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Sociological Assessment of Impacts of Corona Virus Infectious Disease 2019 on Socio-Psychological Lives and Well-Beings

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ABSTRACT

The present study promotes study aim and unfolds the negative consequences of Corona Virus Infectious Disease in regard of social, economic and psychological lives of people in village Bamkhel District Swabi. Sample sizes of 234 respondents have been chosen for this data which includes shopkeepers, labors, government employees and religious priest. The data was collected through questionnaire and interview schedule from each and every individual, which contains different questions. Simple random sampling technique was used for the collection of relevant data. As corona virus impacted the whole world in every aspect of life. Objective of the study was to explore the social-psychological impacts of corona virus on the lives wellbeing of the people. It has been concluded from the findings that Corona virus has impacted the lives of people badly in all most every aspect of life, whether it is social, or psychological. The findings also depict that a lot of people became jobless which resulted in the increase of unemployment. The study concluded that due to closing of educational institutions the schooling of children has been effected negatively. The study recommends that by following the SOP's which are directed by the government and health care centers the corona virus can be controlled and will not spread rapidly otherwise the situation will be harder in the future.

1. INTRODUCTION

At the end of 2019 (Nov-Dec) there aroused a series of pneumonia cases of unknown cause in Wuhan city Hubei province of China.(Lu, H.; Stratton, C.W.; Tang, Y.W.) In January 2020, the virus identified as severe acute respiratory syndrome corona virus two (SARS COV-2) as a cause of observed pneumonia cases.(Huang, C.; Wang, Y et al 2019). Dr. Tedros Adhanom Ghebreyesus which is the Director General of World Health Organization (WHO) on 11 Feb 2020 named the virus as COVID-19 which was the agent of pneumonia cases. When there is an increase occurred in the growing cases of COVID-19 and about 114 countries were affected till March 2020 and when there were more than 118000 cases and more than 4000 deaths, WHO considers it as a pandemic status.(World Health Organization Director-General 2020). Corona virus 2019 which is known as COVID-19 is RNA virus. Under electron microscope it has a typical enthrone like appearance due to the presence of glycoprotein nails on its envelope. However, there are four genera of CoVs, (I) α-coronavirus (alphacov), (II) β-coronavirus (Betacov), possibly existing in bats and rodents, while (III) δ-coronavirus (Deltacov), and (IV) γ-coronavirus (Gammacov), perhaps signify avian species (Perlman, S.; Netland, J. et al 2019).

However, COVID-19 happening to spread in the month of December 2019 from the province of Wuhan throughout the China and after that started to spread throughout the other

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countries of the world. While outside from China, Thailand was the first one country in which the case of COVID-19 was identified on 13th January, 2020 in Bangkok (capital city of Thailand).(Phan, T. 2020). At first week of March 2020 about in 67 other countries there was 8565 cases reported of COVID-19 with deaths of about 135. When COVID-19 spread very rapidly in countries including Iran, Italy, Spain, USA etc. the WHO declares it as a global pandemic in the 2nd week of March 2020 (World Health Organization Novel Coronavirus, 2020). while respiratory diseases, or gastrointestinal diseases are caused by Corona virus. Respiratory diseases can lead to additional severe diseases like Middle East Respiratory Syndrome (MERS COV), and Severe Acute Respiratory Syndrome (SARS COV) as well. Respiratory diseases which include common cold, pneumonia, difficulty in breathing etc. Corona Virus is considering as Zoonotic. Zoonotic means which can be transmitted between animal and human. And it has been identified that Middle East Respiratory Syndrome are transmitted into humans through the Camels and Severe Acute Respiratory Syndrome are transmitted into humans through cats. The source of COVID-19 is under investigation to find out the zoonotic source of this pandemic (World Health Organization, 2020). Corona virus was not considered as so dangerous for the humans until the spread the Severe Acute Respiratory Syndrome (SARS COV) in 2002, and 2003 in Guangdong China. Another most dangerous corona virus Middle East Respiratory Syndrome began in 2012 in the Mid-East countries. While in 2019 and 2020 the most dangerous and highly pathogenic corona virus raise head which proved very dangerous to humans in history (Zaki AM, van Boheemen S, et al. 2012).

2. LITERATURE REVIEW

Corona Virus has spread in the whole world and impacted all of the countries due to transmission of human to human it has proved a threat to human life in every aspect. And it has become a big problem for the public. It is not confirmed yet that when the Corona Virus (COVID-19) will comes to end. Thus fever and cough are the most common symptoms of Corona Virus. Other symptoms include the respiratory infections such as nasal cognation, headache, influenza, and fatigue (Lin YC, Dong SL, et al. 2005). As corona virus is RNA virus which not only affects humans but also the animals. Corona virus was for the firstly identified by Bynoe and Tyrell in 1966 that derived the virus from the patients of common cold (Tyrrell DA, Bynoe ML 1966).

In start the sign of Severe Acute Respiratory Syndrome COV-2 which is called COVID-19 was pneumonia through which the cases were to be identified. However, in recent reports the asymptomatic infections and gastrointestinal symptoms especially in young children are also considered as the signs of COVID-19. However, the incubation period of corona virus is from 1 to 14 days (Chan JF, Yuan S, et al. 2019). Those people have not been assessed yet who have corona reported positive but they have no symptoms shown throughout the entire infection of COVID-19. And those patients who have symptoms and corona reported positive, there signs may appear within a week which includes the infections of upper respiratory tract including severe headache, cough, difficulty in breathing, and fatigue. If a proper medication is not done on time these infections may lead to the more severe infections such as pneumonia, dyspnea, and intense chest pain (Guan W, Ni Z, Yu H, et al 2020).

In symptomatic infections pneumonia usually occur in 2nd or 3rd week of the COVID-19 infection. The infectious pneumonia signs include the insufficient amount of oxygen, changes evidently visible through X-Rays, and other imaging techniques, blood gas deviations, with the ground glass abnormalities, alveolar exudates, patchy consolidation, and interlobular involvement eventually indicating deterioration. Therefore, inflammatory markers like C-reactive protein and pro inflammatory cytokines are elevated and Lymphopenia appears to be common (Moses R. 2020).

Corona viruses show with the respiratory symptoms. Sometime the people infected with corona virus may have no symptoms however the people which became infected may include the symptoms like;

- Common cold
- Fever
- Sore throat
- Difficulty in breathing
- Headache

Most of the people will have the most severe symptoms such as pneumonia and in some circumstances the illnesses include sepsis, ARDS and septic shock and then the person need to be hospitalized. The emergency symptoms in which a rapid attentiveness should be needed includes (Moses R. 2020).

- Severe pain in the chest
- Shortness of Breath
- Unable to sit
- Bluish lips or face

Corona virus affects the people of all ages and groups. But the most of the people who are at higher Risk of getting intense corona virus disease are the people whose age is above 60 years. Those people who have chronic diseases are also at higher risk of getting severe corona virus disease. Disease includes (World Health Organisation 2020).

- Respiratory diseases
- Heart diseases
- Diabetes Mellitus
- Liver diseases
- AIDS
- CANCER
- Weak Immune System
- High Blood Pressure

Therefore, Corona Virus which is also identified as Severe Acute Respiratory Syndrome corona virus 2 can spread from person to person by contacting or touching each other. A person which is affected with corona virus touches the other

person and when he touches his eyes, mouth or nose he will became affected of corona virus. Although, infection could also be occurring through the respiratory secretions. Through sneezing, coughing, and talking if a virus makes direct contact with the mucous membrane, a person will become affected (Zou L, Ruan F, Huang M, et al. 2020).

It has been suggested that corona virus can be screened through Computed Tomography scan (CT scan). Through the computed tomography the suspected cases of corona virus can be screened. The computed tomography images clearly show the difference between COVID-19 affected people and non COVID-19 people. Computed tomography scan may prove as reliable machine for corona virus suspected cases patients, and will allow a rapid classification among the patients of suspected cases corona virus, and common pneumonia (Wang W, Qiu B, et al. 2010). Corona virus has impacted the lives of people in almost every aspect whether it is positive or negative. It has impacted the human daily life socially, economically as well psychologically. While staying at home during the lockdown people engaged in different activities which they were not doing it before such as paintings, reading books, listening music, watching movies, cooking, excessive use of internet especially social media. Also due to long term closing of the educational institutions such as schools, colleges and universities reduces the ability of students to learn. There is also behavioral disorder occurred such as child abuse, domestic violence and conflict in families. Due to closing of factories and companies a lot of people became jobless. Especially those people who are daily wagers experienced a lot of decrease in their earnings. So it was very difficult for them to stay at home. Because these have no job insurance or fixed salary (Drexler, J. F., Gloza-Rausch, 2010). Corona virus brought about a huge economical loss to the people all over the world. The business man all over the world feels a great loss in their earnings. Their earnings have become very low as they were earning millions of dollars before the corona virus pandemic. There was an increase in death due to hunger of many poor countries because they were unable to bear these economic crises. And due to these economic crises the rate of poverty and unemployment also increased (Yin, Y., & Wunderink, R. G. 2018). Due to long term lock down and staying at home people faced a lot of health problems especially mental health problems. People became psychologically ill and there is an increase occurred in psychological disease. Due to isolation, lockdown and social distancing there occurred many traumatic events. And these traumatic events may result in PTSD (Post Traumatic Stress Disorder), depression, substance use disorder and also many other kind of behavioral disorder such as domestic violence and child abuse etc. There is also a greater increase occurred in other health problems such as hypertension, depression, anxiety, fear, frustration, boredom etc. Eating and sleeping patterns of people also changed (Georgion, A 2020).

1.1. Objective

- To know about the social-psychological impacts on the people

3. METHODOLOGY

This current study was limited to sort out the impacts of corona virus on socio-psychological lives and well beings of the sampled respondent's, due to which it has been negatively affected the current society. Therefore, the research was carried out in the village of Bamkhel, district Swabi. In order to fulfill the objective of the study an interview a comprehensive questionnaire was used for the collection of data. However, a sample size comprising of 234 respondents were selected from the population of village Bamkhel i.e. 30000, Swabi district by adopting the technique of simple random sampling for the collection of the data. Furthermore, the data was further analyzed through SPSS (Statistical program for social sciences), in which descriptive analysis was carried out for percentage and frequency distribution of data. Additionally, the study was carried out in the duration of 6 months.

4. Interpretation of Results

Table 1
Age of sampled respondents

Age	Frequency	Percent %
18-25	26	11.1
25-35	96	41.0
35-45	80	34.2
45 and above	32	13.7
Total	234	100.0

The above table 1 revealed the age of respondent's, in which four age groups was made, in which 11.1% of them were belonged to the age group of 18-25, therefore 41.0% of them were belonged with age group of 25-35. However, 34.2% of the total respondents were in the age group of 35-45, thus the age of 13.7% respondents were above than 45 years.

Table 2
Family structure of the sampled respondents

Family Structure	Frequency	Percent
Nuclear	87	37.2
Joint	119	50.9
Extended	28	12.0
Total	234	100.0

Table 2 reveals percentage and frequency distribution of family type of the sampled respondents, in which it has been categorized into three types i.e. Nuclear, Joint, and Extended. Therefore, 37.2% of the total respondents were belonged to the nuclear family system, half of them i.e. 50.9% were living in joint family system, while only 3.3% of them were living in extended families.

Table 3
Educational level

Educational Level	Frequency	Percent
Literate	87	37.2
Illiterate	147	62.8
Total	234	100

The mentioned table 3 discloses the percentage and frequency distribution of respondent's education level, in which 37.2% of them were literate, and 62.8% of all the sampled respondents were reported as illiterate.

Table 4
Monthly income

Monthly Income	Frequency	Percent %
10000-20000	93	39.7
20000-30000	82	35.0
30000-40000	38	16.2
40000 and above	21	9.0
Total	234	100.0

Table 4 revealed the percentage and frequency distribution of monthly income of the sampled respondents, in which 39.7% of them were earning 10000 to 20000 PKR, 35.0% of them were earning 20000 to 30000 PKR, while 16.2% of the sampled respondent's had income from 30000 to 40000 PKR, however 9.0% of them had above than 40000 PKR income.

Table 5
Percentage and Frequency distribution of the sampled respondent's perceptions about the view that corona virus is a fatal disease

Is corona virus a fatal disease?	Frequency	Percent
Yes	196	83.8
No	30	12.8
Uncertain	8	3.4
Total	234	100.0

It has been revealed by 83.8% in the table 5 that corona virus is fatal disease, while 12.8% of them were not agreed with the above mentioned statement, and only 3.4% of the sampled respondents were uncertain about the said statement that corona virus is an incurable disease. However, it has been decided that majority of respondents approved that corona virus is a fatal and incurable disease.

Table 6
Percentage and frequency distribution of the sampled respondent's perceptions about the view that can corona virus disease be recovered.

Can corona virus disease be recovered?	Frequency	Percent
Yes	227	97.0
No	3	1.3
Uncertain	4	1.7
Total	234	100

The above table 6 reveals the percentage and frequency distribution of the sampled respondent's view about the perception that either corona virus disease could be recovered or not? In which almost all the respondents i.e. 97.0% were agreed with the said statement, only 1.3% of them denied the statement, although 1.7% of respondents were uncertain. Thus it has been decided that the mainstream number of respondents were agreed with the statement that corona virus disease would be recovered.

Table 7
Percentage and Frequency distribution of the respondent's view that corona virus is treatable disease.

Is corona virus a treatable disease?	Frequency	Percent
Yes	134	57.3
No	39	16.7
Uncertain	61	26.1
Total	234	100.0

Table 7 displays the percentage and frequency distribution of the sampled size opinions, that corona virus is treatable disease, in which 57.3% of them were agreed with the statement, while 16.7% of them were disagreed, however 26.1% of the sampled respondents were uncertain. It has been determined that the majority of the sampled respondents approved that corona virus is a treatable disease.

Table 8
Percentage and Frequency distribution of the respondent's opinion that do you know any preventive measure for corona virus disease or not

Do you know any preventive measure for corona virus disease?	Frequency	Percent
Yes	229	97.9
No	4	1.7
Uncertain	1	.4
Total	234	100

The above table 8 demonstrations the percentage and frequency distribution of the respondent's that do you know any preventive measure for corona virus disease or not, 97.9% of them were agreed, although only 1.7% of sampled respondents denied the same statement, however only 0.4% of respondents were uncertain. It has been decided that the majority of the sample size knows the preventive measure for the prevention of corona virus.

Table 9
Percentage and frequency distribution of the respondent's opinion that human became infected with corona virus of animal source.

Is human became infected with corona virus of animal source?	Frequency	Percent
Yes	60	25.6
No	82	35.0
Uncertain	92	39.3
Total	234	100

Table 9 indicates the percentage and frequency distribution of the sampled respondent's perception that human became infected with corona virus of animal source, in which 25.6% of them were agreed, while 35.0% of sampled respondents denied, although 39.3% of them were uncertain about the mentioned statement. It has been decided that the majority of the respondent were uncertain that human became infected with corona virus from animals.

Table 10
Percentage and frequency distribution of the sampled respondent's opinions regarding the view that fever, cough and shortness of breath are the symptoms of corona.

Are fever, cough, shortness of breath are the symptoms of corona?	Frequency	Percent
Yes	229	97.9
No	3	1.3
Uncertain	2	.9
Total	234	100.0

Table 10 shows the percentage and frequency distribution of the sampled respondent's opinions that fever, coughs, and shortness of breath are the symptoms of corona, 97.9% of the total respondents were agreed with the statement, but 1.3% denied the same statement, however 0.9% of the total respondents were uncertain. It has been decided that the majority of the sampled respondent were agreed that fever, coughs, and shortness of breath are the symptoms of corona.

Table 11
Percentage and frequency distribution of the sampled respondent's perceptions that corona virus spread from person to person.

Is corona virus can spread from person to person?	Frequency	Percent
Yes	231	98.7
No	2	.9
Uncertain	1	.4
Total	234	100

The above mentioned table 11 reveals percentage and frequency distribution of the sampled respondent's that corona virus spread from person to person, in which 98.7% of the sampled respondents approved the statement, while 0.9% of them refuted, though .4% of them were uncertain about the above-mentioned statement.

Table 12
Percentage and frequency distribution of the sampled respondent's opinions regarding the view that the incubation period of COVID-19 is 1-14 days?

Is the incubation period of COVID-19 is 1 to 14 days?	Frequency	Percent
Yes	228	97.4
No	2	.9
Uncertain	3	1.3
Total	234	100.0

Table 12 replicates the percentage and frequency distribution of the sampled respondent's opinion about the view that the incubation period of COVID-19 is 1 to 14 days, 97.4% of respondents were agreed, while 0.9% of them were disagreed, although 1.3% of the sampled size were uncertain about the mentioned statement.

Table 13
Percentage and frequency distribution of the respondent's opinion regarding the view that people used to avoid gathering in public places.

Were people used to avoid gathering in public places?	Frequency	Percent
Yes	210	89.7
No	21	9.0
Uncertain	3	1.3
Total	234	100.0

Table 13 reveals the percentage and frequency distribution of the sampled respondent's opinion that people used to avoid gathering in public places, in which 89.7% of them were agreed with the statement, though 9.0% of the total respondents denied the statement, only 1.3% of the sampled respondents were uncertain as well.

Table 14
Percentage and frequency distribution of the sampled respondent's opinion regarding the view that the marriages should be avoided.

Were the marriages avoided?	Frequency	Percent
Yes	193	82.5
No	36	15.4
Uncertain	5	2.1
Total	234	100.0

Table 14 replicates the percentage and frequency distribution of the sampled respondent's opinion that marriages should be avoided, in which 82.5% of the total sample size were agreed, while 15.4% of them were not agreed, only 2.1% of them were uncertain.

Table 15
Percentage and frequency distribution of the sampled respondent's opinions about the view that the domestic violence has been ratio increased.

Were the domestic violence ratio increased?	Frequency	Percent
Yes	10	4.3
No	198	84.6
Uncertain	26	11.1
Total	234	100.0

Table 15 reveals the percentage and frequency distribution of the sampled respondent's opinion about the view that domestic violence ratio has been increased, only 4.3% of the sampled respondents were agreed, while majority of the sampled size i.e. 84.6% denied the above mentioned statement, although 11.1% of them were uncertain.

Table 16
Percentage and frequency distribution of the sampled respondent's opinion about the view that the divorce ratio was increased.

Was the divorce ratio increased?	Frequency	Percent
Yes	3	1.3
No	202	86.3
Uncertain	29	12.4
Total	234	100

Table 16 replicates the percentage and frequency distribution of the respondent's perceptions about the increase in divorce ratio, only 3 1.3% of respondents were agreed, but majority of them i.e. 86.3% were disagreed with the statement, although 12.4% of the sample respondents were uncertain.

Table 17
Percentage and frequency distribution of the sampled size opinions regarding the view that the use of social media raised.

Was the use of social media raised?	Frequency	Percent
Yes	233	99.6
Uncertain	1	.4
Total	234	100

Table 17 indicates the percentage and frequency distribution of the sampled respondent's perceptions about the usage of social media increment, in which almost all of the sample respondent's 99.6% were agreed, while only.4% of the total respondents were uncertain about the use of social media.

Table 18
Percentage and frequency distribution of the sampled respondent's perceptions regarding the view that the schools of children negatively affected.

Were the schools of children negatively affected?	Frequency	Percent
Yes	233	99.6
No	1	.4
Total	234	100

Table 18 replicates the percentage and frequency distribution of the respondent's perceptions that schools of children destructively affected, in which majority of respondents i.e. 99.6% were agreed with the statement, while only 0.4% refuted the statement.

Table 19
Depression was increased amongst the people.

Was the rate of depression increased among the people?	Frequency	Percent
Yes	226	96.6
No	5	2.1
Uncertain	3	1.3
Total	234	100.0

Table 19 replicates the percentage and frequency distribution of the sampled respondent's opinions that depression was increased amongst the people, in which 96.6% of the total sample size were agreed, while 2.1% of them were, although only 1.3% of sample size were uncertain.

Table 20
Percentage and frequency distribution of the sampled respondent's opinion regarding the view that the people have the feelings of frustration and boredom.

Did the people have the feelings of frustration and boredom?	Frequency	Percent
Yes	215	91.9
No	15	6.4
Uncertain	4	1.7
Total	234	100.0

Table 20 indicates the percentage and frequency distribution of the sampled respondent's perceptions about the view that the frustration and boredom, in which majority i.e. 91.9% of sampled respondents were agreed about the statement, only 6.4% of the total sample size were disagreed, although only 1.7% of them were uncertain.

Table 21
Percentage and frequency distribution of the sampled respondent's perceptions regarding the view that the people became fearful and irritates from each other.

Were the people became fearful and irritates from each other?	Frequency	Percent
Yes	219	93.6
No	8	3.4
Uncertain	7	3.0
Total	234	100.0

Table 21 describes the percentage and frequency distribution of the sampled respondent's perceptions about the view that the people became fearful and irritates from each other, in which majority i.e. 93.6% of the total respondents were agreed, while only 3.4% of them were disagreed, although only 3.0% of them were uncertain.

Table 22
Percentage and frequency and distribution of the sampled respondent's perceptions about the view that you felt any difficulty in sleeping.

Did you felt any difficulty in sleeping?	Frequency	Percent
Yes	38	16.2
No	195	83.3
Uncertain	1	.4
Total	234	100

Table 22 indicates the percentage and frequency distribution of the respondent's view that either you felt any difficulty in sleeping, in which 16.2% of the total sampled respondents were agreed with the statement, while majority i.e. 83.3% of the total respondents were disagreed, only 0.4% of them were uncertain.

5. CONCLUSION

The current research investigated the impacts of corona virus on socio-economic and psychological lives in district Swabi. A sample of 234 populations was selected from the whole population of Swabi. Corona virus has impacted the lives of different sectors of people negatively in each and every aspect of life whether it is social, economic or psychological. Most of the people did not believe on the existence of corona virus due to which it spreads like a forest fire and effects the lives of people badly. Most of the people in the society were not following the SOP's which were directed by the government for the protection from corona virus and the result was that the virus spread very fast. Most of the people lost their lives and most of the people became unemployed. The businesses of the people became to be down. All the educational institutions remained closed which negatively affects the studies of the student. The society lost its cultural values. The sports tournaments were also postponed. The transport system of industries became disturbed. The daily wagers and the labors were starved in such a critical situation. The people were becoming depressed mentally by staying at home and also irritated from each other.

1.2. Recommendations

Scientists or doctors should have to make the vaccine for corona virus. Wear a facemask when physical distancing is not possible. If you have fever, cough, shortness of breath you should need to stay at home and contact to the hospital. People should need to follow the preventive measures or SOP's to protect themselves. Therefore, community should need to give awareness to the people about corona virus. Government should need to provide jobs for those who have lost their jobs or business. Facilities should be provided at all transport locations, and especially at major bus and train stations, airports, and seaports. All private and public health care facilities should establish or strengthen their hand hygiene. Hand sanitizer should be installed at every entrance point of public places.

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