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The Level of Awareness among the Local Community in Najran Region, Saudi Arabia about Emerging of Coronavirus Covid-19

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ABSTRACT

This study aimed to identify the level of awareness among the local community in the Najran region, Saudi Arabia about emerging of Coronavirus Covid-19, To achieve the goal of the study, the descriptive survey method was used. The study sample consisted of (930) individuals and the questionnaire were used as a tool to collect data. The results of the study showed that there is awareness among the study sample members of the most common symptoms that are difficulty breathing and a rise in temperature and coughing, and that the most preventive way to maintain personal hygiene and avoid direct contact with an infected person and the use of tissues when sneezing or coughing, and that the methods of transmission appear in the spray Flying from an infected patient while coughing, sneezing, touching contaminated surfaces and direct contact with an infected patient, and that the most common sources of information for respondents on the emerging coronavirus are social media and Internet sites.

Keywords: Coronavirus, COVID 19, Najran Region, Saudi Arabia.

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INTRODUCTION

According to the world health organization (WHO), virus diseases in recent years are classified among the most serious public health problem. In history, several corona viral pandemics hit humans, such as severe acute respiratory syndrome (SARS-CoV) which was identified in China in 2002. Another example of coronavirus was discovered in 2012 in Saudi Arabia and it is known as Middle East Respiratory Syndrome (MERS-CoV) (Cascella M1, 2020). New coronavirus cases were reported in late December in Wuhan city of China. These newly identified cases show acute respiratory tract inflammation and on February 11, 2020, the WHO named the virus "Coronavirus disease-2019 (COVID-19)" (Jordan RE, 2020). The WHO announced through the International Health Regulations that COVID 19 is a contagious virus and could spread rapidly among humans(Woo PC, 2010). On January 30, 2020, the number of cases increased dramatically and the virus spreads outside china as a result the WHO announced that COVID-19 is a global pandemic (Woo PC, 2010). According to The Centers for Disease Control and Prevention (CDC), People could have the virus but without experiencing any symptoms as the incubation period of the virus ranges between one day and 17 days. The majority of people (85%) with COVID-19 experience mild symptoms such as fever and coughing. Only 15 % of people with COVID-19 have severe symptoms and only 5% of them require to be put on a mechanical ventilator (Perlman S, 2009). The coronavirus spreads either by respiratory droplet or touching an infected surface then touching the mouth, nose, or eyes. New studies reported that COVID-19 could spread by even simple talking. A nasal swab is one of the common methods used to diagnose people with COVID-19 (Jordan RE, 2020). To limit the spread of the virus, government leaders took several safety measures to prevent and minimize the spread of this deadly virus. These safety measures include closing airports and borders, shutting down all commercial stores, and putting on hold all economic, political sport, and social activities. At the individual level, people are asked to stay home and not leave except in emergency cases. The Kingdom of Saudi Arabia is one of the first countries that took many preventable and safety measures to decrease the number of infected people. As a result, only 78,000 persons were diagnosed with COVID-19.

The effects of the Coronavirus (Covid-19) pandemic imposed a social situation that had major effects inside homes, such as domestic violence, high level of psychological pressure, introversion, isolation, high level of anxiety and depression, in addition to a feeling of Sick fear and anxiety of contracting the virus and then the anxiety of death, which prompted the Family Affairs Council in Saudi Arabia, which is one of the official sectors in the country, to launch the "Family First" initiative aimed at educating working parents through a set of general guidelines in aspects of life to contribute to organizing the schedule within the home. The "Family First" initiative sought to achieve the balance between job obligations and family duties and introducing them to the best methods and skills that help them in this aspect in order to mitigate the social impacts on the family imposed by the precautionary measures to prevent the Corona pandemic, and this initiative emphasizes spreading societal awareness of the importance of the family, and emphasizes the importance of the role of parents entrusted to them to maintain cohesion The family to overcome the Corona crisis, and guide parents towards the best methods that help them carry out their family and work duties, and encourage them to educate Children are important to apply precautionary measures to protect them from the risk of contracting the Coronavirus (Family Affairs Council "Famil first". 2020).

Spreading awareness among Saudi is vital to fight against this global pandemic. Therefore, this study aimed to measure the extent to which Saudi individuals in Najran city of Saudi Arabia aware of COVID-19 in terms of its symptoms, preventable measures. The second objective of this study was to identify the source of information that Saudi is using to collect the most up to date information about COVID-19.

Questions of the Study

The study aims to answer the following questions:

1. What are the most common symptoms of COVID-19 from study sample perceptions?

2. What are the most common preventive strategies of COVID-19 from study sample perceptions?
3. What are the ways of COVID-19 transfusion from study sample perceptions?
4. What are the main sources of information about COVID-19 from study sample perceptions?

RESEARCH METHODOLOGY

This study adopted the descriptive survey design using the social survey method as it is the most suitable procedure for quantitative data collection and to reach an accurate description of the phenomenon being examined without any interference from the participants. This design sought to identify the awareness level among local community residents at Najran in Saudi Arabia about COVID-19. To reach this objective, a questionnaire was developed to answer the questions of the study.

Population and Sample of the Study

The population of the study included all local community residents at Najran in Saudi Arabia in 2020. As for the study sample, it was selected from the faculty and administrators at Najran University, it was (930) subjects selected using convenient sampling procedures as they agreed to participate in the study and in answering the questionnaire. The sample of the study was described according to the following demographic characteristics: Gender, age group, marital status, education level. Table (1) shows the distribution of the sample according to the demographic characteristics.

Table 1: Distribution of the Sample According to the Demographic Characteristics

No.	Variable	Category	Frequency	%
1	Gender	Male	768	82.6
		Female	162	17.4
		Total	**930**	**100**
2	Age Group	20-30	253	27.2
		31-40	357	38.4
		41-50	244	26.2
		51- More	76	8.2
		Total	**930**	**100**
3	Education Level	High school or Less	174	18.7
		Diploma	204	21.9
		Bachelor	424	45.6
		Master	69	7.4
		PhD	59	6.3
		Total	**930**	**100**
		Total	**930**	**100**

Table (1) shows the distribution of the study sample based on the demographic characteristics, which include: Gender, age group, marital status, and education level. As seen, according to gender male respondents were the highest, totaling (768) and representing (82.6%), as for age group, the age group (31-40) reported the higher age category, totaling (357) and with a percentage of (38.4. Finally, the distribution of the sample according to educational level shows that bachelor's degree holders totaled (424) with a percentage of (45.6%).

Instruments of the Study

To achieve the objectives of the study and to answer the questions, a questionnaire was developed as the main instrument for data collection. The questionnaire included two sections: The first section was related to demographic characteristics (gender, age group, marital status, and education level) of the sample. The second section included many items measuring the awareness level of local community residents at Najran in Saudi Arabia about COVID-19. These items covered the symptoms of COVID-19, the prevention method of this virus, transfusion methods and how they get their information about this virus. To explain the responses of the subjects, a binary scoring (Yes, No) was used as the response (Yes) was given (1) point, while the response (No) was given (0).

Instrument Validity

To obtain the content validity of the questionnaire, the preliminary format of the questionnaire was given to a group of experts in the different health and medical fields so as they can give their remarks about the stability of the questionnaire in achieving the objectives of the study. The majority of these experts (82%) indicated that it is suitable to achieve the objectives of the study.

Reliability of the Instrument

To obtain reliability, test-retest procedures were used as the questionnaire was administrated to a pilot study consisting of (30) subjects out of the original sample from the Najran region and then was administrated to the same subject with a time interval of two weeks. Then, Person-Correlation-Coefficient was calculated between their responses on the two administrations. The test-retest coefficient was (0.78), indicating a high level of reliability indicators; meaning that the instrument can yield results with high reliability.

Procedures

The problem of the study was defined then the population was identified. A review of previous literature and related studies was performed to analyze these studies to develop the questionnaire of the study. The preliminary format of the questionnaire was developed, and validity and reliability were obtained. The official agreement from public departments was obtained to facilitate the work of the researcher in administrating the instrument of the study. The sample of the study was selected using convenient sampling from the Najran region after transforming the questionnaire to a soft copy using google drive. The link containing the questionnaire was distributed on the sample via WhatsApp. At the condition of this administration, valid questionnaires were collected and scored. SPSS was used for data analysis, then results were obtained, discussed, explained; then recommendations were suggested based on the results.

RESULTS OF THE STUDY

The results of the First Question: "What are the most common symptoms of COVID-19 from study sample perceptions?"

To answer this question, Chi-Square, frequencies, and percentages of the most common symptoms of COVID-19 among the subjects were calculated as seen in table (2).

Table 2: Chi-Square, frequencies, and percentages of the most common symptoms of COVID-19 among the subjects

No.	Symptoms	Freq. (Yes)	%	Freq. (No)	%	Chi-square	dif	Sig
1	Respiration Difficulties	822	88.4	108	11.6	548.2	1	0.00
2	High Fever	815	87.6	115	12.4	526.8	1	0.00
3	Cough	739	79.5	191	20.5	322.9	1	0.00
4	Lung Inflation in acute condition	733	78.8	197	21.2	308.9	1	0.00
5	Headache	660	71.0	270	29.0	163.5	1	0.00
6	Sore Throat	650	69.9	280	30.1	147.2	1	0.00
7	Runny nose	558	60.0	372	40.0	37.2	1	0.00
8	diarrhea	429	46.1	501	53.9	5.6	1	0.018
9	Vomit	284	30.5	646	69.5	140.9	1	0.00

Table (2) shows statistically significant differences in the study subjects' perceptions at significance levels (α = 0.05) in all symptoms in favor of the presence of symptoms (Response Yes). Also, as seen in table (2), the most common symptoms are respiration difficulties (freq. = 822, Per. = 88.4%), high fever (freq. = 815, Per. = 87.6%), cough (freq. = 739, Per. = 79.5%), and the less common presence symptoms were diarrhea (freq. = 429, Per. = 46.1%), and vomit (freq. = 284, Per. = 30.5%).

The Results of Question Two: "What are the most common preventive strategies of COVID-19 from study sample perceptions?"

To answer this question, Chi-Square, frequencies, and percentages of the most common preventive strategies of COVID-19 among the subjects were calculated as seen in table (3).

Table 3: Chi-Square, frequencies, and percentages of the most common preventive strategies of COVID-19 among the subjects

No.	Preventive Strategies	Freq. (Yes)	%	Freq. (No)	%	Chi-square	dif	sig
1	Marinating personal hygiene	919	98.8	11	1.2	886.5	1	0.00
2	Avoiding directly with infective individual	914	98.3	16	1.7	867.1	1	0.00
3	Using tissues when sneezing or coughing	902	97.0	28	3.0	821.37	1	0.00
4	Avoid touching eyes, nose or mouth	899	96.7	31	3.3	810.1	1	0.00
5	Save disposal of infected individual tissues	898	96.6	32	3.4	806.4	1	0.00
6	Using mask faces in crowded areas	897	96.5	33	3.5	802.7	1	0.00
7	Washing hands using soap for 40 seconds	837	90.0	93	10.0	595.2	1	0.00
8	Balanced healthy nutrition	815	87.6	115	12.4	526.9	1	0.00
9	Enough sleep	759	81.6	171	18.4	371.8	1	0.00
10	Daily sport	724	77.8	206	22.2	288.5	1	0.00
11	Using herpes	291	31.3	639	68.7	130.2	1	0.00

Table (3) shows statistically significant differences in the study subjects' perceptions at significance levels (α = 0.05) in all preventive strategies in favor of the preventive strategies (Response Yes). Also, as seen in table (3), the most common preventive strategies are marinating personal hygiene (freq. = 919, Per. = 98.8%), avoiding direct with infective individual (freq. = 914, Per. = 98.3%), using tissues when sneezing or coughing (freq. = 902, Per. = 97.0%), avoid touching eyes, nose or mouth (freq. = 899, Per. = 96.7%), save disposal of infected individual tissues (freq. = 898, Per. = 96.6%), using mask faces in crowded areas (freq. = 897, Per. = 96.5%), washing hands using soap for 40 seconds (freq. = 837, Per. = 90.0%), balanced healthy nutrition (freq. = 815, Per. = 87.6%), enough sleep (freq. = 759, Per. = 81.6%), daily sport (freq. = 724, Per. = 77.8%), and finally using herpes (freq. = 291, Per. = 31.3%)

The Results of the Third Question: What are the ways of COVID-19 transfusion from study sample perceptions?

To answer the third question, Chi-Square, frequencies, and percentages of the ways of COVID-19 transfusion from study sample perceptions as seen in table (4).

Table 4: Chi-Square, frequencies, and percentages of the ways of COVID-19 transfusion from study sample perceptions

No.	Ways of Transfusion	Freq. (Yes)	%	Freq. (No)	%	Chi-square	dif	sig
1	Spray flying from the infected patient while coughing or sneezing	825	88.7	105	11.3	557.4	1	0.00
2	Touching contaminating surfaces	803	86.3	127	13.7	491.4	1	0.00
3	Direct contact with the infected patient	799	85.9	131	14.1	479.8	1	0.00
4	Transmitted via animals	237	25.5	693	74.5	223.6	1	0.00

Table (4) shows statistically significant differences in the study subjects' perceptions at significance levels (α = 0.05) in the ways of COVID-19 transfusion in favor of the transfusion ways (Response Yes). Also, as seen in table (4), the most common way of COVID-19 transfusion is spray flying from the infected patient while coughing or sneezing (freq. = 825, Per. = 88.7%), then touching contaminating surfaces (freq. = 803, Per. = 86.3%), direct contact with the infected patient (freq. = 799, Per. = 85.9%), and finally transmitted via animals (freq. = 237, Per. = 25.5%).

The Results of the Third Question: "What are the main sources of information about COVID-19 from study sample perceptions?"

To answer this question, Chi-Square, frequencies, and percentages of main sources of information about COVID-19 from study sample perceptions as seen in the table (5).

Table 5: Chi-Square, frequencies, and percentages of the main source of information about COVID-19 from study sample perceptions

No.	Source of Information	Freq. (Yes)	%	Freq. (No)	%	Chi-square	dif	sig
1	Social Media	805	86.6	121	13.0	505.2	1	0.00
2	Internet	788	84.7	142	15.3	448.7	1	0.00
3	TV	728	78.3	202	21.7	297.5	1	0.00
4	Family	608	65.4	322	34.6	87.9	1	0.00
5	Friends	604	64.9	326	35.1	83.1	1	0.00
6	Doctor	538	57.8	392	42.2	22.9	1	0.00
7	Messages from Health Ministry	42	4.5	888	95.5	769.6	1	0.00

Table (5) shows statistically significant differences in the study subjects' perceptions at significance levels (α = 0.05) in the main sources of information about COVID-19 in favor of the main sources of information (Response Yes). Also, as seen in table (5), the most common sources of information are social media (freq. = 805, Per. = 86.6%), then internet (freq. = 788, Per. = 84.7%), TV (freq. = 728, Per. = 78.3%), family (freq. = 608, Per. = 65.4%), friends (freq. = 604, Per. = 64.9%), doctor (freq. = 538, Per. = 57.8%), and finally messages from health ministry (freq. = 42, Per. = 4.5%).

Gender variable:

The proportions, frequencies, and chi-squared differences were extracted, the study sample according to the variable of sex and the table (6).

Table 6: The percentages, frequencies, and chi-squares of the differences between the responses of the study sample individuals according to the gender variable

NO	Source	Response	Gender		Degrees of freedom	Chi-*square*	Statistical significance
			Male	Female			
1	TV	No	162	40	1	0.313	0.182
		Yes	606	122			
2	Friends	NO	262	64	1	1.708	0.191
		Yes	506	98			
3	Family	No	280	42	1	6.556	0.010
		Yes	488	120			
4	The doctor	NO	321	71	1	0.226	0.634
		Yes	447	91			
5	Internet	No	120	22	1	0.432	0.511
		Yes	648	140			
6	Social media	No	96	25	1	0.967	0.325
		Yes	668	137			
7	Ministry of Health	No	27	15	1	10.235	0.001
		Yes	741	147			

Table (6) shows that there are no differences between the responses of the study sample individuals to the sources of obtaining information according to the gender variable on all sources except for the third source "family". The

differences were in favor of females and the seventh source "Ministry of Health" and the differences were in favor of males.

Depending on the age variable:

The proportions, frequencies, and quay-squares of differences were extracted, the study sample according to the age variable and table (7).

Table 7: The ratios, frequencies, and chi-square of the differences between the responses of the study sample according to the variable of age

NO	Source	Response	Age					Degrees of freedom	Chi-*square*	Statistical significance
			20 - 30	31 - 40	41 - 50	51 - 60	Over 60			
1	TV	No	78	76	43	2	3	4	29.342	0.000
		Yes	175	281	201	65	6			
2	Friends	NO	91	143	71	16	5	4	13.154	0.011
		Yes	162	214	173	51	4			
3	Family	No	72	159	59	25	7	4	39.125	0.000
		Yes	181	198	185	42	2			
4	The doctor	NO	117	166	83	23	3	4	13.096	0.011
		Yes	136	191	161	44	6			
5	Internet	No	47	69	18	3	5	4	35.754	0.000
		Yes	206	288	226	64	4			
6	Social media	No	34	56	16	10	5	4	25.706	0.000
		Yes	219	299	226	57	4			
7	Ministry of Health	No	27	12	0	0	3	4	55.378	0.000
		Yes	226	345	244	67	6			

Table (7) shows that there are differences between the responses of the study sample members to the sources of obtaining information according to the age variable on all sources, where the TV source was in favor of the age group 51-60 years old, the source of friends was in favor of 31-40 years old, and the family and social media sources favored 20-30 years. While the sources, the doctor, the Internet, and the Ministry of Health, they were in favor of the 41-50 years old.

Scientific Qualification:

The proportions, frequencies, and chi-squared differences were extracted for the study sample according to the qualification variable and table (8) in that:

Table 8: The ratios, frequencies, and chi-square of the differences between the samples of the study sample by the scientific qualification variable

NO	Source	Response	**Scientific Qualification**					Degrees of freedom	Chi-*square*	Statistical significance
			Ph.D	Master	Secondary and below	Diploma	Bachelor			
1	TV	No	19	12	29	41	101	4	8.603	0.072
		Yes	40	57	145	163	323			
2	Friends	NO	36	23	42	74	151	4	26.858	0.000
		Yes	23	46	132	130	273			
3	Family	No	38	23	35	80	146	4	41.260	0.000
		Yes	21	46	139	124	278			
4	The doctor	NO	31	27	70	85	179	4	3.155	0.532
		Yes	28	42	104	119	245			
5	Internet	No	13	14	21	27	67	4	5.554	0.235
		Yes	46	55	153	177	357			
6	Social media	No	14	8	21	27	51	4	6.624	0.157
		Yes	45	61	153	173	373			
7	Ministry of Health	No	3	2	4	8	25	4	4.487	0.344
		Yes	56	67	170	196	399			

Table (8) shows that there are differences between the responses of the study sample individuals according to the sources of information acquisition to the two sources, friends and family, due to the scientific qualification variable, and the differences were in favor of a second or less. While there were no statistical differences due to the scientific qualification variable on the rest of the information sources.

RESULTS AND DISCUSSION

The results of the study showed that there is awareness among the study subject about the symptoms of COVID-19. The most common symptoms were respiration difficulties, with the highest frequencies and percentages, followed by high fever, and cough. The study subjects also showed awareness of the symptoms not related to COVID-19 such as diarrhea and vomiting. This result may be due to what the World Health Organization (WHO)

presented in its official reports since the early stages of the spread of the virus as it used media to present the main symptoms relating to this virus and require the individual showing them to go to medical faculty and be tested immediately or to visit medical and health departments to be examined. Besides, the ministry of health in the Kingdom of Saudi Arabia issued on 09/03/2020 an educational guide about COVID-19 which included instructions and directions to raise Saudi society about the symptoms of COVID-19. Also, it issued medical brochures that were distributed in all the regions of the Kingdom; stressing that the appearance of some symptoms such as difficulty in respiration, high fever, and coughing are the most common symptoms of COVID-19[(World Health, 2020)].

This result is consistent with the results reported by Abdulkarim Al-Rabiaah (2020) which showed that the most common symptoms of COVID-19 include fever, acute dry cough, and difficulty in respiration. There are also less common symptoms such as diarrhea, for this reason, there is a need to raise awareness among society members about the stress resulting from anxiety about this disease and being infected by the virus; something that may lead to developing other physical problems such as rash and high blood pressure, in addition to developing other mental problems such as worry, frustration, depression, stress, anger, and neuroscience [(Abdulkarim Al-Rabiaah, 2020)].

The study also found that the most prevention method used by the study subject to avoid infection or transfusion of the COVID-19 virus was affected; and this indicates a high awareness level among Saudi society. The most common prevention methods were marinating personal hygiene, avoiding direct with an infective individual, using tissues when sneezing or coughing, avoid touching eyes, nose or mouth, save disposal of infected individual tissues, using mask faces in crowded areas, washing hands using soap for 40 seconds, balanced healthy nutrition, enough sleep, daily sport, and using herpes. The high levels of awareness about prevention methods may be due to what was published by WHO (2020) in official reports since the beginning of the COVID-19 pandemic as these reports emphasize the need of using preventive methods to limit the spread of such virus. These preventive methods include personal and physical hygiene, avoiding direct contact with infected individuals, keeping social distance, and avoiding crowded areas, eating healthy food that consists of rich nutrition elements supporting body immunity. These reports also call individual practice sports on daily basis to promote body immunity and to feel energetic [(World Health, 2020)].

This result may be attributed to the active role of the Saudi ministry of health since it issued in 09/03/2020 an educational guide about COVID-19 containing safe methods to prevent being affected by this virus [(World Health, 2020)]. This may have contributed to increasing Saudi society awareness related to saving prevention methods. Furthermore, this result may be due to the high awareness level of Saudi society about maintaining personal and physical hygiene to prevent being infected by viruses. For the above reasons, Saudi society is more willing to adopt useful strategies to prevent being infected, which are healthy, and these included resting for adequate time, eating enough healthy food, and to be engaged in physical activities. They also adopted maladaptive strategies such as smoking and sitting for long hours watching TV without practicing any activity, being lazy. In the long term, these practices may lead to physical and mental negative consequences and developing some behaviors and psychological disorders. This result was reported by Moeed, Yue & Ling (2020), indicating that the most affected prevention methods to limit the transfusion of COVID-19 were washing hands after using the toilet, avoiding touching animals and garbage, avoiding touching nose and eyes, especially after touching contaminated surface [(Moeed, 2020)].

The results also showed that the study subject awareness level about COVID-19 transfusion methods was consistent with the guidelines provided by WHO, the Saudi ministry of health, and the different local health and medical authorities which made it a priority to support and educate local society about the most common methods of COVID-19 transfusion to limit its spread. The frequencies and percentages were high since the majority of the study subject indicated that the most common method for COVID-19 transfusion was spray flying from the infected patient while coughing or sneezing, touching contaminating surfaces, and direct contact with the infected patient.

The high level of awareness about prevention methods for COVID-19 transfusion may be also attributed to the work of the Saudi ministry of health which has put great efforts using voluntary teams to educate local community members to face this new virus. The Saudi ministry of health dedicated time and effort in providing educational guidance to confront this new virus, to spread preventive health culture among local community[(World Health, 2020)]. This result is consistent with the results reported by Moeed, Yue & Ling (2020) showing that the most common method for COVID-19 transfusion is the flying spray from the infected individual when coughing or sneezing, direct contact with the infected individual, using personal objects of the infected or the transfusion individuals in addition to the possibility that transfusion of COVID-19 may be due to animals, especially pats [(World Health, 2020)].

The results of the study showed that the most common sources of information among study subjects were social media, internet websites, and TV. They indicated that they ignore the SMS on their phone sent by the Saudi ministry of health, this may be due to the easiness of using social media websites and the internet and the speed of accessing the information needed and communicating it to others. This may have resulted in higher levels of dependency on social media and the internet as the main source of information about COVID-19. News found on the internet and social media about COVID-19 are easily communicated at different times and places. Nonetheless, some are accurate, but most of them are inaccurate of partial, especially when knowing that information about COVID-19 changes fast. This may result in communicating inaccurate information leading to the infection by COVID-19. One of the inaccurate information about COVID-19 is that the incubation period of COVID-19 is only 14 days while recent research showed that the incubation period lasts from 21-28 days. This has caused a wave of panic among individuals. In this respect, AL-firm (2017) showed that the majority of the medical cities and public hospitals in the Kingdom of Saudi Arabia do not have platforms on social media websites and do not use them to raise awareness about COVID-19. This led to not having a national health

strategy contributing to raising health culture and awareness among Saudi [(AL-firm, 2017)].

Darko and others (2020) stressed the need to adopt an effective psychosocial approach mainly concentrating on defense mechanisms and consciousness by controlling negative and painful ideas. For this reason, the most common directions were to avoid visiting official websites and those spreading rumors when knowing that inaccurate information may have negative effects an individuals mental and psychological health during the COVID-19 pandemic[(Darko, 2020)].

The most important thing in these results is the diversity in the use of information sources about the emerging corona virus (Covid-19) among the study sample, as females use the family as the main source of information about the emerging corona virus (Covid-19), while males use advertisements and publications issued by the Ministry of Health. According to the age variable, the TV source was in favor of the age group 51-60 years, the source of friends was in favor of 31-40 years, and the family and social media sources favored 20-30 years, while the doctor, Internet, and Ministry of Health sources favored the 41–50-year-old group. According to the educational qualification variable, the two sources were friends and family in favor of secondary or less, and perhaps this diversity of community members in using information sources about the Coronavirus (Covid-19) benefits social workers and public health officials to be able to identify the sources that help them transfer knowledge about (Covid-19) and targeting their awareness efforts and focusing them in the right direction to achieve the goals of awareness of this virus and how to prevent it by following the appropriate precautionary measures; and protecting members of society. Perhaps it is important for community members to be interested in selecting information from reliable sources. In crises, the importance and value of obtaining news from their sources becomes more reliable than before, specifically this crisis that the world is going through due to the spread of the dangerous Corona pandemic (Covid-19), so the information here may lead to life instead of death. In line with the global crisis, the role of the local media is mainly geared to providing knowledge and raising health awareness for the community and the importance of ways to prevent the Covid 19 virus, in addition to sites and tools to uncover fake Corona news.

CONCLUSION AND RECOMMENDATIONS

Concentrating efforts on the primary and secondary symptoms of COVID-19 since there is a need to raise local community members about avoiding seeing news or listening to information about COVID-19 that made them develop anxiety and sorrow. They may look for information about COVID-19 from reliable resources including the Saudi ministry of health website, crises, and disease control symptoms, Saudi official mental authorities permitted to lunch information about the virus such as transfusion methods, prevention strategies, and the number of infected. The local community may read the content of official websites and official reports issued by WHO to enable the individual to adopt practical procedures contributing to self-protection and affecting others.

There must be an effort to educate the local community about the need to update their information about COVID-19 in specific hours of the day (once or twice a day). The sudden flow of news reports about the high rates of disease spread causes negative consequences about normal people and this may lead to developing anxiety, distress and fear; and these may contribute to showing depression and phobia.

Until the publication of this research paper no effective medication or vaccine that can destroy COVID-19 was found as the experimentation of new drugs is still in laborite sittings. As such preventive measures and strategies are the most effective to control the spread of COVID-19. For these reasons, there must be more efforts in applying to save preventive strategies and procedures; and the most effective is social distancing in crowded areas such as a supermarket also of taking care of personal hygiene and avoiding touching animals.

There should be more consideration for keeping society members informed about the facts about COVID-19 so they can avoid listening to delusional rumors without verifying their reality or source. Knowing that listening to such rumors have negative effects on psychological well being, and when knowing that psychological well being is very important for society, there must be a focus on encouraging individuals to collect their information about COVID-19 on regular basis from the WHO website, Saudi ministry of health, Saudi ministry of interior, medical cities platforms, and public hospitals platforms so that individuals can distinguish between fact and rumors. Facts may help in reducing individuals concerns about COVID-19 while increasing at the same time individual abilities to manage the virus by adopting safe preventive procedures and strategies.

This study may benefit social workers, health officials, and the public in terms of social media, as it is the most common source of information that Saudi society uses to find information about the emerging coronavirus (Covid-19), and this helps them spread. Knowledge, information and facts. Psychotherapy and awareness of skills, activities and supporting families and individuals during this difficult period.

These results lead social workers , supervisors for Psychiatry and the general public health to think about family academic training and development from the psychological effects (Covid 19), as well as while they attend or attend meetings and seminars on effectiveness during the period of the Corona pandemic (Covid 19) Spread awareness and education about how to deal with a home Distribution), In addition to caring for child health and nutrition, child protection, and mental health during the Corona pandemic, and support for professionals working in various institutions, especially those working in medical centers, clinics and hospitals during the Covid-19 pandemic, social workers and those responsible for mental and public health must participate in various Arab and international meetings and conferences to obtain the best knowledge and information regarding social methods and methods in dealing with the emerging corona-virus (Covid 19) pandemic to reduce its negative effects on the social and emotional aspects of community members.

These results lead social workers , supervisors for Psychiatry and public health towards designing and implementing various initiatives based on the family first during this pandemic, Awareness media messages are sent to reduce the phenomenon of family and community violence as a result of the psychological pressures caused by the coronavirus pandemic, and the need to activate seminars through electronic platforms and videos via Social media to urge parents to invest their time after

completing the perfect performance of official work, and to benefit from training programs to acquire a number of skills for them and their children, and focus on educating parents about the importance of good family planning, and the integration of roles between them in order to achieve their family and practical goals and preserve the family entity, in addition to To provide parents with the most important services and applications they need to provide the family's requirements in light of precautionary measures to prevent the spread of the Coronavirus, including social distancing and total and partial curfews.

The results of the study, which showed the presence of good awareness among the study sample members, may be an indication of the response of the local community in the Najran region to obtain the Coronavirus (Covid-19) vaccine, as the Saudi Ministry of Health has provided the vaccine since January 2021, and Najran region has obtained a share of it and several centers have been established to obtain On the vaccine, including the University Hospital of Najran University, where 18,000 doses were provided, and reports indicated that 3,000 employees and faculty members had received the vaccine, and in other centers the number reached 50,000 doses. This is a clear indication of the response and awareness of community members in their interest in obtaining the vaccine in the future.

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