

The Knowledge of Females about COVID-19 in Gynecological Clinic

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Abstract

This study investigated the knowledge of women toward COVID-19 during the pandemic during attending to gynecological clinic. The study aimed to identify the relation of certain demographic features with knowledge of COVID-19. A cross-sectional study was conducted, from 1st xx 2020 to 1st xx 2020. The information was gathered and analyzed. The study showed that (97%) knowing about seriousness, (99%) about the causative agent, and (94%) about the clinical feature of COVID-19 correct knowledge. Most of the study sample knew the common methods of transmission of COVID-19 disease (respiratory droplets (94.2%), direct contact (90.6%) while only (78.4%) reply that the food was not a method of transmission of the disease). The answers were regarding the correct knowledge about preventive and control measure as followings: Isolation and physical distances (100%), washing hands with soap for at least 60 seconds (99.1%), using mask for mouth and nose (94.5%), using alcohol for disinfection (91.7%) but knowing about the presence of vaccination and antibiotics for the disease only 97.8% for vaccination, and (70.7%) reply that there are no vaccination and antibiotics for the disease till now. Most Medical and dental students had very good knowledge about COVID-19 virus disease (causes, clinical features, mode of transmission, the seriousness and prevention methods of COVID-19 disease).

Keywords: COVID-19; Knowledge; Medical Students; Dental Students; Coronavirus

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Introduction

Coronavirus pandemic (COVID-19) is a disease caused by a novel coronavirus SARS-Cov-2. It causes Severe Acute Respiratory Syndrome Corona Virus2 (SARS-Cov-2). It is found firstly in Wuhan City, China [1,2]. The infection started when SARS-CoV-2 enter to respiratory system and infect the lower airways via angiotensin-converting enzyme 2 (ACE-2) receptor binding. The main mode of transmission of COVID-19 is the close contact with infected person [3,4]. The clinical features of COVID-19 are sneezing, flu-like, fever, dry cough, fatigue, shortness of breath, dyspnea, and myalgia [5,6]. Public awareness and knowledge about the COVID-19 help in the prevention of the virus disease and help in prevention in the healthy practices and responsive behavior [7]. Nowadays, COVID-19 infection in Iraq accounted 2,316,306 cases with 25,131 deaths [8].

The aim of the study to assess the knowledge of women with gynecological problems toward COVID-19 pandemic.

Methods

Study Design

An observational survey study was carried out among the women attending Gynecological clinics, from 1st June to 1st December 2021 including 100 females age ranged between 22-68 years.

Data Collection

Data were collected by a self-reported questionnaire, which was written on the sheet. The questionnaire was developed as gathering information on respondents' demographic features, including age, marital status, education level, jobs, residency, and comorbid diseases. Other related to COVID-19 including modes of spreading, clinical features, etiology, management, risk groups, prevention and control.

Statistical Analysis

Data were analyzed using SPSS version 24 (Chicago, US IBM ver. 24). Chi-square was used to determine the significance as a p-value <0.05 considered to be significant.

Results

The mean age of sample studied was 45.23±12.65 years and the age groups showed in figure 1.

In relation to marital status, 62% of women married and 38% were not, as showed in figure 2.

According to educational level of women, the percentage showed in figure 3.

Regarding occupation, 23% were not work, 40% housewives, and 37% with different jobs, showed in figure 4.

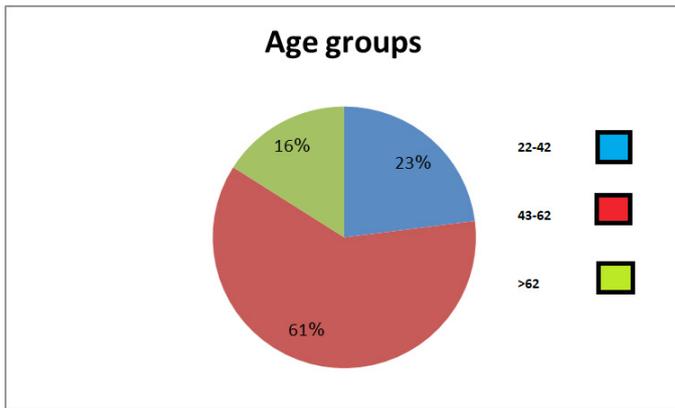


Figure 1: Age groups.

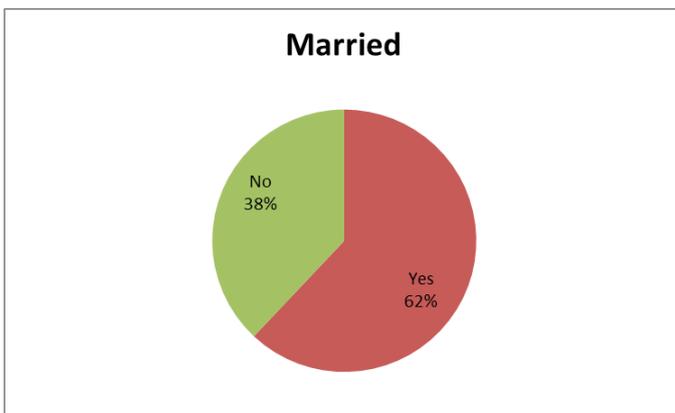


Figure 2: Marital status of women.

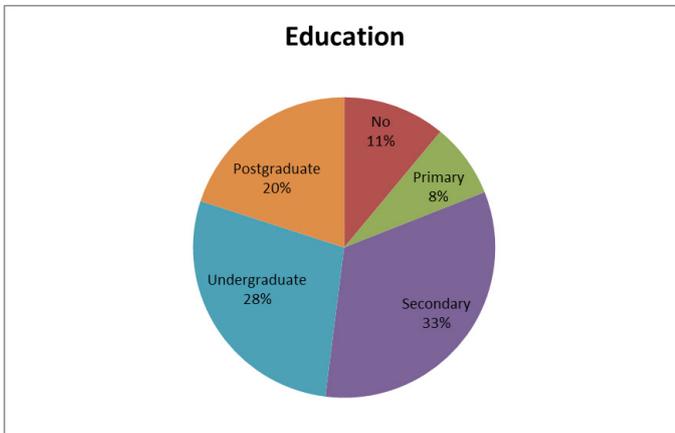


Figure 3: Education level of women.

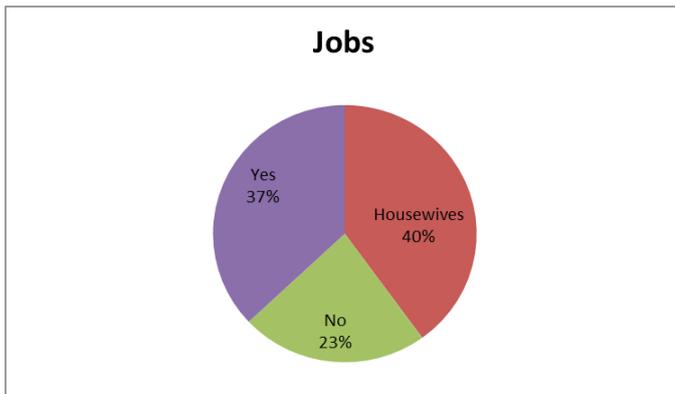


Figure 4: Women distribution according to jobs.

Women lived in urban areas were 48%, while those lived in rural regions were 52%, showed in figure 5.

The figure 6 showed the distribution of women according to the comorbid conditions.

The knowledge of the mode of spreading of COVID-19 showed in figure 7.

The knowledge of etiology of COVID-19 is shown in figure 8.

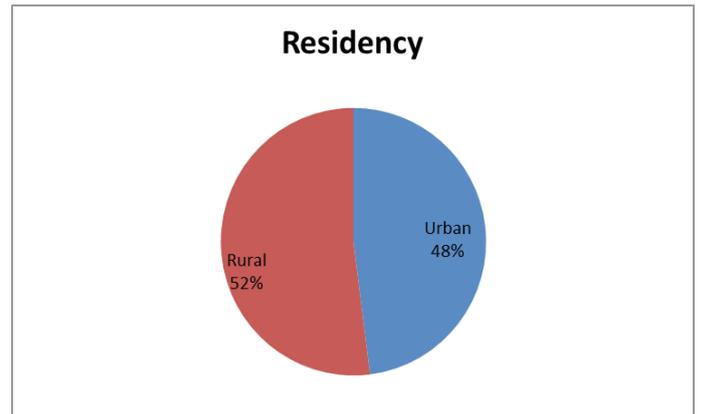


Figure 5: Residence of the study.

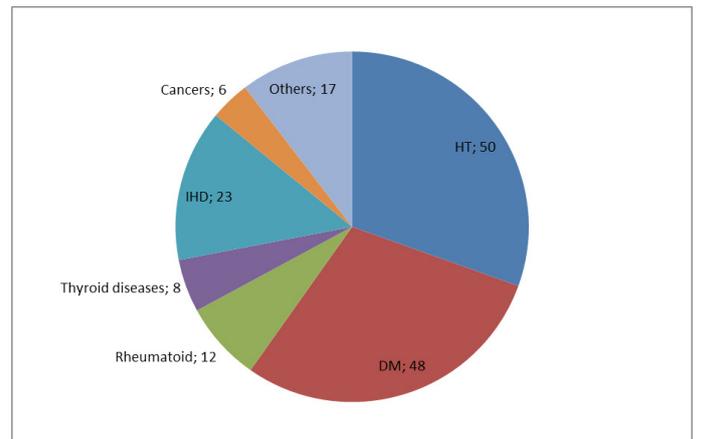


Figure 6: Comorbid conditions in the study.

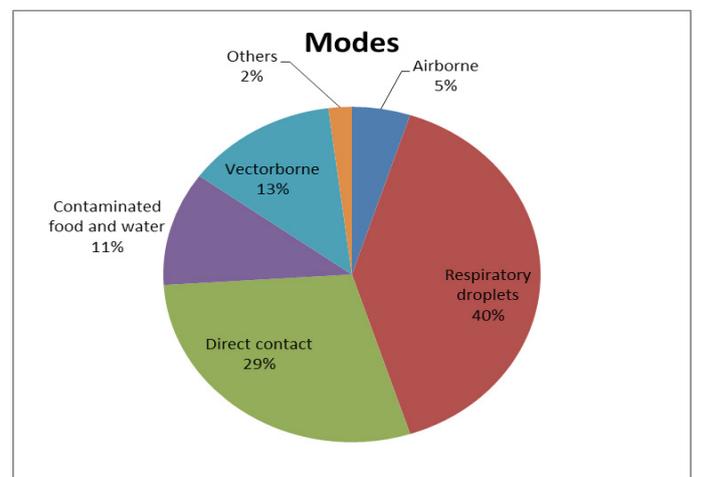


Figure 7: The knowledge of the mode of spreading of COVID-19.



The knowledge of clinical features of COVID-19 is shown in figure (9).

The knowledge of management of COVID-19 is shown in figure 10.

The knowledge of preventive and control of COVID-19 including hospital isolation, home isolation, herbals, self-washing (hand hygiene), wearing protective tools (mask and gloves), and social distance showed in figure 11.

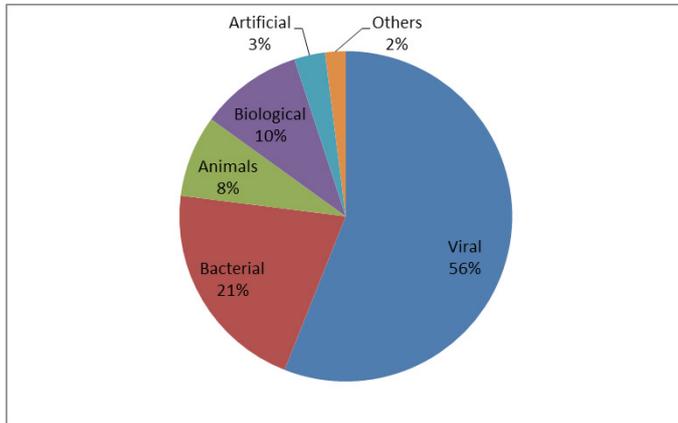


Figure 8: The knowledge of etiology of COVID-19.

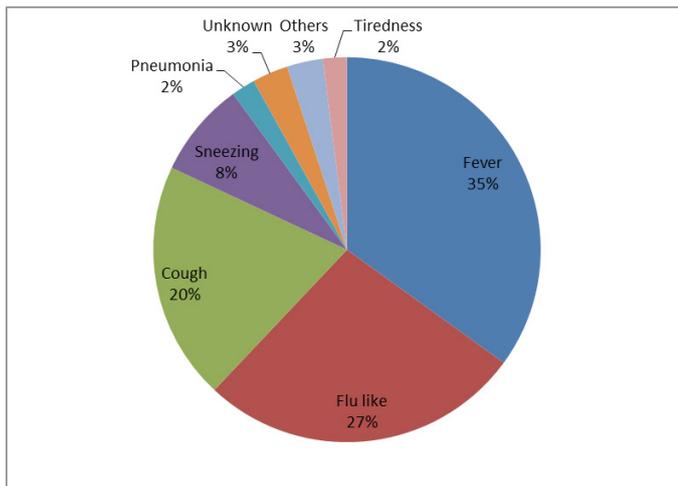


Figure 9: The knowledge of clinical features of COVID-19.

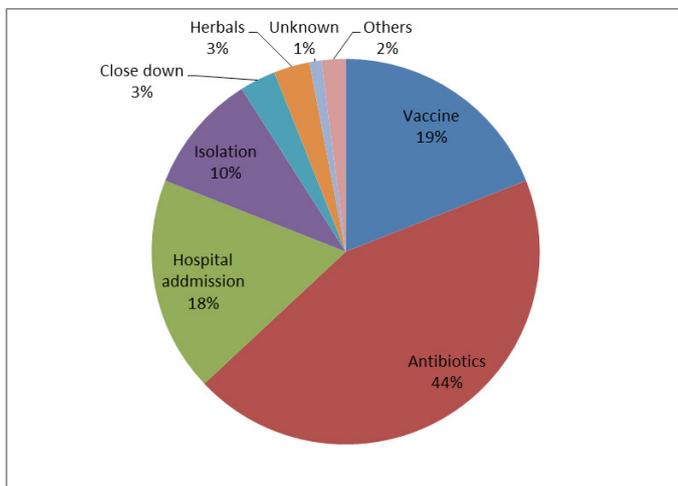


Figure 10: The knowledge of management of COVID-19.

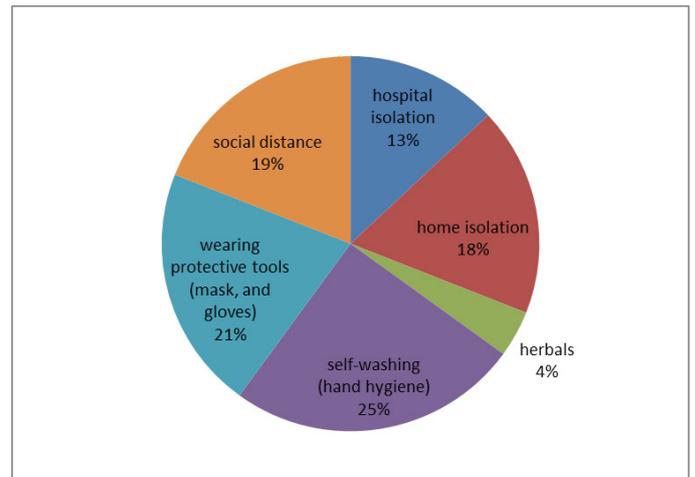


Figure 11: The knowledge of preventive and control of COVID-19.

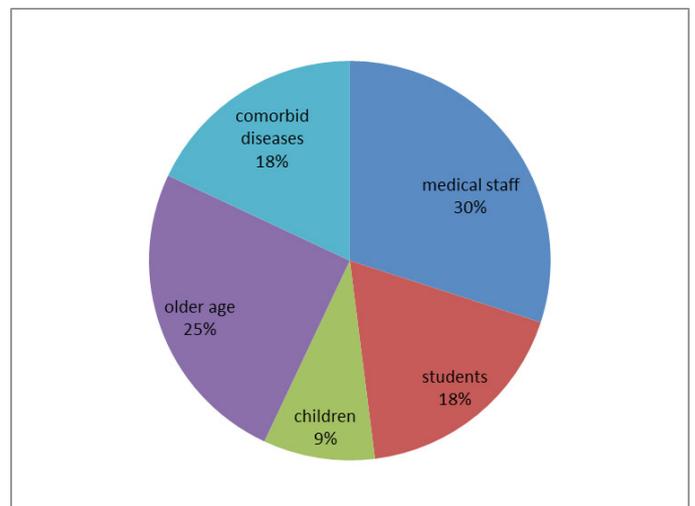


Figure 12: The knowledge of risk groups of COVID-19.

Risk groups who have high affinity to get COVID-19 include medical staff, students, children, older age, and comorbid diseases shown in figure 12.

Discussion

COVID-19 is a pandemic disease and increasing the knowledge of people about it can help to improve the disease outcome and reduce the spreading. In the current study, the sample consisted mostly of middle age group women with gynecological problems. Most of them married, and housewives with different comorbid conditions. The majority were educated (primary (8%), secondary (33%), undergraduate (28%), and postgraduate (20%)). These selecting group is in accordance with study of Roy D, et al. (2020) [8].

The results showed 40% of women thought that respiratory droplet is the mode of transmission, 29% direct contact, 13% vector-borne, 11% contaminated food and water, 5% air-borne, 2% sexual intercourse. These are disagreed with Baj J, et al, (2020) [12], study and Kumar J, et al. (2020) [13] [10,11].

In this study, 99% of the participants knew that the virus is the causative agent of COVID-19 instead of bacteria and this is accordance with dos Santos WG (2020) [9] study, Devaux CA, et al. (2020) [10], and Barry M, et al. (2020) [11], study.



The responses showed that isolation, washing hands with soap, face mask-wearing, and sanitizer usage are the major preventive methods of COVID-19. This is in accordance with Lotfi M, et al. (2020) [14], study and Ozma MA, et al. (2020) [15] study.

About 94% of the participants knew that wearing a face mask may help to prevent the disease. This is in accordance with Zhong BL, et al. (2020) [16] study and Triggler CR, et al. (2020) [17] study.

However, there is not enough evidence to prove that wearing a surgical mask protects every person from COVID-19. The WHO currently recommended that only health workers, people who are ill, and those who are caring for the ill people need to wear a mask to protect themselves from COVID-19. This is in accordance with the recommendation of Centers for Disease Control and Prevention (CDC) [18].

About 91.7% of the participants knew using alcohol can also help to control the disease and this is in agree with Peters A, et al. (2020) [19] study.

In this study, 79.8% of the participants knew that the COVID-19 vaccine is one of the important methods to prevent the disease. Hence, this concerns the time that the vaccine can be available and can be tested by the people. This is similar with Abdelhafiz AS, et al. (2020) [20] study and Parikh PA, et al. (2020) [21] study.

Approximately, 70.7% of the participants thought the antibiotics are needed to treat the COVID-19. However, there was not associated with significantly lower in-hospital mortality among patients receiving antibiotics [22].

Conclusion

The current study reveals that the medical student and dental students had very good knowledge about Covid-19 disease regarding the mode of transmission, common signs and symptoms, and the main ways of prevention.

Funding

None.

Competing interest statement

None.

Author's Contribution

All the authors participate in the design, collection and analysis of the data of the research.

References

1. Wu F, Zhao S, Yu B, Chen YM, Wang W, et al. (2020) A new coronavirus associated with human respiratory disease in China. *Nature* 579: 265-269. <https://doi.org/10.1038/s41586-020-2008-3>
2. Zhou P, Yang XL, Wang XG, Hu B, Zhang L, et al. (2020) A pneumonia outbreak associated with a new coronavirus of probable bat origin. *Nature* 579: 270-273. <https://doi.org/10.1038/s41586-020-2012-7>
3. World Health Organization (2020) Coronavirus disease (COVID-19) weekly epidemiological update and weekly operational update. Geneva, Switzerland.
4. Shereen MA, Khan S, Kazmi A, Bashir N, Siddique R (2020) COVID-19 infection: Origin, transmission, and characteristics of human coronaviruses. *J Adv Res* 24: 91-98. <https://doi.org/10.1016/j.jare.2020.03.005>
5. Chan JFW, Yuan S, Kok KH, To KKW, Chu H, et al. (2020) A familial cluster of pneumonia associated with the 2019 novel coronavirus indicating person-to-person transmission: a study of a family cluster. *Lancet* 395: 514-523. [https://doi.org/10.1016/S0140-6736\(20\)30154-9](https://doi.org/10.1016/S0140-6736(20)30154-9)
6. Riou J, Althaus CL (2020) Pattern of early human-to-human transmission of Wuhan 2019 novel coronavirus (2019-nCoV), December 2019 to January 2020. *Eurosurveillance* 25: 2000058. <https://doi.org/10.2807/1560-7917.ES.2020.25.4.2000058>
7. Chirwa GC (2020) Who knows more, and why? Explaining socioeconomic-related inequality in knowledge about HIV in Malawi. *Sci Afr* 7: e00213. <https://doi.org/10.1016/j.sciaf.2019.e00213>
8. Roy D, Tripathy S, Kar SK, Sharma N, Verma SK, et al. (2020) Study of knowledge, attitude, anxiety & perceived mental healthcare need in Indian population during COVID-19 pandemic. *Asian J Psychiat* 51: 102083. <https://doi.org/10.1016/j.ajp.2020.102083>
9. dos Santos WG (2020) Natural history of COVID-19 and current knowledge on treatment therapeutic options. *Biomed Pharmacother* 129: 110493. <https://doi.org/10.1016/j.biopha.2020.110493>
10. Devaux CA, Rolain JM, Colson P, Raoult D (2020) New insights on the antiviral effects of chloroquine against coronavirus: what to expect for COVID-19? *Int J Antimicrob Agents* 55: 105938. <https://doi.org/10.1016/j.ijantimicag.2020.105938>
11. Barry M, Al Amri M, Memish ZA (2020) COVID-19 in the shadows of MERS-CoV in the Kingdom of Saudi Arabia. *J Epidemiol Glob Health* 10: 1-3. <https://dx.doi.org/10.2991/jegh.k.200218.003>
12. Baj J, Karakula-Juchnowicz H, Teresiński G, Buszewicz G, Ciesielka M, et al. (2020) COVID-19: specific and non-specific clinical manifestations and symptoms: the current state of knowledge. *J Clin Med* 9: 1753. <https://doi.org/10.3390/jcm9061753>
13. Kumar J, Katto MS, Siddiqui AA, Sahito B, Jamil M, et al. (2020) Knowledge, attitude, and practices of healthcare workers regarding the use of face mask to limit the spread of the new coronavirus disease (COVID-19). *Cureus* 12: e7737. <https://doi.org/10.7759/cureus.7737>
14. Lotfi M, Hamblin MR, Rezaei N (2020) COVID-19: Transmission, prevention, and potential therapeutic opportunities. *Clinica Chimica Acta* 508: 254-266. <https://doi.org/10.1016/j.cca.2020.05.044>
15. Ozma MA, Maroufi P, Khodadadi E, Köse Ş, Esposito I, et al. (2020) Clinical manifestation, diagnosis, prevention and control of SARS-CoV-2 (COVID-19) during the outbreak period. *Le Infezioni Med* 28: 153-165.
16. Zhong BL, Luo W, Li HM, Zhang QQ, Liu XG, et al. (2020) Knowledge, attitudes, and practices towards COVID-19 among Chinese residents during the rapid rise period of the COVID-19 outbreak: a quick online cross-sectional survey. *Int J Biol Sci* 16: 1745-1752. <https://dx.doi.org/10.7150/ijbs.45221>
17. Triggler CR, Bansal D, Farag EABA, Ding H, Sultan AA (2020) COVID-19: learning from lessons to guide treatment and prevention interventions. *MSphere* 5: 17-20. <https://doi.org/10.1128/mSphere.00317-20>
18. Centers for Disease Control and Prevention (2020) Use and care of masks. United States.
19. Peters A, Lotfnejad N, Simniceanu A, Pittet D (2020) The economics of infection prevention: why it is crucial to invest in hand hygiene and nurses during the novel coronavirus pandemic. *J Infect* 81: 318-356. <https://doi.org/10.1016/j.jinf.2020.04.029>
20. Abdelhafiz AS, Mohammed Z, Ibrahim ME, Ziady HH, Alorabi M, et al. (2020) Knowledge, perceptions, and attitude of Egyptians towards the novel coronavirus disease (COVID-19). *J Community Health* 45: 881-890. <https://doi.org/10.1007/s10900-020-00827-7>
21. Parikh PA, Shah BV, Phatak AG, Vadnerkar AC, Uttakar S, et al. (2020) COVID-19 Pandemic: Knowledge and perceptions of the public and healthcare professionals. *Cureus* 12: e8144-e8144. <https://doi.org/10.7759/cureus.8144>
22. Rosenberg ES, Dufort EM, Udo T, Wilberschied LA, Kumar J, et al. (2020) Association of treatment with hydroxychloroquine or azithromycin with in-hospital mortality in patients with COVID-19 in New York State. *JAMA* 323: 2493-2502. <https://doi.org/10.1001/jama.2020.8630>