

# Assessment The Knowledge of Covid-19 Among Sudanese Societies

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## ABSTRACT

**Introduction:** COVID-19 is the most dangerous epidemic that has afflicted the world and claimed lives, and everyone should be made aware of it in order to avoid the wider spread of it, especially in third world countries that do not have the full powers to cope with it.

**Material & Method:** Descriptive Study design. Participants were randomly assigned to the intervention. Level of knowledge were measured at baseline and at 1 month, involved a systematic collection, analysis and interpretation of data to evaluate the current knowledge. The sample consist of 100 person and that who were available during study period.

**Result:** The results showed 90 % of population have good knowledge about the cause of COVID-19 and 50% have good knowledge about the symptoms and signs of COVID-19 but the 20% of participants have poor knowledge about the modes of transmission, 44% knowing about hand washing is the protect from COVID-19.

**Conclusion:** Based on the results of current study, we concluded help enhance knowledge among Sudanese societies.

**Recommendation:** Educational workshops on COVID-19, methods of transmission and prevention.

**Keywords:** COVID-19 - educational program- Sudanese societies - Wuhan - wash hands.

## INTRODUCTION

In December, 2019, a neighborhood episode of pneumonia of at first obscure cause was identified in Wuhan (Hubei, China), and was rapidly decided to be caused by a novel coronavirus, namely severe intense respiratory syndrome coronavirus 2 (SARS-CoV-2). Greeting to Nature, the spread of coronavirus disease 2019 (COVID-19) is getting to be relentless and has already come to the essential epidemiological criteria for it to be pronounced a widespread, having contaminated more than 100 000 individuals in 100 countries<sup>1</sup>.

The control measures implemented in China have—at slightest for the moment— reduced modern cases by more than 90%, this diminishment is not the case in other nations, counting Italy and Iran<sup>2</sup>.

Spite of the fact that it is as well early to assess the quality of the COVID-19 response in Africa, African countries, despite restricted assets, have also adopted measures worth imitating, such as disentangled triage strategies. Respiratory diseases can be transmitted through beads of diverse sizes: when the bead particles are >5-10 µm in distance across them are alluded to as respiratory beads, and when at that point are <5µm in distance across, they are alluded to as bead nuclei. Concurring to current prove, COVID-19 infection is fundamentally transmitted between individuals through respiratory beads and contact routes. In an investigation of 75,465 COVID-19 cases in China, airborne transmission was not reported<sup>3-6</sup>.

The main signs and symptoms of COVID-19 fever is the most common symptom, even though some older human beings and these with different health issues ride fever later in the disease. In one study, 44% of humans had fever when they to the hospital, while 89% went on to strengthen fever at some factor in the course of their hospitalization. Other common signs consist of cough, loss of appetite, fatigue, shortness of breath, sputum

production, and muscle and joint pains. Symptoms such as nausea, vomiting, and diarrhea have been found in varying percentages. Less frequent signs include sneezing, runny nose, or sore throat. Some instances in China at the beginning introduced with only chest tightness and palpitations.

A diminished feel of scent or disturbances in style might also occur. Loss of scent used to be a supplying symptom in 30% of confirmed cases in South Korea.

COVID-19 testing, Demonstration of a nasopharyngeal swab for COVID-19 testing CDC rRT-PCR test kit for COVID-19, the WHO has published several testing protocols for the disease. The standard method of testing is real-time reverse transcription polymerase chain reaction (rRT-PCR).The test is typically done on respiratory samples obtained by a nasopharyngeal swab; however, a nasal swab or sputum sample may also be used. Results are generally available within a few hours to two days. Blood tests can be used, but these require two blood samples taken two weeks apart, and the results have little immediate value<sup>7-10</sup>.

Prevention of COVID-19 by many measures social distancing strategies aim to reduce contact of infected persons with large groups by closing schools and workplaces, restricting travel, and cancelling large public gatherings. Distancing guidelines also include that people stay at least 6 feet (1.8 m) apart. According to the WHO, the use of masks is recommended only if a person is coughing or sneezing or when one is taking care of someone with a suspected infection. Cover coughs and sneezes with a tissue, regularly wash hands with soap and water and avoid sharing personal household items<sup>11-12</sup>.

Medication of COVID-19 per the World Health Organization, as of April 2020, there is no specific treatment for COVID-19. On May 1, 2020, the United States gave Emergency Use Authorization (not full approval) for remdesivir in people hospitalized with severe COVID-19 after a study suggested it reduced the duration

of recovery. Researchers continue working on more effective treatments and many vaccine candidates are in development or testing phases. For symptoms, some medical professionals recommend paracetamol (acetaminophen) over ibuprofen for first-line use. The WHO and NIH do not oppose the use of non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen for symptoms and the FDA says currently there is no evidence that NSAIDs worsen COVID-19 symptoms<sup>13-17</sup>.

**MATERIAL & METHOD**

**Study Design:** This is Descriptive Study design; involve the systematic collection, analysis and interpretation of data to give a clear picture of a particular situation.

**Study Setting:** This study was conducted in Al Gezira state, central Sudan and the capital, Khartoum.

**Study Population:** The focused groups of the study were the people working in self-employment, employees and farmers of both sexes. **Inclusion criteria:** All people they are accept to participate in the study. **Exclusion criteria:** They do not accept to participate in the research.

**Sample size:** The sample consist of 100 persons and that who were available during study period.

**Data collection tools:** Interview questionnaire. Data collection technique administrating written questionnaire.

**Data analysis:** Data collected and coded then interred in (SPSS) program version 21 for analysis after that represented in figures and tables.

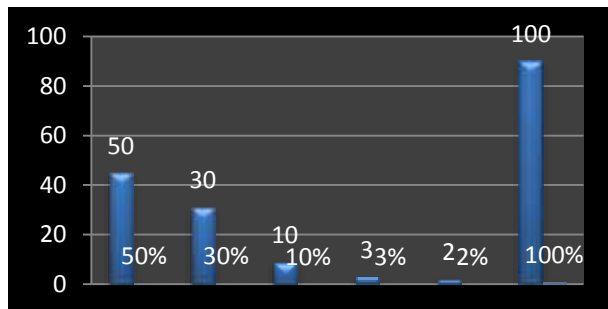


Figure 1. Through the figure, it is clear that the age group of (22-27) represented half of the study sample, where they accounted for 51% of the total study respondents, while the age group of (28-33) represented (34.4%) and the number of its members reached 31 members of the total. The respondents, and the age group between (43-39) reached 10% by repeating 9 individuals from the total study respondents, while the age group was between (40-45) percentage (3 %) and the number of its members was 3 individuals from the total respondents, while the category Age from (46-50), so the percentage represented the lowest percentage, reaching only (2%), and the number of its members was 2 from the total study respondents.

Table (1) what is the basic protective measures against the COVID-19?

Answer	Frequency	Percent
Wash hand	24	24%
Maintain social distancing	26	26%
Avoid touching eyes, nose and mouth	15	15%
Wear face mask	15	15%
I done know	20	20%
Total	100	100%

Table (2) what measures do you take when you leave the house to prevent COVID-19?

Answer	Frequency	Percent
Social distancing	30	30%
Use your knees, feet, elbows to open	19	19%
Use face mask	40	40%
Use gloves	11	11%
I done know	0	0%
Total	100	100%

Table (3) what measures do you take when you upon returning home to prevent COVID-19?

Answer	Frequency	Percent
Remove the face mask	33	33%
Remove gloves	39	39%
Wash hand	28	28%
Remove the clothes	0	0%
I done know	0	0%
Total	100	100%

Table (4) what is your reaction if you meet someone from the affected countries?

Answer	Frequency	Percent
shake hand	17	17%
Don't shake hand	38	38%
I go to him	5	5%
May be uninfected	10	10%
I done know	30	30%
Total	100	100%

Table (5) if symptoms such as shortness of breath and fever appear to someone you know, how do you react?

Answer	Frequency	Percent
I deal with him normally	5	5%
Advise him with personal isolation	30	30%
Advise him to see a doctor	40	40%
Inform the authorities	25	25%
I done know	0	0%
Total	100	100%

Table (6) what is the COVID-19 treatment?

Answer	Frequency	Percent
Anti-biotic	23	23%
There is no treatment	10	10%
Traditional treatment	7	7%
Oxygen therapy	4	4%
I done know	56	56%
Total	100	100%

**Ethical consideration:** Approval was obtained from the person. The participants who were given information about the study and who accept to participate in the study were include. The privacy and dignity of participants protected. The participants in this study were assured confidentiality through identification coding and reports of data, the name of participants in this study not use in questionnaire, the participants notified by the aims, method, expected outcome, benefits and result of this study. Any participants have his right to ask, to discontinue, and to refuse to answer any question of the study. Written consent taken from the participants.

## RESULTS

The current study done in this study was conducted in Al Gezira state, central Sudan and the capital, Khartoum. Sample size 100 person were those of 60 males and 40 females. Mean age of study sample is 27 years according to educational level above of half is the complete the University (65%). Table (1) clarified that good knowledge of the study group regarding COVID-19 is caused (90%). The study group have no knowledge about the symptoms and signs of COVID-19 (15 %).

Also concerning knowledge about the modes of transmission of COVID-19 (70%) of the study group have good knowledge. Regarding knowledge about the basic protective measures against the COVID-19 (20%) of study group have done know. Concerning knowledge about Most Susceptible to the COVID-19 (77%) good knowledge.

study group have done know about the time spending in the washing of hands (30 %), regarding of the measures do you take when you leave the house to prevent COVID-19 (40%) have good knowledge, Also knowledge about the measures do you take when you upon returning home to prevent COVID-19 (28%) of the study group washing hand, in study group regarding of the reaction if you meet someone from the affected countries was found (30%) of study group done know about it and (62%) of study group about the reaction if you deal with someone who turns out to be infected isolate himself, (56%) from the study group done know about COVID-19 treatment and (87%) good knowledge about vaccination from COVID-19.

## DISCUSSION

Our Descriptive Study was designed to evaluate knowledge of COVID-19 among Sudanese societies. The study reveal their educational level above of half is the complete the university.

The present study revealed an increase in different knowledge aspects. All the components of knowledge were significantly improved. The good knowledge about the causes of COVID-19.

Also, the participant were not well aware about the symptoms and signs of COVID-19 disruption between the fever and dry cough above of half and other don't know. Furthermore, participant knowledge about modes of transmission of COVID-19 is good and most of him is knowing how the COVID-19 transmission.

On the other hand, basic protective measures against the COVID-19 were good knowledge, through the media and its widespread prevalence in Sudan and the whole world despite this, a (20%) does not have any knowledge of these protective measures. The participants' knowledge of the most susceptible to infection was significant, and this is by following the global news of the epidemic and its affliction for all ages. In addition to that, component of knowledge which represents the identification of necessary time spend in the washing of hands were poorly knowledge in Sudan, washing hands depends only on water and proper washing of hands in a healthy way. It was not important for many people until this epidemic appeared and this appears in this study due to a lack of knowledge of it. In the present study it was clear that the identification measures do you take when you leave the house to

prevent COVID-19. This result is in harmony with WHO recommendation and other research spically about face mask most of participant use it when leave the house (Maragakis, 2020; Shahera et al., 2020; Control, 2019).

The measures taken when returning home were distributed among the participants between removing the face masks, removing the gloves and washing hands. This indicates good knowledge and follow-up to global procedures through the World Health Organization and local health organizations.

Half of the participants have done know about the procedures when they meet a person who is returning from an infected country, and some of them have good knowledge of not shaking hands with him in the initial period. Also, more than half of them have a good knowledge in the reaction if you deal with someone who turns out to be infected who is required to respond by isolating themselves directly. More than half of the participants had no knowledge of COVID-19 treatment note that it does not have a specific treatment, but methods of protection Researchers continue working on more effective treatments and many vaccine candidates are in development or testing phases (Ogundokun et al., 2020; Sultan et al., 2020; Day, 2020; Rufai & Bunce, 2020; Moore et al., 2020).

## Conclusion

Based on the results of current study, we concluded help enhance knowledge among Sudanese societies.

**Recommendation:** Educational workshops on COVID-19, methods of transmission and prevention.

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