

Journal of Biotechnology and Bioprocessing

Sherifa Mostafa M. Sabra*

Open Access

Research Article

Impression during Coronavirus Pandemic on Behaviour of Infectious-microbial-disease and Home-physical-tools in Saudipublic

Sherifa Mostafa M. Sabra^{1*} and Somia Eltahir Ali Ahmad²

¹Asst. Prof., Dr., Microbiology, Technology and Science Dept., Ranyah University College, Taif University, KSA.

²Asst. Prof., Physics. Technology and Science Dept., Ranyah University College, Taif University, KSA.

Corresponding Author: Sherifa Mostafa M. Sabra. Asst. Prof., Dr., Microbiology, Technology and Science Dept., Ranyah University College, Taif University, KSA.

Received date: December 13, 2020; Accepted date: December 15, 2020; Published date: January 02, 2021

Citation: Sherifa M. M. Sabra and Somia E. A. Ahmad (2021) Impression during Coronavirus Pandemic on Behaviour of Infectious-microbial-disease and Home-physical-tools in Saudi-public. *J. Biotech. and Bioprocessing* 2(1); DOI: 10.31579/2766-2314/015

Copyright: © 2021, Sherifa Mostafa M. Sabra, This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Abstract

This work was for "Impression during Coronavirus Pandemic (CVP) on Behaviour of Infectious-microbial-disease (IMD) and Homephysical-tools (HPTs) in Saudi-public (SP)". The aim was for a clarify impression during CVP on changing behaviour of IMD and HPTs in SP. That was by making a questionnaire to obtain information from people in SP. It found participating 28.5% for < 20 yr and was 71.5% for > 20 yr, 31.5% were men and 68.5% were women. While 92.5% lived in families, were HPTs differed in 83.5%, 75.5% agreed presence source Coronavirus infection (CVI) in the HPTs. As well as 11.5% individuals had CVI, where 84.5% refused to use HPTs if were suspected of carrying the CVI patient. Once 94.5% was not dealing with individuals infected with CV. Anywhere, 69.5% agreed for good treatment with the CVI patient after recovery and so 73.5% acquired skills to change the behaviour of HPTs. From the whole caution handle was 29.5%, hand washing considered 20%, permanent sterilization was 18.5%. The use of gloves and facemasks was 16.5%, not use other people's tools, it took 15.5%. That concluded from this paper the approved changes behaviour of IMD and HPTs in SP, that which had important for the decrease of CVP presence in SP and worldwide. That recommended the CVP is very risk in SP and worldwide and must take care of every behaviour in house to decrease CVI. We intend to do future research in changes behaviour in house to protect family members from CVI and save SP.

Keywords: coronavirus pandemic, behaviour, infectious-microbial-disease, home-physical-tools, saudi-public, questionnaire

Abbreviations list

CV: Corona Virus, CVP: Coronavirus Pandemic, IMD: Infectious-microbial-disease, CVI: Coronavirus infection, HPTs: Home-physical-tools, MPD: Microbial pandemic disease, SP: Saudi-public.

Introduction

Kingdom of Saudi Arabia is the major republic in the Gulf area, populace more than 34 million persons [1]. CVP directed to life-changing trials amongst person's crossways the sphere, raised unexpected and fundamental alteration in their behaviour [2]. At January 2020, it was established infection might convey from person to person, via interaction with infected persons in 14 days [3-5]. Transmission of CVI occurs through contact with surface contaminants [6]. CVP could income for extended time to diminish and its permanent impression on person's behaviour [7]. Saudi establishments declared a lockdown in mid-March 2020, proscription persons from all meetings as home communal proceedings [6]. Forbidden social and home spiritual gatherings fundamental [8-9]. CVI warning for preventive measures, at home as good hand cleanliness, upholding communal disaffection, evading packed places, and observing quarantine protocols [10-12]. Presented during CVP almost Saudi persons never

joined meetings at home-based, 22% often-remained home, 64% safe distance from people. As well 70% avoided handshaking and hugging, 85% of did not share meals with others [6]. Saudi females were more committed to staying at home than males, as were people aged 92.8-100% [6, 13-14]. Also 78% maintain no physical contact, In Makkah province, only 48% committed to no physical contact, which could account for the higher number of CVI cases witnessed in Makkah. More than 80% of healthcare workers committed to no physical contact. All participants aware of not having meals with others [6].

The aim of this paper was for a clearly impression during CVP on changing behaviour of IMD and HPTs in SP. That was by making a questionnaire to obtain information from people SP, product assembly treatment of the output statistically and discuss the result.

Methodology

- Chosen method: "Survey Technique" was exercises sampling [15-16].
- Preparation questionnaires: "Studied Vital" was of study drives, (Table 1) [17].

*No	*Q		*A			
1	Age	< 20 *yr	> 20 yr			
2	Gender	Male	Miss or Mrs			
3	You live with your family	Yes	No			
4	The handling of home physical tools changed during the Corona pandemic	Yes	No			
5	There were home physical tools that may carry the Corona virus	Yes	No			
6	There were persons infected with Corona virus in your family	yes	No			
7	You handled home physical tools that may carry the patient's Corona virus	Yes	No			
8	You managed a Corona patient at home	Yes	No			
9	You managed a Corona patient at home after recovery	Yes	No			
10	There was a skill acquired during the pandemic period to home physical tools	Yes	No			
11	Advices when using home physical tools during microbial pandemic disease	Yes	No			
*CP: Coronavirus pandemic, *No: Number, *Q: Question, *A: Answer, *yr: Year						

Table 1. Questionnaire for impression during *CP on Behaviour

- Addition on line: "Connected Reviews" was contingent on gratified and distance of survey [18].
- Collection results: "Appearance at investigation questions clean the results" [19].
- Investigation data: "Modest Excel Bundle" which shaped the penalties [20].

Results and discussion

*Q	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10
*A	< 20*yr	Male	Yes							
	28.5%	31.5%	92.5%	83.5	75.5	11.5%	15.5	4.5%	69.5	73.5
				%	%		%		%	%
	> 20yr	Miss or	No							
		Mrs								
	71.5%	68.5%	7.5%	16.5	24.5	88.5%	84.5	94.5	30.5	26.5
				%	%		%	%	%	%
	*CP: Coronavirus pandemic. *O: Question. *A: Answer. *vr: Year									

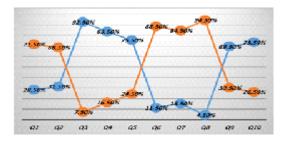


Table 2 and Graph 1. Prevalence of impression during *CP on Behaviour

Table 2 and Graph 1 showed prevalence of impression during CP on Behaviour, The first question, "Age", it was found that the 28.5% for < 20 yr was less in the answer than the 71.5% for > 20 yr. As in the older persons was more than double the less than twenty yr, due to the presence of a healthy culture for them more for CVI as behaviour of IMD [8-9]. The second question, "Gender", that found 31.5% men were half of the 68.5% women participating and indicated the importance of the issue for women more than men in CVP as behaviour of IMD [6, 13-14]. The third question, "You live with your family", showed more than four-fifths 92.5% of the participants lived in families because of the importance and quality of the family to maintain the family during the CVP [8-9]. The fourth question, "The handling of home physical tools changed during the Corona pandemic", as well using of HPTs differed in about more than three quarters 83.5% of the participants. That was due to the reasons for not transmitting the CVI through the HPTs and changing the behaviour as in their use, and it could be a source of transmission of the microbial source for behaviour of IMD [10-12]. The fifth question, "There were home physical tools that may carry the Corona virus", so all about three quarters of the numbers were 75.5% found in agreement with the presence of a source CVI in the HPTs, and it may be transmitted to healthy people, which affected the CVI in behaviour of IMD [6]. The sixth question, "There were

persons infected with Corona virus in your family", it was found that onefifth 11.5% of individuals had CVI, and it is considered very clear. The HPTs may have contributed to the transmission CVI, a microbial element through the HPTs [6, 10-12]. The seventh question, "You handled home physical tools that may carry the patient's Corona virus", more than threequarters 84.5% of the participants refused to use HPTs if they were suspected of carrying the CVI from the patient. This indicated behaviour changes due to health education and the motives for protection from behaviour of IMD [6, 10-12]. The eighth question, "You managed a Corona patient at home", it found, that close to the total 94.5% there was no dealing with individuals infected with the CVI. That due to the lack of behaviour of IMD transmission and reduced CVI in the community and changing the treatment of HPTs that may be a source of the IMD. The ninth question, "You managed a Corona patient at home after recovery", that were more than two-thirds 69.5% agreed on the existence of good treatment with the CVI patient after recovery from behaviour of IMD and the change of sources of infection such as HPTs [6, 10-12]. The tenth question, "There was a skill acquired during the pandemic period to home physical tools", about three-quarters 73.5% of the participants acquired skills to change the behaviour of HPTs that may transmit the source of the behaviour of IMD [6, 9-8, 10-12].

*Q11	*A								
	Permanent	Handle with	Hands	Wearing gloves	Not use other				
	sterilization	caution	hygiene	and a face mask	people's tools				
	18.5%	29.5%	20.0%	16.5%	15.5%				
*HPTs: Home physical tools, *MPD: Microbial pandemic disease, *Q: Question, *A: Answer									

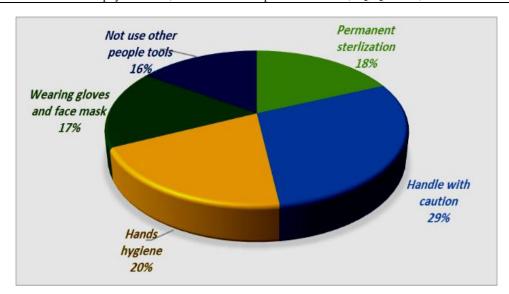


Table 3 and Graph 2. Prevalence of advices when using *HPTs during *MPD

Table 3 and Graph 2 showed prevalence of advices when using HPTs during MPD, which was included in eleventh question, "Advices when using home physical tools during microbial pandemic disease". That was returning with caution Handle with caution was the result of the highest percentage of CVI prevention as IMD and its sources in dealing with the failure to increase the cases. So, represented about a third 29.5% of the participants, and indicated the extent of health education in IMD [6. 8-9, 10-12]. Hand washing considered one of the means to reduce the transmission of CVI and it represented one-fifth 20% of the consent of individuals and is important in not transmitting the CVI from individuals or HPTs [6, 8-9, 10-12]. Permanent sterilization is one of the things that took about a fifth 18.5% of the participants, because sterilization kills microbes and reduces the transmission of the CVI from the HPTs to the other and the presence of CVI [6]. The use of gloves and facemasks took about less than one-fifth 16.5%, due to the importance of using it not to touch surfaces that may be a source of the CVI and to protect the person through sneezing or coughing from others as IMD [6, 8-9]. Not use other people's tools, it took about a fifth 15.5% of it to have a special importance with those who live in a house where a CVI from patient has symptoms or without symptoms, which leads to easy transfer of the CVI as IMD [6]. Through the eleventh question, the means by which IMD sources may transferred and the most important ways to protect against their transmission to healthy individuals. Thus, reduced the rate of CVI, which affects the health of individuals and SP. As well in all, the health culture available to people in the SP and the role of the media in developing a health culture for individuals [6, 8-9, 10-12].

Conclusion

That concluded the approve changes behaviour of IMD and HPTs in SP, that which had important for the decrease of CVP presence in SP.

Recommendation and further study

That recommended the CVP is very risk in SP and must take care of behaviour in house to decrease CVI. We intend to do the future research in changes behaviour in house to protect family members from CVI.

Acknowledgments

Distribution appreciations to members and the student, "Meaad Majed F. Al-Shareef", from "Technology and Science Dept., Ranyah University College, Taif University, KSA". They donated to the survey treading and replying to yield this study.

Reference

- General Authority for Statistics kingdom of Saudi Arabia Website (2019).
- Di Renzo, L., Gualtieri, P., Pivari, F., Soldati, L., Attin, A. and Cinelli G., (2020). Eating habits and lifestyle changes during COVID-19 lockdown: an Italian survey. *J. Transl. Med.* 18(1):1e5.
- 3. Rothan, H. and Byrareddy, S., (2020). The epidemiology and pathogenesis of coronavirus disease (COVID-19) outbreak. *J. Autoimmunity*, 109:10–24.
- Rasmussen, S., Smulian, J., Lednicky, J., Wen, T. and Jamieson, D., (2020). Coronavirus disease 2019 (COVID-19) and pregnancy: What obstetricians need to know. *Am. J. Obstetrics and Gynecology*, 222(5):415–426.
- Chen, H., Xu, W., Paris, C., Reeson, A. and Li, X., (2020). Social distance and SARS memory: Impact on the public awareness of 2019 novel coronavirus (COVID-19) outbreak.
- 6. Nouf, A., Sattam, A., Moawad, A., Mishal, A. and Tahani, A., (2020). The extent of commitment of Saudis during Holy Ramadan to social distancing measures required for the prevention of transmission of COVID-19. *J. Community Health*.
- 7. Malay DS., (2020). COVID-19, pandemic, and social distancing. *J. Foot Ankle Surg*. 447e8.

- 8. Bakhotmah, A., (2011). The puzzle of self-reported weight gain in a month of fasting (Ramadan) among a cohort of Saudi families in Jeddah, Western Saudi Arabia. *Nutrition J*.
- World Health Organization. (WHO), (2020). Practical considerations and recommendations for religious leaders and faith-based communities in the context of COVID-19—publication, risk assessment tool, decision tree.
- Singhal, T., (2020). A review of coronavirus disease-2019 (COVID-19). Indian J. Ped., 87(4):281–286.
- Chakraborty, I. and Maity, P., (2020). COVID-19 outbreak: Migration, effects on society, global environment, and prevention. Sci. *The Total Environ*. 728:13–24.
- 12. Güner, R., Hasanoğlu, İ. and Aktaş, F., (2020). COVID-19: Prevention and control measures in the community. *Turkish J. Med. Sci.*, 50(SI-1):571–577.
- Mehra, M., Desai, S., Kuy, S., Henry, T. and Patel, A., (2020). Cardiovascular disease, drug therapy and mortality in Covid-19. New England J. Med., 382(19):1787–1799.
- 14. Groups at Higher Risk for Severe Illness. Retrieved May 26, 2020.
- Shaughnessy, J., Zechmeister, E. and Jeanne, Z., (2011). Research methods in psychology (9th ed). New York, NY: McGraw Hill. pp. 161–175.
- Mellenbergh, J., (2008). Chapter 9: Surveys. In H.J. Adèr and G.J. Mellenbergh (Eds.) (with contributions by D.J. Hand), Advising on Research Methods: A consultant's companion (pp. 183–209). Huizen, The Netherlands: Johannes van Kessel Publishing.
- 17. https://en.wikipedia.org/wiki/Instructional_design.2020
- 18. https://academic.oup.com/intqhc/article/15/3/261.2020
- 19. http://Handbook-recommended-practices-questionnaire.2020
- 20. http://edu/Biology statistics simple_using_Excel.pdf.2020