

COVID-19 and health culture

Reza Sadeghi¹ , Narges Khanjani^{2*} 

¹Department of Public Health, Sirjan School of Medical Sciences, Sirjan, Iran

²Neurology Research Center, Kerman University of Medical Sciences, Kerman, Iran

*Correspondence to: Narges Khanjani, Email: n_khanjani@kmu.ac.ir

Citation: Sadeghi R, Khanjani N. COVID-19 and health culture. Environmental Health Engineering and Management Journal 2023; 10(1): 121-122. doi: 10.34172/EHEM.2023.13.

Received: 22 April 2022, Accepted: 16 July 2022, ePublished: 24 January 2023

Dear Editor,

The COVID-19 pandemic was declared a global public health emergency by the World Health Organization (WHO) in 2019 (1). This pandemic disrupted the daily lives of billions, incurred significant socioeconomic costs at global level (2), and created a vast and growing number of challenges (3).

One of the basic components in the prevention and control of human diseases is to create a culture of health among people. Cultural values are dynamic and are always changing. In order to preserve personal health, it is necessary to create a health culture (4). People are very different, and new situations and necessities can lead to new cultures, which people adapt to slowly. Creating a culture can become a key component in health promotion, especially where formal resources are limited or absent (5).

The COVID-19 pandemic should be seen as a wake-up call for all humans (6). During the COVID-19 disease pandemic, there was a strong emphasis on personal hygiene (7). The behaviors of the public were important for the outbreak management (8), particularly during the early phase when no treatment or vaccine was available and non-pharmaceutical interventions were the only option (9). Some behaviors are only temporary restrictions and do not need to be a part of the health culture indefinitely, but this pandemic created a culture to break habits and caused behaviors such as regular hand washing, not shaking hands, not touching contaminated objects (10), wearing a mask during respiratory illnesses or colds, maintaining social distance, not hugging, sneezing in elbow or armpit, and not spitting, which can be considered as positive health cultures created by the COVID-19 pandemic (11). Although COVID-19 will

be controlled sooner or later, the culture it created will remain in human societies for the years to come.

Acknowledgments

The authors would like to gratitude the Sirjan School of Medical Sciences.

Ethical issues

Not applicable.

Competing interests

The authors declare that they have no conflict of interests.

Authors' contribution

Conceptualization: Reza Sadeghi, Narges Khanjani.

Data curation: Reza Sadeghi.

Formal Analysis: Reza Sadeghi, Narges Khanjani.

Funding acquisition: Reza Sadeghi, Narges Khanjani.

Investigation: Reza Sadeghi.

Methodology: Reza Sadeghi, Narges Khanjani.

Project administration: Narges Khanjani.

Resources: Reza Sadeghi.

Software: Reza Sadeghi.

Supervision: Narges Khanjani.

Validation: Reza Sadeghi, Narges Khanjani.

Visualization: Reza Sadeghi, Narges Khanjani.

Writing – original draft: Reza Sadeghi.

Writing – review & editing: Narges Khanjani.

References

1. Pradhan D, Biswasroy P, Kumar Naik P, Ghosh G, Rath G. A review of current interventions for COVID-19 prevention. Arch Med Res. 2020;51(5):363-74. doi: 10.1016/j.arcmed.2020.04.020.
2. Arneson D, Elliott M, Mosenia A, Oskotsky B, Solodar S, Vashisht R, et al. CovidCounties is an interactive real time tracker of the COVID19 pandemic at the level of US counties. Sci Data. 2020;7(1):405. doi: 10.1038/s41597-020-00731-8.
3. Bamir M, Sadeghi R. Why is the role of family-centered in the fight against coronavirus necessary for Iranian health policymakers than in any other country? Strategic Studies of Public Policy. 2020;10(35):380-4. [Persian].



4. Kagawa Singer M, Dressler W, George S. Culture: the missing link in health research. *Soc Sci Med.* 2016;170:237-46. doi: [10.1016/j.socscimed.2016.07.015](https://doi.org/10.1016/j.socscimed.2016.07.015).
5. Napier AD, Ancarno C, Butler B, Calabrese J, Chater A, Chatterjee H, et al. Culture and health. *Lancet.* 2014;384(9954):1607-39. doi: [10.1016/s0140-6736\(14\)61603-2](https://doi.org/10.1016/s0140-6736(14)61603-2).
6. Bhavani RV, Gopinath R. The COVID19 pandemic crisis and the relevance of a farm-system-for-nutrition approach. *Food Secur.* 2020;12(4):881-4. doi: [10.1007/s12571-020-01071-6](https://doi.org/10.1007/s12571-020-01071-6).
7. Signorelli C, Fara GM. COVID-19: hygiene and public health to the front. *Acta Biomed.* 2020;91(3-s):7-8. doi: [10.23750/abm.v91i3-S.9507](https://doi.org/10.23750/abm.v91i3-S.9507).
8. Sadeghi R, Masoudi MR, Khanjani N. The commitment for fair distribution of COVID-19 vaccine among all countries of the world. *Res Nurs Health.* 2021;44(2):266-7. doi: [10.1002/nur.22112](https://doi.org/10.1002/nur.22112).
9. Kwok KO, Li KK, Chan HHH, Yi YY, Tang A, Wei WI, et al. Community responses during early phase of COVID-19 epidemic, Hong Kong. *Emerg Infect Dis.* 2020;26(7):1575-9. doi: [10.3201/eid2607.200500](https://doi.org/10.3201/eid2607.200500).
10. Uchejeso OM, Obiora ER. Handwashing and personal hygiene among Nigerians in the face of COVID-19 (coronavirus). *Am J Biomed Sci Res.* 2020;8(6):e00133. doi: [10.34297/ajbsr.2020.08.001333](https://doi.org/10.34297/ajbsr.2020.08.001333).
11. Liang T. Handbook of COVID-19 Prevention and Treatment. The First Affiliated Hospital, Zhejiang University School of Medicine; 2020. p. 68.