

Awareness of Elderly People regarding Prevention of COVID-19

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Abstract

Background: COVID-19 is an infectious disease caused by coronavirus and cause respiratory tract infections that range from mild to severe. **Aim of the study:** Was to assess awareness of elderly people regarding prevention of COVID-19. **Research Design:** A descriptive research design was utilized to conduct this study. **Setting:** This study was conducted at Chest Outpatient Clinic in Benha University Hospital in Benha city. **Sample:** Convenient sample was used in choosing the elderly people from previous setting. The total number of sample was 150 elderly people. **Tools:** Three tools were used. **Tool I:**An structured interviewing questionnaire which consisted of four parts to assess elderly people socio- demographic characteristics, medical history, knowledge of elderly people regarding COVID-19 and reported practices of elderly people regarding prevention of COVID-19). **Tool II:** Elderly people attitude scale regarding prevention of COVID -19. **Tool III:** Observational checklist to assess and observe elderly people practices regarding prevention of COVID-19. **Results:** 68,6 of studied elderly people had average total knowledge scores regarding COVID-19, 54,7% of them had satisfactory total reported practices scores and 55,3% of the studied elderly people had satisfactory total observational practices scores. 64% of studied elderly people had positive total attitude scores regarding prevention of COVID-19. **Conclusion:** There were highly statistically significant relations between the studied elderly peoples' total knowledge scores, total practices and their total attitude scores. **Recommendations:** Develop and implement training program for elderly people to improve their knowledge and practices toward prevention of COVID-19.

Keywords: Awareness, COVID-19, Elderly people, Prevention.

Introduction

Elderly people are a natural, long and psycho-physiologically process that involves irreversible biological, psychological and social changes. During this process, the body and organ systems begin to slow and become unbalanced. In turn the body's composition and structural elements (tissues and organs) begin to noticeably change and deteriorate and these changes affect the functioning of all body systems. Globally, there are over 727 million persons aged 65 years and over in many countries. Elderly people are identified as the major risk factor for COVID-19 due to

low the immunity and impairment in body system which increasing with age. (Lovestone &Howard, 2020).

COVID-19 is a newly emerged severe contagious disease, caused by severe acute respiratory syndrome coronavirus 2. COVID-19 worrying worldwide for its high contiguity. Its first appearance in Wuhan, China, the virus infected thousands of people with new cases number rapidly growing every day. The rapid worldwide spread of the virus results in tens of millions of infections and over 6 million deaths from the world (Angeletti et al., 2022).

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COVID-19 interpersonal transmission occurs through respiratory droplets and contact transmission. The sources of infection are persons with symptomatic and asymptomatic persons and persons in incubation period who are carriers of virus. The incubation period of COVID-19 is about 1–14 days. The most common symptoms of COVID-19 were fever, fatigue, dry cough, myalgia, and dyspnea (Miller et al., 2021).

COVID-19 has been cultured from air and from surfaces and medical equipment up to several days after contact with a positive patient. COVID-19 remains viable on plastic and metal surfaces for 48 hours at 20°C and 40% relative humidity, which represent common environmental conditions in a hospital ward or regular indoor space. The Virus is sensitive to heat, lipid solvents, non-ionic detergents, oxidizing agents and ultraviolet light. Viability decreases at higher temperatures or higher levels of relative humidity (World Health Organization (WHO), 2020).

Awareness is the ability to directly know, perceive and feel by having or showing realization, perception, and knowledge. Aware implies knowledge gained through one's own perception or by means of outside information to formulate a state of elementary or undifferentiated consciousness that put individual in alert cognitive state to be aware of the situation (Teo et al., 2021).

Preventive measures play an essential role in reducing infection rates and controlling the spread of the disease. Preventive measures should be followed to prevent spread and transmission of infection chances with COVID-19 include getting vaccinated, staying at home, wearing a mask in public, avoiding crowded places, keeping distance from others, ventilating indoor spaces,

managing potential exposure durations, washing hands with soap and water often and for at least twenty seconds, practicing good respiratory hygiene, and avoiding touching the eyes, nose, or mouth with unwashed hands (Roozenbeek et al., 2020).

Community Health Nurse (CHN) should assess elderly peoples' knowledge about the COVID-19 practices and attitude to correct any misconceptions and provide them with adequate knowledge related to disease and its management to achieve the best outcome. CHN teaches elderly people to be aware and observe for medical issues as well as helping families to address complications of COVID-19, causes, symptoms, treatment and observation of elderly people needs and requirements. CHN also provides rehabilitation of elderly people who have already been affected by a disease to soften the impact of an ongoing illness that has lasting effects (Dyck et al., 2021)

Significance of the study:

COVID-19 is an emerging infectious disease that poses a significant threat to public health. In Egypt there were 27,889 reported cases in January 2021, raising the total number of reported cases to 165,951 at the end January 2021 and reported death toll was 9,316. The reported number of recovered patients increased to 129,636, leaving 26,999 active cases at the end of the month. And there were 16,473 reported cases in February 2021, raising the total number of reported cases to 182,424 and reported death toll was 10,688. The reported number of recovered patients increased to 140,892, leaving 30,844 active cases at the end of the month (WHO, 2021). In March 2021, the number of reported cases increased to 200,739 while the reported death toll rose to 11,914 at the end of the month. In February 2022 the reported case is 430,480

confirmed of COVID-19 with 22,735 deaths at the end of the month (**WHO,2022**).

Elderly people are high risk group for infected with COVID-19 due to low the immunity. Therefore, the aim of this study is to assess the awareness of elderly people regarding prevention of COVID-19.

Aim of study: Was to assess awareness of elderly people regarding prevention of COVID-19.

Research questions:

- What is the knowledge, practice, and attitude of elderly people regarding prevention of COVID 19?
- Is there a relation between total knowledge, attitude and sociodemographic data of studied sample?
- Is there a relation between total knowledge, practice and attitude of elderly people regarding prevention of COVID 19?

Subject and Methods

Setting:

The study was conducted at Chest Outpatient Clinic, in Benha University Hospital, Benha city.

Sampling:

Convenient sample was used in choosing the elderly people from previously setting. The total number of sample was 150 elderly people were chosen for three month period. According to the following criteria. Elderly people age > 60 years old, agree to participate in the study and not diagnosed with COVID-19.

Tools of the study:

Three tools were used to collect data:-

Tool I: An structured interviewing questionnaire:

The researchers designed a questionnaire based on literature review, it was written in simple clear Arabic language. It consisted of the following four parts:

First Part: a) It concerned with socio-demographic characteristics of the elderly people and included 11 questions such as age, sex, educational level, marital status, occupation, residence, family type, member of family, income, source of ventilation and housing type.

Second part: It concerned with medical history of elderly people which include 2 questions: Suffering from respiratory disease and suffering from other chronic diseases

Third part: It was utilized to measure knowledge of elderly people regarding COVID-19 which included 12 questions.

Scoring system:

The scoring system of knowledge was calculated as follows 2 score for correct and complete answer, while 1 score for correct and incomplete answer, and 0 for don't know. For each question of knowledge, the score of the items was summed- up and the total divided by the number of items. These scores were converted into a percent score. Total knowledge scores were classified as the following: Good when total scores was (>75%) equal (>18 points). Average when the total scores were 50% to less than 75% (6-18 points). Poor when the total scores was less than 50% (<6 points).

Fourth part: It concerned with reported practices of elderly people regarding prevention of COVID-19 it contain 4 items as (personal preventive measures, dealing with family member with symptoms of COVID-19, surfaces disinfection and food behaviour during COVID -19.

Scoring system:

The scoring system for elderly people practices was calculated as the follow: Each step of the reported practices has 3 levels of answers: Always, some time, and never. These were respectively calculated as follow scored 2, 1 and 0. The scores of the items were summed- up and the total divided by the number of the items. These scores were converted into percent score. Elderly people total reported practices scores were classified as following: Unsatisfactory practice scores when ($\leq 75\%$) equal (≤ 75 points). Satisfactory practice scores when ($\geq 75\%$) equal (≥ 75 points).

Tool II: It was concerned with elderly people attitude scale regarding prevention of COVID -19 which adopted from (Erfani et al., 2020). and was modified by investigator it consisted of 14 questions.

The scoring:

The scoring system of elderly people attitude has 3 levels of answers: Agree, neutral and disagree. These were respectively scored 2, 1 and 0. The score of the items were summed- up and the total divided by the number of the items. The total score of the elderly people attitude was classified into the following: Positive attitude when scores more than or equal 80% equal (≥ 22 points). Negative attitude when scores less than or equal 80% equal (< 22 points).

- **Tool III:** Observational checklist to assess and observe elderly people's practices regarding prevention of COVID-19 which adapted from (WHO, 2020) and it consisted of 2 items which as (wearing and removing mask and using alcohol for hand sterilization).
- The scoring system for elderly people observational practices was calculated as the follow: Each step of the observational practices has 3 levels of answers: Always, some time, and never. These were respectively calculated as follow scored 2, 1

and 0. The score of the items were summed-up and the total divided by the number of the items. These scores were converted into percent score. Elderly people total observational practices scores was classified as following: Unsatisfactory practices of total practices score ($< 75\%$) (< 28 points). Satisfactory practices of total practices score ($\geq 75\%$) (≥ 28 points).

Content validity of tools:

Tools validity test was done through five expertise of Faculty members of the Community Health Nursing Department-Faculty of Nursing, Benha University who reviewed the tools for clarity, relevance, comprehensiveness, and applicability.

Reliability of tools:

Reliability of tools was applied by investigator for testing the internal consistency of the tool, by administration of the same tools to the same subjects under similar condition on one or more occasion. Answers from repeated testing were compared (comp arch alpha reliability) equal 0,794% for knowledge, 0,684 % for attitude and 0,714% for elderly people practices.

Ethical consideration:

Permission has been obtained orally from each elderly people conducting the interview and given a brief orientation to the study; subjects were given an opportunity to refuse the participation after explanation of the purpose of the study. Also they were reassured that all information gathered will be confidential and used only for the purpose of the study.

Pilot study:

The pilot study was carried out on 15 elderly people who represented 10% of the studied sample size of total number and chosen randomly before embarking on the data collection to test the tool feasibility according to the results obtained from data. The pilot study was aimed to assess the tool

clarity and time needed to fill each sheet as well as to identify any possible obstacles that may hinder the data collection. No any modification done in the pilot study sample so this number of elderly people included in this study sample.

Field work

The study was carried out through a period of three months from the beginning of August 2021 to the end of October 2021. The researchers visited Chest Outpatient Clinic in Benha City two days weekly (Mondays and Wednesdays) from 9:00 am to 1:00 pm till covering whole sample from Chest Out Patient Clinics. The researchers met (6-7 patients) per visit for data collection. The researchers interviewed elderly people in Chest Out-Patient Clinics at Benha University Hospital in Benha City, after introducing herself and took their consent to be recruited in the study after explaining the aim of the study and then distributed the questionnaire sheet after clear explanations of the way to fill out and in the presence of the investigator. Each sheet took about (30-40 minutes) to answer from each elderly people. During the interview the investigator read each item/question on data collection sheet and explains its meaning to the elderly people.

Statistical analysis:

The collected data was analyzed, tabulated and presented in figures by using the suitable statistical methods as number and percentage distribution by Statistical Package for Social Science (SPSS) version 21. Data were presented by using proper statistical tests that were used to determine whether there were significant relation or not and if there were positive correlation or not. P-value was used to determine significance of results as follows: P value >0.05 is non- statistically significant difference. P value <0.05 is statistically significant difference. P value

<0.001 is highly statistically significant difference.

Results

Table (1): Shows that; 41.3 % of studied elderly people their age were 65 years with mean age was $63,15 \pm 5,24$, 64.7% of them were male, 36% of them had primary education and 57.3 of them were married. Regarding occupation, 33.3 of elderly people were not working, 42.7% of them lived with shared family, 50% of them had more than 5 family members in their family, 46.7% of them had sufficient and saving income , 57.3 of them were living in rural area. Also, this table shows that 78% of elderly people had good ventilation sources in their house and 63.3% of them lived in separate house.

Table (2): Shows that; 76,7% of elderly people had bronchitis as respiratory disease and 78.7% of them suffered from hypertension as chronic diseases regarding medical history.

Figure (1): Shows that 68,6 of studied elderly people had average total knowledge scores regarding COVID-19 and only 6,7% of them had poor total knowledge scores regarding COVID-19.

Figure (2): Shows that, 54,7% of the studied elderly people had satisfactory total reported practices scores while 45,3% of them had unsatisfactory total reported practices scores toward prevention of COVID-19.

Figure (3): Shows that, 55,3% of the studied elderly people had satisfactory total observational practices scores and 44,7% of them had unsatisfactory total observational practices scores toward COVID-19.

Figure (4): Shows that 64% of studied elderly people had positive total

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attitude scores while 36% of them had negative total attitude scores regarding COVID-19.

Table (3): Shows that there were statistically significant relations between the studied elderly people total knowledge scores and their age, sex, educational level, marital status and income while there were no statistically significant relations between elderly people total knowledge scores and their occupation and residence.

Table (4): Shows that there were statistically significant relations between

the studied elderly people total attitude scores and their sex and occupation but there were no statistically significant relations between studied elderly people total attitude scores and their age, educational level, marital status, income and residence .

Table (5): Shows that there was highly statistically significant relation between studied elderly people total knowledge, their total practices and their total attitude.

Table (1): Frequency distribution of studied elderly people regarding socio- demographic characteristics (n=150).

Socio -demographic data	No	%
Age/ year		
60 -	51	34.0
65 -	62	41.3
70 -	24	16.0
75 -	13	8.7
Mean ±SD 63.15±5.24		
Sex		
Male	97	64.7
Female	53	35.3
Education level		
Don't read and write	53	35.3
Primary education	53	36.0
Secondary education	38	25.7
University education or more	6	3.0
Marital status		
Married	86	57.3
Single	17	11.3
Divorced	8	5.4
Widow	39	26.0
Occupation		
Working	9	6.0
Private work	49	32.7
Not working	50	33.3
Retired	42	28.0
Resident		
Rural area	86	57.3
Urban area	64	42.7
Family type		
Nuclear	40	26.7
Shared	64	42.7
Extended	46	30.7
Members of family		
< 3 members	48	32.0
3< 5 members	27	18.0
>5 members	75	50.0
Family income		
Sufficient and saving	70	46.7
Sufficient	50	33.3
Not sufficient	30	20.0
Ventilation		
Good	117	78.0
Moderate	30	20.0
Poor	3	2.0
Type of housing		
Separated housing	95	63.3
Shared housing	55	36.7

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Table (2): Frequency distribution of studied elderly people regarding their medical history (n=150).

Medical history items	No	%
*Suffer from respiratory disease as:		
Dry and persistent cough	108	72.0
Bronchitis	115	76.7
Asthma	62	41.3
Difficulty of breathing	56	37.3
Pneumonia	46	30.7
Tuberculosis	6	4.0
* Suffer from other chronic diseases such as:		
Diabetes Mellitus	81	54.0
Hypertension	118	78.7
Cardiovascular disease	71	47.3
Anemia	36	24.0
Liver disease	40	26.7

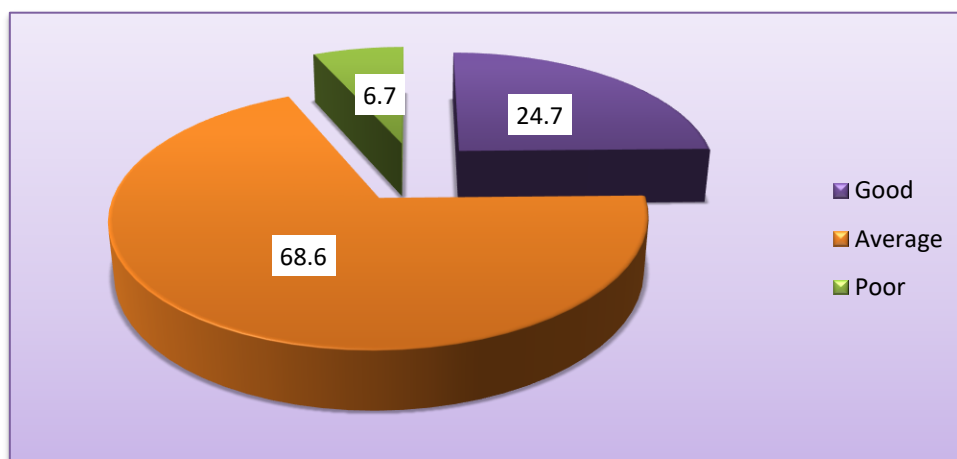


Figure (1): Percentage distribution of studied elderly people regarding their total knowledge scores (n=150).

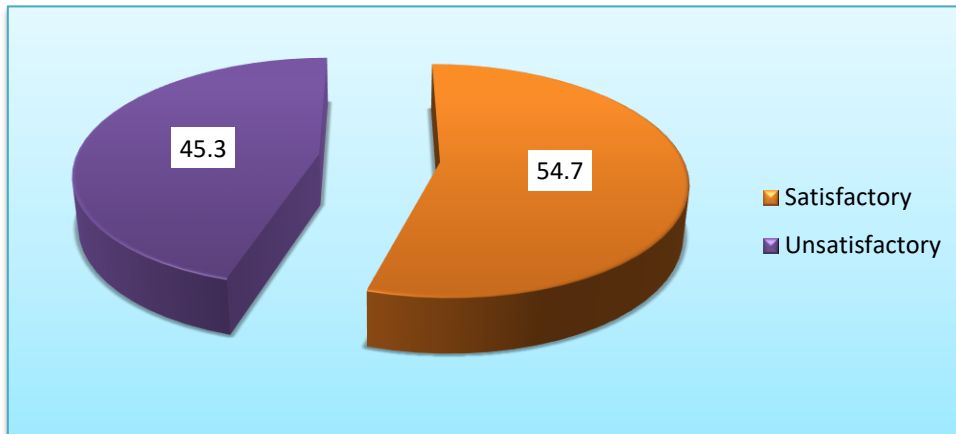


Figure (2): Percentage distribution of studied elderly people regarding their total reported practices scores regarding prevention of COVID-19(n=150).

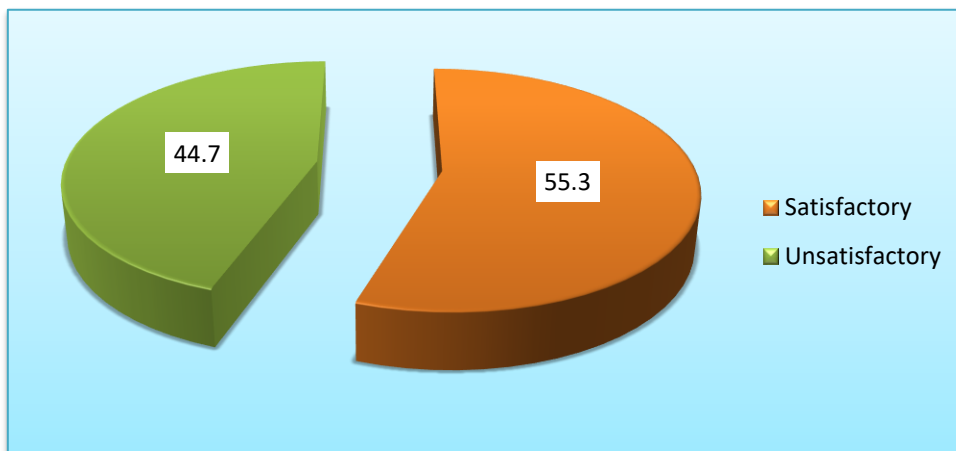


Figure (3): Percentage distribution of studied elderly people total observational practices scores regarding prevention of COVID-19 (n=150).

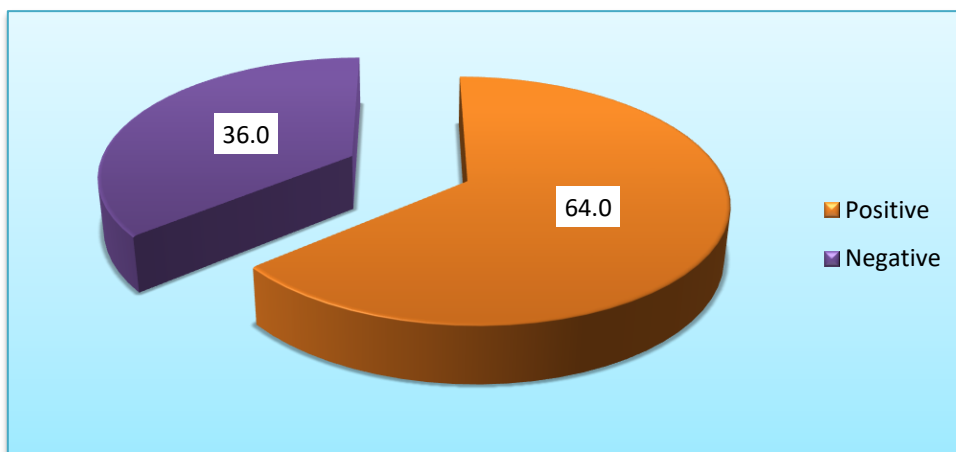


Figure (4): Percentage distribution of studied elderly people regarding their total attitude scores (n=150).

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Table (3): Relation between studied elderly people socio- demographic characteristics and their knowledge (n=150)

Socio- demographic	Total knowledge scores							X ²	P- value
	Poor (n=10)	%	Average (n=103)	%	Good (n=37)	%			
	No	%	No	%	No	%			
Age/year									
60 year	1	10.0	37	35.9	13	35.1	17.47	<.005*	
65 year	2	20.0	42	40.8	18	48.6			
70 year	3	30.0	17	16.5	4	10.8			
75 year	4	40.0	7	6.8	2	5.4			
Sex									
Male	2	20.0	67	65.0	28	75.7	10.701	<.005*	
Female	8	80.0	36	35.0	9	24.3			
Education level									
Don't read or write	8	80.0	35	34.0	10	27.0	18.157	< 0.05*	
Primary education	2	20.0	41	39.8	10	27.0			
Secondary education	0	0.0	25	24.3	13	35.1			
University education or more	0	0.0	2	1.9	4	10.8			
Marital status									
Married	2	20.0	58	56.3	26	70.3	16.454	0,05*	
Single	0	0.0	12	11.7	5	13.5			
Divorced	1	10.0	7	6.8	0	0.0			
Widowed	7	70.0	26	25.2	6	16.2			
Occupation									
Working	2	20.0	7	6.8	0	0.0	11.028	0.088	
Private work	1	10.0	35	34.0	13	35.1			
No working	6	60.0	31	30.1	13	35.1			
Retired	1	10.0	30	29.1	11	29.7			
Income									
Sufficient and saving	3	30.0	48	46.6	19	51.4	10.696	0.05*	
Sufficient	2	20.0	40	38.8	8	21.6			
Not sufficient	5	50.0	15	14.6	10	27.0			
Residence									
Rural area	8	80.0	57	55.3	21	56.8	2.273	0.321	
Urban area	2	20.0	46	44.7	16	43.2			

Table (4): Relation between studied elderly people socio- demographic characteristics and their attitude.

Socio- demographic	Total attitude scores					
	Negative (n=54)	%	Positive (n=96)	%	X ²	p- value
	No	%	No	%		
Age/year						
60 year	15	27.8	36	37.5	3.887	0.274
65 year	21	38.9	41	42.7		
70 year	11	20.4	13	13.5		
75 year	7	13.0	6	6.3		
Sex						
Male	29	53.7	68	70.8	4.438	< 0,05*
Female	25	46.3	28	29.2		
Education level						
Don't read and write	20	37.0	33	34.4	2.936	0.402
Primary education	18	33.3	35	36.5		
Secondary education	12	22.2	26	27.1		
University education or more	4	7.4	2	2.1		
Marital status						
Married	30	55.6	56	58.3	2.943	0.401
Single	6	11.1	11	11.5		
Divorced	1	1.9	7	7.3		
Widow	17	31.5	22	22.9		
Occupation						
Working	8	14.8	1	1.0	14.472	< 0,05*
Private work	13	24.1	36	37.5		
No working	15	27.8	35	36.5		
Retired	18	33.3	24	25.0		
Income						
Sufficient and save	25	46.3	45	46.9	0.818	0.664
Sufficient	20	37.0	30	31.3		
Not sufficient	9	16.7	21	21.9		
Residence						
Rural area	27	50.0	59	61.5	1.855	0.173
Urban area	27	50.0	37	38.5		

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Table (5): Relation between studied elderly people total knowledge, their total practices and their total attitude .

Total practices						
Total knowledge	Unsatisfactory (n=68)	%	Satisfactory (n=82)	%	X2	p-value
	No		No			
Poor (n=10)	7	10,3	3	3,7	20,96	0,000**
Average (n=103)	56	82,4	47	57,3		
Good (n=37)	5	7,4	32	39,0		
Total attitude						
Negative (n=54)	28	41,2	26	31,7	21,34	0,000**
Positive (n=96)	40	58,8	56	68,3		

Discussion

COVID-19 is an emerging infectious disease that poses a significant threat to public health. Elderly people are the most vulnerable group, especially after 65 years of age, who are affected by this disease and the greater mortality rate occurring among them. Preventive measures play an essential role in reducing infection rates and controlling the spread of the disease. Specifically, adherence to preventive measures established by the government is of prime importance to prevent the spread of the disease (Chirwa, 2020).

Regarding to socio-demographic characteristics of the studied elderly people. The present study showed that more than two fifth of studied elderly people their age was 65 years with mean age was of 63,15±5,24 , less than two thirds of them were male and more than half of them were married. These findings agreed with Abdel Wahed , (2020), who assessed "the knowledge, attitude and practice toward COVID-19 among Egyptians elderly people, Egypt" (n=304) who found that one half of elderly people their age were

65years, two thirds of them were male and less than two thirds were married.

The present study revealed that; more than one third of elderly people had primary education and one third of the elderly people were not working. According to (Daoust, 2020). who studied "elderly people and responses to COVID-19 in 27 Countries" (n=518), who found that more than two thirds of elderly people had primary education and more than one half of them non-working represented.

Regarding to medical history of the studied elderly people the present study showed that; more than three quarters of the elderly people had bronchitis as respiratory disease and suffered from hypertension as chronic diseases as. These findings were in the same line with (Jaber , 2021). who studied the " awareness and perception of COVID-19 among the general population in Jordon "(n=520), who found that about more than two thirds of the studied sample were suffering from Asthma. This might be due to

most of elderly people already suffered from respiratory disease and coronary disease.

As regard total knowledge scores of elderly people about COVID-19, the present study showed that more than two thirds of studied elderly people had average total knowledge scores regarding COVID-19. This result was in similarly with **(Islam, 2020)**, who studied "knowledge, attitude, and practice of older adult regarding COVID-19 outbreak: An online based cross-sectional study in Bangladesh" (n=340), they found that majority of studied older adult had average total knowledge scores regarding COVID-19. This finding might be due to elderly people interested to gained more information for COVID-19 to prevent themselves from infections.

Regarding total reported practices scores regarding prevention of COVID-19. The present study revealed that more than one half of the studied elderly people had satisfactory total reported practices scores regarding prevention of COVID-19. This finding was in the same line with **(Hasan et al. 2021)**, who studied "knowledge, attitudes, and practices (KAP) among elderly people toward COVID-19: A cross-sectional study in United Arab Emirates " (n=250), who found that three quarters of the participants had satisfactory total reported practices. This might be due to COVID-19 is new and the elderly people know preventing measures from mass media.

Regarding elderly people total observational practices scores related prevention of COVID-19. The present study revealed that more than one half of the studied elderly people had satisfactory total observational practices scores. This finding agreed with **(Valdivia, 2020)**, who found that more than two thirds Of the participants had

satisfactory total observational practices scores.

As regard total attitude scores. The present study revealed that less than two thirds of studied elderly people had positive total attitude scores regarding COVID-19. This finding agreed with **(Singh et al. 2020)**, who studied "assessment of knowledge and awareness of elderly people workers in Indian society" in Indian (n=620), who found that a positive and optimistic attitude of elderly people workers toward COVID-19. This might be due to elderly people attitude could be acquired to the frequent news received from all over the world about the seriousness and rapid speed of the disease and the increase in the number of patients in many countries.

The present study represented that; there were statistically significant relations between the studied elderly people total knowledge scores and their age, sex and educational level. This finding agreed with **(Hasan et al. 2021)**, who found that significant predictors of elderly people knowledge in this study were age, gender and educational level. This might be due to knowledge can affect by age, sex and educational level.

The present study revealed that there were statistically significant relations between the studied elderly people total attitude scores and their sex and occupation. This finding agreed with **(Daoust, 2020)**, who found that positive attitudes and high confidence of elderly people in control of COVID-19 and their sex and occupation.

The present study showed that there were highly statistical significant relations between the studied elderly people total knowledge, their total practices and their total attitude scores. This finding agreed with **(Mohammed, 2020)**.Who found that high

statistically significant between the elderly people total knowledge and practices. This might be due to when knowledge increase affect on practices and attitude.

Conclusion

More than two thirds of studied elderly people had average total knowledge scores regarding COVID-19 and the minority of them had poor total knowledge scores. More than one half of studied elderly people had satisfactory reported practices regarding prevention of COVID-19. More than one half of the studied elderly people had total satisfactory observational practices scores. less than two thirds of studied elderly people had positive total attitude scores regarding prevention of COVID-19.

There were statistically significant relations between the studied elderly peoples' total knowledge scores and their age, sex, educational level, marital status and income. There were statistically significant relations between the studied elderly peoples' total attitude score and their sex and occupation. There were highly statistically significant relations between the studied elderly peoples' total knowledge scores, total practices and their total attitude scores.

Recommendations

- ❖ Develop and implement training program for elderly people to improve their knowledge and practices toward prevention of COVID-19.
- ❖ Establish routine cleaning with disinfectant of housing and other buildings where people gather.
- ❖ Personal protective equipment's should be available to elderly people to prevent infection.
- ❖ Periodic health education about using preventive measures as face mask and alcohol using in hand sterilization.

- ❖ Further studies need to be applied on the large sample size of elderly people to prevent COVID-19 infections.

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وعي كبار السن تجاه الوقاية من كوفيد 19

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كوفيد-19 هو مرض معدٍ ظهر حديثاً ، ناجم عن فيروس كورونا ويسبب قلق في جميع أنحاء العالم بسبب ارتفاع معدل العدوى. ظهر الفيروس لأول مرة في مدينة ووهان الصينية عام 2019 ، حيث أصاب الآلاف من الأشخاص مع تزايد عدد الحالات الجديدة بسرعة كل يوم. مما أدى الي الأنتشار السريع للفيروس في جميع أنحاء العالم إلى عشرات الملايين من الإصابات وأكثر من 6 مليون حالة وفاة. وتهدف الدراسة إلي تقييم وعي كبار السن تجاه الوقاية من كوفيد 19 وأجريت هذه الدراسة بعياده الصدر بمستشفى بنها الجامعي وقد تم استخدام العينة الملائمة في هذه الدراسة لاختيار كبار السن حيث بلغ عددهم 150 مسن. وكشفت النتائج ان لدى 41.3% من كبار السن الذين شملتهم الدراسة كانت أعمارهم 65 سنة بمتوسط عمر 63،15 ± 5،24 ، 64.7% منهم ذكور ، 36% منهم حصلوا على تعليم ابتدائي و 57.3% منهم متزوجين. فيما يتعلق بالمهن ، 33.3% من كبار السن لا يعملون، 57.35% منهم يعيشون في مناطق قروية ، 42.7% منهم يعيشون مع أسرة مشتركة ، 50% منهم لديهم أكثر من 5 أفراد في أسرهم ، 46.7% منهم لديهم دخل كاف ومدخر. 54.7% من كبار السن الذين تمت دراستهم لديهم ممارسات مرضية بينما 45.3% منهم لديهم ممارسات غير مرضية من خلال سؤال كبار السن تجاه كوفيد-19. 55.3% من كبار السن الذين تمت دراستهم لديهم ممارسات مرضية من خلال ملاحظاتهم و 44.7% منهم لديهم ممارسات غير مرضية من خلال ملاحظاتهم تجاه كوفيد-19. 64% من كبار السن الذين شملتهم الدراسة كانت لهم اتجاهات إيجابية بينما كان لدى 36% منهم اتجاهات سلبية تجاه كوفيد19. كما أوصت الدراسة بأهمية تطوير وتنفيذ برنامج تدريبي لكبار السن لتحسين معلوماتهم وممارساتهم تجاه الوقاية من كوفيد 19.