



## Pre-travel health seeking practices of Umrah pilgrims departing from Assiut International Airport, Egypt

Mirette M. Aziz<sup>a,\*</sup>, Hosnia S. Abd El-Megeed<sup>a</sup>, Mennat Allah M. Abd Ellatif<sup>cb</sup>

<sup>a</sup> Department of Public Health & Community Medicine, Assiut University, Egypt

<sup>b</sup> Assiut International Airport Clinic, Egypt

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### ABSTRACT

**Objectives:** to assess the health seeking practices and their determinants among Umrah pilgrims departing from Assiut international Airport.

**Methods:** We interviewed 300 pilgrims departing from Assiut International Airport while they were in the departure lounge, using a semi-structured questionnaire.

**Results:** Only 60%, 46.3% and 46.3% of Umrah pilgrims believed in importance of pre-travel vaccination, seeking health information, and health examination, respectively. The most frequently practiced pre-travel health related behaviour was getting vaccinated (56.3%), as compared to much lower frequencies of seeking health information (24%) or having a clinical health examination (26.7%). Private clinics, internet and the tourism companies were the main sources of health information of the pilgrims. Positive attitude of pilgrims about health seeking practices, the perception of health risk of travelling to Hajj/Umrah and having a chronic disease were the predictors of pre-travel health practices.

**Conclusion:** Raising awareness among Hajj/Umrah pilgrims about the importance of seeking professional pre-travel health advice and communicating the risk of exposure to travel-related diseases to pilgrims could be important strategies to improve the uptake of preventive measures. Training of general practitioners in the public health sector about the travel health information would promote the travel health services.

### 1. Introduction

The Umrah is an Islamic pilgrimage to Mecca in Saudi Arabia. It can be undertaken at any time of the year. It is called the “minor pilgrimage”, in contrast to Hajj, which is the “major pilgrimage” and compulsory for every able-bodied Muslim who can afford it [1]. Egypt possesses one of the highest numbers of Umrah pilgrims among Islamic countries [2].

This event has a great impact on international public health, as it is a unique mass gathering with extraordinary density of people [3]. Intense congestion, shared accommodation, air pollution, and compromised hygiene all contribute to the transmission of infections [4]. Respiratory, gastrointestinal, musculoskeletal and skin diseases represent the greatest burdens of health problems among Hajj and Umrah pilgrims [5,6]. Moreover, the use of unclean blades to shave the Muslim men heads at the end of Hajj/Umrah can transmit blood borne pathogens, such as hepatitis B, hepatitis C, and HIV/AIDS. The major causes of death of pilgrims were found to include heart diseases, strokes, and heat-related illnesses particularly when the pilgrimage occurs during

the summer months [7].

The pre-travel consultation aims to promote risk reduction through performing an individual risk assessment, applying preventive measures, educating the travellers regarding anticipated health risks and methods for prevention and providing immunizations for vaccine-preventable diseases [8].

Although travel health advice is an important part of pre-travel preparation for travellers, one of the biggest problems for health professionals and the travel industry has been getting travellers to seek pre-travel health advice from a qualified source [9].

To date, few studies have assessed the health seeking behaviour of Umrah pilgrims, and almost none in Egypt. As there is a public health need to identify strategies targeting The Hajj and Umrah pilgrims for travel health promotion, we aimed in this study to assess the health seeking practices and their determinants among Umrah pilgrims departing from Assiut international Airport. Understanding the behaviours of travellers and their attitudes towards a variety of health practices can inform policy aimed at protecting the travellers, their contacts and the communities into which they travel.

\* Corresponding author. Assiut University Post Office Box, 71515, Egypt.

E-mail addresses: [miretteaziz@aun.edu.eg](mailto:miretteaziz@aun.edu.eg), [miretteaziz77@yahoo.com](mailto:miretteaziz77@yahoo.com) (M.M. Aziz).

## 2. Methods

### 2.1. Study design and setting

This is a descriptive cross sectional study. The study was conducted in Assiut International Airport in Egypt, which is one of the largest airports in Upper Egypt in terms of passenger volume and flight movements; it has an absorptive capacity of more than one million passengers and 3500 flights yearly. It has about 10 trips weekly departing to Saudi Arabia which increases to 15 trips during Umrah season (Anecdotal evidence, Assiut international Airport).

### 2.2. Recruitment procedures and sample size of the study population

All travellers to Saudi Arabia for Umrah departing from Assiut International Airport were considered eligible for participation in the study. Pilgrims older than 18 years were included on a voluntary basis. They were invited to participate in the study while they were in the departure lounge, from June 2016 to March 2017. Only one member from the family was included. Sample size was calculated using EpiInfo version 7 software. We used an expected frequency of pre-travel seeking of health advice (23%) [10], with 5% acceptable margin of error and 95% confidence level. The minimum sample size required was 272, and after adding 10% of non-response, it reached 300.

### 2.3. Questionnaire

All participants were interviewed using a semi-structured questionnaire detailing; socio-demographic data, history of previous travels, chronic diseases among pilgrims, the pilgrims risk perception of diseases occurring at Hajj, pre-travel health seeking practices; including vaccination, seeking health information and health examination. We used a likert scale to ask the pilgrims about how much they agree with a number of statements assessing their attitudes about pre-travel health seeking practices. All questions were piloted on a sample of pilgrims, and the questionnaire was modified appropriately.

### 2.4. Statistical analysis

Data were analysed using SPSS (SPSS Statistics for Windows, Version 21.0, NY). Descriptive analysis was performed for the participants' socio-demographic data. Frequencies of performing the health seeking practices by pilgrims and their responses for the attitude index were calculated.

An index to assess the pilgrims' attitude about the Hajj/Umrah health practices was developed by using 11 statements, along a 5-points Likert scale. This index included statements about pre-travel vaccination, clinical health examination, seeking health information. It included 7 statements reflecting positive attitude and 4 statements reflecting negative attitudes. The Cronbach's Alpha of the index was calculated as (0.837).

“Strongly agree” and “Agree” responses were recoded into “Agree” and “Strongly disagree” and “Disagree” were recoded into “Disagree”, before calculation of the frequencies of responses. An attitude score was calculated by giving the highest score “5” to the “Strongly agree” and the lowest score “1” to the strongly disagree” on the positive attitude statements after recoding the index statements to be in the positive direction. Also, a total score percent was calculated by dividing the total score by 55 (The total score if all responses had the highest positive score).

Bi-variate analyses were performed, using *t*-test and chi-square test, to identify the significant factors associated with different pre-travel health practices. All significant variables with a *p* value < 0.25 on bivariate analysis were considered for inclusion in the logistic regression analysis. The significant variables included the socio-demographic factors, pilgrims' perception of health risks during Hajj/Umrah,

pilgrims' perception of level of health knowledge about Hajj/Umrah, having a chronic disease and the pilgrims' attitude about health seeking practices. A two-tailed *p*-value < 0.05 was considered as significant.

### 2.5. Ethical considerations

Ethical approval was obtained from the ethical committee of Assiut University, Faculty of Medicine. Administrative approvals were also obtained from Assiut international Airport. An oral informed consent was obtained from the study participants prior to the interview. A brochure on the Hajj-related health recommendations was developed and distributed to all the study participants after completing the interview.

## 3. Results

### 3.1. Socio-demographic characteristics

A total of 300 pilgrims participated in the study voluntarily and completed the interview. Participants had a mean age of (48.9 ± 14.3) years, with a male to female ratio of 2:1. Most of the participants were married (72%), working (66%), and had secondary education and above (70.6%). They came from different Governorates of Upper Egypt; Assiut, Sohag, Minya and Qena. 35% of them had chronic diseases (Table 1).

### 3.2. Attitude of pilgrims about Hajj/Umrah health seeking practices

Table 2 shows the pilgrims responses to the Hajj/Umrah health

**Table 1**  
Socio-demographic characteristics of the study pilgrims.

Variables	n = 300	Percentage (%)
<b>Age</b>		
< 30 years	33	11.0
30- < 50	109	36.3
≥ 50	158	52.7
Mean ± SD (Range)	48.9 ± 14.3 (22–75)	
<b>Residence</b>		
Urban	162	54.0
Rural	138	46.0
<b>Sex</b>		
Male	200	66.7
Female	100	33.3
<b>Marital status</b>		
Married	216	72.0
Single	32	10.7
Divorced/Widowed	52	17.3
<b>Educational level</b>		
Illiterate	54	18.0
Read and write	29	9.7
Basic education	5	1.7
Secondary education	94	31.3
Above secondary	30	10.0
University education	88	29.3
<b>Job</b>		
Working	198	66.0
Not working	102	34.0
<b>Governorate</b>		
Assiut	205	68.3
El Menia	53	17.7
Sohag	35	11.7
Others	7	2.3
<b>Having a chronic disease</b>		
Yes	105	35.0
No	195	65.0

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