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Illness-Related Attitudes toward COVID-19 and Precautionary Practices among Kuwaiti Males during the Total Lockdown and Curfew in Kuwait

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Abstract

COVID-19 is a worldwide pandemic that affects individuals' physical and mental health. This descriptive cross-sectional study aimed to investigate relationships between precautionary practices (washing hands, taking vitamins, and eating a healthy diet) and attitudes about illness related to COVID-19 (worry about illness, concern about pain, hypochondriacal beliefs, thanatophobia, and treatment experience). This study used non-probability sample method to recruit the participants. The study sample was restricted to males who were 18 and older and who lived in Kuwait during the COVID-19 pandemic. A total of 430 males volunteered to participate in this study. The participants completed an online questionnaire that included three sections with questions about demographics, types of precautionary behavior related to COVID-19, and attitudes toward COVID-19. The findings revealed that there is a significant relationship between following preventative health behaviors related to COVID-19 and men's illness-related attitudes toward COVID-19. Individuals' attitudes, beliefs, and behaviors about health significantly affect their mental health condition. Therefore, there is a need to increase individuals' attitudes, and beliefs that precautionary behavior is important for avoiding COVID-19, which could reflect on their physiological and mental health condition.

Keywords: Illness; Attitudes; COVID-19; Precautionary Practice; Males; SARS-CoV-2; Coronavirus.

الاتجاهات المتعلقة نحو مرض كوفيد - ١٩ والممارسات الاحترازية بين الذكور أثناء الإغلاق الكامل وحظر التجول في دولة الكويت

محمد سيد حسن، انجي عبد الحافظ

الملخص

أثرت الجائحة عالمية كوفيد -١٩ على الصحة الجسدية والعقلية للأفراد. تهدف الدراسة المقطعية الوصفية من التحقق في العلاقات بين الممارسات الاحترازية (غسل اليدين، وتناول الفيتامينات، وتناول نظام غذائي صحي) والاتجاهات المتعلقة نحو مرض COVID-19 (القلق بشأن المرض، القلق بشأن الألم، المعتقدات المتعلقة باضطراب القلق المرضي، ورهاب الموت، وتجربة العلاج). استخدمت الدراسة الراهنة طريقة العينة غير الاحتمالية لاختيار المشاركين. واقتصرت عينة الدراسة على الذكور الذين يبلغون من العمر ١٨ عاماً أو أكبر والذين عاشوا في الكويت خلال جائحة COVID-19. تطوع ٤٣٠ من الذكور للمشاركة في هذه الدراسة وأكمل المشاركون استبياناً عبر الإنترنت تكون من ثلاثة أجزاء من الأسئلة حول المعلومات الديموغرافية، وأنواع السلوك الاحترازي المتعلق بـ COVID-19، واتجاه نحو COVID-19. كشفت النتائج أن هناك علاقة كبيرة بين اتباع السلوكيات الصحية الوقائية المتعلقة بـ COVID-19 واتجاه الرجال المتعلقة بمرض COVID-19. اتجاهات الأفراد ومعتقداتهم وسلوكياتهم حول الصحة بشكل كبير تؤثر على حالتهم الصحية العقلية ولذلك هناك حاجة بزيادة الاهتمام نحو اتجاهات الأفراد، ومعتقداتهم بأن السلوك الاحترازي مهم لتجنب الإصابة بـ COVID-19 والذي يمكن أن ينعكس بدوره على حالتهم الصحية الفسيولوجية والعقلية.

الكلمات المفتاحية: المرض؛ الاتجاهات؛ كوفيد -١٩؛ الممارسة الاحترازية؛ ذكور، سارس CoV-2؛ فيروس كورونا.

Introduction

Based on a World Health Organization (WHO) report from February 8, 2022, over three million cases of Coronavirus disease (COVID-19) were confirmed as part of the worldwide pandemic, and more than 5,773,625 patients died from respiratory ailments (WHO, 2022). The dynamics of COVID-19, including its rapid dissemination, long incubation period, and life-threatening impacts on patients' health, have contributed to millions of peoples across world adopting radical alterations to their lifestyles (Montemurro, 2020 ; Sakib et al., 2020; Reger et al., 2020). In compliance with the WHO country-level planning, coordination, and monitoring, changes have included enduring general lockdown, the shutdown of public places (shopping centers, parks, recreational facilities, airports) and the closing of schools and other public and private sectors (i.e., people start working from home). These modifications were done according to the public health authority's recommendation to constrain the spread of the virus (Velavan & Meyer, 2020; Paules et al., 2020). Alongside these changes, thousands of people have lost jobs as well as family members who were diagnosed with COVID-19, leading to several psychological and mental health issues, such as post-traumatic stress, depression, anxiety, fear, and insomnia (Rossi et al., 2020; Thakur & Jain, 2020). These issues have been especially prevalent among individuals who have been in close proximity to COVID-19, such as patients, healthcare workers, and their families (Bo et al., 2020; Lai et al., 2020). The following cross-world studies in India (Goyal et al., 2020), China (Lai et al., 2020), and the U.S. (Lee, 2020) demonstrate the vital, negative impact of COVID-19 on individuals' mental health. The outcomes of these studies illustrate that the fear of being infected with COVID-19 leads people to develop psychopathological diseases during the pandemic, such as thanatophobia, anxiety, and hypochondriacal beliefs.

Lehto & Stein (2009) refer to thanatophobia, or anxiety related to fear of death, as a feeling of fear or anxiety when an individual thinks about death or anything associated with dying, which relates to an individual's unconscious belief in mortality (Freud, 1952). Brown & Barlow (2009) describe many types of thanatophobia; for example, there is a fear of the unknown, a fear for the corpse after death, a fear of being alone, a fear of feeling pain, and a fear of wasted time. A Fortner & Neimeyer (1999) study shows that males reported higher scores of death

anxiety than did females. According to Warwick and Salkovskis (1990), the cognitive-behavioral hypothesis of hypochondriasis and health anxiety describes individuals who view and sense their bodily symptoms as more critical than they actually are and believe that the probability of incubating a specific disease is higher than it actually is.

Taylor (2019) notes that during a contagious disease epidemic, many people start to report high scores of clinically significant anxiety and fear; thus, health professionals tend to understand and identify the psychological challenges of individuals with special mental conditions (Asmundson & Taylor, 2020). The relationship between an individual's attitude toward illness and their healthy lifestyle behavior have been examined by the following studies (Vasserman et al., 2005; Dobroradova, 2009). Vasserman et al. (2005) state that there is a significant association between patient attitudes toward illness and the treatment received to overcome their health problems. According to Myasishchev's concept of treatment, there are three parts to an attitude toward illness. One kind is related to the individual's emotions and feelings associated with the illness (Myasishchev, 1960). The second kind of attitude toward illness relates to the ways in which an individual copes with their illness through behavioral strategies. The third attitude toward illness relates to the individual's knowledge and awareness about the impact and risk factors causing the illness.

Many researchers highlight the significant role that studying an individual's personality and demographic plays in understanding their attitude toward illness and, subsequently, their habits related to a healthy lifestyle. For example, Lee et al.'s (2020) online survey aimed to identify mental health characteristics among 1237 adults with dysfunctional COVID-19 anxiety in the U.S. Findings of the study show that dysfunctional psychological reactions to COVID-19 were associated with general anxiety and depression as well as other risk factors, such as coronavirus infection, insufficient social support, physical dysfunctional, and suicidal thoughts.

A study among U.S. adults diagnosed with one or more chronic diseases measured their attitudes, knowledge, and related behaviors about COVID-19 and found that most of the participants considered the potential threat of getting COVID-19 as high, and 24.6% of participants reported that they were "very worried" about getting the coronavirus (Wolf et al.,

2020). Men, participants younger than 70 years old, and patients living with two or fewer chronic diseases rated the seriousness of the COVID-19 threat as low. Concerning participants' daily lifestyle behaviors during the COVID-19 pandemic, 58.6% of participants said that their routines changed "a lot" due to the coronavirus. In addition, participants who said that the coronavirus pandemic had affected minor changes in their daily life routine were men who were single, unemployed, retired, or had lower health literacy.

Zhong et al.'s (2020) study among Chinese residents in Hubei, China, examined participants' attitudes and knowledge about and practices toward COVID-19 during the pandemic, which revealed that most (97.1%) of the participants had positive attitudes about the COVID-19 pandemic, and 90.8% had high confidence in the public health policy-makers and their policies and the procedures for controlling the virus and winning the battle against COVID-19. Further, male participants were less optimistic than women as well as less knowledgeable about COVID-19 health information and more reluctant to follow the basic health precautions recommended to avoid COVID-19 infection, such as avoiding crowded places and wearing a mask in public. This compares to the general precautions and daily lifestyle behaviors to minimize the spread of the virus practiced by participants; 98.0% of the participants reported wearing masks outdoors, and 96.4% avoided crowded areas.

Many studies have detected a significant association between vitamin D intake and reduction of the rate of viral infection risk factors and death due to the vitamin's mechanisms (Gruber-Bzura, 2018; Rondanelli et al., 2018). These mechanisms of vitamin D that play an essential role in minimizing the risk of getting the common cold and other viral infections include cellular and adaptive immunity and a cellular physical barrier. Youssef et al.'s (2012) findings illustrate that increasing the concentrations of 25(OH)D serum to a minimum of 40–50 ng/mL (100–125 nmol/L) via intake of vitamin D supplementation can boost individuals' immune system and reduce the possibility of getting hospital-associated infections. Moreover, Yajia et al.'s (2020) study in the United States examined the associations between vitamin D, sunlight, and reported cases of COVID-19 and related deaths based on states' latitude. The findings of the study demonstrate that there is a marginal association between exposure to sunlight and vitamin D and reduction of the risks of infection with COVID-19 and deaths among people who lived in low- and high-latitude states.

Few studies have been conducted in Kuwait during the outbreak of COVID-19 pandemic to investigate the effect of the enforcement of lockdown on Kuwaitis' mental health status (Al-Ma'seb & Alaslawi, 2021; Alsairafi et al., 2021; Al-Sanafi, & Sallam, 2021; Salman et al., 2021). One of the studies was conducted by Alsharji (2020) among Kuwaitis' individuals during the COVID-19 pandemic that aim to examine the relationship between psychological disorders and physical activity practice. The study's outcome reveals that there was a significant association between high levels of experiencing depression symptoms and lower levels of physical activity during the enforcement of the lockdown during the pandemic. Another study was conducted in Kuwait during the imposing of lockdown during the COVID-19 pandemic on individuals' dietary habits and lifestyle behaviors (Husain & Ashkanani, 2020). The study's outcome detected that individuals' quality of the food intake and mealtimes changed during the pandemic. Furthermore, the study illustrates that individuals' daily lifestyle behaviors experienced alterations, such as reductions in physical practice, changing in sleeping patterns, and extended hours of using of technology. Another study in Kuwait investigated the impact of enforcing of lockdown during the COVID-19 pandemic on individuals' mental health, weigh gain, and eating habits (Al-Maghamis et al., 2020). The outcomes of the study showed that there was an increase in participants' weight during the lockdown, due to increase in the consumption of unhealthy diets than before the pandemic.

In addition, Al Balhan & Abdelkader (2022) performed study in Kuwait to determine the impact of the total lockdown due to COVID-19 pandemic on individual's social relationship and psychological wellbeing. The study's findings reveal that about three-fourth (70.3%) of the participants said that they experienced positive social effects, and more than half (65%) of the participants said that they experienced positive psychological effects during the period of the total lockdown. Another study (Almashan & Gadelrab, 2022) was conducted in Kuwait during the imposing of lockdown during the COVID-19 pandemic on individuals' mental health and the predictors variables of corona-related anxiety. The findings of the study demonstrate that there is a significant difference between males and females in some aspects of anxiety sensitivity and some of self-enhancement style of the sense of humor types.

Research Problem

Individuals' health conditions are based on their health attitudes, beliefs, and behaviors. Few studies were conducted in Kuwait during the outbreak of COVID-19 pandemic to examine the association between precautionary practices such as consuming health diet and washing hand constantly, and individual's attitudes about illness related to COVID-19. The significance of the current study is to investigate whether there are significant differences among males' health behavior variables and attitudes toward COVID-19 during the COVID-19 pandemic in Kuwait.

Study Theoretical Framework

Based on the health belief model (HBM), individuals' attitudes, beliefs, and behavior modifications are major determinants of their health-related practices (Blackwell, 1992; Sumartojo, 1993). According to this model, individuals will select the ideal health behaviors that lead to the best possible outcomes for their health (Gebhardt & Maes, 2001; Stroebe, 2000). According to Gerend and Shepherd (2012), there are five constructs in the HBM that impact an individual's decision to engage in a desirable health behavior in order to evade an unwanted health outcome. These five constructs are perceived susceptibility, perceived severity, perceived benefits, perceived barriers, and cues to action. Applying this model to the current study, Kuwaiti men will select the optimal health behaviors to avoid COVID-19 infection based on their rational assessment of the balance between the advantages and detriments of their health-related behavior.

The Purpose of the Study

To the best of the authors' knowledge, no empirical study to date has investigated illness attitudes toward COVID-19 among males who live in Kuwait during the pandemic. The purpose of the current study was to assess whether there are significant differences among health behavior variables, such as taking vitamins, consuming a healthy diet, and washing hands regularly, and attitudes toward COVID-19, which include anxiety, concern about pain, hypochondriacal beliefs, thanatophobia, and treatment experience, among males during the COVID-19 pandemic in Kuwait.

Research Questions

RQ1: Is there a statistically significant difference between taking vitamins during COVID-19 pandemic and illness-related attitudes toward COVID-19 among a sample of males during total lockdown and curfew in Kuwait?

RQ2: Is there a statistically significant difference between washing hands regularly during the COVID-19 pandemic in Kuwait and illness-related attitudes toward COVID-19 among a sample of males during total lockdown and curfew in Kuwait?

RQ3: Is there a statistically significant difference between a healthy diet during the COVID-19 pandemic in Kuwait and illness-related attitudes toward COVID-19 among a sample of males during total lockdown and curfew in Kuwait?

Methods

The online survey approach was used to address the research questions of the current study. According to Rubin and Babbie (2001), one purpose of survey research is to describe situations such as participants' opinions, attitudes, and behaviors.

1. Sample and Data Collection

The online survey approach was used to address the research questions of this study. This study used non-probability sample method to recruit the participants. The online questionnaires were sent to participants using one of the social media platforms, Whats App. It is regarded as one of the more commonly used platforms in Kuwait. The study sample was restricted to males who were 18 and older and who lived in Kuwait during the COVID-19 pandemic. A total of 430 males volunteered to participate in this study. The response rate for the current study was 86%, which is very good. The participants had the following characteristics: average age: 41.02 years (SD = 14.4, range = 18–91.); marital status: 69.1% married, 26.7% single, 3.5% divorced, and 0.5% widowed; nationality: 87.7% Kuwaiti and 12.1% non-Kuwaiti; livelihood: 64.7% employees, 14.9% students, 12.3% retired, and 7.9% businessman; education: 60.2% with a bachelor's degree, 29.3% with a master's degree or higher, and 10.5% with a high school diploma or less; health: 75.1% with no chronic diseases and 24.7% with a chronic disease; preferred information source about COVID-19: 50.5% social media, 34.2% traditional media, 11.2% health organizations, 4% other resources, and 0.2% family.

2. Ethical statement

The ethical standards of the Kuwait University rules and regulations on human experimentation were followed. In addition, the online survey includes the following statements: freedom of participation, withdraw from the study without obligation, and assurance of privacy.

3.The Instrument

The participants completed an online questionnaire that included three sections. The first section included questions about demographics, which asked about participants' marital status, age, nationality, livelihood, health, preferred information source, and level of education. The second section included questions about precautions related to COVID-19 taken by participants. For example, the participants were asked, "Did you wash your hands regularly during the COVID-19 pandemic in Kuwait?" and "Did you start exercising during the COVID-19 pandemic in Kuwait?" Responses were given as either "Yes" or "No." The precautions questions were developed by the authors of the study based on the literature (Grant and Baggerly, 2020; Shankar et al., 2020) that discussed precautionary steps against COVID-19 and the World Health Organization's precautionary advice (WHO, 2020). The third section of the questionnaire included the Illness Attitude Toward COVID-19 Scale (IATCS) developed by the authors of the study (2021).

The IATCS is an 18-item instrument designed to measure illness-related attitudes toward COVID-19. The IATCS is based on the Illness Attitude Scale (IAS) developed by Kellner et al. (1985), and contains five subscales, which include worry about illness, concerns about pain, hypochondriacal beliefs, thanatophobia, and treatment experiences. In addition, each of the subscales contains three items. Responses were made on a 5-point Likert scale, where 1 = No, 2 = Rarely, 3 = Sometimes, 4 = Often and 5 = Most of the time. Moreover, responses were made on a 5-point Likert subscale for treatment experience, where 1 = Almost never, Not at all = 2, Only very rarely or once; 3 = About 2-4 times a year; 4 = About once a month or 4-5 times; and 5 = About once a week or 6 or more times a year. The language of IATCS is Arabic, which is suitable for the sample of the study since the participants speak Arabic. Validity tests were conducted on the scale for criterion validity and factorial validity, and the results showed it to be valid (Al-Ma'seb & Al-Sejari, 2021).

The internal consistency reliability of IATCS and its subscales was found to be as follows: IATCS ($\alpha = 0.81$), worry about illness ($\alpha = 0.79$), concern about pain ($\alpha = 0.63$), hypochondriacal beliefs ($\alpha = 0.60$), thanatophobia ($\alpha = 0.89$), and treatment experience ($\alpha = 0.78$), all of which are considered satisfactory (the authors of the study, 2020).

4.Data Analysis

Analysis of the data was conducted with The Statistical Package for Social Sciences (IBM SPSS 25.0). Means, standard deviations, percentages, and frequencies were calculated to describe the data. Additionally, the T-test was used to test for differences between variables. As well, a Cronbach's alpha was used to determine the scale's internal consistency.

5.Internal Consistency

The internal consistency was calculated using Cronbach's α . The internal consistency for the IATCS alpha was 0.81. The reliability alpha scores of these subscales were found to be as follows: worry about illness ($\alpha = 0.79$), concern about pain ($\alpha = 0.63$), hypochondriacal beliefs ($\alpha = 0.60$), thanatophobia ($\alpha = 0.89$), and treatment experience ($\alpha = 0.78$), which all are considered significant findings.

Results

1.Vitamins

One of the questions that the participants of this study responded to was, "Did you start taking vitamins during the COVID-19 pandemic in Kuwait that you did not take before it began?" Therefore, a t-test was conducted to discover differences between starting to take vitamins during the COVID-19 pandemic and the IATCS and its five subscale scores (worry about illness, concern about pain, hypochondriacal beliefs, thanatophobia, and treatment experience). The results indicated that there are significant differences between taking vitamins and worry about illness ($t = 2.82$, $p = 0.005$), with a mean score of 9.98 for participants who took vitamins during the pandemic and a mean score of 8.82 for participants who did not. In addition, there were significant differences between taking vitamins and concern about pain ($t = 2.79$, $p = 0.005$), with a mean score of 10.67 for participants who took vitamins during the pandemic and a mean score of 9.62 for participants who did not. Furthermore, there were significant differences between taking vitamins and thanatophobia ($t = 2.37$, $p = 0.018$), with a mean score of 7.87 for participants who took vitamins during the pandemic and a mean score of 6.66 for participants who did not. Another significant difference was noted between taking vitamins and IATCS ($t = 3.55$, $p = 0.000$), with a mean score of 52.98 for participants who took vitamins during the pandemic and a mean score of 48.26 for participants who did not. However, the analysis

indicated the means of hypochondriacal beliefs and treatment experience did not differ significantly, at $p < 0.05$ (see Table 1).

[Table 1]

2. Washing Hands

Another question that the participants of this study responded to was, "Did you wash your hands regularly during the COVID-19 pandemic in Kuwait?" A t-test was conducted to find differences between washing hands regularly during COVID-19 pandemic and the IATCS and its five sub-scale scores (worry about illness, concern about pain, hypochondriacal beliefs, thanatophobia, and treatment experience). The results showed that there were significant differences between washing hands regularly and worry about illness ($t = 2.73$, $p = 0.006$), with a mean score of 9.10 for participants who washed their hands regularly and a mean score of 7.27 for participants who did not. In addition, there were significant differences between washing hands regularly and concern about pain ($t = 3.31$, $p = 0.001$), with a mean score of 9.87 for participants who washed their hands regularly and a mean score of 7.80 for participants who did not. Moreover, there were significant differences between washing hands and hypochondriacal beliefs ($t = 2.43$, $p = 0.016$), with a mean score of 6.82 for participants who washed their hands regularly and a mean score of 5.50 for participants who did not. Another significant difference was found between washing hands regularly and IATCS ($t = 3.20$, $p = 0.001$), with a mean score of 49.34 for participants who washed their hands regularly and a mean score of 42.30 for participants who did not. However, the analysis indicated the means of thanatophobia and treatment experience did not differ significantly, at $p < 0.05$ (see Table 2).

[Table 2]

3. Eating a Healthy Diet

The participants also responded to a question that asked them, "In your opinion, did you start to eat healthy food during the COVID-19 pandemic in Kuwait?" A t-test was conducted to find differences between eating a healthy diet during the COVID-19 pandemic and the IATCS and its five sub-scale scores (worry about illness, concern about pain, hypochondriacal beliefs, thanatophobia, and treatment experience). The results showed that there were significant differences between a healthy diet and worry about illness ($t = 2.72$, $p = 0.007$), with a mean score of 9.88 for participants who reported

eating healthy foods and a mean score of 8.82 for participants who did not. In addition, there were significant differences between eating a healthy diet and IATCS ($t = 4.15$, $p = 0.000$), with a mean score of 53.26 for participants reported eating a healthy diet foods and a mean score of 48.10 for participants who did not. However, the analysis indicated the means of concern about pain, hypochondriacal beliefs, thanatophobia, and treatment experience did not differ significantly, at $p < 0.05$ (see Table 3).

[Table 3]

Discussion

The COVID-19 pandemic is not just a global health crisis the impacts of which will end at the time a cure or vaccine is discovered. The impacts of the pandemic will affect many aspects of life, such as the economy, policies, and the environment. However, the main impact will be on the mental health of individuals and societies, which will need to be addressed both during and after the COVID-19 pandemic. The current study focused on the illness-related attitudes toward COVID-19 of males who lived in Kuwait during the pandemic, such as their worry about illness, concerns about pain, hypochondriacal beliefs, thanatophobia, and treatment experiences as well as the relationship of these elements to other variables. From the beginning of the pandemic, the WHO (2020) urged people to take many precautionary procedures, such as washing their hands and wearing masks and gloves. In addition, the WHO advised individuals to eat healthy so they could get the vitamins, minerals, dietary fiber, protein, and antioxidants that their bodies need, which could help to strengthen their immune systems. Furthermore, these simple precautions have seemed to be the only methods to reducing individuals' chances of being infected or spreading COVID-19, absent a cure or vaccine for the disease. Therefore, in this study we examined the relationships between taking vitamins, eating a healthy diet, and washing hands during the COVID-19 pandemic and attitudes toward COVID-19 illnesses for males who live in Kuwait. The findings of the study revealed that participants who started to take vitamins during the COVID-19 pandemic had higher scores on their attitudes toward COVID-19 illnesses than participants who did not. For example, they were worried about their health and the possibility of getting COVID-19. In addition, they were concerned about feeling pain, and they had fears of death. Furthermore, they showed severe health anxiety. According to Grant and Baggerly (2020), the

human immune system needs vitamins such as A, B6, B12, C, D, and E for the immune response against an illness and vitamins C and D for immune support. In addition, there is evidence that supports the role of vitamin D in reducing the risk of COVID-19 infection (Grant et al., 2020). The current study draw attention to the association between severe health anxiety and increased vitamin-taking during the pandemic. This means that individuals who have severe health anxiety due to the COVID-19 pandemic might be trying to reduce the risk of getting infected by starting to take vitamins. Moreover, the findings of the study showed that washing hands regularly during the COVID-19 pandemic was associated with attitudes toward COVID-19 illnesses, such that participants who washed their hands regularly worried about their health and getting COVID-19, were concerned about virus-related pain, and had excessive worry about having COVID-19. In addition, individuals who were worried about getting COVID-19 practiced such precautions in order to help lower their stress and anxiety levels about getting ill. Wang et al. (2020) found that hygiene practices such as washing hands were associated with lower scores for the depression, anxiety, and stress subscales. Wang et al. (2020) did not support the findings of the current study. The current study found that there is an association between severe health anxiety and hand-washing. This could be because the fear of getting infected by COVID-19 increases health anxiety, which might lead to taking more precautions, such as washing hands and taking vitamins. Furthermore, the findings of the study showed that eating a healthy diet during the COVID-19 pandemic was associated with attitudes toward COVID-19 illnesses and worries about health and getting COVID-19. In the current study, participants who had attitudes toward COVID-19 illnesses took more precautionary measures than other participants, which could be related to their fear of getting the virus. Moreover, participants who scored less on the questions related to attitudes toward COVID-19 illnesses were less likely to change their behaviors and did not take the same precautions as the participants who scored higher on those questions. Furthermore, based on the health belief model (HBM), individuals could choose specified health behaviors that might lead to avoiding undesired results (Gerend & Shepherd, 2012; Stroebe, 2000). This means that abnormal illness-related behavior could increase levels of precaution, such as washing hands, eating a healthy diet, and taking vitamins, among these individuals so that they can protect themselves from COVID-19.

Limitations, Recommendations, and Future Research

There are some limitations of this study that need to be mentioned. This study used a non-random sample, which limited the study's generalizability. Furthermore, the study used an online measure, which is one of the tools to collect data that has many advantages, such as saving time and effort, a low cost, and increased access to unique populations. However, this tool is subject to certain limitations, such as sampling issues, and it is limited to individuals who have access to the internet.

Future research can investigate the effect that attitudes about illness have on the quality of life for males. In addition, future research can explore other variables that might be associated with attitudes about illness, such as gender, age, level of education, broader sample size, and marital status. Moreover, future studies can investigate attitudes about illness among males who have COVID-19 and compare them with males who do not.

There are some recommendations based on the findings of the current study. Individuals' health conditions are based on their health attitudes, beliefs, and behaviors. Therefore, there is a need to convey the importance of having positive attitudes, beliefs, and behaviors about taking COVID-19 precautions because it has an impact on overall health. In addition, it is important for individuals to not allow the psychopathology of hypochondriasis to control and direct their health-related behaviors, especially if they need the help of a mental health professional.

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Table 1
Results of t-test analysis Taking Vitamins with IATCS & FIVE Sub-scales

Scale	Yes		No		t(430)	p	Cohen's d
	M	SD	M	SD			
Worry about illness	9.98	3.01	8.82	3.05	2.82	.005	0.274
Concern about pain	10.67	2.76	9.62	2.79	2.79	.005	0.270
Hypochondriacal beliefs	7.00	2.37	6.71	2.52	0.84	.401	0.082
Thanatophobia	7.87	4.03	6.66	3.70	2.37	.018	0.230
Treatment experience	8.44	2.33	8.20	2.42	0.71	.476	0.069
IATCS	52.98	8.96	48.26	9.65	3.55	.000	0.352

Table 2
Results of t-test analysis Washing Hands with IATCS & FIVE Sub-scales

Scale	Yes		No		t(430)	p	Cohen's d
	M	SD	M	SD			
Worry about illness	9.10	3.05	7.27	2.86	2.74	.006	0.265
Concern about pain	9.87	2.77	7.80	2.96	3.31	.001	0.320
Hypochondriacal beliefs	6.82	2.48	5.50	2.55	2.43	.016	0.236
Thanatophobia	6.84	3.78	6.86	3.68	-0.02	.984	0.001
Treatment experience	8.26	2.40	8.14	2.78	0.22	.822	0.021
IATCS	49.34	9.64	42.30	8.62	3.20	.001	0.316

Table 3
Results of t-test analysis Eating Healthy with IATCS & FIVE Sub-scales

Scale	Yes		No		t(430)	p	Cohen's d
	M	SD	M	SD			
Worry about illness	9.88	3.33	8.82	2.88	2.72	.007	0.263
Concern about pain	9.59	3.00	9.81	2.77	-0.60	.549	0.058
Hypochondriacal beliefs	7.20	2.80	6.66	2.42	1.69	.090	0.164
Thanatophobia	7.13	4.02	6.78	3.72	0.71	.472	0.069
Treatment experience	8.64	2.67	8.17	2.36	1.49	.137	0.145
IATCS	53.26	10.12	48.10	9.38	4.15	.000	0.410