware of the ways to spread COVID-19 and revealed that people follows sanitation practice as well as other preventive measures reviewed by WHO.**
- **People of Muslim Community showed a positive attitude towards COVID-19 disease & do think they have fair chances to get infection.**
- **In addition, majority of people did not follow lockdown guidelines which shows a poor consciousness or sensitivity towards current pandemic.**

PART II



✱ progress

e-Health: An Electronic Record



OBJECTIVES

- Expostulate e-Health and elucidate the need in developing Era.
- Grasp the comprehensive highlights and visualize the e-Health model.
- To understand the fundamental principles of e-Health.
- Discuss the importance of information and its applications for a futuristic approach.
- Appreciate current and future challenges.



ABOUT THE COURSE

- e-health, also spelled Electronic Health use of digital technologies and telecommunications, such as Computers, Internet, and Mobile devices, to facilitate health improvement and health care services. It's reckon in e-Health tools such as electronic medical records (EMRs), personal health records (PHRs), mobile apps, patient portals, and many other software used to help patients monitoring and manage their health. e-Health has it's own futuristic approach and may include health technology by evolving their homes as hospitals in future.
- health in our hands recourse by m-health (mobile apps), wearable devices, online health information system, social media to collect our own data.
- Digitization record enables a patient's medical history to be tracked over time for routine and follow up consultation, monitoring the patient's vital signs. Hence, improve the quality of care & performance, improve care personalization, efficiency with comprehensive patient profiles.
- e-Health interacting in new ways by means of improving access to healthcare such as Virtual consultation rather than online which bring error in diagnosis in online consults when compared Face to Face, Tele-health, Telemedicine, Teleconferencing, Videoconferencing and Intersected social media

COURSE CONTENT

MODULE 1:

What is e-Health?
What does e-Health mean to you?
A model for e-Health.
Challenges.
The future.

MODULE 2:

Health not healthcare.
Wearable: Collecting your own data.
Clinical use of personal health data.
Mobile apps for health.
Social media for health.
Health information online.
Co-design of e-Health solutions.
Evaluating health apps.

MODULE 3:

Interacting in new ways.
Improving care: Ten e-Health advantages
Face-to-face vs online.
Tele-health and new models of healthcare.
When healthcare & social media intersect.
Using apps to personalize healthcare.
e-Health enabled professional development.
How do we enable interdisciplinary e-Health?

MODULE 3:

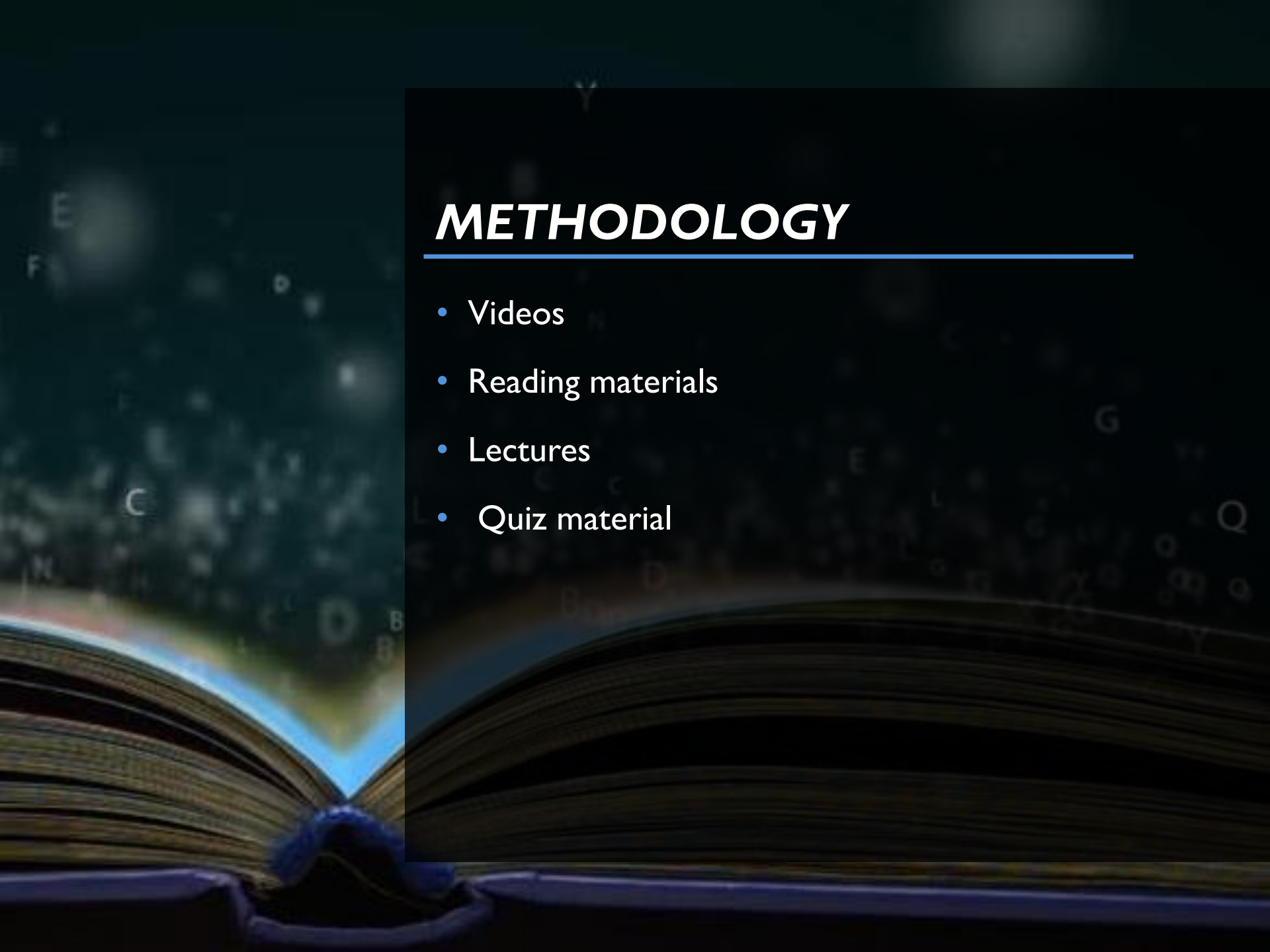
Data and the quantified self.
Data and digital health records.
Anatomy of a digital health record.
Case study: electronic records supporting remote care.
Predictive and Precision medicine.
Big data from our biology & environment.
Owning your own data.
Patient reported data in practice.
Privacy and security should we be worried.
Using data to improve our performance.

MODULE 5:

Course review: Using the 'My Physio' app.
Case study: Electronic records supporting remote care.
Case study: Physio Online.
Case study: The 'My Home Dialysis' program.
Case study: 'Synergy' online hub for mental health and well wellbeing.
Case Study: Supporting wellness after cancer treatment.

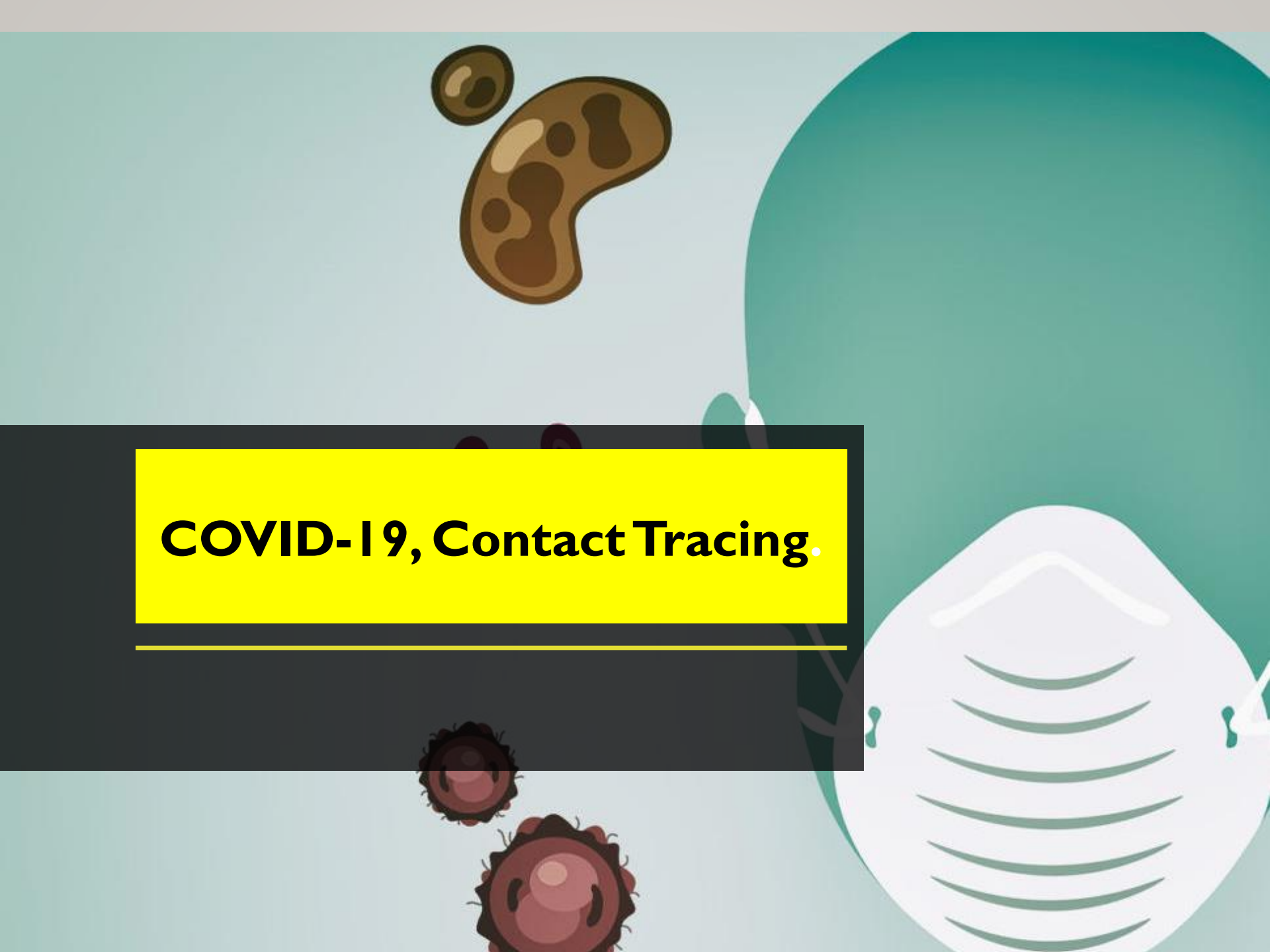
KEY LEARNING

- a) e-Health practice is supported by electronic process and Communication Technology (CT).
- b) e-Health business can grow & bring the change in Health services and consumer health in terms of 3As (Accessability, Affordability, Acceptability).
- c) Fitness apps tells the physical activity, health professionals become a coach to support patients rather than dictating them.
- d) m-Health or mobile health provide assessment, treatment, support for remote monitoring & data collection.
- e) provide autonomy and sense of urgency which directly impact on personal development and long term well being.
- f) Precision medicine, a medical model , that propose the customization of healthcare with medical decision, treatments and practice to individual patient instead of a one-drug-fits all models.
- g) Digitization paper record enables a patient`s medical history to be tracked over time for routine, follow up, monitoring of vital signs. Hence, improve the quality of care.
- h) Homo-morphic encryption (privacy preserving outsourced storage and computation) allows calculation of data that remains encrypted, so nobody can`t see the data but can see the results of analytics.
- i) Healthcare professionals can now have the flexibility to work from home or café, Tele-rehab, Tele-medicine, m-Health, Tele-conferencing, Video-conferencing, Social media.
- j) Breast Reader Assessment Strategy (BREAST) to Improve the performance of radiologists,



METHODOLOGY

- Videos
- Reading materials
- Lectures
- Quiz material



COVID-19, Contact Tracing.

OBJECTIVES

- To know the science of **COVID-19**, including its origins, clinical signs and symptoms, risk factors, diagnosis, transmission, and infectious period.
- To understand the tools being used to stop the spread of **COVID-19**: contact tracing, isolation, and quarantine.
- To elaborate the steps of the contact tracing process.
- To learn the important ethical dimensions of contract tracing, including how we balance the protection of the public's health with limits on personal privacy and autonomy.
- To know the importance of effective communication, that includes building rapport with cases and contacts, active listening, and asking the right kinds of questions.

ABOUT THE COURSE

- **Contact tracing is a tedious process of identifying the Contact and Case, assessing them, and managing people who have been exposed to a disease to prevent onward transmission. Contact tracing will break the chains of transmission of COVID-19, if it applied systematically and become an essential public health tool for controlling the outbreak.**
- **Contact tracing starts with a person testing positive for SARS-CoV-2, the virus that causes COVID-19. It can also be done for suspected cases, as when someone shows symptoms of COVID-19, such as cough, fever and shortness of breath.**
- **Contact tracing for COVID-19 requires identifying people who may have been exposed to COVID-19 and following them up daily for 14 days from the last point of exposure. In order to contain future outbreaks of the new corona virus, public health organizations will need to track people who have come into close contact with someone who has tested positive for the virus.**
- **A trained public health worker interviews that person to help them recall all the people they have had close contact with while they were infectious.**
- **Tracer ensures they must have a good rapport concerning the suspected person or the COVID-19 patient which could lead to an effective communication and active listening.**
- **Contact Tracing started it always have some complexities regarding the process, people and context. So, defining the problems and then understand what the problem is and then select a solution is going to work best, implement and then check it continuously to see if that solution is really solving the problem or not.**

COURSE CONTENT

MODULE I:

- a) Basics of COVID-19.
- b) Basics of Contact Tracing for COVID-19.
- c) Steps to Investigate Cases & trace their Contacts.
- d) Ethics of Contact Tracing & Technological Tool.
- e) Skills for Effective Communication

KEY LEARNING

- a) Patient can be both Asymptomatic and Symptomatic.
- b) **PCR** test identifies the virus in the body & also called **Molecular** test.
- c) **Contact Tracing** can limit the transmission onward and contact between people who are infected and others.
- d) Importance of **Quarantine** and **Isolation** to keep ourselves safe and provide the safety to others simultaneously.
- e) Basic steps include to **Introduce** yourself to the case, **Inquire** the case, **Identify** **Contacts**, **Provide** **Isolation** instructions to the case, **Initiate** **Contact Tracing** and then **Implement** the regular check ins or follow up.
- f) **Technology** can improve the efficiency and speed the **Public Health** functions, including **Contacting** people like **Electronic Case Reporting**, **Text messages**, **Automated communication**.
- g) **Rapport** is a feeling of mutual understanding, trust, agreeableness between people which depends on effective communication.

METHODOLOGY

- Videos
- Reading materials,
- Lectures
- Quiz material



thank you