Perceptions and Attitudes of the General Public Regarding the Outbreak of Covid-19 in Pakistan

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Abstract

At the end of December 2019, Wuhan, China, reported the first signs of a COVID-19 epidemic. After spreading swiftly throughout China, it reached 209 nations in Asia, Europe, Australia, and America, including Pakistan. The United Nations reports that over a million people have been impacted globally and that over 50,000 people have perished. Around the world, various actions have been taken to monitor COVID-19. Despite having fewer resources, Pakistan has also taken strict measures to contain the COVID-19 virus, including building specialized hospitals, testing labs, quarantine facilities, COVID-19 awareness programmes, and smart lockdowns. It also outlined the government's attempt to fight this deadly pneumonia. This study aimed to determine Pakistani people's attitudes, perceptions, and knowledge about COVID-19 diseases.

Keywords: Knowledge, Attitude, Covid as Pandemic diseases.

I. INTRODUCTION

In 2019, when the globe is fighting a rapid, irreversible coronavirus sickness, evaluating the expectations of a relevant population on proper preventive programmes and how they are managing such a disorder would help to better understand people's psychology (COVID-19). In addition to restricting the spread of the disease, it will help to better understand methodologies for counseling them in a move that contributes to wide-ranging public protection (Abaza, Amine, et al. 2014). Early on in the COVID-19 pandemic, the World Health Organization (WHO) declared the existence of an associated "info emic" (Harapan et al.,

2020).

The pandemic threw the educational system into an unparalleled state of difficulty; undergraduate students, in particular, constituted a unique community with little social contact that acquired independence and freedom of living at an early age. Consequently, it was thought that the pandemic had a direct impact on their views and behaviours, which called for more research (Peng, Pei, et al. 2020). The number of coronavirus disease (COVID-19) cases in Indonesia's general population has increased, raising concerns about public perceptions and awareness of the pandemic.

One month following the initial reports of cases in Indonesia, scientists aimed to investigate potential associations between public awareness and attitudes regarding the COVID-19 pandemic (Sari, Amelia, et al. 2021). The public was informed by the Ministry of Health (MOH) about the prevalence of viral transmission patterns and the importance of curfews and quarantines. People's understanding of infectious viruses continues to be the most crucial component in limiting the spread of disease, even in the face of stringent efforts (Alahdal, Basingab, et al. 2020).

The Ministry of Health (MOH) provided information to the public on the frequency of viral transmission patterns and the significance of curfews and quarantines. Even with intense efforts, people's knowledge of infectious viruses remains the most important factor in preventing the spread of disease (Alahdal, Basingab, et al. 2020). Pneumonia, cytokine surge, and multi-organ failure all cause more severe symptoms in the elderly and individuals with pre-existing chronic health conditions. Furthermore, pregnant women who were infected had a greater risk of developing COVID-19 pneumonia even though there was no indication that they were more susceptible than other individuals (Novel 2020).

Public health and social programmes, such as respiratory and personal hygiene, are essential for preventing disease. This entails washing your hands for at least 20 seconds, avoiding social situations, isolating those who have come into touch with an infectious person, and putting sick residents in quarantine (Moftakhar, Mozhgan, et al. 2020). Social consciousness is required for both the public and the government to take such activities. To safeguard the public in Iran, it is critical to comprehend the awareness, mentality, and practice (KAP) of the populace. This will enable the authorities to determine which KAP components require reinforcement (Moftakhar, Mozhgan, et al. 2020).

It would seem that a planned and carried out study in this sector is necessary in light of these assertions. Accordingly, the goal of this study was to look at the KAP of the COVID-19 community (Kharma, Alalwani, et al. 2015). At the expense of more established media outlets like newspapers, new networks like social media sites and the internet emerged as the most vital sources of intelligence. With over 40 million users as of 2019, Facebook is the most popular social media platform in Egypt, having increased from 33 million in 2016 (Cluskey, 2017).

Even while the government has taken significant action to stop the disease's spread, more has to be done to support the most vulnerable people's financial well-being. We support providing poor nations with affordable access to approved vaccines and/or treatments supervised by the government in cases when such treatments are needed (Abdelhafiz et al. 2020). to eradicate the stigma and fear around tuberculosis (TB) in order to enable individuals to seek treatment (Ngamvithaya pong et al., 2019).

Aims Of Study

The study aims to assess Pakistani healthcare practitioners' and the public's knowledge and perspectives regarding coronavirus illness.

Significant of the Research

The perception and knowledge of COVID-19 among the general population were thoroughly examined in the current study. The results imply that the general public is knowledgeable about COVID and has hope for the pandemic's eventual end. To increase public knowledge and comprehension, however, the government and/or health authorities must engage in unambiguous advertising.

II. LITERATURE SEARCH

The 2003 SARS (severe acute respiratory syndrome) outbreaks in China and the 2012 MERS (Middle East Respiratory Disease) outbreaks in Saudi Arabia were linked to coronaviruses. More contagious than SARS and MERS, SARS (Severe Acute Respiratory Syndrome Coronavirus-2) is a coronavirus illness (COVID-19) (Wu, Ho et al. 2020). As of April 26, 2020, the coronavirus that causes the coronavirus illness 2019 (COVID-19) had spread to 213 countries and territories after being identified in China. Examining COVID-19 dynamics in the Eastern Mediterranean Region (EMR) with a particular emphasis on Pakistan was the goal of this study (Zhai, Ding, et al. 2020).

In addition to collecting and analyzing study-specific data, the Ministry of National Health Services Regulations and Coordination of COVID-19 Pakistan and the European Centre for Disease Prevention and Control published frequent updates and cautions. As of April 26, 2020, our analysis indicates that 22 nations and territories in the EMR had recorded COVID-19 cases (Lucy Robert and others, 2020).

Iran was the nation with the highest number of cases (89,329), followed by Saudi Arabia (16,299), Pakistan (12,723), and the United Arab Emirates (12,723). Low case fatality rates were found in Saudi Arabia and the United Arab Emirates (0.8 percent) and 0.7 percent), respectively; high case fatality rates were found in Egypt (7.1 percent), Iran (6.3 percent), and Iraq (4.9 percent); moderate case fatality rates were found in Lebanon (3.4 percent) and Pakistan (2.1 percent) (Khan, Mohsin, et al. 2020). Iran (76.3%) and Iraq (69.4%) had the greatest recovery rates, followed by Saudi Arabia (19.2%), Pakistan (22.5%), and the United Arab Emirates (19.2%).). (13.6 percentile) (Organization 2020).

We anticipate an increase in COVID-19 cases in EMR nations, with as many as 2.12 million cases in Iran and 0.12 million cases in Pakistan, based on the susceptible, poisoned, recovered (SIR) epidemiological model (Verity, Okell, et al. 2020). In terms of case fatality and recovery rates, Pakistan ranks third among the afflicted countries in the EMR and has the largest population (Dil et al., 2020). This research suggests that Pakistan's inefficient healthcare system would not be able to handle the exponential increase in cases caused by inadequate and inconsistent disease preventive and control programmes. The best defence against the COVID-19 pandemic is to strictly adhere to epidemiological advice (Organization 2020).

III. METHODOLOGY

A questionnaire was created, taking into account the general public's attitudes and awareness of COVID-19. When developing the questionnaire, all prior suggestions were taken into account. A team of medical professionals from different specialities tested the method first. Their suggestions were followed while making fixes and changes. The target audience and domain were set to "general," while the formality, tone, and purpose were set to "neutral," "analytical," and "describe," respectively. The questionnaire was then sent to 20 people, who were asked to fill it out and provide feedback.

This was done to determine how each person interpreted the query. What feedback they received, if any, was taken into account when making queue changes. Google was then used to convert the questionnaire into an online form. Forms are emailed to a random group of people (e-mail, Groups on WhatsApp, and Facebook). There were 500 people in total. They were asked to fill out the survey all over Pakistan, including in Asian countries. The consent policy is stated in the form header, and the study's objectives are stated. The decision to participate was entirely up to the participants.

Participants will exit the form at any time without submitting it. The form was open for ten days until it was closed due to a lack of responses. The participant must disclose their degree of English proficiency in response to the first question. The general population does not know about it or utilize it frequently. Nobody claimed in the article that they could not grasp English well. The coronavirus illness, sometimes referred to as COVID-19 or 2019-nCoV, was initially identified in 2019. The study also excluded those who replied "no" to this issue. The remainder of the participant's answers was acknowledged. Except for the participant's name, all of the questions on the form were required.

Research Instrument

The residents of Ali Raza Abad were given a questionnaire with 27 items that were modified (S. M. Ali et al., 2019). There were closed-ended questions in the questionnaire.

Statistical Analysis

The results were saved in CSV format after being exported from Google Forms. MS Excel 2013 and SPSS v.21 were used to evaluate the data. Mean, median, interquartile ranges (IQRs), and percentages were represented as the findings.

Ethical Consideration

Provide the participant with all necessary research material. It guarantees that the participant was not affected in any way. It was advantageous to sample. Every patient was allowed to take part in the research. Nobody was compelled to take part in the report. The participant signed both an Urdu and an English-informed consent form. To the first researcher, the information or data was being kept.

IV. RESULTS

The first segment is made up of demographic information; 500 people took part in the analysis. The average age was 154 (21-25 years) and 159 for those over 40. 92 (18.4%) of the participants were female, while 406 (18.4%) were male. 457 (91.6%) of the participants were married, while 42 (8.4%) of the other participants were single. The bulk of the participants

were from the North. 39.7% of the participants had an associate's degree or higher.

Table 1 displays the data.

Part Demographic characteristic of participants N=500

Characteristics		**Number**	**%age**
Sex	Male	408	81.6%
	Female	92	18.4%
Age	15-20	81	16.0%
	21-25	154	30.9%
	26-30	106	21.2%
	Above 30	159	31.9%
Marital Status	Single	43	8.4%
	Married	457	91.6%
Educational Level	Lower Diploma	51	10.2%
	Diploma	93	18.65%
	Associate Degree	198	39.7%
	Bachelors	72	14.4%
	Master	86	17.35%
Region	South	3	0.6%
	North	495	99.0%
	West	2	0.4%

Thirteen questions were used to assess the COVID virus. The average awareness score of the participants was 10.5 (SD = 1.4, range 0–13). The awareness questionnaire had an average accurate response rate of 80.5 out of 100 (10.5/13 100), with all participants having correct answer rates ranging from 46.2 to 100%. 77.2 percent of participants on COVID-19 obtained scores of 10 or above, indicating a sufficient degree of awareness.

The majority of participants (99.1%) were aware that the best strategy to stop the virus from spreading is to confine everyone who has come into touch with an infectious individual for 14 days (98.9 percent). Even still, there was a discernible lack of confidence among participants regarding the virus's ability to spread. Table 2 shows that only 43.3% of participants correctly answered the question about whether the virus was floating, and only 35.7% of people answered the question about whether consuming or being among wild animals may lead to infection. Three questions were posed to the participants in order to determine their perspectives.

In the first, it was asked whether they believed the COVID-19 problem could be handled efficiently, and in the second, if they believed the COVID-19 situation could be managed successfully. The majority of responders to the first question felt that COVID-19 could be effectively regulated (83.1 percent). Nevertheless, 14% of participants doubted that the virus could be adequately controlled, while a smaller number said that it couldn't (2.1 percent). In the second inquiry, participants were asked if they used face masks when they were outside. Over 50% of respondents to the study indicated they had. You ought to wear a face mask when you go out in public (51.2 percent). Not everyone in the party did, though. Don a mask (48.8 percent). There were strong correlations between appropriate hand hygiene and sex, age group, location, and employment. Those who were female, from the Central region, between the ages of 18 and 29, and students were more likely to wash their hands often.

Table 2 Participants' Knowledge and attitude toward COVID

	Agree	Strongly Agree	Neutral	Disagree
1. Fever, nausea, a dry cough, and muscle aches are the most common COVID symptoms.	499 (99.8%)	0	1 (0.2%)	0
2. Stuffy noses, runny noses, and sneezing are less frequent in people afflicted with the COVID-19 virus than they are in people who have a common cold.	477 (95.4%)	0	23 (4.6%)	0
3. While there is no proven cure for COVID at this time, early symptomatic and supportive care will help most patients heal.	477 (95.4%)	1 (0.2%)	22 (4.4%)	0
4. COVID does not affect everyone in the same way, and not everyone can have serious symptoms. Only the elderly and those with serious diseases are at a higher risk of developing extreme cases.	478 (95.6%)	0	22 (4.4%)	0
5. The COVID-19 virus may be contracted by beating or handling wild animals.	478 (95.6%)	0	22 (4.4%)	0
6. If a person has COVID but does not have a fever, they cannot infect anyone.	478 (95.6%)	0	22 (4.4%)	0
7. COVID-19 is transmitted by contaminated people's respiratory droplets.	477 (95.4%)	1 (0.2%)	22 (4.4%)	0
8. The COVID-19 virus is spread across the air.	476 (95.2%)	0	24 (4.8%)	0
9. Ordinary residents can protect themselves from the COVID-19 virus by wearing face masks.	487 (97.4%)	0	13 (2.6%)	0
10. There are no preventative measures that children and young people need to take to avoid contracting the COVID-19 virus.	476 (95.2%)	0	24 (4.8%)	0
11. Individuals should stop travelling to busy areas and using public transit to avoid being infected with COVID.	433 (86.6%)	12 (2.4%)	55 (11.0%)	0
12. Isolation and care of COVID virus-affected people are important approaches to stop the virus from spreading.	405 (81.0%)	40 (8.0%)	55 (11.0%)	0
13. It is best to get away from those who have come into touch with someone who has the COVID-19 virus as soon as possible. The period of separation is typically 14 days.	392 (78.4%)	40 (8.0%)	68 (13.6%)	0
14. To stop spreading COVID, I must	368	57	75	0

maintain a safe distance from others. To shield me from COVID, I must wash my hands often.	(73.6%)	(11.4%)	(15.0%)	
15. If I'm ill, I should stay at home unless I'm getting medical attention to avoid COVID exposure	399 (79.8%)	57 (11.4%)	44 (8.8%)	0
16. COVID can be successfully regulated at some stage.	409 (81.8%)	48 (9.6%)	43 (8.6%)	0
17. Pakistan's tough stance will aid in the fight against terrorism.	418 (83.6%)	33 (6.6%)	49 (9.8%)	0
18. COVID-19 will not propagate if the Ministry of Health's precautions are followed.	425 (85.0%)	30 (6.0%)	45 (9.0%)	0
19. If you contract COVID, you can consider confinement in a medical facility.	409 (81.8%)	30 (6.0%)	61 (12.2%)	0
20. Patients with COVID-19 should be isolated. Medical personnel are prepared to assist with the community's anti-epidemic efforts.	431 (86.2%)	30 (6.0%)	29 (5.8%)	0
21. Healthcare staff is more susceptible to contamination.	442 (88.4%)	11 (2.2%)	47 (9.4%)	0
22. COVID-19 prevalence may be minimized by HCWs participating actively in hospital infection prevention systems.	420 (84.0%)	40 (8.0%)	40 (8.0%)	0

V. DISCUSSION

Facemasks have become commonplace in both developed and emerging countries, particularly intarsia. The majority of patients wear basic surgical masks to reduce their chance of developing COVID-19 infection (Feng, Shen, et al. 2020). The participants' demographics, such as age, sex, and ethnicity, revealed that the most engaged participants were Punjabi male adults. Based on the participants' educational background and family income distribution, they were from well-qualified yet average families. Perhaps because Punjab has the highest literacy rate and is the most populated province in the nation (Rehman, Jingdong, et al.2015). The public is provided with advice by the government about risk reduction tactics, including social distancing, hand washing every day, avoiding public gatherings, and keeping a minimum distance of two metres or six feet. Even though these messages have been widely disseminated through the media, many individuals are still unaware of them and still follow the government's orders (Ali et al., 2020). Polio had a similar effect in a global context; insufficient awareness and negative attitudes toward polio and immunization have resulted in an exceptionally high prevalence of polio in Pakistan (Kassie et al., 2020).

Several misconceptions and theories about COVID-19's care and prevention are being circulated. The coronavirus disease acts as a painful reminder of the healthcare system's vulnerability and weakness (Elayeh et al., 2020). More medical students and nurses are

required to increase the ability of current health workers. Pakistan signed the International Health Regulations (IHR) agreement in 2007 but hasn't given the point of entry the attention it merits because of its crucial role in halting the spread of infectious diseases across international borders (Noreen et al., 2020). The Tafton land border lacked an effective quarantine facility, which allowed the virus to enter the nation (Faiz).

LIMITATIONS

The foregoing are some of the study's limitations. The convenience sample for the analysis was taken from the participants' networks. Researchers and their findings were disseminated via a variety of social media outlets (WhatsApp, Facebook, etc.). For instance, Twitter). As a consequence, since underprivileged minorities may lack access to information, there is a chance of prejudice. I was willing to participate in the study.

The fact that participants are unable to react in a way that is acceptable in society is another problem with this study. Given that self-reported data were used in this study, it's probable that participants gave positive answers to attitude and practice questions because they thought they should do certain things.

Results:

The average correct rating for the details questionnaire was 80.5 percent. COVID-19 was effectively monitored by the majority of participants, according to the majority of participants (83.1 percent). The results emphasize the importance of direct cooperation from the government and health authorities. as well as the need for customized wellness promotion programs to improve health literacy and behaviours, as well as physical activity.

Conclusion:

As a result, it is suggested that a Well-organized and designed preparation curriculum be implemented in order to increase awareness and improve practice. People should heed the Ministry of Health's advice during this epidemic and stay away from close contact with others, especially those who may already have impaired immune systems.

RECOMMENDATIONS

The population at risk, symptoms, incubation period, and route of transmission of the virus were not as well-known to the respondents. Consequently, it is advised to implement a well-thought-out training programme to boost comprehension and enhance practice. People should heed the Ministry of Health's advice during this epidemic and stay away from close contact with others, especially those who may already have impaired immune systems.

To deter virus transmission, people should wash their hands often and adhere to strict personal hygiene guidelines. In the case of an epidemic, the government would get baseline numbers from this population-based questionnaire, which would motivate them to take preventative action. Future research may look into smoking's role in COVID-19 infection. We'll also look at the connection between the participant's level of understanding and their health status, including whether or not they're infected.

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