



CODEN [USA]: IAJPBB

ISSN : 2349-7750

**INDO AMERICAN JOURNAL OF
PHARMACEUTICAL SCIENCES**

SJIF Impact Factor: 7.187

Available online at: <http://www.iajps.com>

Research Article

**MEASURING COVID-19 RELATED ANXIETY AND
OBSESSION BY USING ANXIETY SCALE AMONG LOCAL
POPULATION OF PAKISTAN****Dr Muhammad Sohaib, Dr Arpana Ashok, Dr Sunder Sham, Dr Syed Anas Hussain,
Dr Sheheryar Munir****Article Received:** February 2022**Accepted:** February 2022**Published:** March 2022**Abstract:**

Introduction: COVID- 19 hit 2020 as one of the worst pandemics which happens over 100 years. Like another world it affected Pakistan too. **Objectives:** The main objective of the study is to measure the COVID-19 related anxiety and obsession by using anxiety scale among local population of Pakistan. **Methodology of the study:** This was a cross-sectional, observational study carried out in Pakistan. An online semi-structured questionnaire was developed by using Google forms, with a consent form appended to it. The link of the questionnaire was sent through e-mails, Whats App and other social media to the contacts of the investigators. The participants were encouraged to roll out the survey to as many people as possible. **Results:** Results of the online as well as Performa based survey showed that 1108 participants consented and filled forms Mean age of the responders was 29.5 ± 10 with 766 (69.1%) of young age, 317(28.6%) were of middle age and 25(2.3%) were of old age groups. Female responders more 646(58.3%) than male responders i.e. 462 (41.7%). **Conclusion:** There is satisfactory knowledge of COVID 19 and practicing preventive measures in Pakistani population but they have very less faith on government and health care and they believe every rumor spread around.

Key words: Attitudes, COVID 19; Quarantine, Scale, Anxiety

Corresponding author:**DR. Muhammad Sohaib,**

QR code



Please cite this article in press Muhammad Sohaib et al, *Measuring Covid-19 Related Anxiety And Obsession By Using Anxiety Scale Among Local Population Of Pakistan.*, Indo Am. J. P. Sci, 2022; 09(3)

INTRODUCTION:

Since December 2019, corona virus disease (COVID-19) has been a significant threat to global human health. The outbreak of COVID-19 caused by corona virus emerged in Wuhan China in December¹ and within three months it has spread to more than 120 countries.² COVID-19 was declared as public health emergency by WHO in February 2020.³ By June 2020, Corona virus has spread in 216 countries, more than 25,085,685 people were infected and greater than 843,927 have been died due to it and a total of cases 295,849 of COVID-19 with 6,294 deaths in Pakistan have been confirmed.⁴ Corona virus is enveloped, single stranded RNA virus. They occasionally can be transmitted to a larger human population and can cause severe respiratory illnesses exemplified by severe acute respiratory syndrome (SARS) and Middle-East Respiratory Syndrome (MERS) in 2003 and 2012 respectively.⁵

Due to the similarity between COVID-19 and SARS Corona virus, and because the virus was posing to be a global threat, Funds were raised globally and Strategic Preparedness and Response Plan (SPRP) was set up aimed to protect the states with weaker health systems.³

Since COVID-19 is highly contagious disease and it was spreading rapidly across the borders and within areas by human to human transmission^{6,7} especially in areas of gathering like schools, colleges, universities, markets, work areas, restaurants and marriage and rest of the family gatherings so controlling movement across borders was needed and almost all countries started applying air operation restriction, city lockdown starting from Wuhan and them across the world was started. Wearing masks and using sanitizers was encouraged and at times made mandatory for general public.⁸

Pakistan was hit by COVID-19 in February 2020 and cases gradually increased. Although in almost all government and major private hospitals, Covid wards have been made along with quarantine centers and government measures to control and treat disease by ensuring lockdown and social distancing initially situation was not satisfactory for disease control^{9,10} but later improved and disease was almost controlled and unlike world we have not yet seen second peak. People purposefully started hiding symptoms and preferred staying home than to get admitted in hospitals. As disease is severe so deaths of patients with hours to days created intense fear in general population to an extent that people started believing it to be some biological warfare, political gain of governments to get financial aid.⁹ This behavior was

worst in developing countries to an extent that in Pakistan certain group of population started believing that corona was being falsely diagnosed in Pakistan and people were being by wrong medication. Different studies including online surveys have been conducted all over the world especially developing countries like India, China, and Malaysia etc.¹⁰

Objectives

The main objective of the study is to measure the COVID-19 related anxiety and obsession by using anxiety scale among local population of Pakistan.

METHODS:

This was a cross-sectional, observational study carried out in Pakistan. An online semi-structured questionnaire was developed by using Google forms, with a consent form appended to it. The link of the questionnaire was sent through e-mails, WhatsApp and other social media to the contacts of the investigators. The participants were encouraged to roll out the survey to as many people as possible. Thus, the link was forwarded to people apart from the first point of contact and so on. On receiving and clicking the link the participants got auto directed to the information about the study and informed consent. After they accepted to take the survey they filled up the demographic details. Then a set of several questions appeared sequentially, which the participants were to answer. Microsoft word copy of the questionnaire with English and Urdu translation was developed and people were personally interviewed and forms filled in areas where illiteracy was common or internet services were lacking.

Written informed consent was taken from each patient for participation in study and confidentiality was maintained. Their demographic profiles (i.e. age, sex, occupation, address, level of education) were noted using a structured questionnaire. There were 13 questions about different aspects of COVID-19 and responders had to answer with Yes, No or May be if they were unsure of the answer.

Covid-19 anxiety scale was consist of 5-item CAS and 4-item OCS both adopted a 5-point Likert scale, ranging from 0 = *not at all* to 4 = *nearly every day*. The CAS captured information regarding how frequently respondents experienced COVID-19 anxiety in the past two weeks regarding behavioral and physiological symptoms. The OCS measured the frequency of persistent and disturbing thinking about COVID-19 during the previous two weeks.

Statistical analysis

All the collected information was entered analyzed using SPSS version 22.0 and analyzed. Age, was presented mean ± SD. Frequency tables were made for gender, age, education level, Area of living. Responses to questions about COVID- 19 were recorded as percentages. Cross tabs were made for education, age with responses and Chi square was calculated value <0.05 was considered statistically significant.

RESULTS:

Results of the online as well as Performa based survey showed that 1108 participants consented and filled forms Mean age of the responders was 29.5±10 with 766 (69.1%) of young age,317(28.6%) were of middle age and 25(2.3%) were of old age groups. Female responders more 646(58.3%) than male responders i.e. 462 (41.7%). Out of these 58(5.1%) people never attended any educational institute (illiterate), 38(3.4%) started school but did not complete primary school, 119(10.7%) completed primary school, 69(6.2%) studied till middle school, 140(12.6%) had Matriculation, 61 9(6.2%) studied till higher secondary, 126(11.4%) were graduates, 341(30.8%) had master’s degree and 150(13.5%) had other professional degrees.

Participants from all over Pakistan responded to questionnaire with maximum responders from Lahore

(35.2%), Rawalpindi (12.6%), Faisalabad (3.26%) ,Multan(4.5%),Karachi(2.5%), Okara (3.6%) and rest from all over Pakistan (Figure 1a). Participants working in all sorts of fields responded with 22.3% students, 11.1 % housewives 10 % house helpers, 6.3% students, 8.7% laborers and rest from different occupations. There were 55(5 %) individuals who were unemployed. (Figure 1b)

In cross tab with education level and age groups, awareness and attitudes was better in educated group as compared to uneducated ones and increases with level of education. Similarly younger patients have better response as compared to old ones (P value <0.5).In response to question on preventive measures maximum informed ones were the ones who hold higher degrees like graduation and above so response was associated with level of education Chi Square 198 and P value .000 .

Participants with higher education levels were more comfortable in getting tested for COVID 19 if advised and reporting it to healthcare as compared to people with no or lower education Chi square 120,P value 0.000 . (Table 3a, 3b). Regression analysis showed that knowledge, attitude, trust and positivity for getting tested and treated in people with higher education as compared to participants with no or minimal education. (Table 4)

Figure; 1a

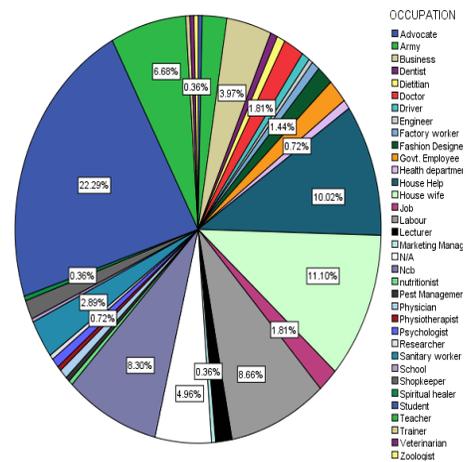


Figure 1b

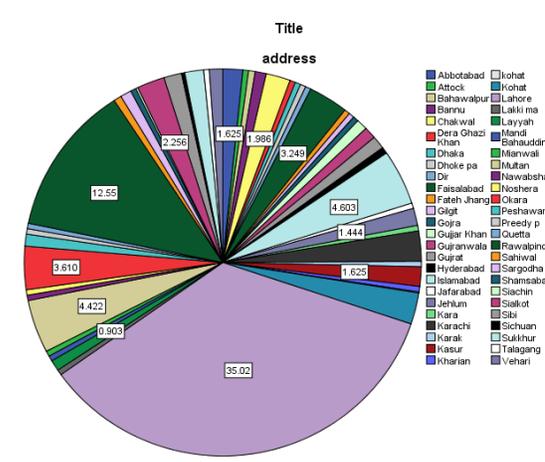


Table 2. QUESTIONNAIRE

Questionnaire	Yes	No	May be
1. Do you think corona is real disease?	(877)79.2%	(92)8.3%	(139)12.5%
2. Do you think it spreads from person to person	(769)69.4%	(205)18.5%	(134)12.1%
3. Do you believe in social distancing, and using mask and gloves?	(823)74.3%	(181)16.3%	(104)9.4%
4. Do you think that corona patient if seriously ill can die within hours irrespective of full medical care?	(536)48.4%	(303)27.3% %	(269)24.3%
5. Do/Did. You have any corona patient in your family or friends?	(402)36.3% %	(658)59.4%	(48)4.3%
6. Are you comfortable in getting you or anyone know to you be tested for COVID- 19?	(527)47.6% %	(443) 40%	(138)12.5%
7. Are you comfortable in reporting corona test positive to health care?	(504)45.5%	(501)45.2%	(103)9.3%
8. Do you think there is stigma associated with corona in our society?	(642) 57.9%	(223) 20.1%	(243) 21.9%
9. Is lack of testing and reporting associated with corona being a social stigma or taboo?	(419)37.8%	(254)22.9%	(435)39.3%
10. Do you think wrong injection s or faking corona diagnosis is really happening in Pakistani hospitals?	(520)46.9%	(290)26.2%	(298)26.9%
11. Do you trust your doctors and hospital teams for corona management?	(505)45.6%	(423)38.2%	(180)16.2%
12. Do you think that lack of testing and reporting is associated with mistrust in healthcare and hospital management?	(730)65.9%	(203)18.3%	(175)15.8%
13. If needed will you like to be in quarantine in quarantine centers?	(360)32.5%	(637)57.5%	(111)10%

Table 3a

	Do you believe in social distancing, and using mask and gloves?			Total	Chi Square	P value
	Yes	NO	May be			
Under primary	14	16	8	38	198	.000
Primary	51	48	20	119		
Middle	45	5	19	69		
Matric	91	29	20	140		
Higher secondary	61	8	0	69		
Graduation	109	4	13	126		
Masters	288	41	12	341		
Other professional	132	14	4	150		
Illiterate	32	16	8	56		
Total	823	181	104	1108		

Table 3b

	Are you comfortable in getting you or anyone know to you be tested for COVID- 19?			Total	Chi Square	P value
	1	2	3			
Under primary	16	10	12	38	120	.000
Primary	40	67	12	119		
Middle	34	26	9	69		
Matric	32	96	12	140		
Higher secondary	37	32	0	69		
Graduation	70	44	12	126		
Masters	186	102	53	341		
Other professional	92	38	20	150		
Illiterate	20	28	8	56		
Total	527	443	138	1108		

DISCUSSION:

In this study we studied attitudes and behaviors of Pakistani population and their trust on healthcare and response to quarantine and COVID 19 testing. End of 2019 had come with novel corona virus introduced later as COVID 19 in Wuhan China where it played havoc resulting overall case-fatality rate (CFR) 2.3% (1023 deaths among 44 672 confirmed cases), found to spread from person to person like droplet infections and was found to be highly contagious resulting in city lockdown to prevent spread of disease.¹² It started spreading to all of the countries of the world and reached Pakistan in February 2020.^{4,10} Clinical manifestations include malaise, fever, nonproductive cough, dyspnea, fatigue, , loss of sense smell and taste, GI complains like vomiting ,abdominal pain and diarrhea, clinical and radiographic evidence of pneumonia. Organ dysfunction (eg, shock, acute respiratory distress syndrome acute cardiac injury, and acute kidney injury), liver injury and death can occur in severe cases.¹³

The moment it spread to Pakistan and government started taking action regarding social gatherings ,reporting and isolation of patients ,a chaos was created and people denied presence of COVID 19 altogether .After this phase of denial horror started which resulted in different theories like patients were purposefully being diagnosed as COVID 19,were given lethal injections and were not helped to survive for political and financial gains so people started hiding disease and for this reason we recorded views of general public to know exact gravity of situation so that education, awareness could be improved in this regard. Similar chaos happened all over the

world especially developing countries and researchers made an effort to know about attitudes and anxieties of people

CONCLUSION:

There is satisfactory knowledge of COVID 19 and practicing preventive measures in Pakistani population but they have very less faith on government and health care and they believe every rumor spread around. There is significant stigma associated with infectious disease like COVID 19 and negative perception about quarantine concept and centers ad because of these people don't wasn't to get tested and prefer hiding disease. These areas need serious attention and education to improve people perception in this pandemic and any other similar situation

REFERENCES:

1. Guan WJ, Ni ZY, Hu Y, Liang WH,Ou CQ,He JX et al. Clinical Characteristics of Corona virus Disease 2019 in China. *N Engl J Med.* 2020;382(18):1708-20. doi:10.1056/NEJMoa2002032
2. World Health Organization (WHO). Coronavirus disease (COVID-19) pandemic. Available at: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>.(Accessed on 8/31/2020).
3. Sohrabi C, Alsafi Z, O'Neill N, Khan M ,kerwanA,Al-Jabir A et al. World Health Organization declares global emergency: A review of the 2019 novel coronavirus (COVID-19) [published correction appears in *Int J Surg.* 2020 May;77:217]. *Int J Surg.* 2020;76(80):51-52.. doi:10.1016/j.ijsu.2020.02.034

4. Confirmed cases of Corona virus in Pakistan (Available at: <http://covid.gov.pk/.june>).(Accessed on 8/31/2020)
5. Gao Y, Yan L, Huang Y, Liu F, Zhao Y, Cao L, et al. Structure of the RNA-dependent RNA polymerase from COVID-19 virus. *Science*.2020; 368(6492):779-782. doi:10.1126/science.abb7498
6. Chan JF-W, Yuan S, Kok K-H, To KK, Chu H, Yang J, et al. A familial cluster of pneumonia associated with the 2019 novel corona virus indicating person-to-person transmission: a study of a family cluster *Lancet*. 2020; S0140-6736(20)30154-9. Doi: [10.1016/S0140-6736\(20\)30154-9](https://doi.org/10.1016/S0140-6736(20)30154-9)
7. Phan LT, Nguyen TV, Luong QC, , Nguyen TV, Nguyen HT, Le HQ, et al. Importation and Human-to-Human Transmission of a Novel Corona virus in Vietnam. *N Engl J Med*. 2020; 382(9):872-874. Doi: 10.1056/NEJMc2001272
8. Ebrahim SH, Ahmed QA, Gozzer E, Schlagenhauf P, Memish ZA. Covid-19 and community mitigation strategies in a pandemic. *BMJ*. 2020 Mar 17; 368:m1066. Doi: 10.1136/bmj.m1066. PMID: 32184233.
9. Saqlain M., Munir M.M., Ahmed A., Tahir A.H., Kamran S. Is Pakistan prepared to tackle the coronavirus epidemic? *Drugs TherPersp*. 2020; 36(3):213–214
10. Waris A, Atta UK, Ali M, Asmat A, Baset A. COVID-19 outbreak: current scenario of Pakistan. *New Microbes New Infect*. 2020; 35(5):100681. Published 2020 Apr 14. doi:10.1016/j.nmni.2020.100681
11. Feng S, Shen C, Xia N, Song W, Fan M, Cowling BJ. Rational use of face masks in the COVID-19 pandemic. *Lancet Respir Med*. 2020; 8(5):434-436. Doi: 10.1016/S2213-2600(20)30134-X
12. Wu Z, McGoogan JM. Characteristics of and important lessons from the coronavirus disease 2019 (COVID-19) outbreak in China: summary of a report of 72 314 cases from the Chinese Center for Disease Control and Prevention. *JAMA*.2020; 323(13):1239-1242.doi:10.1001/jama.2020.2648
13. Huang C, Wang Y, Li X,Rn L ,Zhao J,Hu Y et al. Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China .*Lancet*. 2020; 395(10223):497-506. Doi: 10.1016/S0140-6736(20)30183-5
14. Lin Y, Hu Z, Alias H, Wong LP. Knowledge, Attitudes, Impact, and Anxiety Regarding COVID-19 Infection among the Public in China. *Front Public Health*. 2020; 8:236. Published 2020 May 27. doi:10.3389/fpubh.2020.00236
15. Roy D, Tripathy S, Kar SK, Sharma N, Verma SK, Kaushal V. Study of knowledge, attitude, anxiety & perceived mental healthcare need in Indian population during COVID-19 pandemic. *Asian J Psychiatr*. 2020; 51:102083. doi:10.1016/j.ajp.2020.102083