



**University of Basrah
College of nursing**

Assessment of students' knowledge of protection from COVID-19 in Bab Al-Zubair / University of Basrah

A research

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

﴿قُلْ لَنْ يُصِيبَنَا إِلَّا مَا كَتَبَ اللَّهُ لَنَا هُوَ مَوْلَانَا وَعَلَى اللَّهِ فَلْتَتَوَكَّلِ الْمُؤْمِنُونَ﴾

صدق الله العلي العظيم

[التوبة: 51]

الاهداء

أهدي هذا البحث الى من ساندتني في صلاتها و دعائها

الى من سهرت الليالي تنير دربي

الى من تشاركني افراحي واساتي

الى حبيبتي ونور عيني الى اجمل ابتسامة في حياتي.

. الى ارووع امرأة في الوجود : امي الغالية

الى من علمني ان الدنيا كفاح وسلاحها العلم والمعرفة

الى الذي لم يبخل علي باي شيء

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الى من تحدى العالم لاجلي ابي العزيز

الى الذي ظفرت بهم هدية من الاقدار اخوتي الاحباء واخواتي العزيزات

و اقدم اهداء خاص الى براعم العائلة

والى كل طالب علم يسعى لكسب المعرفة

. والى كل الطلبة المشاركين في البحث

الى كل هؤلاء نهدي بحثنا

Supervisors Support

Supervisors Support

I certify that this project of research

((Assessment of students' knowledge of protection from COVID-19 in Bab Al-Zubair complex / University of Basra))

**Was prepared under my supervision at the college of nursing
university of Basra.**

**Dr. Saba Adnan Department of basic
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Abstract

covid 19 is highly infectious disease and considered in the recent as a pandemic affects high percent of population and cause high mortality and morbidity Therefore, it requires intensive preventive measures and careful.

Goals of the project: assess student knowledge regarding prevention of covid 19 . to suppose prevention plan for covid 19.

Methodology: The last study was conducted in the complex of Bab Al-Zubair colleges and aimed at dividing students' knowledge of the prevention of Covid-19's disease during the period January, 11 to January, 30, 2022 and participated in the evaluation of 300 male and female students of both sexes at different educational levels.

This study was conducted and university students participated in it to assess their knowledge about the prevention of COVID-19 using a hand-delivered questionnaire. The questionnaire consisted of 22 questions including 5 items related to information and 12 items about knowledge related to COVID-19 and It was distributed randomly to students in different college .

Data were analyzed using SPSS version 26, and the data is expressed in (Percentage, Frequency, and Mean of score)

Results: A total of 300 students from different universities completed. The average age of the participants was 18-24 years. The results showed that 50.0% had a high level of knowledge. The level of knowledge of the correct answers extended from 48.7%

CONCLUSION: We found a high level of knowledge related to COVID-19 and self-perception of self-reported moderate and protective risks among college students.

Recommendation : Wear a mask in public, especially indoors or when physical distancing is not possible.

Get vaccinated when it's your turn.

Cover your nose and mouth with your bent elbow or a tissue when you cough or sneez.

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List of Abbreviation

SARS-CoV2	short for severe acute respiratory syndrome coronavirus
CDC	Centers for Disease Control and Prevention
ARDS	Aridis Pharmaceuticals (ARDS)
IVIG"	Intravenous immune globulin
IgG	Immunoglobulin G
IFN	Interferon
SPP	Statutory Sick Pay

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Chapter one
'Introduction'

1.1 Introduction

Coronavirus disease 2019, known as COVID-19 is an extremely expanding pandemic caused by a novel human coronavirus; severe acute respiratory syndrome-corona virus (SARS-COV-2), an enveloped single-stranded RNA virus, previously known as 2019-nCov. It was first announced in December 2019, among patients with viral pneumonia in Wuhan city, China to become the most important health problem worldwide. There were two previous outbreaks of coronaviruses; SARS-CoV and Middle East respiratory syndrome-corona virus (MERS-CoV) in 2003 and 2012, which resemble the novel coronavirus. Due to the rapid spread of this highly transmitted virus to many countries, WHO declared it as a "public health emergency of international concern" on January 30, 2020. Later, due to the continual rise in the number of affected countries, cases, and fatalities, WHO declared COVID-19 as a global pandemic on 11 March 2020. ^[1]

The incubation period of SARS-CoV-2 infection is assumed to be in 14 days succeeding exposure, with most patients taking place around four to five days.

Individuals of all ages may acquire SARS-CoV-2 infection, although middle age and older individuals are the majority. In some cohorts of hospitalized cases with confirmed COVID-19 infection, the median age varied from 49 to 56 years.

The usual clinical characteristics involve fever, dry cough, fatigue, sore throat, rhinorrhea, conjunctivitis, headache, myalgia, dyspnea, nausea, vomiting and diarrhea. Hence, there are no unique clinical features that yet. ^[2]

Treatment is basically supportive and symptomatic.

The first step is to guarantee sufficient isolation to stop spread for other contacted individuals, cases and healthcare workers. Depend on their medical situations, suspected cases should be isolated in a single room or self-isolated at home subsequent to the doctors' advice. Confirmed . patients can be cohorted in the same ward. Critical patients should be admitted to ICU immediately. The common strategies involve bed rest and palliative therapy, supplying enough calorie and water consumption, sustaining water-electrolyte balance and homeostasis, scrutinizing vital signs and oxygen saturation, maintaining airway unobstructed and supplementing oxygen when needed . Symptomatic Therapy .The mild disease should be managed at home by advising about dangerous signs. The standard approach is continuing hydration, nutrition and managing fever and cough. If a patient has a high temperature exceeding 38.5°C with noticeable distress, bodily cooling (such as lukewarm water bath, antipyretic patches) or antipyretic

medicine therapy would be given. Frequent medications involve: acetaminophen orally, 10–15 mg/kg, 4-6 times/day (ibuprofen is recommended to avoid). Routine use of antibiotics and antivirals, such as oseltamivir, should be kept away from verified patients .

In hypoxic individuals, oxygen therapy through nasal prongs, face mask, high flow nasal cannula or non-invasive ventilation may be required. Mechanical ventilation and even extra corporeal membrane oxygen treatment might be considered necessary..^[3]

several unprecedented measures have adapted to control the COVID-19 transmission. These measures include the suspension of public transport; the closure of educational institutions; the prevention of public gatherings and events such as daily and Friday prayers, Church gathering, weddings, and funerals; the isolation of infected people; and the quarantine of suspected cases. Community health prevention program cannot be successful without health education programs which increase the commitment to control measures^[4].

1.2 Importance of the study

covid 19 is highly infectious disease and considered in the recent as a pandemic affects high percent of population and cause high mortality and morbidity Therefore, it requires intensive preventive measures and careful.

1.3 Aim of the study

This topic aims to raise awareness of the disease prevention .so the study aimed to:

- 1- assess student knowledge regarding prevention of covid 19 .
- 2- to suppose prevention plan for covid 19

1.4 method research developmental

The research method is the descriptive analytical method

1.5 The study sample

The two researchers chose a random sample, the size of which was determined by the Morican table, and it was distributed to the Bab Al-Zubair complex, and it was 300 male and female students.

1.6 Statement of the problem

Assessment of students' knowledge of protection from COVID-19 in Bab Al-Zubair / University of Basrah

Chapter two
"Review of literature"

2-1 Literature review

A novel coronavirus infection (now named as “COVID-19”) is an emerging infectious disease that was identified in December 2019 in Wuhan-city, China.

The infection has spread rapidly to enter to all countries around the worldwide.

Fever and dry cough are the most common clinical features of infection. Besides, patients may present with dyspnea, fatigue, and myalgia.

The infection might be highly contagious before the development of clinical symptoms and days after the patients become unwell.

According to clinical data in China, the case fatality rate of the infection was 2.3%. This is lower than that found in SARS (9.5%), MERS (34.5%).^[3]

2-2 Pathophysiology

Coronaviruses (CoVs) are a group of highly diverse, enveloped, positive-sense, and single-stranded RNA viruses.

They cause several diseases involving respiratory, enteric, hepatic, and neurological systems with vary severity among humans and animals., Human CoV infections have traditionally caused a low percentage of annual respiratory infections. There are HCoV-OC43, HCoV-229E, HCoV-NL63, and HCoV-HKU1, which cause mild respiratory illness., Over the past 2 decades, two novel CoVs, severe acute respiratory syndrome CoV (SARS-CoV) and Middle East respiratory

syndrome CoV (MERS-CoV), have emerged and cause severe human diseases. During the epidemic, SARS-CoV infect more than 8000 people worldwide with nearly 800 fatalities, representing its mortality rate around 10%. Whereas MERS-CoV infected over 857 official cases and 334 deaths, making its mortality rate approximately 35%.¹⁰⁻¹² So far, SARS-CoV-2 is the seventh member of the family of CoVs that infects humans. The main symptoms of COVID-19 included fever, fatigue, and cough, which are similar to that of SARS-CoV and MERS-CoV infected cases. There are some overlapping and discrete aspects of the pathology and pathogenesis of these CoVs which cause severe diseases in humans.^[5]

2-3 clinical features

The clinical features of COVID-19 are varied, ranging from asymptomatic state to acute respiratory distress syndrome and multi organ dysfunction. The common clinical features include fever (not in all), cough, sore throat, headache, fatigue, headache, myalgia and breathlessness. Conjunctivitis has also been described. Thus, they are indistinguishable from other respiratory infections. In a subset of patients, by the end of the first week the disease can progress to pneumonia, respiratory failure and death.

The median time from onset of symptoms to dyspnea was 5 d, hospitalization 7 d and acute respiratory distress syndrome (ARDS) 8 d. The need for intensive care admission was in 25–30% of affected patients in published series. Complications witnessed included acute lung injury, ARDS, shock and acute kidney injury. Recovery started in the 2nd or 3rd wk. The median duration of hospital stay in

those who recovered was 10 d. Adverse outcomes and death are more common in the elderly and those with underlying co-morbidities (50–75% of fatal cases).

Fatality rate in hospitalized adult patients ranged from 4 to 11%. The overall case fatality rate is estimated to range between 2 and 3% .

A suspect case is defined as one with fever, sore throat and cough who has history of travel to China or other areas of persistent local transmission or contact with patients with similar travel history or those with confirmed COVID-19 infection. However cases may be asymptomatic or even without fever. A confirmed case is a suspect case with a positive molecular test.

2-4 diagnose COVID-19

Specific diagnosis is by specific molecular tests on respiratory samples (throat swab/ nasopharyngeal swab/ sputum/ endotracheal aspirates and bronchoalveolar lavage). Virus may also be detected in the stool and in severe cases, the blood. It must be remembered that the multiplex PCR panels currently available do not include the COVID-19. Commercial tests are also not available at present. In a suspect case in India, the appropriate sample has to be sent to designated reference labs in India or the National Institute of Virology in Pune. As the epidemic progresses, commercial tests will become available.

Other laboratory investigations are usually non specific. The white cell count is usually normal or low. There may be lymphopenia; a lymphocyte count <1000 has been associated with severe disease. The platelet count is usually normal or mildly

low. The CRP and ESR are generally elevated but procalcitonin levels are usually normal. A high procalcitonin level may indicate a bacterial co-infection.

ALT/AST, prothrombin time, creatinine, D-dimer, CPK and LDH may be elevated and high levels are associated with severe disease.

The chest X-ray (CXR) usually shows bilateral infiltrates but may be normal in early disease. The CT is more sensitive and specific. CT imaging generally shows infiltrates, ground glass opacities and sub segmental consolidation. It is also abnormal in asymptomatic patients/ patients with no clinical evidence of lower respiratory tract involvement. In fact, abnormal CT scans have been used to diagnose COVID-19 in suspect cases with negative molecular diagnosis; many of these patients had positive molecular tests on repeat testing.

2-5 way of spreading

In December 2019, adults in Wuhan, capital city of Hubei province and a major transportation hub of China started presenting to local hospitals with severe pneumonia of unknown cause. Many of the initial cases had a common exposure to the Huanan wholesale seafood market that also traded live animals. The surveillance system (put into place after the SARS outbreak) was activated and respiratory samples of patients were sent to reference labs for etiologic investigations. On December 31st 2019, China notified the outbreak to the World Health Organization and on 1st January the Huanan sea food market was closed. On 7th January the virus was identified as a coronavirus that had >95% homology with the bat coronavirus and > 70% similarity with the SARS- CoV.

Environmental samples from the Huanan sea food market also tested positive, signifying that the virus originated from there .

The number of cases started increasing exponentially, some of which did not have exposure to the live animal market, suggestive of the fact that human-to-human transmission was occurring.

The first fatal case was reported on 11th Jan 2020. The massive migration of Chinese during the Chinese New Year fuelled the epidemic. Cases in other provinces of China, other countries (Thailand, Japan and South Korea in quick succession) were reported in people who were returning from Wuhan. Transmission to healthcare workers caring for patients was described on 20th Jan, 2020. By 23rd January, the 11 million population of Wuhan was placed under lock down with restrictions of entry and exit from the region. Soon this lock down was extended to other cities of Hubei province. Cases of COVID-19 in countries outside China were reported in those with no history of travel to China suggesting that local human-to-human transmission was occurring in these countries .

Airports in different countries including India put in screening mechanisms to detect symptomatic people returning from China and placed them in isolation and testing them for COVID-19. Soon it was apparent that the infection could be transmitted from asymptomatic people and also before onset of symptoms. Therefore, countries including India who evacuated their citizens from Wuhan through special flights or had travellers returning from China, placed all people symptomatic or otherwise in isolation for 14 d and tested them for the virus. Cases

continued to increase exponentially and modelling studies reported an epidemic doubling time of 1.8 d . In fact on the 12th of February, China changed its definition of confirmed cases to include patients with negative/ pending molecular tests but with clinical, radiologic and epidemiologic features of COVID-19 leading to an increase in cases by 15,000 in a single day.^[6]

2-6 Signs and Symptoms

COVID-19 is characterized by rapid transmission, and can occur by close contact with an infected person .

The details on the disease are evolving. As such, this may not be the only way the transmission is occurring. COVID-19 has spread widely and rapidly, from Wuhan city, to other parts of the world, threatening the lives of many people.

By the end of January 2020, the World Health Organization (WHO) announced a public health emergency of international concern and called for the collaborative effort of all countries, to prevent its rapid spread. Later, the WHO declared COVID-19 a “global pandemic”

The clinical picture of COVID-19 disease, SARS-CoV-2 infection, is mostly not severe as follows:

- Asymptomatic (latent) infection: Cases positively tested for SARS-CoV-2, but lacking clinical symptoms or pathologic lung imaging findings

- Acute upper airway viral infection: Patients with only fever, dry cough, pharyngeal pain, nasal congestion/rhinorrhea, fatigue, headache, or myalgia, and devoid of findings of pneumonia by thorax imaging or sepsis.

The scale of COVID-19 disease is diverse, varying from clinically asymptomatic to ARDS and multiorgan failure. The authors of the Chinese CDC report categorized the clinical symptoms

2-7 COVID-19 disease by the severity

- Mild disease (e.g., with no/mild pneumonia) was described in 81%.
- Severe disease (e.g., with dyspnea, tachypnea: ≥ 70 /min (<1 year), ≥ 50 /min (≥ 1 year), hypoxia (oxygen saturation <92%), or >50% pulmonary involvement on imaging within 24 to 48 hours, disturbance of consciousness and feeding difficulty or food refusal, with signs of dehydration) was observed in 14%.
- Critical disease (e.g., with respiratory collapse, shock, or multiorgan failure) was reported in 5%.

Suggested drugs for immunotherapy are intravenous immunoglobulin (IVIG), interferons, and convalescent immune plasma of improved cases from COVID-19 disease.

2-8 Treatment

Intravenous immunoglobulin can be utilized in severe COVID-19 disease when required, but its efficacy remains uncertain and needs further studies .

The efficacy of IVIG could be better if the IgG antibodies were gathered from cases improved from SARSCoV-2 infection, to increase the probability of inactivating the virus.

This is called as ‘convalescent immune plasma’ therapy.

More specific IgG antibodies would be more effective against COVID-19 disease by enhancing the immune response in infected cases.

Consequently, immunotherapy with specific IgG antibodies along with antiviral drugs can be an alternative therapy against COVID-19 disease until better choices, such as a vaccine, are accessible.

Interferon (IFN)- α can decrease viral load during the early stage of COVID-19 disease, and it can help to improve disease manifestations and curtail the course of infection.^[2]

CHAPTER THREE

Methodology

Methodology

This chapter presents the research design used in this study, the design of the study, the instrument of the study, the setting of the study, a sample of the study, and statistical analysis.

3-1 Design of the study:

This study was across-sectional Involving (300) colleg students (male and female. In Basrah University (Bab Al-Zubiar complex. during the period January,11 toJanuary,30, 2022 Samples were collected through the use of a questionnaire and were filled by the students themselves To achieve the goal of the research, a questionnaire was prepared, translated into Arabic, for the purpose of evaluating college students' knowledge of ways to prevent infection with the COVID-19 virus

3-2 Project sitting

The study of the research project was conducted in the College of Nursing, University of Basra, and it included students of colleges located in Bab Al-Zubair complex

3_3 Samples from the study

Three hundred male and female students in the colleges of Bab Al-Zubair complex participated in answering a questionnaire.

3_4 Project In Instruments :

Questionnaire was comprised of questions taken by written. Before Introduction this items distributed for teachers of college.. The assessment questinnaire included demographic information and scientific information regarding prevention from infection with the COVID-19 virus

3-5 Statistical data analysis

For data analysis by SSP program include

1- Percentage

2- Frequency

3-Mean of score

Chapter FOUR
"Results"

4 - 1 Distribution of the Variables Related Demographic Characteristics N= 300 students

Table(1) The frequencies and percentage of demographic information Assessment of the knowledge of student regarding protection from COVID-19 in Bab Al-Zubair complex / University of Basra

Table 4.1.1 : descriptive statistics of Demographic Variables			
Demographic Variables	Variables Classes	F	Percent
Sex	Male	140	46.6 %
	Female	160	53 %
	Total	300	100 %
Age	18 – 24	262	87 %
	25 - 32	38	12.6 %
	Total	300	100 %
Social status	Single	270	90 %
	Married	30	10 %
	Total	300	100 %
College	Nursing	114	38 %
	Zahra's Medicine	30	10 %
	Arts	42	14 %
	Management and economy	97	32 %

	Fine Arts	17	5.6 %
	Total	300	100 %
Academic year	First	17	6 %
	Second	103	34 %
	Third	76	25 %
	Fourth	104	35 %
	Total	300	100 %
Living	City center	130	43 %
	Out center	170	56,6 %
	Total	300	100 %
Economic situation	Poor	30	10 %
	Middle	164	54.6 %
	Good	106	35 %
	Total	300	100 %

The data of the table above (1) show that the female student participation the questioner were (53 %) more than male student (46.6 %).

Regarding the age (87 %) were between 18-24 years old . (90 %) were single.

Thirty eight percent of student were from Nursing collage and (35 %) of the participant student were at the Fourth stage of Academic year.

75% of the living or live outside city center.

Regarding student economic student fifty five percent of them are at the middle level.

4 - 2 Results of the Variables Related information Characteristics N= 300 students

Table 4.2.1 : descriptive statistics of information Characteristics			
Information questions	Variables Classes	F	Percent
Question 1	No	175	58 %
	Yes	125	42 %
	Total	300	100 %
Question 2	No	133	44 %
	Yes	167	56 %
	Total	300	100 %
Question 3	Before	190	63 %
	After	110	37 %
	Total	300	100 %
Question 4	No	75	25 %
	Yes	225	75 %
	Total	300	100 %
Question 5	Before	238	79 %
	After	62	21 %
	Total	300	100 %

On other hand corresponding the student information about covid 19 prevention the table 4 - 2 investigated that:

Q1 Have you ever had COVID-19 disease before? fifty eight percent of them answer no and forty two percent of them answer yes.

Q2 Did you take the vaccine before the injury? forty four percent of them answer no and fifty six percent of them answer yes .

Q3 before injury after injury sixty three percent of them answer no and thirty seven percent answer yes .

Q4 Did you take the necessary precautions before injury? twenty five percent answer no and seventy five percent answer yes .

Q5 before injury after injury seventy nine percent answer no and twenty one percent answer yes.

4 - 3 Results the Assessment of knowledge about corona virus protection, N= 300 students

Table 4.3.1 Assessment of knowledge						
Questions	N	Min	Max	Mean Score	Sd.	Ass.
Q6	300	0	1	0.88	0.322	Good
Q7	300	0	1	0.78	0.415	Good
Q8	300	0	1	0.80	0.398	Good
Q9	300	0	1	0.70	0.459	Good
Q10	300	0	1	0.59	0.493	Medium
Q11	300	0	1	0.83	0.373	Good
Q12	300	0	1	0.83	0.376	Good
Q13	300	0	1	0.76	0.430	Good
Q14	300	0	1	0.31	0.463	Weak
Q15	300	0	1	0.60	0.491	Medium
Q16	300	0	1	0.43	0.496	Medium
Q17	300	0	2	0.83	0.382	Good
Q18	300	0	2	0.40	0.497	Medium
Q19	300	0	2	0.74	0.449	Good
Q20	300	0	1	0.78	0.413	Good
Q21	300	0	1	0.48	0.500	Medium
Q22	300	0	1	0.67	0.472	Medium

*Weak = (0 – 0.33), medium = (0.34 – 0.67), good = (0.68 – 1)Mean Score

The table 4 – 3 show that the assessment of knowledge of student that participated the questioner regarding covid 19 prevention were (45 %) good and (27 %) were weak or middle .

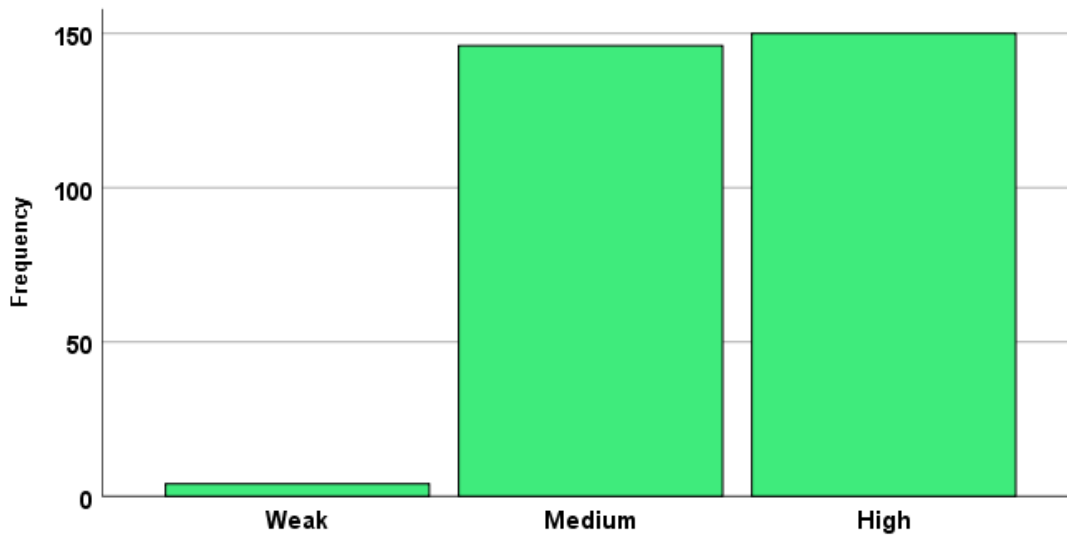
Table 4.3.2 Overall assessment of knowledge about corona virus protection

Mean Score	4	%	Ass.
0 – 0.33	146	1.3	Weak
0.34 – 0.67	150	48.7	Medium
0.68 - 1	300	50.0	Good
Total	4	100 %	

Table 4.3.3 Mean Score assessment for sample Statistics

Statistics	N	Min	Max	Mean Score	Sd.	Ass.
Knowledge	300	0.06	1.00	0.67	0.145	Medium

*Medium = (0.34 – 0.67) Mean Score



Chapter FIVE
"Discussion"

Discussion

Infection with the COVID-19 virus is considered one of the dangerous infections that lead to the death of many infected people, and for the purpose of reducing the severity of infection and the spread of the disease, prevention methods are one of the most important measures that must be known and taken.

The current study was conducted to assess the knowledge of college students in the Bab Al-Zubair complex of the University of Basra regarding the knowledge on prevention for COVID-19.

Three hundred Participated the questionnaire (Male and female student on different stage of academic year and colleges, the results of the various student participants showed that 45% of the answers were good, 27% were medium, and the same percentage was for the weak answers.

At March 2020 a cross sectional study was conducted. at Bangladesh Data were collected with a semi-structured questionnaire from 436 adult respondents selected by using a mixed sampling technique.

Only 21.6% of the respondents had good knowledge of the COVID-19 preventive measures. The highest 67.2% of them knew that washing hands with soap could prevent the disease, but contrarily, the highest 72.5% did not know that avoidance of touching mouth, nose, and eyes without washing hands was a preventive measure. Only 28.4% and 36.9% of the respondents knew that maintaining physical distancing and avoiding mass gatherings were measures of prevention of COVID-19 respectively. The younger age (≤ 25 years), low family income ($\leq 15,000$ Bangladeshi Taka (BDT)), occupation others than business and service, and nuclear family had the lower odds of having no/less knowledge about the preventive measures.^[7]

At March 2020 , across sectional study conducted in Saudi Arabia

This study investigated the knowledge, attitudes, and practices of the Saudi public, toward COVID-19, during the pandemic.

using data collected via an online self-reported questionnaire, from 3,388 participants

The majority of the study participants were knowledgeable about COVID-19. However, the results showed that men have less knowledge, less optimistic attitudes, and less good practice toward COVID-19, than women. They also found that older adults are likely to have better knowledge and practices, than younger people. ^[4] the result go with our study such female were more than male in study .

in May, 2020 An online cross-sectional survey was conducted among the Health care workers in various health facilities of India. The Health care workers included nurses, physicians, Lab technicians, Physiotherapists and Pharmacists. A 20-item structured knowledge questionnaire was developed by the researchers after extensive review of literature and experts inputs. The main domains of the questionnaire included structure of the virus, general symptoms of COVID-19 infection and infection prevention and control measures. A large proportion (70%) of the participants was found to have poor levels of knowledge on COVID-19 and infection control measures.

Since the Health care workers are at a higher quantum of being infected with COVID 19, it is therefore of paramount importance that Health care workers must have adequate knowledge about all aspects of the disease including clinical presentation, diagnosis, management and infection control practices. ^[6]

Unlike our result we found that our student had medium to good knowledge

Chapter SIX
"Conclusion & Recommendations"

6-1 Conclusions

The study concluded that college student have sufficient knowledge assessment of knowledge of student that participated the questioner s regarding covid 19 prevention were (45 %) good and (27 %) were weak or middle about preventing COVID-19 but it also need to intensify the dissemination of awareness-raising advertisements for the prevention of the disease

6-2 Recommendation

1. Maintain a safe distance from others (at least 1 metre), even if they don't appear to be sick.
2. Wear a mask in public, especially indoors or when physical distancing is not possible.
3. Choose open, well-ventilated spaces over closed ones. Open a window if indoors.
4. Clean your hands often. Use soap and water, or an alcohol-based hand rub.
5. Get vaccinated when it's your turn. Follow local guidance about vaccination.
6. Cover your nose and mouth with your bent elbow or a tissue when you cough or sneeze.
7. Stay home if you feel unwell

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Appendix A1

Assessment of students' knowledge towards protection from COVID-19 in Bab Al-Zubair complex/University of Basra

Demographic information

sex female Male

age

Social status single married

the college

scholastic

Living Nahia district center

Economic situation

Weak medium good

Scientific information

Q1 Have you ever had COVID-19 disease before? Yes No

Q2 Did you take the vaccine before the injury? Yes No

Q3 before injury after injury

Q4 Did you take the necessary precautions before injury? Yes No

Q5 before injury after injury

Q6 Do you think Corona disease Dangerous? Yes No

Q7 Do you think that hand washing can prevent disease transmission? Yes NO

Q8 Do you think that university students bear part of the responsibility for the spread of the disease in society? Yes No

Q9 Do you think that wearing a medical mask will prevent the transmission of disease? Yes No

Q10 Do you think that returning education online will contribute to limiting the spread of the disease? Yes No

Q11 Do you think that the use of alcohol / hand sanitizer will prevent disease transmission? YES NO
Yes No

Q12 Do you think staying at home and avoiding crowded places will prevent disease transmission? Yes No

Q13 Do you think that maintaining a social distance of 1-2 meters will prevent movement? Yes No

Q14 Do you see that students are committed to prevention and distancing measures? Yes No

Q15 Have you been in contact with an infected person? Yes NO

Q16 Got the injury despite following preventive measures? Yes NO

Q17 Do you think taking vitamin C supplements (D and your weight) increases the prevention of corona? Yes No

Q18 Do you think using alternative medicine and eating herbs will prevent infection? Yes No

Q19 Do you think the application of the stone will prevent infection with Corona? Yes No

Q20 Do you think that travel increases the possibility of infection with corona? Yes No

Q21 Do you think that the college you belong to provides protection, sterilization and distancing measures? Yes No

Q22 Do you think that Corona will eventually be successfully controlled? Yes No

Appendix A2

تقييم معرفة الطلاب تجاه الحماية من كوفيد 19 في مجمع باب
الزبير/جامعة البصرة

المعلومات الديموغرافية

<input type="checkbox"/>	الجنس	انثى	<input type="checkbox"/>	ذكر	<input type="checkbox"/>
<input type="checkbox"/>	العمر	<input type="checkbox"/>			
<input type="checkbox"/>	الحالة الاجتماعية	اعزب	<input type="checkbox"/>	متزوج	<input type="checkbox"/>
<input type="checkbox"/>	الكلية	<input type="checkbox"/>			
<input type="checkbox"/>	المرحلة الدراسية	<input type="checkbox"/>			
<input type="checkbox"/>	السكن	مركز	<input type="checkbox"/>	قضاء	<input type="checkbox"/>
<input type="checkbox"/>	الحالة الاقتصادية	ناحية	<input type="checkbox"/>		
<input type="checkbox"/>	الحالة الاقتصادية	ضعيفه	<input type="checkbox"/>	متوسط	<input type="checkbox"/>
<input type="checkbox"/>		جيد	<input type="checkbox"/>		

- هل اصبت من قبل بمرض كورونا ١٩ من قبل ؟ نعم لا
- هل اخذت اللقاح قبل الاصابه ؟ نعم لا
- قبل الاصابه بعد الاصابه
- هل اتخذت الوقايه اللازمه قبل الاصابه؟ نعم لا
- قبل الاصابه بعد الاصابه
- هل تعتقد أن مرض كورونا خطير؟ نعم لا
- هل تعتقد أن غسل اليدين يمكن أن يمنع انتقال المرض؟ نعم لا
- هل تعتقد ان طلاب الجامعات يتحملون جزء من مسؤولية انتشار المرض مجتمعياً؟ نعم لا
- هل تعتقد أن ارتداء القناع الطبي يمنع انتقال المرض؟ نعم لا
- هل تعتقد ان إرجاع التعليم إلكترونياً سوف يسهم في الحد من انتشار المرض؟ نعم لا
- هل تعتقد أن استخدام الكحول / المعقم يمنع انتقال المرض؟ نعم لا
- هل تعتقد أن البقاء في المنزل وتجنب الذهاب إلى الأماكن المزدحمة يمنع من انتقال المرض؟ نعم لا
- هل تعتقد أن الحفاظ على المسافة الاجتماعية من 1_2 متر يمنع الانتقال؟ نعم لا
- هل ترى ان الطلبة ملتزمون في اجراءات الوقاية والتباعد؟ نعم لا
- هل كنت ملامس لشخص مصاب ؟ نعم لا
- اكتسبت الاصابه رغم اتباع اجراءات الوقايه ؟ نعم لا
- هل تعتقد تناول مكملات فيتامين(D C و وزنك)يزيد الوقايه من كورونا؟ نعم لا
- هل تعتقد استخدام الطب البديل وتناول الاعشاب يمنع الاصابه ؟ نعم لا
- هل تعتقد تطبيق الحجر سيمنع الاصابه بكورونا ؟ نعم لا
- هل تعتقد ان السفر يزيد من احتماليه الاصابه بكورونا ؟ نعم لا
- هل تعتقد ان الكليه التي تنتمي لها توفر اجراءات الحماية والتعقيم والتباعد؟ نعم لا
- هل تعتقد انه سيتم التحكم في كورونا في النهايه بنجاح؟ نعم لا

Appendix B1

Ministry of Higher Education
And Scientific Research
Basrah University
College Of Nursing
Dean Assistant Office
For Scientific Affairs



جمهورية العراق
وزارة التعليم العالي والبحث العلمي
جامعة البصرة
كلية التمريض
مكتب معاون العميد
للشؤون العلمية

العدد /
التاريخ / / ٢٠٢١
الصادرة
كلية التمريض / قسم الموارد البشرية
جامعة البصرة
١٨٥٤ / ٥٤ / ٧

الى / كليات جامعة البصرة كافة

م / تسهيل مهمة بحث التخرج

تحية طيبة ..

يرجى التفضل بالموافقة على تسهيل مهمة طالبات كليتنا (فاطمة سعدي كاظم) و (فاطمة هاشم محمد)
لأجراء البحث الموسوم :

(Assessment of Student Knowledge Towards Protection Against Covid 19 at

Bab- Al zubair Campus-University of Basrah).

..... مع التقدير

المدرسة الدكتور
عادل علي حسين
معاون العميد للشؤون العلمية
٢٠٢١/١٢/٥

نسخة منه الى //

- ❖ مكتب السيد العميد للتفضل بالاطلاع مع التقدير...
- ❖ مكتب السيد معاون العميد للشؤون العلمية .
- ❖ الصادرة . المختصة .

رقية ١٢/٥

Appendix C

أراء التدريسين حول الاستبيان

الاسم	اللقب العلمي	الاختصاص	مكان العمل
أ.د سميره محمد	استاذ	طب وجراحه عامه /دكتوراه طب مجتمع	جامعة البصرة كلية التمريض
أ.د محفوظ فالح حسن	استاذ	دكتوراه تربيه رياضيه/فسلجه	جامعة البصرة كلية التمريض
أ.م.د زينب علك	استاذ مساعد	دكتوراه احياء مجهرية	جامعة البصرة كلية التمريض
أ.د وصفي ظاهر عبد علي	استاذ مساعد	دكتوراه طب بيطري/فسلجه	جامعة البصرة كلية التمريض
د. عطور طالب	مدرس	طب وجراحه عامه /ماجستير علم الادويه	جامعة البصرة كلية التمريض
فرحان لايد عايز	مدرس	ماجستير علوم حياة /زراعه انسجه احياء مجهرية	جامعة البصرة كلية التمريض
أ. افكار فاضل كريم	مدرس مساعد	ماجستير في تمريض صحه نفسيه	جامعة البصرة كلية التمريض

الخلاصة

أجريت الدراسة الأخيرة في مجمع كليات باب الزبير ، وهدفت إلى تقسيم معرفة الطلاب بالوقاية من مرض كوفيد-19 ، وشاركت في تقييم 300 طالب وطالبة من كلا الجنسين في المراحل التعليمية المختلفة.

أجريت هذه الدراسة وشارك فيها طلاب الجامعات لتقييم معرفتهم حول الوقاية من COVID-19 باستخدام استبيان يدوي. يتألف الاستبيان من 22 سؤالاً بما في ذلك 5 عناصر تتعلق بالمعلومات و 12 عنصراً حول

المعرفة المتعلقة COVID-19

النتائج: أكمل ما مجموعه 300 طالب من جامعات مختلفة. كان متوسط عمر المشاركين 18-24 سنة. أظهرت النتائج أن 50.0% لديهم مستوى عالٍ من المعرفة. امتد مستوى المعرفة بالإجابات الصحيحة من 48.7%.

الخلاصة: وجدنا مستوى عالٍ من المعرفة المتعلقة بـ COVID-19 والتصور الذاتي للمخاطر المعتدلة والحماية المبلغ عنها ذاتياً بين طلاب الجامعات



**University of Basrah
College of nursing**

تقييم معرفة الطلبة بالحماية من كوفيد-19 في مجمع باب الزبير / جامعة البصرة

بحث

تم تقديمه إلى مجلس كلية التمريض في جامعة البصرة في استيفاء جزئي لمتطلبات درجة
البكالوريوس في علوم التمريض

من قبل الطلاب

فاطمة هاشم محمد

فاطمة سعدي كاظم

إشراف

د. صبا عدنان

السنة الرابعة

2021-2022