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When COVID-19 enters in community setting: An exploratory qualitative study of community perspectives on COVID-19 affecting mental well-being

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Complete List of Authors:	Shahil Feroz, Anam; Aga Khan University, Community Health Sciences Akberali, Naureen; Aga Khan University, School of Nursing and Midwifery Akber Ali, Noshaba; Aga Khan University Feroz, Rida; Aga Khan University Institute for Educational Development Pakistan Nazim Meghani, Salima; Aga Khan University, Community Health Sciences Saleem, Sarah; Aga Khan University, Community Health Sciences
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3 **1 Paper Title:**
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5 2 When COVID-19 enters in community setting: An exploratory qualitative study of community
6 3 perspectives on COVID-19 affecting mental well-being
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9
10 **4 Author Names:**
11

- 12 5 1. Ms. Anam Shahil Feroz^{1*} (ASF)
13
14 6 2. Ms. Naureen Akber Ali² (NAA)
15
16 7 3. Ms. Noushaba Akber Ali³ (NBA)
17
18 8 4. Ms. Rida Feroz⁴ (RF)
19
20 9 5. Ms. Salima Nazim Meghani⁵ (SNM)
21
22 10 6. Dr Sarah Saleem⁶ (SS)
23
24
25

26 **11 Full institutional mailing addresses of all authors**
27

28 12 ^{1, 3,5,6} The Aga Khan University – Department of Community Health Sciences, Stadium Road, PO
29 13 Box 3500, Karachi 74800, Pakistan

30
31
32 14 ²The Aga Khan University – School of Nursing and Midwifery, Stadium Road, PO Box 3500,
33 15 Karachi 74800, Pakistan
34
35

36
37 16 ⁴Aga Khan University Institute for Educational Development, Karachi, Pakistan
38
39

40 **17 Email addresses:**
41

- 42 18 1. Ms. Anam Shahil Feroz^{*1} – AF- anam.feroz@aku.edu
43
44 19 2. Ms. Naureen Akber Ali² – NAA - naureen.akberali@aku.edu
45
46 20 3. Ms. Noshaba Akber Ali³ (NBA) – noshaba.akber07@gmail.com
47
48 21 4. Ms. Rida Feroz⁴ (RF) - ridah.feroz.mphil19@student.aku.edu
49
50 22 5. Ms. Salima Nazim Meghani⁵ (SNM) - salima.ratnani@gmail.com
51
52 23 6. Dr Sarah Saleem⁶ – SS – sarah.saleem@aku.edu
53
54
55

56 **24 Corresponding Author*:**
57
58
59
60

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4
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56
57
58
59
60

1. Ms. Anam Shahil Feroz*¹ – AF- anam.feroz@aku.edu

Postal Address: 1. Aga Khan University, Community Health Sciences Karachi, PK

Phone Number: 922134864917

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31 **Abstract**

32 Introduction: The COVID-19 pandemic has certainly resulted in an increased level of anxiety and
33 fear among general population related to its management and infection spread. Due to fear and social
34 stigma linked with COVID-19, many individuals in the community hide their disease and didn't
35 reach health care facilities in timely manner. In addition, rumors, myths and inaccurate information
36 about virus are also spreading rapidly with the wide spread use of social media leading to intensified
37 irritability, fearfulness, insomnia, oppositional behavior and somatic complaints. Considering the
38 relevance of all the above factors, we aim to explore perceptions and attitudes of community
39 members towards COVID-19 and its impact on their daily lives and mental well-being.

40 Methods and analysis: This formative research will employ an exploratory qualitative research
41 design using semi-structured interviews and a purposive sampling approach. The data collection
42 methods for this formative research will include in-depth interviews (IDIs) with community
43 members. The study will be conducted in Karimabad FB area and Garden (East and West)
44 community settings of Karachi, Pakistan. The areas have been selected purposively to interview
45 members of these communities. Study data will be analyzed thematically using NVivo 12 Plus
46 software.

47 Ethics and Dissemination: Ethical approval for this study has been obtained from the Aga Khan
48 University Ethical Review Committee (AKU-ERC) [2020-4825-10599]. The study results will be
49 disseminated to scientific community and research subjects participating in this study. The findings
50 of this study will help us explore perceptions and attitudes of different community members towards
51 COVID-19 pandemic, and its impact on daily lives and mental well-being of individuals in the
52 community.

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2
3 55 Strengths and limitations of this study
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- 6 56 • The mental health impact of the pandemic is likely to last much longer than the physical
7 health impact and therefore this study is positioned well to explore perceptions and attitudes
8 57 of community members towards COVID-19 pandemic, and its impact on their daily lives
9 58 and mental well-being.
10 59
11 60 • This study will guide the development of context-specific innovative mental health programs
12 to support communities in future.
13 61
14 62 • One limitation is that all study respondents were interviewed online, to minimize the risk of
15 infection. Due to this reason, the authors will not have the opportunity to build rapport with
16 respondents over Zoom or obtain non-verbal cues during interviews
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67 **Background**

68 COVID-19 pandemic has affected almost 180 countries, since its first detection in Wuhan, China,
69 in December 2019 (1, 2). The COVID-19 outbreak has been declared as a Public Health Emergency
70 of International Concern by the World Health Organization (WHO) (3). WHO estimates the global
71 mortality of about 3.4%(4), however, the death rates will vary between countries and across age
72 groups.(5). In Pakistan, a total of 10,880 cases and 228 deaths has been reported, to date, due to
73 COVID-19 infection (6).

74 The worldwide COVID-19 pandemic has not only incurred massive challenges to the global supply
75 chains and healthcare systems but also has detrimental effect on the overall health of individuals (7).
76 The pandemic has led to lockdowns and has created havoc impact on the societies at large. Most
77 company employees' including daily wages workers have been prohibited from accessing their
78 workplaces or being asked to work from home which has caused job related insecurities and financial
79 crisis among the communities (8). Besides, educational institution and training centers have been
80 closed due to which children have lost their routine of going schools, studying and socializing with
81 their peers. Also, the delay in examinations is likewise a huge stressor for students (8). Alongside,
82 parents have been struggling on creating a structure milieu for their children(9). COVID-19 has
83 hindered the normal routine life of every individual be it children, teenager, adult or elderly. The
84 crisis is engendering burden throughout the population particularly in developing countries like
85 Pakistan that face the major challenges due to the fragile health care systems and poor economic
86 structures (10)

87 The pandemic of COVID-19 has certainly resulted in an increased level of anxiety and fear among
88 general population related to its management and infection spread(8). Further, highly contagious
89 nature of the COVID-19 has also escalated confusion, fear and panic among the general population.
90 Moreover, social distancing is often an unpleasant experience for the community members and for
91 the patients who undergoes it as it adds to mental suffering, particularly in the local setting where
92 get-togethers with friends and families is a major source of entertainment(9). Recent studies also
93 showed that individuals who are following social distancing experience loneliness causing
94 substantial level of distress in the form of anxiety, stress, anger, misperception and post-traumatic
95 stress symptoms (8, 11). Separation from the family members, the loss of autonomy, insecurity over

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3 96 disease status, inadequate supplies, inadequate information, financial loss, frustration, stigma and
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5 97 boredom, are all major stressors that can create drastic impacts on individual's life. (11). Due to fear
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7 98 and social stigma linked with COVID-19, many individuals in the community hide their disease and
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9 99 didn't reach health care facilities timely (12). In addition rumors, myths and inaccurate information
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11 100 about covid 19 are also spreading rapidly with the wide spread use of social media (13) that is not
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13 101 only confined to adults but is also carried onto the children leading to intensified irritability,
14
15 102 fearfulness, insomnia, oppositional behavior and somatic complaints(9). The psychological
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17 103 symptoms associated with COVID-19 at community level is also manifested as anxiety driven panic
18
19 104 buying, resulting in exhaustion of resources from the market (14). Some level of panic also dwells
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21 105 in the community because of the unavailability of essential protective equipment particularly masks
22
23 106 and sanitizers (15). Similarly, mental health issues including depression, anxiety, panic attacks,
24
25 107 psychotic symptoms and even suicide were also reported during the early SARS outbreak (16, 17).
26
27 108 Likely, the COVID-19 is also posing a similar risk throughout the world (12).

28
29 109 The fear of transmitting disease or family member falling ill is a probable mental function of the
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31 110 human nature, but at some point psychological fear of the disease generates more anxiety than the
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33 111 disease itself. Therefore, mental health problems are likely to increase in an epidemic situation
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35 112 among community members. Considering the relevance of all the above factors, we aim to explore
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37 113 perceptions and attitudes of community members towards COVID-19 pandemic, and its impact on
38
39 114 their daily lives and mental well-being.

115 **Methods and analysis**

116 ***Study design***

117 This study will employ an exploratory qualitative research design using semi-structured interviews
118 and a purposive sampling approach. The data collection methods for this formative research will
119 include in-depth *interviews* (IDIs) with community members. The aim of the IDIs is to explore
120 perceptions of community members towards COVID-19 and its impact on their mental well-being.

121 ***Study setting and study participants***

122 The study will be conducted in two communities of Karachi city. These include, Karimabad

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2
3 123 Federal B Area Block 3 Gulberg Town, Garden East and Garden West area of Karachi city.
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5 124 Karimabad is a neighborhood in the Karachi Central district of Karachi, Pakistan. It is situated at
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7 125 south of Gulberg Town bordering Liaquatabad, Gharibabad and Federal B. Area. The population of
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9 126 this neighborhood is predominantly Ismailis. People living here belong mostly to middle class to
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11 127 lower middle class. It is also known for its whole-sale market of sports goods and stationery.
12
128 Garden is an upmarket neighborhood, which is in the Karachi South district of Karachi, Pakistan. It
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14 129 is subdivided into two neighborhoods: Garden East and Garden West. It is the residential area
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16 130 around the Karachi Zoological Gardens, hence it is popularly known as 'Garden' area. The
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18 131 population of Garden used to be primarily Ismaili and Goan Catholic, but has seen increasing
19
20 132 numbers of Memons, Pashtuns, and Baloch. These areas have been selected purposively to interview
21
22 133 members of these communities. Adult community members of different ages and both genders will
23
24 134 be interviewed from both sites, as mentioned in the below table 1.

25 135 Table 1 Study participants for IDIs

In-depth interview Participants	Sample Range
Young adults (18 -35 years)	6-8 (4 male & 4 female)
Middle-aged adults (36-55 years)	6-8 (4 male & 4 female)
Older adults (> 55 years)	6-8 (4 male & 4 female)

31
32 136 ***In-depth interviews with community members***

33
34 137 We will conduct in-depth interviews (IDIs) with community members to explore perceptions and
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36 138 attitudes of community members towards COVID-19 and its effects on their daily lives and mental
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38 139 well-being. The in-depth interview participants will be identified via community WhatsApp group.
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40 140 The in-depth interview participant will be invited for interview via WhatsApp message or email.
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42 141 The consent will be taken over email or WhatsApp before the interview begins, in which they will
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44 142 agree that the interview can be audio-recorded and written notes can be taken. The interviews will
45
46 143 be conducted in either Urdu or English language and each interview will last around 40 to 50 minutes
47
48 144 in duration. Study participants will be assured that their information will remain confidential and no
49
50 145 identifying features will be mentioned on the transcript. The major themes will include a general
51
52 146 discussion about participant's knowledge and perceptions about COVID-19 pandemic, perceptions
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54 147 on safety measures, and perceived challenges in current situation and its impact on their mental well-
55
56 148 being. We anticipate that 24-30 interviews will be conducted but we will cease interviews once data
57
58 149 saturation will be achieved.

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3 150 Interview guide for IDIs are given in Annex 1.
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6 151 ***Eligibility criteria***
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8 152 The inclusion and exclusion criteria for study participants are provided below:
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10 153 **Inclusion criteria**
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13 154 • Residents of garden (East and west) and karimabad FB area community of Karachi, who
14 have not contracted the disease.
15

16 156 **Exclusion criteria**
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19 157 • Those who refuse to participate in this study
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21 158 • Participants who have experienced COVID-19 and are undergoing treatment
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23 159 • Participants who are suspected for COVID-19 and have been isolated/quarantined
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25 160 • Family members of covid positive cases
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28 162 ***Ethical considerations***
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30 163 Study participants will be asked to provide informed, written consent prior to participation in this
31 study. The informed consent form can be submitted by the participant via WhatsApp or email.
32 164 Participants who are unable to write their names will be asked to provide a thumbprint to symbolize
33 their consent to participate. Ethical approval for this study has been obtained from the Aga Khan
34 165 University Ethical Review Committee (AKU-ERC) [2020-4825-10599].
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40 168 ***Data Collection Procedure***
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42 169 Semi-structured interview guide has been developed for community members. The guide will help
43 to explore participants' views towards COVID-19 and understand their perceptions on the mental
44 170 wellbeing in light of the current situation. All semi-structured interviews will be conducted online
45 via zoom technology or WhatsApp. Interviews will be scheduled on participant convenient day and
46 171 time. Interviews are anticipated to begin in May 10, 2020.
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51 174 ***Patient and Public Involvement:***
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54 175 No patient involved
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3 176 ***Data analysis***
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6 177 We will transcribe and translate collected data into English Language by listening to the audio
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8 178 recordings to perform a thematic analysis. NVivo 12 Plus software will be used to import, organize
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10 179 and explore data for analysis purpose. We will read the transcripts various times to develop
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12 180 familiarity and clarification with the data. We will use iterative process that will help us to label the
13
14 181 data and generate new categories to identify the emergent themes. The recorded text will be divided
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16 182 into shortened units and labeled as a ‘code’ without losing the main essence of the research study.
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18 183 Subsequently, codes will be then analyzed and merged into comparable categories. Lastly, same
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20 184 categories will be grouped under sub-themes and final themes. Two independent investigators will
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22 185 perform the coding, category creation, and thematic analyses, and discrepancies will be resolved to
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24 186 reduce researcher’s bias

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26 187 **Discussion**

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28 188 The findings of this study will help us to explore perceptions and attitudes towards COVID-19
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30 189 pandemic, and its impact on daily lives and mental well-being of individuals in the community.
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32 190 Besides, an in-depth understanding of the needs of the community will be identified, that will help
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34 191 us develop context-specific innovative mental health programs to support communities in future.
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36 192 The study will provide insights on how communities are managing their lives under such difficult
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38 193 situation.

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195 a. Contributorship statement

196 The qualitative study was conceptualized by NAA & AF. NAA prepared the first draft of the manuscript. AF
197 reviewed the manuscript several times and provided feedback. All authors have contributed to this
198 manuscript, and reviewed and approved the final version of the paper.

199
200 b. Competing interests

201 The authors declare that they have no competing interests.

202
203 c. Funding

204 Self-funded

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206 d. Data sharing statement

207 Materials described in this paper pertain to the study protocol only and there are no raw data reported.
208 The datasets will be collected and analyzed and can be made available from the corresponding author on
209 reasonable request.

210

211 **References:**

- 212 1. Heymann DL. Data sharing and outbreaks: best practice exemplified. *The Lancet*.
213 2020;395(10223):469-70.
- 214 2. Vara. V. Coronavirus outbreak: The countries affected. 16 April 2020. Accessed from:
215 <https://www.pharmaceutical-technology.com/features/coronavirus-outbreak-the-countries-affected/>.
- 216 3. World Health Organization. Mental health and psychosocial considerations during the COVID-19
217 outbreak, 18 March 2020. World Health Organization; 2020.
- 218 4. WHO, 2020b. Coronavirus Disease 2019 (COVID-19) Situation Report – 46. Accessed from:
219 [https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200306-sitrep-46-COVID-](https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200306-sitrep-46-COVID-19.pdf?sfvrsn=96b04adf_2)
220 [19.pdf?sfvrsn=96b04adf_2](https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200306-sitrep-46-COVID-19.pdf?sfvrsn=96b04adf_2)
- 221 5. Baud D, Qi X, Nielsen-Saines K, Musso D, Pomar L, Favre G. Real estimates of mortality following
222 COVID-19 infection. *The Lancet infectious diseases*. 2020.
- 223 6. Worldometer. COVID-19 CORONAVIRUS PANDEMIC. April 22, 2020. Accessed from:
224 <https://www.worldometers.info/coronavirus/coronavirus-death-rate/>.
- 225 7. Ebrahim SH, Ahmed QA, Gozzer E, Schlagenhauf P, Memish ZA. COVID-19 and community mitigation
226 strategies in a pandemic. *British Medical Journal Publishing Group*; 2020.
- 227 8. Zhou X, Snoswell CL, Harding LE, Bambling M, Edirippulige S, Bai X, et al. The Role of Telehealth in
228 Reducing the Mental Health Burden from COVID-19. *Telemedicine and e-Health*. 2020.
- 229 9. Nargis Asad. Simple ways to be resilient in pandemic times. April 18, 2020. Accessed from:
230 <https://tribune.com.pk/story/2200498/6-simple-ways-resilient-pandemic-times/>.
- 231 10. van Weel C, Kassai R, Qidwai W, Kumar R, Bala K, Gupta PP, et al. Primary healthcare policy
232 implementation in South Asia. *BMJ global health*. 2016;1(2):e000057.
- 233 11. Brooks SK, Webster RK, Smith LE, Woodland L, Wessely S, Greenberg N, et al. The psychological
234 impact of quarantine and how to reduce it: rapid review of the evidence. *The Lancet*. 2020.
- 235 12. Roy D, Tripathy S, Kar SK, Sharma N, Verma SK, Kaushal V. Study of knowledge, attitude, anxiety &
236 perceived mental healthcare need in Indian population during COVID-19 pandemic. *Asian Journal of*
237 *Psychiatry*. 2020:102083.
- 238 13. Schwartz J, King C-C, Yen M-Y. Protecting Health Care Workers during the COVID-19 Coronavirus
239 Outbreak—Lessons from Taiwan's SARS response. *Clinical Infectious Diseases*. 2020.
- 240 14. Collett M. Coronavirus update: more COVID-19 cases confirmed across Australia as shoppers stock
241 up on toilet paper, groceries. 2020. Available at [https://www.abc.net.au/news/2020-03-04/coronavirus-](https://www.abc.net.au/news/2020-03-04/coronavirus-live-updates-toiletpaper-panic-buyinglimits/12023040)
242 [live-updates-toiletpaper-panic-buyinglimits/12023040](https://www.abc.net.au/news/2020-03-04/coronavirus-live-updates-toiletpaper-panic-buyinglimits/12023040) (last accessed March 20, 2020).
- 243 15. WHO, 2020c. Rolling Updates on Coronavirus Disease (COVID-19). Accessed from: URL
244 <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/events-as-they-happen>.
- 245 16. Liu T, Chen X, Miao G. Recommendations on diagnostic criteria and prevention of SARS-related
246 mental disorders. *J Clin Psychol Med*. 2003;13:188-91.
- 247 17. Maunder R, Hunter J, Vincent L, Bennett J, Peladeau N, Leszcz M, et al. The immediate psychological
248 and occupational impact of the 2003 SARS outbreak in a teaching hospital. *Cmaj*. 2003;168(10):1245-51.

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Annex-1
In-Depth Interview Guide for interviewing community members

Basic Information

S.no	Participant Code (Confidential)	Age	Sex	Occupation	Educational level	Locality/site

General Perceptions and knowledge about COVID-19

1. How do you feel about your knowledge level regarding COVID-19 pandemic?
2. How did you learn about the coronavirus outbreak?
3. What is the reliable source of information about COVID-19?

Probes: social media, television, newspapers/magazines, websites, friends/family, health care professionals

4. What were your initial reactions towards COVID-19, when you first heard about it?
 - a. Probes: curse from God etc.
5. What are your thoughts and feelings about COVID-19 cases?

Perceptions on safety measures for preventing COVID-19

1. What safety measures have you taken for yourself and for your family safety in COVID-19?

Probes: hand washing, sanitizer, social distancing, covering your cough, avoiding touching your eyes, nose, and mouth with unwashed hands, wearing a face mask, avoiding close contact with someone who is sick

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2. Do you think novel coronavirus will inflict serious damage in your community, if adequate safety measures are not taken?
 3. Do you think you can protect yourself against the novel coronavirus?

Perception about fears, anxiety stress and coping about COVID-19

1. How you perceive life during the COVID- pandemic?
 - a. Probes: affected daily routine
2. What are your fears and anxieties related to COVID-19?
3. What are the mental health consequences of the COVID-19 lockdown and social isolation you and your family?
4. How the current pandemic has caused stress in life's of people and it has also dramatically affected you and your family? (financial glitches, disputes, jobs)
5. How COVID-19 has influenced your temperament, feelings and emotions?
6. What is the effect of repeated media consumption about COVID-19 in traditional and social media on mental health?
7. How do you cope with anxiety and fear related to COVID-19 pandemic?
8. Do you feel the need of having mental health programs or other measures to overcome anxiety, fear and stress in this pandemic situation?
9. Do you have any suggestions on how government could provide support services for coping with stress related to this crisis situations? (Coping strategies)
10. Currently, what sort of help or support is accessible to you and your family to cope with the pandemic situation?
11. What are the best methods for promoting successful adherence to behavioural advice about COVID-19 while enabling mental wellbeing and minimizing distress?

Future Preparedness

1. In your opinion, what are the needs for future preparedness for any outbreak that prepare community (trainings, awareness, equipment, protective gears)

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The impact of COVID-19 pandemic on mental health and well-being of communities: An exploratory qualitative study protocol

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3 **1 Paper Title:**
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5 2 The impact of COVID-19 pandemic on mental health and well-being of communities: An exploratory
6 3 qualitative study protocol
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9
10 **4 Author Names:**
11

- 12 5 1. Ms. Anam Shahil Feroz^{1*} (ASF)
13
14 6 2. Ms. Naureen Akber Ali² (NAA)
15
16 7 3. Ms. Noshaba Akber Ali³ (NBA)
17
18 8 4. Ms. Ridah Feroz⁴ (RF)
19
20 9 5. Ms. Salima Nazim Meghani⁵ (SNM)
21
22 10 6. Dr Sarah Saleem⁶ (SS)
23
24

25
26 **11 Full institutional mailing addresses of all authors**
27

28 1, 3,5,6 The Aga Khan University – Department of Community Health Sciences, Stadium Road, PO
29 13 Box 3500, Karachi 74800, Pakistan

30
31
32 14 ²The Aga Khan University – School of Nursing and Midwifery, Stadium Road, PO Box 3500,
33 15 Karachi 74800, Pakistan
34

35
36
37 16 ⁴Aga Khan University Institute for Educational Development, Karachi, Pakistan
38

39
40 **17 Email addresses:**
41

- 42 18 1. Ms. Anam Shahil Feroz^{*1} – AF- anam.feroz@aku.edu
43
44 19 2. Ms. Naureen Akber Ali² – NAA - naureen.akberali@aku.edu
45
46 20 3. Ms. Noshaba Akber Ali³ (NBA) – noshaba.akber07@gmail.com
47
48 21 4. Ms. Rida Feroz⁴ (RF) - ridah.feroz.mphil19@student.aku.edu
49
50 22 5. Ms. Salima Nazim Meghani⁵ (SNM) - salima.ratnani@gmail.com
51
52 23 6. Dr Sarah Saleem⁶ – SS – sarah.saleem@aku.edu
53
54

55
56 **24 Corresponding Author*:**
57
58
59
60

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60

1. Ms. Anam Shahil Feroz*¹ – AF- anam.feroz@aku.edu

Postal Address: 1. Aga Khan University, Community Health Sciences Karachi, PK

Phone Number: 922134864917

Key words: COVID-19, exploratory qualitative study, mental health, community, perceptions

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1
2
3 **31 Abstract**
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6 **32 Introduction:** The COVID-19 pandemic has certainly resulted in an increased level of anxiety and
7
8 **33** fear among communities which are related to its management and infection spread. Due to fear and
9
10 **34** social stigma linked with COVID-19, many individuals in the community hide their disease and
11
12 **35** didn't reach health care facilities in timely manner. In addition, rumors, myths and inaccurate
13
14 **36** information about virus are also spreading rapidly with the widespread use of social media leading
15
16 **37** to intensified irritability, fearfulness, insomnia, oppositional behavior and somatic complaints.
17
18 **38** Considering the relevance of all the above factors, we aim to explore perceptions and attitudes of
19
20 **39** community members towards COVID-19 and its impact on their daily lives and mental well-being.

21 **40 Methods and analysis:** This formative research will employ an exploratory qualitative research
22
23 **41** design using semi-structured interviews and a purposive sampling approach. The data collection
24
25 **42** methods for this formative research will include in-depth interviews (IDIs) with community
26
27 **43** members. The study will be conducted in Karimabad FB area and Garden (East and West)
28
29 **44** community settings of Karachi, Pakistan. The areas have been selected purposively to interview
30
31 **45** members of these communities. Study data will be analyzed thematically using NVivo 12 Plus
32
33 **46** software.

34 **47 Ethics and Dissemination:** Ethical approval for this study has been obtained from the Aga Khan
35
36 **48** University Ethical Review Committee (AKU-ERC) [2020-4825-10599]. The study results will be
37
38 **49** disseminated to scientific community and research subjects participating in this study. The findings
39
40 **50** of this study will help us explore perceptions and attitudes of different community members towards
41
42 **51** COVID-19 pandemic, and its impact on daily lives and mental well-being of individuals in the
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44 **52** community.

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3 55 Strengths and limitations of this study
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- 6 56 • The mental health impact of the pandemic is likely to last much longer than the physical
7 health impact and therefore this study is positioned well to explore perceptions and attitudes
8 57 of community members towards COVID-19 pandemic, and its impact on their daily lives
9 58 and mental well-being.
10 59
11 60 • This study will guide the development of context-specific innovative mental health programs
12 to support communities in future.
13 61
14 62 • One limitation is that all study respondents were interviewed online, to minimize the risk of
15 infection. Due to this reason, the authors will not have the opportunity to build rapport with
16 respondents over Zoom or obtain non-verbal cues during interviews
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67 **Background**

68 COVID-19 pandemic has affected almost 180 countries, since its first detection in Wuhan, China,
69 in December 2019 (1, 2). The COVID-19 outbreak has been declared as a Public Health Emergency
70 of International Concern by the World Health Organization (WHO) (3). WHO estimates the global
71 mortality of about 3.4%(4), however, the death rates will vary between countries and across age
72 groups. (5). In Pakistan, a total of 10,880 cases and 228 deaths has been reported, to date, due to
73 COVID-19 infection (6).

74 The worldwide COVID-19 pandemic has not only incurred massive challenges to the global supply
75 chains and healthcare systems but also has a detrimental effect on the overall health of individuals
76 (7). The pandemic has led to lockdowns and has created a havoc impact on the societies at large.
77 Most company employees' including daily wage workers have been prohibited from accessing their
78 workplaces or being asked to work from home which has caused job-related insecurities and
79 financial crises among the communities (8). Besides, educational institutions and training centers
80 have been closed due to which children have lost their routine of going to schools, studying, and
81 socializing with their peers. Also, the delay in examinations is likewise a huge stressor for students
82 (8). Alongside this, parents have been struggling on creating a structured milieu for their children(9).
83 COVID-19 has hindered the normal routine life of every individual be it children, teenagers, adults,
84 or the elderly. The crisis is engendering burden throughout the population and communities
85 particularly in developing countries like Pakistan that face major challenges due to the fragile health
86 care systems and poor economic structures (10)

87 The pandemic of COVID-19 has certainly resulted in an increased level of anxiety and fear among
88 communities related to its management and infection spread(8). Further, the highly contagious
89 nature of the COVID-19 has also escalated confusion, fear, and panic among community residents.
90 Moreover, social distancing is often an unpleasant experience for the community members and for
91 the patients who undergo it as it adds to mental suffering, particularly in the local setting where get-
92 togethers with friends and families are a major source of entertainment(9). Recent studies also
93 showed that individuals who are following social distancing experience loneliness causing a
94 substantial level of distress in the form of anxiety, stress, anger, misperception, and post-traumatic
95 stress symptoms (8, 11). Separation from the family members, the loss of autonomy, insecurity over

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3 96 disease status, inadequate supplies, inadequate information, financial loss, frustration, stigma, and
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5 97 boredom, are all major stressors that can create drastic impacts on an individual's life. (11). Due to
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7 98 fear and social stigma linked with COVID-19, many individuals in the community hide their disease
8
9 99 and didn't reach health care facilities timely (12). Besides rumors, myths and inaccurate information
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11 100 about COVID-19 are also spreading rapidly with the widespread use of social media (13) that is not
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13 101 only confined to adults but is also carried onto the children leading to intensified irritability,
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15 102 fearfulness, insomnia, oppositional behavior and somatic complaints(9). The psychological
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17 103 symptoms associated with COVID-19 at the community level is also manifested as anxiety-driven
18
19 104 panic buying, resulting in exhaustion of resources from the market (14). Some level of panic also
20
21 105 dwells in the community because of the unavailability of essential protective equipment particularly
22
23 106 masks and sanitizers (15). Similarly, mental health issues including depression, anxiety, panic
24
25 107 attacks, psychotic symptoms, and even suicide were also reported during the early SARS outbreak
26
27 108 (16, 17). Likely, COVID-19 is also posing a similar risk throughout the world (12).

27 109 The fear of transmitting disease or a family member falling ill is a probable mental function of human
28
29 110 nature, but at some point, psychological fear of the disease generates more anxiety than the disease
30
31 111 itself. Therefore, mental health problems are likely to increase in an epidemic situation among
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33 112 community residents. Considering the relevance of all the above factors, we aim to explore
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35 113 perception and attitudes of the COVID-19 among the community residents' the , and the impact of
36
37 114 those perceptions & attitude on daily lives and mental well-being of community residents.

38 39 115 **Methods and analysis**

40 41 116 ***Study design***

42
43 117 This study will employ an exploratory qualitative research design using semi-structured interviews
44
45 118 and a purposive sampling approach. The data collection methods for this formative research will
46
47 119 include in-depth *interviews* (IDIs) with community members. The IDIs aim to explore perceptions
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49 120 of community members towards COVID-19 and its impact on their mental well-being.

50 51 121 ***Study setting and study participants***

52
53 122 The study will be conducted in two communities of Karachi city. These include Karimabad Federal
54
55 123 B Area Block 3 Gulberg Town, Garden East, and Garden West area of Karachi city. Karimabad is a

124 neighborhood in the Karachi Central district of Karachi, Pakistan. It is situated in the south of
 125 Gulberg Town bordering Liaquatabad, Gharibabad, and Federal B. Area. The population of this
 126 neighborhood is predominantly Ismailis. People living here belong mostly to the middle class to the
 127 lower middle class. It is also known for its wholesale market of sports goods and stationery.
 128 Garden is an upmarket neighborhood, which is in the Karachi South district of Karachi, Pakistan. It
 129 is subdivided into two neighborhoods: Garden East and Garden West. It is the residential area
 130 around the Karachi Zoological Gardens, hence it is popularly known as the 'Garden' area. The
 131 population of Garden used to be primarily Ismaili and Goan Catholic but has seen increasing
 132 numbers of Memons, Pashtuns, and Baloch. These areas have been selected purposively because the
 133 few members of these communities are already known by one of the co-investigators. The co-
 134 investigator will serve as a gatekeeper for providing entrance to the community for the purpose of
 135 this study. Adult community members of different ages and both genders will be interviewed from
 136 both sites, as mentioned in the below table 1. Interview participants will be selected based on the
 137 eligibility criteria.

138 Table 1 Study participants for IDIs

In-depth interview Participants	Sample Range
Young adults (18 -35 years)	6-8 (4 male & 4 female)
Middle-aged adults (36-55 years)	6-8 (4 male & 4 female)
Older adults (> 55 years)	6-8 (4 male & 4 female)

140 *In-depth interviews with community members*

141 We will conduct in-depth interviews (IDIs) with community members to explore the perceptions
 142 and attitudes of community members towards COVID-19 and its effects on their daily lives and
 143 mental well-being. The in-depth interview participants will be identified via the community
 144 WhatsApp group. The in-depth interview participant will be invited for an interview via a WhatsApp
 145 message or email. The consent will be taken over email or WhatsApp before the interview begins,
 146 in which they will agree that the interview can be audio-recorded and written notes can be taken.
 147 The interviews will be conducted in either Urdu or English language and each interview will last
 148 around 40 to 50 minutes in duration. Study participants will be assured that their information will
 149 remain confidential and no identifying features will be mentioned on the transcript. The major
 150 themes will include a general discussion about participant's knowledge and perceptions about the

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3 151 COVID-19 pandemic, perceptions on safety measures, and perceived challenges in the current
4 152 situation and its impact on their mental well-being. We anticipate that 24-30 interviews will be
5 153 conducted but we will cease interviews once data saturation will be achieved. Data saturation is the
6 154 point when no new themes emerged from the additional interviews. Data collection will occur
7 155 concurrently with data analysis to determine the data saturation point. The audio recordings will be
8 156 transcribed by a transcriptionist within 24 hrs. of the interviews.

13
14 157 An interview guide for IDIs are given in Annex 1.

15 158 ***Eligibility criteria***

16 159 The inclusion and exclusion criteria for study participants are provided below:

17 160 **Inclusion criteria**

- 18 161 • Residents of garden (East and west) and karimabad FB area community of Karachi, who
19 162 have not contracted the disease.

20 163 **Exclusion criteria**

- 21 164 • Those who refuse to participate in this study
- 22 165 • Participants who have experienced COVID-19 and are undergoing treatment
- 23 166 • Participants who are suspected for COVID-19 and have been isolated/quarantined
- 24 167 • Family members of COVID-19 positive cases

25 168 26 169 ***Data Collection Procedure***

27 170 A semi-structured interview guide has been developed for community members. The initial
28 171 questions in the guide will help to explore participants' perceptions and attitudes towards COVID-
29 172 19. The additional questions in the guide will assess the impact of those perceptions & attitude on
30 173 daily lives and mental health and well-being of community residents. . All semi-structured
31 174 interviews will be conducted online via zoom technology or WhatsApp. Interviews will be scheduled
32 175 on a participant's convenient day and time. Interviews are anticipated to begin on Dec 1, 2020.

33 176 ***Patient and Public Involvement:***

34 177 No patient involved

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3 178 ***Data analysis***
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6 179 We will transcribe and translate collected data into the English Language by listening to the audio
7
8 180 recordings to perform a thematic analysis. NVivo 12 Plus software will be used to import, organize,
9
10 181 and explore data for analysis purposes. Two independent researchers will read the transcripts various
11
12 182 times to develop familiarity and clarification with the data. We will use an iterative process that will
13
14 183 help us to label the data and generate new categories to identify the emergent themes. The recorded
15
16 184 text will be divided into shortened units and labeled as a ‘code’ without losing the main essence of
17
18 185 the research study. Subsequently, codes will be then analyzed and merged into comparable
19
20 186 categories. Lastly, the same categories will be grouped under sub-themes and final themes. To ensure
21
22 187 inter-rater reliability, two independent investigators will perform the coding, category creation, and
23
24 188 thematic analyses. The discrepancies between the two investigators will be resolved through
25
26 189 consensus meetings to reduce researcher’s bias.

25 190 ***Ethics and Dissemination***
26

27
28 191 Study participants will be asked to provide informed, written consent prior to participation in this
29
30 192 study. The informed consent form can be submitted by the participant via WhatsApp or email.
31
32 193 Participants who are unable to write their names will be asked to provide a thumbprint to symbolize
33
34 194 their consent to participate. Ethical approval for this study has been obtained from the Aga Khan
35
36 195 University Ethical Review Committee (AKU-ERC) [2020-4825-10599]. The study results will be
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38 196 disseminated to the scientific community and research subjects participating in this study. The
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40 197 findings of this study will help us explore the perceptions and attitudes of different community
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42 198 members towards the COVID-19 pandemic, and its impact on the daily lives and mental well-being
43
44 199 of individuals in the community.

44 200

46 201 **Discussion**
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48
49 202 The findings of this study will help us to explore perceptions and attitudes towards the COVID-19
50
51 203 pandemic, and its impact on the daily lives and mental well-being of individuals in the community.
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53 204 Besides, an in-depth understanding of the needs of the community will be identified, which will help
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55 205 us develop context-specific innovative mental health programs to support communities in the future.
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206 The study will provide insights into how communities are managing their lives under such a difficult
207 situation.

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3 209 a. Contributorship statement

4 210 AF and NAA conceived the study; AF, NAA, RF, NBA, SNM, SS contributed to the development of the study
5 211 design and final protocols for sample selection, and interviews. AF and NAA contributed to writing the
6 212 manuscript. All authors reviewed and approved the final version of the paper.
7 213

8
9 214 b. Competing interests

10 215 The authors declare that they have no competing interests.
11 216

12 217 c. Funding

13 218 Self-funded
14 219

15 220 d. Data sharing statement

16 221 Materials described in this paper pertain to the study protocol only and there are no raw data reported.

17 222 The datasets will be collected and analyzed and can be made available from the corresponding author on
18 223 reasonable request.
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225 **References:**

- 226 1. Heymann DL. Data sharing and outbreaks: best practice exemplified. *The Lancet*.
227 2020;395(10223):469-70.
- 228 2. Vara. V. Coronavirus outbreak: The countries affected. 16 April 2020. Accessed from:
229 <https://www.pharmaceutical-technology.com/features/coronavirus-outbreak-the-countries-affected/>.
- 230 3. World Health Organization. Mental health and psychosocial considerations during the COVID-19
231 outbreak, 18 March 2020. World Health Organization; 2020.
- 232 4. WHO, 2020b. Coronavirus Disease 2019 (COVID-19) Situation Report – 46. Accessed from:
233 [https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200306-sitrep-46-COVID-](https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200306-sitrep-46-COVID-19.pdf?sfvrsn=96b04adf_2)
234 [19.pdf?sfvrsn=96b04adf_2](https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200306-sitrep-46-COVID-19.pdf?sfvrsn=96b04adf_2)
- 235 5. Baud D, Qi X, Nielsen-Saines K, Musso D, Pomar L, Favre G. Real estimates of mortality following
236 COVID-19 infection. *The Lancet infectious diseases*. 2020.
- 237 6. Worldometer. COVID-19 CORONAVIRUS PANDEMIC. April 22, 2020. Accessed from:
238 <https://www.worldometers.info/coronavirus/coronavirus-death-rate/>.
- 239 7. Ebrahim SH, Ahmed QA, Gozzer E, Schlagenhauf P, Memish ZA. COVID-19 and community mitigation
240 strategies in a pandemic. *British Medical Journal Publishing Group*; 2020.
- 241 8. Zhou X, Snoswell CL, Harding LE, Bambling M, Edirippulige S, Bai X, et al. The Role of Telehealth in
242 Reducing the Mental Health Burden from COVID-19. *Telemedicine and e-Health*. 2020.
- 243 9. Nargis Asad. Simple ways to be resilient in pandemic times. April 18, 2020. Accessed from:
244 <https://tribune.com.pk/story/2200498/6-simple-ways-resilient-pandemic-times/>.
- 245 10. van Weel C, Kassai R, Qidwai W, Kumar R, Bala K, Gupta PP, et al. Primary healthcare policy
246 implementation in South Asia. *BMJ global health*. 2016;1(2):e000057.
- 247 11. Brooks SK, Webster RK, Smith LE, Woodland L, Wessely S, Greenberg N, et al. The psychological
248 impact of quarantine and how to reduce it: rapid review of the evidence. *The Lancet*. 2020.
- 249 12. Roy D, Tripathy S, Kar SK, Sharma N, Verma SK, Kaushal V. Study of knowledge, attitude, anxiety &
250 perceived mental healthcare need in Indian population during COVID-19 pandemic. *Asian Journal of*
251 *Psychiatry*. 2020:102083.
- 252 13. Schwartz J, King C-C, Yen M-Y. Protecting Health Care Workers during the COVID-19 Coronavirus
253 Outbreak—Lessons from Taiwan's SARS response. *Clinical Infectious Diseases*. 2020.
- 254 14. Collett M. Coronavirus update: more COVID-19 cases confirmed across Australia as shoppers stock
255 up on toilet paper, groceries. 2020. Available at [https://www.abc.net.au/news/2020-03-04/coronavirus-](https://www.abc.net.au/news/2020-03-04/coronavirus-live-updates-toiletpaper-panic-buyinglimits/12023040)
256 [live-updates-toiletpaper-panic-buyinglimits/12023040](https://www.abc.net.au/news/2020-03-04/coronavirus-live-updates-toiletpaper-panic-buyinglimits/12023040) (last accessed March 20, 2020).
- 257 15. WHO, 2020c. Rolling Updates on Coronavirus Disease (COVID-19). Accessed from: URL
258 <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/events-as-they-happen>.
- 259 16. Liu T, Chen X, Miao G. Recommendations on diagnostic criteria and prevention of SARS-related
260 mental disorders. *J Clin Psychol Med*. 2003;13:188-91.
- 261 17. Maunder R, Hunter J, Vincent L, Bennett J, Peladeau N, Leszcz M, et al. The immediate psychological
262 and occupational impact of the 2003 SARS outbreak in a teaching hospital. *Cmaj*. 2003;168(10):1245-51.

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Annex-1
In-Depth Interview Guide for interviewing community members

Basic Information

S.no	Participant Code (Confidential)	Age	Sex	Occupation	Educational level	Locality/site

General Perceptions and attitudes towards COVID-19

1. How do you feel about your knowledge level regarding COVID-19 pandemic?
2. How did you learn about the coronavirus outbreak?
3. What is the reliable source of information about COVID-19?

Probes: social media, television, newspapers/magazines, websites, friends/family, health care professionals

4. What were your initial reactions towards COVID-19, when you first heard about it?
 - a. Probes: curse from God etc.
5. What are your thoughts and feelings about COVID-19 cases?

Perceptions on safety measures for preventing COVID-19

1. What safety measures have you taken for yourself and for your family safety in COVID-19?

Probes: hand washing, sanitizer, social distancing, covering your cough, avoiding touching your eyes, nose, and mouth with unwashed hands, wearing a face mask, avoiding close contact with someone who is sick

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2. Do you think novel coronavirus will inflict serious damage in your community, if adequate safety measures are not taken?
 3. Do you think you can protect yourself against the novel coronavirus?

Perception about fears, anxiety stress and coping about COVID-19

1. How you perceive life during the COVID- pandemic?
 - a. Probes: affected daily routine
2. What are your fears and anxieties related to COVID-19?
3. What are the mental health consequences of the COVID-19 lockdown and social isolation you and your family?
4. How the current pandemic has caused stress in life's of people and it has also dramatically affected you and your family? (financial glitches, disputes, jobs)
5. How COVID-19 has influenced your temperament, feelings and emotions?
6. What is the effect of repeated media consumption about COVID-19 in traditional and social media on mental health?
7. How do you cope with anxiety and fear related to COVID-19 pandemic?
8. Do you feel the need of having mental health programs or other measures to overcome anxiety, fear and stress in this pandemic situation?
9. Do you have any suggestions on how government could provide support services for coping with stress related to this crisis situations? (Coping strategies)
10. Currently, what sort of help or support is accessible to you and your family to cope with the pandemic situation?
11. What are the best methods for promoting successful adherence to behavioural advice about COVID-19 while enabling mental wellbeing and minimizing distress?

Future Preparedness

1. In your opinion, what are the needs for future preparedness for any outbreak that prepare community (trainings, awareness, equipment, protective gears)