



## COVID-19 in Real Time in a Population of Alamar

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**Abstract**

**Introduction:** COVID 19 is a pandemic that currently affects 183 countries. So far it has caused threats to people's physical health and lives. Has triggered a variety of psychological problems and the field of assistance and research for psychology professionals.

**Objectives:** To specify population information on COVID 19, sources of information used and their evaluation; identify emotional reactions as a result of living in real time this pandemic and point out behaviors assumed food achieve the time of oscillation in the house.

**Materials and Methods:** Qualitative research, developed in the health area of the Teaching Polyclinic Dr. Mario Escalona Reguera, in Alamar, Municipality Habana del Este, during the month of April 2020. The interview (telephone) is used as an information collection tool, doing content analysis of the responses.

**Results:** It is recognized as lethal disease in the first place and is considered very good television information, basically from MINSAP press conference. Tristeza and irritability are frequent emotional reactions. Family behaviors in contribution to family enjoyment and resume traditional games with minors. It is interesting to value it as learning in life.

**Conclusion:** The attitude is towards the pandemic are characterized by knowledge about it, expected emotional reactions to the unknown and favorable actions towards the interior of the family. Confidence in health guidelines and government policies could explain the social indiscipline still present in some individuals.

**Keywords:** Coronavirus Infections/Psychology; Epidemic; Emotions; Behavior

**Introduction**

Health Psychology focuses on health promotion and psychological treatment of physical illness. It therefore emphasizes distinguishing this term with the ancient conception of health, seen as the simple absence of physical problems.

The term health is also used to refer to those psychosocial elements or conditions that influence it [1].

As a branch of Psychology, he is interested in understanding how psychological, behavioral and cultural factors affect the development of the health-disease process.

Its objective is the analysis of personal behaviors and lifestyles that can affect physical health and how to contribute to the improvement of health, the prevention and treatment of diseases, among other elements [2]. A frequent analysis is made from the incidence of events external to man, before which man assumes a behavior based on his life experiences, his learning and his personological characteristics.

The COVID-19 epidemic is one of those events. It has caused serious threats to people's physical health and lives. It has also triggered

a wide variety of psychological problems, such as panic disorder, anxiety and depression [3].

Substantial increases in anxiety and depression, substance use, loneliness and domestic violence seem likely; and with schools closed, there is a very real possibility of an epidemic of child abuse. After the COVID-19 pandemic, another pandemic could quickly follow it, that of mental and behavioral diseases [4].

In the literature they refer to the phone as familiar and reliable technology, suitable for exchanges that currently include aspects related to COVID-19. It is used to give information about this pandemic to those who request general information. This route is also used in those with mild and uncomplicated symptoms and those who consult for administrative reasons [5].

There is little literature on the mental health consequences of epidemics. Existing ones relate more to the aftermath of the disease itself than to social staving, indispensable in these cases.

Some authors argue that efforts are made to achieve the practice of physical staving or social staving in countries around the world. It is understandable when you consider that it is a noticeable change in national behavior patterns that come to be classified as a detach of the usual day-to-day operation [6].

Cuba has decreed the second stage in this health situation, known as "limited local transfer". The measures to be implemented by both the population and all sectors involved in the fight against the pandemic have been dosed and even forward-looking. It does not escape the difficulty in achieving social isolation as desired; situation that could be explained by individuals' indiscipline's on the one hand and by the condition of agglomerations in the markets for the necessary purchase of food and grooming products.

Taking into account all the elements it is easy to understand the interest of the conduct of this study in the health area of the Teaching Polyclinic Dr. Mario Escalona Reguera, in Alamar, Habana del Este Municipality. It is required in real time, describe what attitudes individuals assume towards the current disease, the results will allow to develop psychosocial intervention strategies for this or similar situations.

## Materials and Methods

Qualitative research, carried out in the health *area of the* Polyclinic Teacher Dr. Mario Escalona Reguera, in Alamar, Municipality

Habana del Este in Havana. It takes place during the month of April 2020.

## Objectives of the Study

1. Specify information of the population on COVID 19, as well as sources of information used and their evaluation thereof.
2. Identify emotional reactions at this point in their lives and as a result of living this pandemic in real time.
3. Point out behaviors assumed to achieve asylum time in the house, as the main measure.

Instrument used for the collection of information: Interview.

It is done by telephone given the conditions of social isolation and the particularity of work at the author's house.

It was worked with intentional sample, composed of 35 individuals who were identified in the medical offices of the Family of the Basic Working Group 1 of the aforementioned area of health. This group of individuals meet the only two inclusion criteria taken into account by the author based on the knowledge that the primary health team of the practices has of its population: having a landline in the home and also certainty of its willingness to cooperate with the study.

See previously developed an interview guide (see annex) exploring three variables basically:

- Knowledge: In our study is all the information that individuals have when talking about the disease, that is, what is COVID 19?
- Emotional reactions: Included here is any response involving what the person is experiencing in the middle of this current situation.
- Behavior: Refers to those actions that are being developed within the framework of the home to spend isolation time at home.

Prior to the exchange, it took into account the consent of the people to be interviewed and was guaranteed the use of the data offered only by healthcare professionals. Individuals have ages ranging from 28 to 75 years old and all consented to be interviewed.

## Results

The analysis of content performed from all the information collected allowed to achieve important preliminary results. It should

be noted that in none of the variables, we find important differences between the age groups involved in the study.

By assessing the knowledge that COVID 19 participants have, it was found that most people consider it a lethal disease. However, those who defined it as a virus for which treatment is unknown and a third close group in response frequencies that answers the question in terms of respiratory illness are very close (they mention them). So, per mplo axis:

- A 74-year-old female states: "It is a pandemic; very bad. It encompasses the whole world and many are dying. You have to have a lot of hygiene, cleanliness, washing your hands..."
- A 48-year-old adult refers: "it is sar-cov-2 discovered in China in 2019; very viral and very deadly. To the best extent is to be calm and at home".
- Adult 38 refers: "Highly contagious virus working on the immune system. We have to be distanced in the house".

In these cases, regardless of whether you consider it disease as such or as a virus, include in the concept, measures of prevention to the disease.

With regard to the sources they have to know about the current situation, television first appears and in this, the press conference given by Dr. Durán as all the interviewees say (National Director of Hygiene and Epidemiology of the Ministry of Public Health of Cuba). They refer to other informational programs of television (news), use of technologies (making the exception of Cuban applications such as Cuba Debate) and radio. Speakers cars circulating through the community and the newspaper are mentioned on a smaller scale. All the sources mentioned are evaluated as educational, necessary and reliable. In saying of the interviewees "They all show concern for the health of Cubans".

Knowledge is also corroborated about measures to protect and prevent the disease, referring among the first places to isolation, social staling, use of nasobuco and chlorine solutions for washing hands and surfaces, as well as to put in blanket or sack that they place at the entrance of the house for the purpose of podalic baths before entering, when it returned to market or pharmacy before entering.

When talking about risk factors for COVID complications, although chronic noncommunicable diseases first appear, it impresses not clearly as to what a risk factor is. They often point out situa-

tions that can effectively complicate the epidemiological situation, but not as a physical condition in the individual than being diagnosed with COVID 19, can complicate their clinical picture.

The disease from the affective has a generally negative assessment:

- "It has meant something terrible, critical
- "Known and incomparable with something lived" before
- "Cause of future damage" (economic: in the world, in the country and in families).
- "This is kind of like sci-fi movies".
- "I didn't expect to see something like this in my life".

As expected, emotional reactions have appeared. The most common in these interviewees are hypersensitivity, sadness (some cases of depression), anxiety about the confinement and expectations of the end of the pandemic. In another small group of people appear, cholera (especially in the face of social indiscipline's of non-compliance with isolation orientations) and bulimia.

The fundamental concerns are currently aimed at the possibility of obtaining food and grooming products. There is impatience in that regard. People consider it a necessity that forces them to stay long hours waiting to purchase the product. It is a frequent and essential claim, the change in the current form of food distribution that Commerce makes, in order to avoid crowding people and to be able to avoid a first scenario of contagion.

The closure of the school year and the start of the next, overwhelm families with primary, secondary and even those who complete pre-university and prepare for university entrance tests. Families appreciate the efforts of the Ministry of Education in the preparation in record time of tele-classes for all levels, but are concerned about the forms of evaluation to complete this teaching period. The dynamics of a class are irreplaceable and not all families are prepared to provide the support that such an instruction imposes on accompanying adults of students, especially school-age adults. Likewise, what will happen in September (traditional date of start of school course in Cuba), if you can start the course normally. These are unknown, which will surely be resolved on the fly.

Everyone expresses experiences of trust and in asking what they placed that security in, we expected a number of answers related to the religious affiliation of the participants. However, expressions

similar to the following were in all cases: ...”in Cuban Health. The best in the world. Our doctor strives, works hard..... strives. My doctor “is going to let go of her feet”. “The poor.....” (alluding to the clinics of the office doctor by the families he attends and walking from one house to another in that task).

Most of the interviewees are confident that responsibility for the control and resolution of the pandemic is in the people themselves, in the fulfillment of their protection and fundamentally in isolation and social staving. In a similar group of participants, however, responsibility is given to the Health System and the Government of the country.

Finally, by exploring the behaviors that are assumed to spend this period of time and comply with the “Stay at Home” slogan, some useful actions have been recognized in this period. For example:

- Clean the home at the level of detail and more systematicity than usual.
- Repair and painting of the property relegated for lack of time at normal times.
- Television (including general programming and tele-classes organized by the Ministry of Education for students).
- Development of traditional games forgotten or used very little frequently (letters, dominoes, ludo, monopoly) ball, balls, as well as exercises, dances, caraoques. Some have made hoops to play basketball on the balcony of the apartment or placed an angled armchair on the floor as a goal to play football with their children.
- Incorporating minors into home activities.
- Applause at nine o’clock at night, from the balconies of their homes, as built-in behavior and shows recognition to front-line medical staff in the struggle to start lives in this pandemic.
- Enjoy family exchange.
- Making nasobucos for neighbors who need it.
- Sleep peacefully.

At the end of the interview and appreciation for participation, many expressed that this time we are experiencing has been an apprenticeship, in many ways. For example:

- “People are going to change their thinking. It has been seen that money saves no lives, neither skin color nor age. They will change the ways of seeing each other.....”

- “It’s an apprenticeship for humanity. One needed to realize how he has wasted time, to think, to value that it is not personal wealth that is the most important.. You’re going to learn to make the most of your time with family”.
- We will learn to plan more economically, to take more care of hygiene. Before the street I would arrive and go immediately to the kitchen to have the food made to the children early, now my customs have changed. I change before I come into contact with food. We have also learned to educate on the responsibility of sharing our children as a family”.

Fortunately, not everyone has a catastrophic view of the moment. There are few interviewees who find in the period of isolation imposed learning moments.

### Discussion

They are considered outreach results by allowing a psychosocial diagnosis of the current community to plot actions to mitigate the emotional responses of individuals. Primary data is achieved by telephone interview, as an instrument currently accessible to a significant number of families. For the same purpose as this study, the literature shows the Covid affect, an application created by scientists from the University of Granada, Spain [7].

Some of the expressions when referring to the meaning of the disease were:

- “Painful what’s going on.....indolent countries and governments.....families with their dead in the house, breaking down for days.....”.
- “You start thinking about how life has been taken so far..... isolated more than you need from families by overwork or family complications..... and now worried about when we’ll be able to share again”.
- “It’s not worth the money you have, the good or bad place where you live, the race..... if you run the risk of getting sick just like everyone else”.

From the Guidance Section of the Cuban Society of Psychology it is considered that the current pandemic situation has been a situation of emotional impact for all, something unexpected, a threat to the stability of individual, family and community health” [8]. Would operate and spears high demand for post-pandemic mental health services.

Emotional reactions have appeared frequently and without distinction of age, but may still be considered situational or transient,

in people with a history of mental health. It is agreed with authors who state that not all psychological and social changes that occur as diseases should be labeled. Most may be expected reactions to an abnormal situation [9].

If it were a prolonged situation over time (the pandemic is), if the discomfort or suffering is severe and there is significant affectation of social and daily functioning, a risk to mental health would be thought. These cases will be monitored to prevent an emotional response from becoming donkeys. Hence the interventions in terms of emotional support that by telephone are also being carried out in the health area of the Polyclinic Escalona, in vulnerable group such as older adults, especially alone or with poor social support network.

Stress and fear responses in the current study are rare. There is more, the experience of trust in the Cuban health system and in the state’s concern for controlling the current situation. However, changes in working conditions, the closure of schools as a preventive measure to control propagation, generate some anxiety. In saying Hernandez Sanabria is an event that we face about which we don’t have much control. Hence the importance of staying informed with sources with credibility [10].

Common behaviors include compliance with targeted preventive measures and over-depression of hygiene at home. On the other hand, traditional board games reappear (cards, dominoes, ludo). Incorporating minors into household chores to invest their time and teach them to be useful in the family has been another of the activities noted at this time. Watching TV usually as a family, as well as listening to music, dancing and exercising are also activities used. Advance unfinished business, work or study things have been referred to in most interviewees.

As an activity incorporated into the repertoire of the day are the applause that daily gives the health staff at nine o’clock at night with a significant share of sensitivity.

### Conclusion

It is clear that the individuals interviewed about what COVID 19 is and very favorable assessment of the sources of updating, in particular the MINSAP television and radio press conference. To hypersensitivity and sadness are the most common emotional reactions;; parallel to experience of trust in Health and State and Government, Gobierno, an element that could explain to some extent the social

irresponsibility still existing, for the safety they have in health care. In families, activities have been resumed that allow in most cases union, blending, understanding and enjoyment of such links.

### Recommendations

- Deepen this study with a greater number of cases in the area and in others in the Municipality itself.
- The work of psychologists in Primary Care should be aimed at reinforcing these current family dynamics in order to maintain the cohesion, communication and harmony achieved between the indicators of their function ability.

### Annex

#### Interview Guide

##### Cognitive:

- What is COVID-19.
- Sources of information that the interviewee has and which ones he uses.
- Your assessment of these sources of information.
- Risk factors for a complication of the disease and which has the person who would complicate the disease if diagnosed.
- Prevention measures you know. Always use them/frequently/don’t use them.

##### Affective:

- Meaning for each interviewee or minor to their care of the event being lived.
- Emotional reactions (pointing here, personal experiences you can say are present in this period of your life “like a skin flower” (using popular language): more susceptible, irritability, sadness, others.
- Trusted experience: Who or what do you trust in solving this health problem?
- Fundamental concerns.
- Security in solving the problem. Who you consider responsible for that solution.

##### Needs: (Materials, spiritual, of affection)

- Ask: Say the things you’d like (or need) these days:
  - 1.
  - 2.
  - 3.

**Behavioral:**

- How it's protected.
- How you invest time during any of the us days of pandemic and in isolation.

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