

Situational analysis and attitude of people towards Covid-19 in Khyber Pakhtunkhwa

Natasha Kamran¹, Saima Bashir², Sarah Arif², Nighat Aziz³, Irfan Ali Khan¹,
Syyada Samra Jafri⁴, Irfan Ullah¹

¹Department of Allied Health Sciences, Iqra National University, Peshawar - Pakistan

²Department of Pathology, Gomal Medical College, Medical Teaching Institute, Dera Ismail Khan - Pakistan

³Department of Pharmacology, Gomal Medical College, Medical Teaching Institute, Dera Ismail Khan - Pakistan

⁴Department of Biotechnology, Kinnaird College for Women Lahore - Pakista

Address for correspondence Irfan Ullah

Department of Allied Health Sciences, Iqra National University, Peshawar, Khyber Pakhtunkhwa, Pakistan
E-mail: drirfanbtn@gmail.com

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Abstract

Covid-19 has been reported from almost every country on the planet. Widespread measures have been taken to slow or stop the spread of the virus but transmission is still out of control. In KPK, the vast majorities of population do not believe in the reality of the pandemic and seem more inclined towards conspiracy theories. In this review, we discuss the epidemic of COVID-19 in Pakistan and undertake a situation analysis of Khyber Pakhtunkhwa province.

Keywords: Coronavirus; COVID-19; epidemic; Khyber Pakhtunkhwa; Pakistan

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Introduction

The coronavirus causes a disease that may have different symptoms such as fever, cough, fatigue, and difficulty in breathing.¹ Coronavirus is a major pathogen, which causes a serious severe acute syndrome (SARS) that is a big public health threat globally.^{2,3} Coronavirus disease (COVID-19) has been recognized for the first time in Wuhan, China in December 2019.⁴

In Pakistan, the first case of coronavirus was confirmed on February 26, in Karachi, Sindh province; a 22 year old male who had recently visited Iran. In Khyber Pakhtunkhwa (KPK) province, first case was reported on March 17 from district Mardan; a 50 year old male with travel history to Saudi Arabia on March 9

for religious purposes. As per local tradition, a grand feast was served in his honor after he returned home. His son said that this feast was attended by about 600 people. 'We cooked meat, chicken and rice for people and the whole village came for feast and congratulations'. The patient passed away on March 18 and this was reported as the first mortality in Pakistan due to COVID-19.⁵ The social history of the first person highlights the challenges of struggle against the disease in developing countries such as Pakistan, where large families live jointly in a crowded environment and the health care system is weakened.

On 6th May, 2020, during 24 hours, 1049 new cases were confirmed by different laboratories, bringing the total count of confirmed cases of covid-19 in Pakistan to 22006, out of which 6217(28.3%) recovered and 526

(2.4) died.⁶ In Islamabad, total number of cases are 485, 4(0.8%) died and recovered are 3 (0.6%) out of total cases.⁶ The maximum numbers of cases are present in Punjab and Sindh provinces, which are more densely populated than the rest of the provinces in Pakistan. A total of 8420 cases are present in Punjab, out of which 3073 (36.5%) recovered and 156 (1.9) died.⁶ Sindh province remains the worst affected province by the coronavirus in the country so far, with a total of 8189 cases. Among total cases, 1671 (20.4%) recovered and there are 148 (1.8%) deaths.⁶ Baluchistan government reported the total number of confirmed cases as 1495, 206 (13.8%) recovered and 21 (1.4%) death.⁶ Media person to KPK Health Minister Taimur Khan Jhagra confirmed to Geo TV(a national news channel) that the total number of cases in KPK stood at 3499. Out of these cases, 874 (25%) recovered and there were 194 (5.5%) deaths.⁶ The death rate in KPK are maximum as compared to other provinces. There are 39 cases were reported in a single day in Manga union council and were among people who visited the first patient of KPK. Meanwhile, the total confirmed cases in Gilgit Baltistan are 386; there are 282 (73.1%) recovered and 3 (0.8%) deaths.⁶ Currently, there are 76 confirmed cases with 0 deaths and recovered are 54 (71.1%) in Azad Jammu & Kashmir.⁶

Pakistan is confronting its greatest test ever. It has to prepare its small state assets as the number of coronavirus cases quickly ascends on the planet's fifth-most crowded nation. Specialists and medical caretakers are refusing to come to work, tired of the pathetic introductory reaction to the infection's spread.⁸ Religious clergy are not cooperating with the state.⁸ The resistance to restrict mosque congregational prayers precipitated in the spread of the virus. The government's pleato postpone congregational gathering this month at Raiwind has been rejected by organizers. Notwithstanding requests to remain at home, youngsters across Pakistan play cricket and football on roads, their parents reluctant to isolate them in jam-packed homes.⁸

Consultant to the minister of KPK and Public Relations has told media that religious clerics and scholars from different sects have concurred mutually on the counteraction of coronavirus. They are paying heed to the counsel of provincial government and clinical specialists.⁹ As the cases of COVID-19 spiked, the Khyber Pakhtunkhwa government has declared off days from 24 March to 31 May 2020. General guidelines and instructions are provided by the health ministry to shield masses from deadly coronavirus. The administration has advised to maintain a strategic distance from social gathering, wash hands, wear hand gloves, face masks and practice social

distancing from those infected with coronavirus. It shows the gravity of the situation, however, paying little heed to these guidelines, which are passed on through different social media networks; many people of the KPK are not taking this disease seriously and not conscious of their health.

Poverty may be an important factor for the transmission of coronavirus in Pakistan. Pakistan is a developing country with 31.3% of people below the poverty line. The substantial economic crisis and double-digit price increases have brought more than 18 million in hopeless poverty. These poor citizens are striving for their livelihood and daily wages. As the lockdown persists, they view the virus as a barrier to earn a living wage.¹⁰ More people are getting engulfed by the fake news and conspiracy theories circulated on social media networks. Others had already bought it as a narrative of state propaganda to halt economic activity and accumulate funds.⁵ Some stubborn religious groups are reluctant to follow state lead. They insist on performing mass religious congregational prayers and shake hands.¹¹ They misguided the general public by declaring viral pandemic foreign propaganda. Although many people are staying indoors and practicing better hygiene and social distancing, many are still out there roaming around and spreading the virus. Two people recited a poem in KPK which states that Corona is a fraud, cheating and game against Muslims and advised the public not to worry about it.¹² The better sense needs to prevail. The government must make people aware of the danger that is slow on their heads.

Social media is playing a key role in providing information about the epidemic of COVID-19 across the globe, but unfortunately for Federally Administered Tribal Areas (FATA) in Pakistan (now merged with KPK), which has a population of nearly four million people, information sources are very scarce. Due to armed conflict in the area, communications were significantly affected, resulting in disruption of services such as telephone, electricity, mobile networks and no or intermittent internet access in most of the places. A vast majority of population may have no idea of the seriousness of the outbreak because of the lack of services.¹³

The following are the guidelines needed to be followed by provincial and federal governments to slow or stop the spread of the virus in Pakistan and ensure proper safety of people:

- 1) Although international flight passengers are somewhat screened by the administration, domestic flights should also be kept in check or suspended. People should be encouraged to reduce air travel locally as well.

2) The government should be focused to procure scarce resources in an already strained healthcare system. The main focus of policy should be to provide training to healthcare professionals and personal protective equipment and ventilators. The situation that happened in Quetta, Baluchistan is embarrassing for the provincial government when police baton-charged doctors who demanded PPE's. Medical health workers are our assets as they are the front line warriors in our battle against this viral epidemic.

3) It ought to guarantee social distancing by requesting that individuals work at home, abstain from traveling, keeping away from huge get-togethers and delaying social events.¹⁴ Physical distancing implies changing your regular schedules and to limit close contact with others which incorporates maintaining a strategic distance from crowded spots and social occasions, altering one's way of daily greetings like shaking hands and to restrict or stop contact with individuals at higher risk (elderly and people with any underlying health condition) keeping a separation of 2 meters from others. It is recommended to wash hands regularly for 20 seconds in any event and try to abstain touching your face, hack or wheeze or cough into the bend of one's arm and abstain from contacting surfaces that are frequently in contact with individuals.¹⁵

4) Instruct individuals to wash hands frequently, and remain at home if feeling sick.

5) It ought to encourage individuals to refer to the CDC and the WHO websites, where the two organizations keep track of daily infected cases and deaths rate around the globe. It also refines guidelines to keep us updated about self-care.

6) The government should implement a tough policy measure in the closure of non-essential services like shopping centers, markets, cafés, and other private businesses. Likewise, intercity transport should be suspended. Strict implementation should be established by obtaining fatwa from religious scholars and ulema of a different sect. The public should be made adherent to the state decree by penalties and fines.¹⁵

There is a grave concern for the number of coronavirus cases in the highly populated South Asian country of more than 200 million. Medicinal services are already strained as far as quality or basic consideration of patients of COVID-19 is concerned.¹⁶ While the number of ventilators accessible countrywide is limited, a major issue could be the presence of specialists to work them during a spike in cases. The availability of staff that manages the disease is limited in every city.¹⁶ There are insufficient personal protective equipment (face masks and

gloves) units to go around, leaving many frontline health services staff without proper protection.¹⁶ A few medical clinics, government hospitals, and hostels have been declared as isolation and quarantine facilities for individuals who might be contaminated with the coronavirus. Sadly, these emergency clinics need protective gear and emergency services to manage the fatal infection. It is a testing time as the capacity of health services for those affected by coronavirus of Pakistan is degrading day by day. It puts a question mark on the governments' ability to battle the ailment. Most medical setups in Pakistan were neither gathering data of coronavirus patients nor setting up devoted units to give them treatment. The defensive nets that were formerly being utilized for dengue are presently utilized for coronavirus patients.¹⁷ All the major hospitals lack isolation wards that are imperative to contain further spread of the disease and violating corona guidelines, according to a news report.¹⁷

Most of the new patient's of COVID-19 has arrived from Pakistan's neighboring country Iran, which has maximum number of disease cases and deaths after China and Italy.¹⁸ The destabilized public health care system, along with poverty and insecurity in Pakistan, faces a severe challenge with a threatening epidemic at its border from Iran.

In conclusion, this review highlights the lack of awareness and seriousness about COVID 19 in KPK province, which is a cause for concern, as coronavirus transmission can continue in the province as well as spread to other provinces in Pakistan.

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