LACK OF AWARENESS OR GENUINE EMERGENCY: A SURVEY TO FIND REASONS OF GYNAECOLOGY / OBSTETRICS PATIENTS VISITING OPD DURING PANDEMIC; ARE YOU IGNORANT OR ARE YOU IGNORING

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ABSTRACT

Objectives: To explore the reasons of Gynaecology/Obstetrics patients visiting OPD's and awareness regarding basic care and risks associated with unnecessary visits to hospital, during COVID-19 Pandemic

Study Design: Cross sectional quantitative survey.

Place and Duration of Study: Pak Emirates Military Hospital, Gynaecology/Obstetrics OPD during month of May.

Methodology: A questionnaire exploring reasons of OPD visit of Gynaecology/Obstetrics patients during COVID-19 pandemic and lockdown by government.

Results: Results will be calculated by using SPSS-22.

***Conclusion*:** This study showed that despite of awareness of mode of transmission of disease, most of the patients used public transport to reach the hospital for routine checkups. This study pointed out the gaps in awareness, specific aspects of knowledge, seriousness of situation, invariably guiding aim of future awareness and educational campaigns. This will lead to increased awareness of people regarding the seriousness of the disease and preventing rapid transmission of the disease by taking proper protective measures.

Keywords: Antenatal checkups, Awareness, COVID-19, Pandemic, Patient attendants, Reasons for OPD visits, Risk factors.

INTRODUCTION

The person to person transmission disease began in city of Wuhan, China and in a matter of time it outreached throughout the world causing the worse pandemic. The first case of COVID-19 was reported in end of February 2020, until now 20th May, there are 45,898 confirmed cases. So, the number of COVID-19 infection has soared up to roaring number of 45, 898 since its first outbreak in Pakistan[1]. The country was put in lockdown but there was inappropriate response from public resulting in establishment and spread of virus. According to 6th population and housing census 2017, the total population of Pakistan is 207 million[2]. Due to lack of proper surveillance and asymptomatic carriers the population is rapidly becoming carriers of the virus. There is already a lot of burden on our health care system, COVID-19 along with other problems like poverty, disease, poor infrastructure and less budget, will further add to the crisis and healthcare system will not be able to hold the burden[3].

Since the outbreak of COVID-19 and in the aftermath of strict lockdown in Wuhan city of China in January this year, the world has started to bear the brunt of economic crisis. The global pandemic has ripped through the countries like Italy, Spain, China, USA and UK. These developed countries have been impacted severely by the disease and their healthcare systems are at the verge of collapse. The uncertainty and unpredictability of this pandemic has high potential for psychological effects. The health care workers are in direct exposure and contact with COVID-19 patients due to which they are under great psychological and physical stress[4]. One of the previous studies carried out in Beijing, concluded that during SARS outbreak health professionals had extreme fear of getting infected, depression, anxiety, and frustration, especially in those

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frontline health workers who were dealing with SARS-COV-2 positive patients.

In response to the looming fears of an emerging epidemic, preventive measures were taken by higher authorities to control COVID-19 community transmission. This included public awareness campaigns, quarantine, urging the healthy people to self-isolate as well as practicing social distancing strategies[5]. Public awareness was done formally such as newspapers, press releases, educational messages, as well as, informally such as social media, online reviews, views of family and peers. These measures always proved to improve situational awareness in times of public health emergencies. Effective and timely management of infections is greatly dependent on social distancing behavior; perception plays a vital role in the adoption of protective behavioral response[6]. The health care system is at breaking point in many developed countries. There is a need to plan as quickly as possible to identify how we can reconfigure our services.

Despite of all this, we, in our gynaecology OPD observed that the number of patients had not declined as we thought it would. Pak Emirates Military Hospital is looking after soldiers' families and daily workload on Gynae/OBS OPD in our hospital before the pandemic was around 400 patient/day. After lockdown and restrictions from government we thought that patient workload will decrease apart from genuine emergencies but on contrary we had OPD workload of average around 200/day. We wanted to find the reasons of visit of patients to Gynae/OBS, OPD as well as, awareness regarding basic care and risks associated with unnecessary visits to hospital, during COVID-19 outbreak.

METHODOLOGY

This study conducted a cross-sectional questionnaire-based survey. A new questionnaire was developed which was validated by five experts all of them had work experience of more than 15 years in their fields. It was pilot tested. The final survey had 10 closed ended questions. The sampling method was non-probability convenient sampling. The researcher submitted written permission from the institutes prior to conducting survey explaining the research project and data collection during the month of May ERB/A/28. Patients who reported in Gynae/OBS OPD were included in the study. Sample size was calculated by using open EPI calculator. A total of 350 patients were included in the study. Data was saved in excel sheets and analyzed in SPSS-22 by calculating frequencies and percentages. Statistical significance was calculated by independent t-test and a p-value <0.05 was considered.

RESULTS

A total of 550 patients were included in the survey. Patients visiting for gynecological problems were 110 (20%) and 440 (80%) were obstetrics patients at various gestational ages. The mean age of patients were 26 years ± 5.37 and mean gestational age was 32 weeks ± 4.3 weeks. The parity of the obstetrics patients at the time of visit at Obstetrics OPD is shown in table-I. It clearly showed that P2 and P3 visited mostly the OPD's for routine checkup and having no additional risk factors, with significant p-value of 0.002.

Table-I: Parity.

Parity	Frequency (%)
Nulliparous	55 (10%)
PG	90 (16.3%)
P1	99 (18%)
P2	131 (23.8%)
P3	120 (21.8%)
P4	40 (7.3%)
P5 & above	15 (2.7%)

Reasons for Visiting OPD During Pandemic

The risks factors of the visiting patients were also determined through questionnaire. It was found that risks associated with pregnancy were; Bad Obstetrical History (BOH) 36 (6.5%), hypertension 20 (3.6%), gestational diabetes 18 (3.2%), chronic illness 10 (1.8%).

In the responses to the questions related to the risk of visiting hospital during pandemic

for routine checkups queries, varied in terms of awareness. A *p*-value of 0.0001 suggested significant results regarding the risk of acquiring infection during visits to hospital query.

Awareness Regarding COVID-19 Pandemic:

The questionnaire included questions regarding awareness of COVID-19 pandemic. It was interesting to note that 495 (90%) patients were aware of the pandemic. Upon inquiring regarding understanding the risk of contracting the disease while visiting crowded places it was evident that 544 (99%), knew about the risk. These patients were further inquired regarding awareness of increased chances of contracting the disease while visiting the hospitals unnecessarily. It was evident that 550 (100%) patients were aware of the fact that visiting the hospital without genuine emergency can increase the risk of contracting the disease and still 456 (82%) patients visited hospital for routine checkup. A *p*-value of 0.03 was suggestive that the results were significant and awareness regarding COVID-19 and visiting the crowded places were related.

Precautions Taken While Visiting the Hospital:

Once it was established that the patients had awareness about the pandemic they were asked questions regarding precautions they followed while coming to the hospital.

First question was about mode of transport they used for reaching hospital whether they used public transport or not. Out of 550 patients 210 (38%) used public transport in form of either taxi or van. They were asked regarding wearing mask and the result showed that 359 (65%) used face mask for protection and 191 (34%) patients used no face mask.

Family Members Accompanying the Patient to Hospital:

Patients were asked regarding attendants or family members who accompanied them to hospital. These family members are as shown in table-II.

Most of the patients were accompanied by their parents or in laws and these patients were well aware of the fact that COVID-19 is more dangerous for the elderly people. The awareness regarding pandemic, risk associated with it and use of protective measures were compared with reasons for visiting the hospital, it was found statistically significant that, the patient didn't have genuine emergencies and came for routine antenatal and gynae checkups, with *p*-value of 0.02. Regarding bringing elderly people and children to hospital without any reason, and exposing them to unnecessary risk, respondents were uncertain, with *p*-value of 0.287.

Table-II: Accompanying family members.

Family Member Accompanying	Frequency (%)
Husband	126 (22.5%)
Children	149 (27%)
Elders of >50 years of age	275 (50.5%)

DISCUSSION

To our knowledge, this is the first study that investigated COVID-19 associated knowledge, attitudes and awareness among Gynae/Obs patients visiting the OPD's. We determined reasons of patients visiting OPD despite lock down and tried to find out whether it was genuine emergency or routine checkup or lack of awareness for which they came to hospital. Many studies previously has shown that case isolation, contact tracing, social distancing proved to be sufficient to control new outbreak in absence of other control measures[7]. Infected individuals carry large quantities of virus in their upper respiratory tract, and carry out usual activities, contributing to the spread of infection making it difficult to control the current outbreaks with COVID-19. According to study done by Heymann, the lock-down of Wuhan City seems to have slowed down the spread of COVID-19. It was also documented that preparation for resilience of health systems is required in all countries, with COVID-19, anticipating severe infections as well as identifying course of at risk population of severe disease[8]. Our study showed that patients had awareness of social distancing and risks but still they came to hospital just for routine checkups. From our results, it is clear that

most people have heard about the name and origin of COVID-19 but people who think that they are aware of signs and symptoms are not aware of risk associated with it. Another study done by Hayat showed that residents had good knowledge and acceptable attitude towards the pandemic in contrary to our study which showed despite of knowledge the attitude of patients was unreasonable[9]. It is important to understand the transmission of COVID-19 virus moreover, it continues to improve with the evolution of the outbreak. Studies showed that WHO has collaborated with governments around the world, including needs assessments, providing hand sanitizers and masks for health professionals, providing training on the clinical management of patients with COVID-19, collaborating with local media outlets and conducting awareness raising activities, delivering test kits, conducting simulation exercises, and providing personal protective equipment. Our study also showed that patients recognized the efforts done by government and hospital administration but still they came to OPD for chronic problems without protective measures[10].

Studies done at China and Italy had shown that COVID-19 has more morbidity and mortality in older patients but COVID-19 related deaths are not clearly defined in the international reports available so far, and differences in definitions of what is or is not a COVID-19 related death might explain variation in case-fatality rates among different countries[11]. People in Pakistan had non-serious attitude from the beginning towards the disease despite all awareness and media campaigns. Pakistani people had faced pandemics in past but, many people are unaware of the fact that threat of an upcoming COVID-19 epidemic can be averted[12]. Studies have shown that this ongoing lethal pandemic, requires individual attention moreover, awareness regarding its transmission across the bounders throughout the entire world. Protective measures include proper hand-washing, staying at home and maintaining social distance are immediate solutions to save humanity[6]. One of the studies carried out in Italy documented that the number of people infected, will impose a major strain on critical care facilities, some of healthcare centers even do not have adequate resources or staff to deal with this sort of emergency. It was also found that in fewareas of Italy, despite extraordinary efforts to restrict the movement of people at the expense of the Italian economy, it is predicted that the number of patient load with COVID-19 will become much greater than the system can cope with[13].

Quarantine is one historical preventive measure. It has a key role in prevention of epidemic and pandemic. It includes simple isolation of suspected patient for a particular period of time[14]. These measures are effectively implemented by our hospitals but the outcome of this questionnaire suggests that Pakistan faces a unique challenge related to public health, which majorly is the people's response towards COVID-19 outbreak. Lack of social distancing as well as not observing preventive measures posed a challenge during this pandemic. Studies have shown that Informative campaigns should be organized including social and digital media to make the citizens aware of these measures invariably preventing spread of infection[15,16]. Apart from these measures, staff training, and strict implementation of rules and regulations, effective development of policies and specific guidelines relating to virus spread are required, and all organizations and hospitals need to ensure the proper implementation of the government policies[17]. This study showed that despite awareness of mode of transmission of disease the patients used public transport to reach the hospital and that also in absence of any emergency. Moreover, some patients were not taking protective preventive measures making others at risk of exposure. This study pointed these specific aspects of knowledge, awareness, seriousness of situation and practice that should be focused in future awareness and educational campaigns. WHO has recommended to keep routine OPD work minimum as well as no relatives allowed unless unavoidable[18]. A study carried out in India showed, health care workers are the most valuable

agents in this battle against the pandemic and they cannot be created at short notice and so protecting them against infection and safeguarding their health and morale is crucial[19].

Our study has some limitations. The study was conducted among patients presenting in gynae department of one hospital only as well as convenient sampling method was used. Therefore, our findings may not be representative of the entire gynae/OBS population.

CONCLUSION

This study showed that despite of awareness of mode of transmission of disease, most of the patients used public transport to reach the hospital for routine checkups. This study pointed out the gaps in awareness, specific aspects of knowledge, seriousness of situation, invariably guiding aim of future awareness and educational campaigns. This will lead to increased awareness of people regarding the seriousness of the disease and preventing rapid transmission of the disease by taking proper protective measures.

CONFLICT OF INTEREST

This study has no conflict of interest to be declared by any author.

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