

TIME SPENDING AMONG TEENAGE DURING COVID -19PANDAMIC IN KURDISTAN REGION

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We the members of the evaluation committee certify that after reading this
study and examining the students in its contents, it is adequate for the award
of the degree of Technical Diploma in Nursing for the academic year 2023-
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Abstract

Injuries are the leading cause of death in childhood and a significant cause of morbidity. Although the home should be a haven of safety, for children under the age 15 years old, and especially for pre-schoolers, this setting represents the most frequent site of injury occurrence. Among the most serious of potential hazards are falls, suffocation, burns, and poisoning. Therefore, in the study we aimed to assess socio demographic characteristics of parents and children and to assess types and rates of child home accident. A non-probability (purposive sample) consists from 100 children each mother was interview in west emergency hospital . A constructed questioner format used for socio demographic data collection form the mother and children and type of child injury. This study was conducted from January, February 2023. It was found that the most common risk to injury in child age between 3-6 years of age and male more than female risk to injury as in total case 62 boys and 38 girls, all It was found that most common Couse of injury children in home such as falling building 15 children, Burn Hot liquid & vapours 41 children and Struck by (Cut / Pierce) 12 children. The study recommended providing home safety one of the important point to decrease the rate of this injury. Educate parents regarding the most common hazard at home, as well as recognized by their child.

Chapter one Introduction and literature Review

1.1. Introduction:

Coronavirus disease 2019 (COVID-19) is a contagious disease caused by a virus, the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The first known case was identified in Wuhan, China, in December 2019.^[5] The disease quickly spread worldwide, resulting in the COVID-19 pandemic.

The symptoms of COVID-19 are variable but often include fever, [6] cough, headache, [7] fatigue, breathing difficulties, loss of smell, and loss of taste. [8][9][10] Symptoms may begin one to fourteen days after exposure to the virus. At least a third of people who are infected do not develop noticeable symptoms. [11] Of those who develop symptoms noticeable enough to be classified as patients, most (81%) develop mild to moderate symptoms (up to mild pneumonia), while 14% develop severe symptoms (dyspnea, hypoxia, or more than 50% lung involvement on imaging), and 5% develop critical symptoms (respiratory failure, shock, or multiorgan dysfunction). [12] Older people are at a higher risk of developing severe symptoms. Some people continue to experience a range of effects (long COVID) for months after recovery, and damage to organs has been observed. [13] Multi-year studies are underway to further investigate the long-term effects of the disease. [13]

COVID-19 transmits when infectious particles are breathed in or come into contact with the eyes, nose, or mouth. The risk is highest when people are in close proximity, but small airborne particles containing the virus can remain suspended in the air and travel over longer distances, particularly indoors. Transmission can also occur when people touch their eyes, nose or mouth after touching surfaces or objects that have been contaminated by the virus. People remain contagious for up to 20 days and can spread the virus even if they do not develop symptoms.^[14]

Testing methods for COVID-19 to detect the virus's nucleic acid include real-time reverse transcription polymerase chain reaction (RT-PCR), [15][16] transcription-mediated amplification, [15][16][17] and reverse transcription loop-mediated isothermal amplification (RT-LAMP)[15][16] from a nasopharyngeal swab. [18]

Several COVID-19 vaccines have been approved and distributed in various countries, which have initiated mass vaccination campaigns. Other preventive measures include physical or social distancing, quarantining, ventilation of indoor spaces, use of face masks or coverings in public, covering coughs and sneezes, hand washing, and keeping unwashed hands away from the face. While work is underway to develop drugs that inhibit the virus, the primary treatment is symptomatic. Management involves the treatment of symptoms through supportive care, isolation, and experimental measures.

1.2. Objective:

1-To assess students time spending during covied 19

1.3. Covid-19 Impact on Education

The COVID-19's lockdown procedure has disrupted traditional learning around the world. Not only for students but also for teachers, those who had to change their delivery styles on the fly owing to changing circumstances without any prior preparation. On the other hand, the most marginalised populations, who lack access to digital learning platforms and sufficient facilities to engage in digital learning on their own, are at risk of being left behind. This is not a simple matter, as a loss of learning will directly result in the country's skill loss and the production of soilless graduates for the country's productivity. There is no set timeframe for when the schools or universities will return to normal functioning. If schools are slow to return to normal, the growth of the economic sector also would be at higher risk in future [5]. Nepal's schools and institutions have been temporarily closed due to the lockdowns for about two months. UNESCO (2020) estimates that over nine million (8,796,624) pupils in Nepal are affected by school/university closures in response to the pandemic as of the second week of May 2020. 958, 127 (11%) are in pre-primary school, 2,466,570 (28%) are in primary education, 3,463,763 (39%) are in secondary education, and 404,718 (5%) are in higher education [6]. Even though school closures can occur for various causes, the recent Coronavirus school closures have harmed many educational systems around the world (Fig. 1). Over 1.3 billion students were out of school as of March 23, 2020, due to school closures in response to COVID-19 [7].

1.4. The Effect Of Covid-19 In Daily Life Behaviour

This global pandemic redefined the day today activities of people as this pandemic challenges the people behaviour [29]. Lockdown is one of the options suggested by WHO to reduce the rapid spread of COVID-19 and it effected for people's lives in physically and mentally [30,31,32]. According to different countries the changes that happened in daily lives are different, in some countries sleeping habits were changed dramatically and in some countries there was only small change in those habits. For example the survey data shows that in Netherland 14% of the respondent show a decrease in sleeping hours and 13% of respondent show increase in sleeping hours, in Indian survey it showed that there is a significant increase in sleeping hours, in North Italy the amount of sleeping hours increased with Covid-19 pandemic [33,31,32]. Then if we consider the change in eating habits, most of the people tend to have a healthy and homemade meal. The amount of fruits and vegetables usage is increased during the lockdown situation. [29,31,32] In the surveys conducted in countries such as Netherland, North Italy, US, Croatia shows that the amount of alcohol usage and smocking increased slightly [30,32,33, 34] but in countries such as India shows a significant decrease in using alcohol and smoking [31]. The amounts of participation of people in physical activities are decreased with lockdown situation people trapped in a shelter. Then the amount of sitting hours and screen time dramatically increased. Due to decrease in physical activities and increased in sitting and screen time many people (about 30% and more) show a weight gaining. So during this covid-19 pandemic the life style of people changed in unexpected way this pandemic is also an unexpected [29,30,31]. With all these changes in day today activities, the mental health of the people also effected. With decreased of physical activities the rate of depression increased significantly. Those who maintain their normal life style without dramatic change doesn't show much change in depression level but those who changed their daily life with pandemic faced the depression mostly

[34].

Chapter two Methodology

Patient and Methods

2.1. Design of the study:

A comparative study (purposive sample consists from 20 students grade 10 each of 10 students from private another 10 from public school) comparative study conducted to assess time spending of adolescents during covid -19 pandemic in in Erbil city

2.2. Setting of study:

This study was conducted at Kurdistan and Roshnbery school in Erbil city during the period of January, February 2023.

2.3. Sample of the study:

A non-probability (purposive sample) obtained through taking interview students who admitted to Kurdistan and Roshnbery school in Erbil city selected as study sample.

2.4. Method and tool of data collection

A questionnaire constructed by investigator then reporting for data collection. It was comprised of two major parts.

part 1: to socio demographic characteristics of parents and parents.

Part 2: to assess time spending of adolescents during covid -19 pandemic in Erbil city

2.5. Ethical consideration:

An official permission was be obtained from directorate of health through, Erbil Medical Technical Institute for data collection. Also oral consent was be taken from students of and Researchers will promise to keep the students' information, confidential, and use these data for this study only then explain the purpose of this study to each participant.

2.6. <u>Sta</u>	<u>itistical</u>	<u>analysis</u> :	Data wa	s analyzed	through	using	SPSS	version	23.
Throug	h applic	ation of fr	requencie	es and perc	entage				

Chapter three Results

3.1 Introduction

This chapter will present the main findings of the study.

Table (1) Descriptive Statistics about Socio-demographic characteristics of Parents :

Table 1 shows the descriptive statistics of Socio-demographic characteristics of Parents'. Most of the mothers are aged between 31 and 40 (60%) followed by respectively since the majority of them are worked as house wife's (100%). having illiterate education (80%). Also, the result of this table shows, the majority of fathers are age aged between 41-50 (60%) followed by respectively since the majority of them are worker (60%).

Items		F	%
Age of mother	31-40	6	60%
Age of father	41-50	6	60%
Education of mother	Illiterate	8	8%
Education of father	Elementary	6	60%
Occupation of mother	House wife	10	100%
Occupation of father	Worker	6	60%

Table (2) Descriptive Statistics about activities did have last year.

Table (2) Descriptive Statistics about activities did have last year most of them Watching movies and series and Using social media each of them more than 3hr/day.

Activities	Duration
Watching movies and series	More than 3 hr /day
Using social media	More than 5 hr /day

Table (1) Descriptive Statistics about Socio-demographic characteristics of Parents of private school :

Table 1 shows the descriptive statistics of Socio-demographic characteristics of Parents'. Most of the mothers are aged between 31 and 40 (60%) followed by respectively since the majority of them are worked as house wife's (100%). having secondary education (40%). Also, the result of this table shows, the majority of fathers are age aged between 41-50 (60%) followed by respectively since the majority of them are employer (60%).

Items		F	%
Age of mother	31-40	6	60%
Age of father	41-50	6	60%
Education of mother	Secondary	4	40%
Education of father	Elementary	6	60%
Occupation of mother	House wife	10	100%
Occupation of father	Employer	6	60%

Table (2) Descriptive Statistics about activities did have last year in private school.

Table (2) Descriptive Statistics about activities did have last year most of them Watching movies and series and Using social media each of them more than 5,6 hr/day.

Activities	Duration
Watching movies and series	More than 5 hr /day
Using social media	More than 6 hr /day

Chapter four

Conclusions and recommendations

This chapter presents conclusions and recommendations which are derived out from the study.

1. Conclusions

Based on the results, it can be concluded that:

- 1-The majority of the students in private school Watching movies and series and Using social media each of them more than 5,6 hr/day.
- 2-The majority of the students in public school Watching movies and series and Using social media each of them more than 3hr/day.

Recommendation

- Educational materials need to be age-specific, developed and piloted for particular ages of students regarding time mangements
- Education for the students to explain the effect of social media on human being

- Attitudes and concerns of boys and girls need to be addressed (eg boys and girls have different attitudes towards wearing bicycle helmets) (Few interventions have targeted gender issues.)
- Free or low-cost safety equipment needs to be provided Equipment needs to be installed by professionals Specific advice focused on the needs of target groups is required
- Home visits can be utilised to provide support and advice Lay workers from the same community as the target group can be recruited and trained Specific groups and injuries need to be targeted (eg window guards provided for tenants of high-rise flats to prevent window-fall injuries)
- Programmes may need to emphasis different cultural values (eg a holistic view of health)

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Appendices

Prevalence of Home Accident Among Children Attending at West Erbil Emergency Hospital

Part I: - Social- demographic data of the child:

1-	Age of child:				
2-	Sex of child: male	fema	ale		
3-	Number of children at home:				
4-	Presence of chronic diseases in the	e child :	yes	No	
5-	Residential area:	Urban		Rural	
6-	Family soci – economic status:	high	middle		low

Part II: - Social- demographic data of the mother:

1- Mothers age:

2- Occupation of mothers: Employed Non employed

3- Level of mothers education: Illiterate primary school

secondary school College or Institute

Part III: Types of childern Injurie:

Items				
Falling				
Fall Furniture				
Buildings				
Stairs				
Playground equipment				
Poisoning				
Medication				
Chemical substance				
Transportation				
Pedestrian				
Motor vehicle occupant				
Foreign body				
Airway obstruction—food				
Airway obstruction—nonfood				
Burn/fire				
Hot liquids and vapors				
Fire/flame				
Contact with the hot object				
Electrical burn				

Submersion/drowning	
Bathtub	
Revere	
Swimming pool	
Bites and stings	
Animal bites	
Children bites	
Struck by	
Cut/pierce	



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ئامادة كردني لةلايةن قوتابي بمسهريهرشتي

م هناء عثمان سعدي