Sociology & Cultural Research Review (SCRR)
Available Online: https://scrr.edu.com.pk
Print ISSN: 3007-3103 Online ISSN: 3007-3111
Platform & Workflow by: Open Journal Systems

COMMUNITY KNOWLEDGE, ATTITUDE AND BEHAVIORS TOWARDS SOP'S OF COVID 19: A STUDY OF DISTRICT RAJANPUR

Shafiqulrehman
M.Phil. in Sociology from NCBA&E Sub-Campus Multan.
Shafiqulrehman0521@gmail.com
Zakia Naseer
M.Phil. in Sociology from NCBA&E Sub-Campus Multan.
Zakianaseer862@gmail.com

Abstract
Present study is conducted to understand the people 's knowledge, attitude and the behaviour towards the COVID-19 SOPs in district Rajanpur of Punjab Province Pakistan. The study is based on the quantitative method consisted on the 25 questions of "yes, no and sometimes" measures. Selected sample is 300 participants living in the district Rajanpur. The data is analyzed through Microsoft Excel 2016 and frequencies and the percentages are calculated. The results of the study describe that the people of Rajanpur have a high understanding of the COVID-19 pandemic situation and have great beliefs in adoption of the SOP's. The study also finds the adoption of the SOP's is due to the precautions recommended by the state of Pakistan. This study also finds that knowledge and awareness play an important role in social distancing and helps to check the outbreak of the pandemic too. The study recommends that knowledge plays an important role in cognitive development so the stakeholders would adopt the knowledge spreading strategy to ensure the social distancing in case of any pandemic.

Keywords: *Knowledge, Attitude, Behavior, SOP's, COVID-19*

Introduction
The term COVID-19, also known as coronavirus disease 2019, refers to a newly identified respiratory illness that was initially identified in Wuhan, China in December of 2019 and is caused by a novel coronavirus. Myalgia, dry cough, and elevated body temperature are the primary clinical manifestations of this extremely contagious illness. Critics contend that illnesses and calamities such as COVID-19 always have a significant impact on the social, political, and economic issues that affect a nation. To

ensure that people take such events seriously, it is imperative that the public's view of or even their mentality towards such tragedies be developed. Nooh et al. (2020) measured public perception and respondents' best possible knowledge of the pandemic through a cross-sectional study with 384 respondents in the Al-Jouf district of Saudi Arabia. The findings indicated that while most people were aware of the disease's deadly consequences, they were not aware of how contagious it was or how long the cure would take.

A vast family of viruses known as coronaviruses can infect humans and spread to other animals such as cats, bats, and camels (Study et al., 2020). According to some researchers, the virus might have entered humans after being transferred from bats to another animal, like a snake (Bang, 2020). Ji et al. (2020) speculate that this transmission most likely took place in Wuhan, China's open food market. The virus's genetic tree analysis revealed that bats were its original host, however it is yet unknown if the virus spread straight from bats to humans or through an intermediate animal host (Bang, 2020).

A virus's incubation period is the amount of time between its most likely first contact with a source of transmission and when its first symptoms appear (Zaki & Mohamed, 2020). To effectively execute public health interventions to prevent the disease, an accurate estimation of the incubation period is necessary (Serwaa et al., 2020). Health officials will be able to determine how long a healthy person has to be watched over and have their movement restricted if they are aware of the incubation period. Accurately calculating the incubation period will also assist us in determining the optimal course of action, predicting the pandemic's scale, and understanding how contagious COVID-19 is (Zaki & Mohamed, 2020). The European Centre for Disease Prevention and Control (CDCDC) is working with a range of 2-14 days, while the WHO is working with a broad range of 0-14 days due to insufficient data, and several studies have hypothesised that the incubation period is similar to that of the MERS and SARS coronaviruses (Zaki& Mohamed, 2020). Chinese researchers found that, in contrast to the previously accepted 14-day incubation period (Asante & Mills, 2020), certain Wuhan coronavirus cases displayed a 24-day incubation period (Bang, 2020). According to another study, there were 88 verified cases in China, and the incubation period varied from 2 to 11 days (Bang, 2020).

On a surface, coronaviruses can survive for several hours or days depending on factors like surface type, humidity, and amount of

light. It is possible for someone to contract COVID-19 by coming into touch with an infected surface or object and then re-entering their own mouth, nose, or eyes. However, this isn't thought to be the main method by which the illness spreads. Social segregation contributes to reducing the freedom to come into contact with contaminated objects and people outside the home. Even though everyone may be at a different risk of severe illness, anyone can contract and spread COVID-19. To stop the spread and protect their family, neighbourhood, and oneself, each person has a duty to fulfil. Maintaining personal space between you and other people is possibly the most effective tool we have to try to avoid contracting COVID-19 and slow down its propagation in networks, in addition to practicing routine preventative measures (Prompetchara, Ketloy, and Palaga, 2020).

Statement of the Problem

This outbreak resulted in fear among nations and foreigners living in Wuhan started to escape to their home countries. This carried the virus to Europe and North America. Similarly, the outbreak started to become pandemic due to frequent Air travels. As the countries started to impose lockdowns a new term was coined "Social distancing". As social distancing became the only effective solution against the pandemic, it became a popular topic of research among social scientists as well. Following this tradition this research basically focuses on attitudes towards social distancing and its role in prevention of spread of virus.

Objectives of the study:

- To examine the Community Knowledge towards SOPs of COVID-19.
- To examine the Attitude towards SOPs of COVID-19.
- To examine the Behavior towards SOPs of COVID-19.
- To facilitate outbreak management of COVID-19 in Punjab (Pakistan).

Significance of the Study

The study will make sure of the existing situation of COVID-19 and the behaviour of the natives of Punjab province. The study will help to understand the attitude of the natives of Punjab towards COVID-19. This will help to ensure the future policies implementation in case of any pandemic.

Literature Review

According to Noreen (2020), the coronavirus illness (COVID-19) has spread to over 213 nations. As of April 17, 2020, there has been 1,995,983 confirmed cases and 131,037 recorded deaths

worldwide. Pakistan has been vulnerable to viral transmission due to its border sharing with China and Iran, as well as its frequent travel and trade. Using information and documents from the COVID-19 government dashboard that are open to the public, we looked at the situation of the epidemic as it stands right now and Pakistan's level of readiness. On February 26, 2020, Pakistan announced the first two confirmed cases, which were connected to Iran's past travels. On April 17, 2020, there were 7,025 confirmed cases nationally, including 135 deaths. Of those cases, 3276 were in Punjab, 2008 in Sindh, 993 in Khyber Pakhtunkhwa, 303 in Balochistan, 237 in Gilgit-Baltistan, 154 in ICT, and 46 in Azad Jammu Kashmir. Seven thousand Pakistanis have returned from Iran to Taftan and are being held in quarantine. The virus entered the nation as a result of pilgrims being sent back to their cities without being tested at the border. With 0.6 beds per 1000 people and less than 0.75% of GDP devoted to healthcare, Pakistan's inadequate healthcare system is unlikely to withstand the COVID-19 shock in the event of an exponential rise in cases. Social distancing and hand hygiene are not being seriously adopted by individuals due to low reading rates and a general lack of knowledge. Viral transmission may be aided by Pakistan's main cities' dense populations. To stop the community transmission that is causing an exponential increase in the number of cases, the three-pronged approach of "trace, test, and treat" needs to be actively applied.

According to Ali et al. (2020), the objective was to assess undergraduate college students' knowledge, attitudes, and practices regarding the coronavirus disease (COVID-19) and their adoption of personal protective measures in accordance with the standard operating procedures (SOPs) established by the Federal government for the reopening of educational institutions. This cross-sectional survey was carried out at colleges located in Hyderabad and Faisalabad between September 25, 2020, and October 15, 2020. The principals of the relevant colleges, Kotri Jamshoro, were consulted prior to the study. A structured proforma with 28 questions about knowledge, attitudes, and practices about the COVID-19 and the application of SOPs in educational institutions was employed. A Google Form was used to create the questionnaire, and 200 college students from different departments were sent the link via WhatsApp. The response summary's findings were gathered and examined. Out of the 200 undergraduate students that received structured proformas, only

170 of them sent in their full responses. There were 85% responses. Regarding COVID-19, more than half of the subjects are well-informed and have a favourable outlook. The majority of students (89.2%) used masks, 88.6% washed their hands frequently, 84.3% favoured the use of hand sanitizers, 91.6% avoided crowded areas and social isolation, and 75.3% avoided needless travel. 98–99% of students concurred that institutions carefully adhered to government-mandated protocols. The majority of pupils were aware of the COVID outbreak prevention procedures. In order to prevent getting COVID-19, students are taking the necessary precautions and having a good attitude. Colleges adhere to SOPs in order to reduce the possibility of the deadly Corona virus spreading.

According to Ahdab (2020), the World Health Organisation has deemed the swift global spread of COVID-19 to be a global public health emergency. The coronavirus disease, or COVID-19, was initially identified in Wuhan, China in December 2019. Since then, it has spread quickly throughout the world, leading the World Health Organisation (WHO) to designate it a pandemic on March 12, 2020. The WHO reported on February 4, 2021, that there were 2,260,259 COVID-19 deaths reported in more than 210 countries and regions, accounting for 103,989,900 cases. People's readiness to embrace preventative public health behaviours, which are frequently linked to public knowledge, attitudes, and practices, is known to have an impact on the spread of the disease. In addition, the public's understanding, consciousness, and assessment of the disease's risk might act as markers to guide the planning for upcoming pandemics or outbreaks. Even though community members have access to information from a variety of sources, a sizable portion of this information is not supported by evidence. As a result, it's critical to compare understanding of the pandemic to the best available data. This review study looks at people's understanding, attitudes, and actions around COVID-19 and offers suggestions for how to lessen its impact and spread.

According to Raouf Ali et al. (2020), Covid-19 is thought to be a pandemic disease and spreads quickly. As a result, people must respond to this dangerous scenario without growing complacent, as there is currently no vaccination for it. In this cross-sectional descriptive study, 1250 Kurdish men and women with ages ranging from 14 to 76 made up the sample. The primary goal of the research is to evaluate people's knowledge, attitudes, and practices (KAP study) on COVID-19. The information was

gathered between April 4, 2020, and June 2020. A self-made, forty-item questionnaire that was developed in compliance with guidelines, literature, and articles regarding COVID-19 was used to collect data. Based on the writers' networks, the Google Form-created questionnaire was circulated via (Facebook, Instagram, WhatsApp, and Telegram) to local residents of the Kurdistan region. The findings of this study showed that social media, rather than even the combined efforts of the Ministry of Health, WHO, and CDC, was the main source of information on the participants. Additionally, the survey discovered that people in the age range of 21 to 30 scored strongly on COVID-19 knowledge and attitude, whereas people in the age range of 31 to 40 scored highly on practical concerns. Furthermore, the urban female employer with a bachelor's degree and poor financial standing had a high KAP score in relation to COVID-19. Finally, a strong positive correlation between participant KAP and coronavirus was discovered by the investigation. The study suggested that the ministry of health and the health sectors offer more scientific health issues in order to improve the understanding, attitudes, and behaviours of Kurdish citizens regarding coronavirus. This is due to the fact that when it comes to COVID-19 prevention and quick transmission control, medical professionals are significantly more credible in terms of science than social media.

Research Methodology

This study used quantitative methodology. Quantitative study is the study in which the numeric data is collected and analyzed to learn about the patterns of behavior observed by the people related to social distancing.

Population

The study was conducted in some selected areas of district Rajanpur Punjab. The study will be conducted in some selected areas of Rajanpur.

Population

In this research population the total population of Rajanpur as per the government of Punjab website is 1,995,958.

Sample size

A sample is the representative part of the population with certain characteristics of the population. In this research 300 people were selected as a sample of the study on the basis of non-random sampling.

Tool for data collection and Analysis

The data is collected through a questionnaire consisting of demographic information and 24 different questions. Data processing is the most significant component of statistical work. The data was gathered through the interview schedule after designing the survey and designing the necessary testing methodology. The data was analyzed through MS Excel 2016, and frequencies and the percentages are calculated.

Data Analysis

Demographic Information of the Participants

Gender of Respondent

Table 4.1

Category	Frequency	Percent
Male	203	70.8
Female	93	28.5
Other	4	.8
Total	300	100.0

Table no .4.1 shows the frequency distribution percentage with respect to the respondent about their gender. This table shows that 203(70.8%) were male and 93(28.5%) were female and the remaining 4 (.8%) belong to other categories. Majority of the respondents belong to male category.

Age of Respondent

Table 4.2

Category	Frequency	Percent
18 to 24	153	53.5
25 to 29	114	35.0
30 to above	43	11.5
Total	300	100.0

Table No. 4.2 shows the frequency distribution with respect to the respondents about the age .this table shows that the 153 (53.5%) 18 to 24 years age and 114 (35.0%)were 25 to 29 years age and the remaining 43 (11.5%) belong to other category .Majority of the respondents belong to 18 to 24 years.

Education status of Respondent

Table 4.3

Category	Frequency	Percent
Bachelor or Above	133	47.3
Metric or less	61	19.6
Intermediate	48	14.6
Illiterate	58	18.5

Total	300	100.0

Table NO.4.4 shows the frequency distribution with respect to the respondents about education. This table shows that 133 (47.3%) were bachelors or above and 61 (19.6%) were masters and 48(14.6%) were intermediate and 58 (81.5%) were illiterate. Majority of the respondents were Bachelor or above.

Area of resident

Table 4.4

Category	Frequency	Percent
Urban	95	28.8
Rural	205	71.2
Total	300	100.0

Table No.4.7 shows the frequency distribution with respect to the respondents to the area of residence. This table shows that 95(28.8%) were urban and 205 (69.6%) were rural and 4 (1.5%) were others. Majority of the respondents were rural.

Family type of respondent

Table 4.5

Category	Frequency	Percent
Nuclear	169	59.6
Joint	116	39.6
Extended	15	.8
Total	300	100.0

Table No.4.8 shows the frequency distribution with respect to the respondents to the family. This table shows that 169 (59.6%) were nuclear and 116 (39.6%) were joint and 15 (.8%) belonged to extended. .Majority of the respondents were Nuclear.

Family size of respondent

Table 4.6

Category	Frequency	Percent
1 to 3	41	11.9
4 to 6	78	26.2
7 to 9	101	35.0
10 or above	80	26.9
Total	300	100.0

Table No.4.6 shows the frequency distribution with respect to the respondents to the family size. This table shows the 41 (11.9%)

were 1 to 3 size and 78 (26.2%) were 4 to 6 and 101 (35.0%) were7 to 9 and 80 (26.9%) were 10 above. Majority of the respondents belonged to the 7 to 9 family size.

Wealth status of the household

Table 4.7

Category	Frequency	Percent
Rich	27	5.4
medium	76	24.2
poor	197	70.4
Total	300	100.0

Table No.4.7 shows the frequency distribution with respect to the respondents about the wealth status of the household .This table shows that 27 (4.5%) were rich and 76 (24.2%) were medium and 197 (70.4%) were poor. Majority of the respondents were poor.

Time stay in the living place

Table 4.8

Category	Frequency	Percent
less than one year	41	10.8
1 to 5 years	131	45.0
6 to 10 years	128	44.2
Total	300	100.0

Table no. 4.8 shows the frequency distribution with respect to the respondents about the time stay in the living place . This table shows the 41 (10.8%) were and 131 (45.0%) were 1 to 5 years were and 128 (44.2%) were6 to 10 years. Majority of the respondents were 1 to 5 years old.

Questions

Question No. 1. Do you know to prevent covid.19 individuals should avoid going to crowded places such as the bus, railway station, shopping and for public places ?

Table.4.9

Category	Frequency	Percent
Yes	156	51.9
No	102	33.8
Sometime	42	14.2

Total	300	100.0

Table No. 4.9 shows the frequency distribution with respect to the respondents about the **"Do you know to prevent covid.19 individual should avoid going to crowd places such as the bus, and railway station, shopping and for public places"** .This table shows that the 156 (51.9%) said Yes and 102 (33.8%) said NO and the remaining answers 42 (14.2%). Majority of the respondents said Yes.

Question No. 2 Do you know the COVID-19 spreads via respiratory droplets of infected individuals.

Table 4.10

Category	Frequency	Percent
Yes	136	45.4
No	112	37.3
Sometimes	52	17.3
Total	300	100.0

Table No. 4.10 shows the frequency distribution with respect to the respondents about **"Do you know the COVID-19 spreads via respiratory droplets of infected individuals".** . This table shows that 136 (45.4%) and 112 (37 .3%) were No and the remaining answers 52 (17.3%). Majority of the respondents said Yes.

Question No. 3: Ordinary residents can wear face masks to prevent the infection by the COVID-19 virus.

Table 4.11

Category	Frequency	Percent
Yes	158	52.7
No	116	38.8
Sometimes	26	8.5
Total	300	100.0

Table NO .4.11 shows the frequency distribution with respect to the respondents about "**whether ordinary residents can wear face masks to prevent the infection by the COVID-19 virus"**. This table shows that 158 (52.7%) said Yes and 116 (38.8%) No and the remaining answers 26 (8.5%) . Majority of the respondents said Yes.

Question No. 4: Fever, dry cough and shortness of breath are the main clinical symptoms?

Table 4.12

Category	Frequency	Percent
Yes	121	40.4
No	85	28.5
Sometimes	94	31.2
Total	300	100.0

Table No.4.12 shows the frequency distribution with respect to the respondents about "the **Fever, dry cough and shortness of breath are the main clinical symptoms"**. This table shows that 121 (40.4%) said Yes and 85 (28.5%) said No and the remaining answers 94 (31.2%). Majority of the respondents were said Yes.

Question No. 5: Neck pain /sore throat ,tiredness ,runny nose sneezing and diarrhea are fewer common symptoms?

Table 4.13

Category	Frequency	Percent
Yes	106	35.4
No	125	41.9
Sometimes	69	22.7
Total	300	100.0

Table No.4.13 shows the frequency distribution with respect to the respondents about "the **Neck pain /sore throat ,tiredness ,runny nose sneezing and diarrhea are fewer common symptoms**". This table shows that 106 (35.4%) said Yes and 125 (41.9%) said No and the remaining answers 69 (22.7%). Majority of the respondents said No.

Question No. 6: Currently there is no effective treatment except symptomatic and supportive treatment?

Table 4.14

Category	Frequency	Percent
Yes	114	38.1
No	130	43.5
Sometimes	56	18.5
Total	300	100.0

Table No.4.14 shows the frequency distribution with respect to the respondents about "the **Currently there is no effective treatment**

except symptomatic and supportive treatment?" This table shows that 114 (38.1%) said Yes and 130 (43.5%) said No and the remaining answers 56 (18.5%) . Majority of the respondents said No.

Question No. 7: The elderly people with chronic illnesses such as diabetic, high BP, heart disease etc. are more likely to be severe cases.

Table 4.15

Category	Frequency	Percent
Yes	88	29.6
No	115	38.5
Sometimes	97	31.9
Total	300	100.0

Table No.4.15 shows the frequency distribution with respect to the respondents about "the **elderly people with chronic illnesses such as diabetic, high BP, heart disease etc. are more likely to be severe cases"**. This table shows that 88 (29.5%) said Yes and 115 (38.5%) said No and the remaining answers 97 (31.9%). Majority of the respondents said No.

Question No. 8: Eating or contacting wild animals would result in the infection by the covid-19 virus.

Table 4.16

Category	Frequency	Percent
Yes	116	38.8
No	107	35.8
Sometimes	77	25.4
Total	300	100.0

Table No.4.16 shows the frequency distribution with respect to the respondents about **"whether eating or contacting wild animals would result in the infection by the covid-19 virus**". This table shows that 116 (38.8%) said Yes and 107 (35.8%) said No and the remaining answers 77 (25.4%). Majority of the respondents said Yes.

Question No. 9: Person with covid-19 without fever can infect others.

Table 4.17

Category	Frequency	Percent
Yes	138	46.2
No	107	35.8
Sometimes	55	18.1
Total	300	100.0

Table No.4.17 shows the frequency distribution with respect to the respondents about "**the Person with covid-19 without fever can infect others".** This table shows that the 138 (46.2%) said Yes and 107 (35.8%) said No and the remaining answers 55 (18.1%). Majority of the respondents said Yes .

Question No. 10: The Covid-19 spreads via respiratory droplets of infected individuals.

Table 4.18

Category	Frequency	Percent
Yes	116	38.8
No	95	31.9
Sometimes	89	29.2
Total	300	100.0

Table No.4.18 shows the frequency distribution with respect to the respondents about "**the Covid-19 spreads via respiratory droplets of infected individuals".** .This table shows that 116 (38.8%) said Yes and 95 (31.9%) said No and the remaining 89 (29.2%) .Majority of the respondents said Yes.

Question No. 11: It is necessary to all take measures to prevent the infection by the COVID-19 virus.

Table 4.19

Category	Frequency	Percent
Yes	152	50.8
No	80	26.9
Sometimes	68	22.3
Total	300	100.0

Table No. 4.19 shows the frequency distribution with respect to the respondents about "**It is necessary to all the take measures to**

prevent the infection by the COVID-19 virus." This table shows that 152 (50.8%) said Yes and 80 (26.9%) said No and the remaining answers 68 (22.3%). Majority of the respondents were said Yes.

Question No. 12: Individuals should avoid going to crowded places such as market , public transportations to prevent infections.

Table 4.20

Category	Frequency	Percent
Yes	84	28.1
No	154	51.5
sometimes	62	20.4
Total	300	100.0

Table No.4.20 shows the frequency distribution with respect the respondents about whether **"the Individual should avoid going to crowded places such as the market , public transportations to prevent infections".** This table shows that 84 (28.1%) said Yes and 154 (51.5%) said No and the remaining answers 62(20.4%). Majority of the respondents were said No.

Question No. 13: At least 1/meter 3 feet is the recommended social distance or physical distance for covid-19 if going outside of home .

Table 4.21

Category	Frequency	Percent
Yes	141	47.3
No	86	28.8
Sometimes	73	23.8
Total	300	100.0

Table No.4.21 shows the frequency distribution with respect to the respondents about "**At least 1/meter 3 feet is the recommended social distance or physical distance for covid-19 if going outside of home".** This table shows that 141 (47.3%) said Yes and 86 (28.8%) said No and the remaining answers 73(23.8%). Majority of the respondents said Yes.

Question No. 14: Individuals should wash hands frequently after coming from outside, before eating or touching mouth , nose, or eyes to prevent the infection.

Table 4.22

Category	Frequency	Percent
Yes	139	46.5
No	84	28.1
Sometimes	77	25.4
Total	300	100.0

Table No.4.22 shows the frequency distribution with respect to the respondents that "**individuals should wash hands frequently after coming from outside, before eating or touching mouth , nose, or eyes to prevent the infection".** This table shows that 139 (46.5%) said Yes and 84 (28.1%) said No and the remaining answers 77 (25.4%). Majority of the respondents said Yes.

Question No. 15; Recommended time for washing hands with soap/alcohol is 20-30 seconds to prevent the infection.

Table 4.23

Category	Frequency	Percent
Yes	115	38.5
No	117	39.2
Sometimes	68	22.3
Total	300	100.0

Table No.4.23 shows the frequency distribution with respect to the respondents about "**Recommended time for washing hands with soap/alcohol is minimum 20-30 seconds to prevent the infection".** This table shows that 115 (38.5%) said Yes and 117 (39.2%) said No and the remaining answers 68 (22.3%). Majority of the respondents said No.

Question No. 16: Isolation and supportive treatment are effective ways to reduce the spread of the virus

Table 4.24

Category	Frequency	Percent
Yes	152	50.8

No	76	25.4
Sometime	72	23.8
Total	300	100.0

Table No.4.24 shows the frequency distribution with respect to the respondents about "**Isolation and supportive treatment are effective ways to reduce the spread of the virus".** This table shows that 152 (50.8%) said Yes and 76 (25.4%) said No and the remaining 72 (23.8%). Majority of the respondents were said Yes.

Question No. 17: The immediate observation period is 14 days if anyone contacts someone infected with the covid-19.

Table 4.25

Category	Frequency	Percent
Yes	159	53.1
No	88	29.6
Sometimes	53	17.3
Total	300	100.0

Table No.4.25 shows the frequency distribution with respect to the respondents about "**the immediate observation period is 14 days if anyone contacts someone infected with the covid-19".** This table shows that the 159 (53.1%) said Yes and 88 (29.6%) said No and the remaining answers 53 (17.3%). Majority of the respondents said Yes.

Question No. 18: Do you do physical activity according to your age and ability when you are at home because of Coronavirus?

Table 4.26

Category	Frequency	Percent
Yes	141	47.3
No	84	28.1
Sometimes	75	24.6
Total	300	100.0

Table No.4.26 shows the frequency distribution with respect to the respondents "**Do you do physical activity according to your**

age and ability when you are at home because of Coronavirus". This table shows that 141 (47.3%) said Yes and 84 (28.1%) said No and the remaining 75 (24.6%). Majority of the respondents said Yes.

Question No. 19: Do you follow that bad and sadness news which presented from TV and Internet regarding increasing number of death and new case of coronavirus

Table 4.27

Category	Frequency	Percent
Yes	84	28.1
No	159	53.1
Sometimes	57	18.8
Total	300	100.0

Table No. 4.27 shows the frequency distribution with respect to the respondents about "**Do you follow the bad and sad news which is presented from TV and Internet regarding the increasing number of deaths and new cases of coronavirus**". This table shows that 84 (28.1%) said Yes and 159 (53.1%) said No and the remaining 57 (18.8%).Majority of the respondents said No.

Question No. 20 Did you try to prevent hand shaking with everybody to protect yourself and others from Coronavirus?

Table 4.28

Category	Frequency	Percent
Yes	107	35.8
No	120	40.0
Sometimes	73	24.2
Total	300	100.0

Table No.4.28 shows the frequency distribution with respect to the respondents "**Did you try to prevent hand shaking with everybody to protect yourself and others from Coronavirus**". This table shows that 107 (35.8%) said Yes and 120 (40.01%) said No and the remaining answers 73 (24.2%). Majority of the respondents said No.

Question No. 21 Do you wash your hands with soap and water or alcohol immediately when you cough or sneeze on your hand?

Table 4.29

Category	Frequency	Percent
Yes	153	51.2
No	77	25.8
Sometimes	70	23.1
Total	300	100.0

Table No.4.29 shows the frequency distribution with respect to the respondents about "**Do you wash your hand by soap and water or alcohol immediately when you cough or sneeze on your hand**". This table shows that 153(51.2%) said Yes and 77 (25.8%) said No and the remaining answers 70 (23.1%). Majority of the respondents were said Yes

Question No. 22: Do you annually inject the flu vaccination against seasonal flu?

Table 4.30

Category	Frequency	Percent
Yes	169	56.5
No	84	28.1
Sometimes	47	15.4
Total	300	100.0

Table No.4.30 shows the frequency distribution with respect to the respondents about "**Do annually inject the flu vaccination against seasonal flu**". This table shows that the 169 (56.5%) said Yes and 84 (28.1%) said No and the remaining answers 47 (15.4%). Majority of the respondents said Yes.

Question No. 23: Do you think that you have to wash your hands in a healthy way that is not less than twenty (20) seconds?

Table 4.31

Category	Frequency	Percent

Yes	93	31.2
No	122	40.8
Sometimes	85	28.1
Total	300	100.0

Table No.4.31 shows the frequency distribution with respect to the respondents "**Do you think that you have to wash your hands in a healthy way that is not less than twenty (20) seconds**". This table shows that 93 (31.2%) said Yes and 122 (40.8%) said No and the remaining answers 85 (28.1%). Majority of the respondents said No.

Question No. 24: In your belief, cleaning your hands and preventing them from touching your face is the best way to reduce the risk of spreading coronavirus.

Table 4.32

Category	Frequency	Percent
Yes	167	55.8
No	87	29.2
Sometimes	46	15.0
Total	300	100.0

Table No.4.32 shows the frequency distribution with respect to the respondents about in your belief about "**cleaning your hands and preventing them from touching your face is the best way to reduce the risk of spreading coronavirus"**. This table shows that the 167 (55.8%) said Yes and 87 (29.2%) said No and the remaining answers 46 (15.0%). Majority of the respondents said Yes .

Question No. 25: What are the symptoms of coronavirus diseases 2019?

Table 4.33

Category	Frequency	Percent
Yes	141	47.3
No	102	34.2
Sometimes	47	18.5

Total	300	100.0

Table No.4.33 shows the frequency distribution with respect to the respondents about "**What are the symptoms of coronavirus diseases 2019**". This table shows that 141 (47.3%) said Yes and 102 (34.2%) said No and the remaining answers 47 (18.5%). Majority of the respondents said Yes .

Conclusion

Although the community chemists were well-informed, their attitudes and practices about the Covid-19 were lacking. Most community chemists thought they might have a significant impact on this pandemic. This study also emphasised the differences in some knowledge, attitude, and practice areas that need to be addressed in counselling, education, and awareness campaigns in the future. It is critical that all health care professionals, especially chemists, have consistent, reliable knowledge about Covid-19 and spread this information and belief throughout the community. Future research is needed to assess other HCPs' and other societal groups' knowledge, attitudes, and practices. The health ministry and other relevant agencies should implement a thorough training programme to raise public knowledge of COVID-19 and its symptoms, according to the study's recommendations. Improved targeting strategies for medical professionals, nurses, pharmacists, and other paramedical workers should also be a part of these programmes in order to develop a balanced clinical understanding of COVID-19.

Recommendations for Future Research

Based on their own experiences of seeing and believing, more research on behaviour modification in the ignorant group may be undertaken in light of the findings. Would the individuals of the uninformed group still be experiencing cognitive dissonance if they witnessed their close friends or family contracting the coronavirus? Additionally, media campaigns can be created to appeal to the uneducated class by considering their method of adhering to SOPs and avoiding cognitive dissonance. According to this study, citizens can alter their behaviour to accommodate changing pandemic conditions and avoid cognitive dissonance by raising their level of knowledge and awareness. The study also found that one of the most important things in helping people overcome cognitive dissonance is education. Additional research might

examine the connection between education and cognitive dissonance in order to uncover new facets of the hypothesis.

References

Al Ahdab, S. (2020). Knowledge, Attitudes and Practices (KAP) towards pandemic COVID-19 among Syrians. *Res Square*.

Ali, R., Jawad, M., Jawed, A., & Afzal, M. (2020). Knowledge, Attitude and Practices Survey: COVID-19 Pandemic and its Preventive Standard Operating Procedures in College Students. *Journal of Aziz Fatimah Medical & Dental College*, *2*(2), 47-52.

Ali, Z. R., Sharif, B. O., Kamali, A. S. M. A., Abbas, V. T., Ahmed, A. K., Mahmood, S. O., &Abdulqader, S. A. (2020). Community-Based Assessment of Knowledge, Attitudes, and Practices Towards COVID-19: an Epidemiological Survey in Kurdistan Region, Iraq. *Kurdistan Journal of Applied Research*, 1-12.

Bang, K. M. (2020). Coronavirus Disease 2019 and Pandemic in the World: A Literature Review. EC Pulmonology and Respiratory Medicine, SI, 35-43.Journal of Human Resource and Sustainability Studies, Vol.8 No.4.

Muhammad, K., Saqlain, M., Hamdard, A., Naveed, M., Umer, M. F., Khan, S., ...& Khan, Z. (2020). Knowledge, attitude, and practices of Community pharmacists about COVID-19: A cross-sectional survey in two provinces of Pakistan. *medRxiv*.

Nooh, H. Z., Alshammary, R. H., Alenezy, J. M., Alrowaili, N. H., Alsharari, A. J., Alenzi, N. M., &Sabaa, H. E. (2020). Public awareness of coronavirus in Al-Jouf region, Saudi Arabia. Journal of Public Health, 1-8

Noreen, N., Dil, S., Niazi, S., Naveed, I., Khan, N., Khan, F., ...& Kumar, D. (2020). COVID 19 pandemic & Pakistan; limitations and gaps. *Global Biosecurity*, *1*(4).

Serwaa, D., Lamptey, E., Appiah, A. B., Senkyire, E. K., &Ameyaw, J. K. (2020).Knowledge , risk perception and preparedness towards coronavirus disease-2019 (COVID-19) outbreak among Ghanaians : a quick online cross-sectional survey. Pan Africa Medical Journal. 2020;35(2):44. DOI: 10.11604/pamj.2020.35.2.22630.

Study, P. A. C., Almofada, S. K., Alherbisch, R. J., Almuhraj, N. A., &Almeshary, B. N. (2020). Knowledge , Attitudes , and Practices Toward COVID-19 in a Saudi Arabian Knowledge , Attitudes , and Practices Toward COVID-19 in a Saudi Arabian Population : A Cross-Sectional Study. https://www.researchgate.net/publication/342545572.

Zaki, N., & Mohamed, E. A. (2020). The estimations of the COVID-19 incubation period: a systematic review of the literature.https://doi.org/10.1101/2020.05.20.20108340