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Assessment of public attitude and health seeking behaviour during COVID-19 lockdown in of Punjab

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Abstract
Background: Coronavirus disease 19 (COVID-19) has originated first in China Wuhan Hubei province as a health crisis that struck the global community causing dismal repercussions. The present study was conducted to assess public attitude and health seeking behaviour during COVID- 19 lockdown in of Punjab.
Materials & Methods: 485 peoples of both genders was made to get information's on patient treatment cost, occupation, parental education, monthly income, means of transport, patient choice to attend their follow up etc.
Results: Age group 18- 38 years had 8- males and 70 females, 38- 60 years had 110 males and 80 females and >60 years had 95 males and 50 females. 210 males and 80 females were employed and 75 males and 120 females were unemployed. The difference was significant ($P< 0.05$). The reason for missing hospital appointment was economic in 45%, hospital shut down in 12%, lack of transportation in 20% and fear of COVID infection in 23%. The difference was significant ($P< 0.05$).
Conclusion: Peoples had poor attitude regarding health seeking behaviour during COVID- 19 lockdown.

Keywords: Appointment, COVID, health crisis

Introduction
Coronavirus disease 19 (COVID-19) has originated first in China Wuhan Hubei province as a health crisis that struck the global community causing dismal repercussions. It begun late December 2020, when China reported a cluster of pneumonia-like diseases in a family setting, SARS-CoV-2 has spread fast all over the world to involve over 200 countries, making itself a pandemic. [1]
The World Health Organization (WHO) notified COVID-19 as pandemic on March 12, 2020. At this time, the government declared a state of emergency labeling the pandemic as a national threat and launched overall preventive measures including advising the community to stay at home, practice strict and frequent hand washing and wearing a face mask. [2] The government also restricted the movement of its people from place to place and laid temporary restrictions in market places, restaurants, shops, cinema houses, religious gatherings and other meetings. There was also a temporary restriction on public transport across-regions and cities. [3]
The knowledge, attitudes and practices (KAP) toward COVID-19 play an integral role in determining a society's readiness to accept behavioural change measures from health authorities. [4] KAP studies provide baseline information to determine the type of intervention that may be required to change misconceptions about the virus. Factors like distance from a service center were reported to have a significant association with a reduction in the utilization of the health service delivery during influenza pandemic. Similarly, disease severity was reported to have an association with more health-seeking behavior amongst individuals with influenza-like illness. [5] The present study was conducted to assess public attitude and health seeking behaviour during COVID-19 lockdown in of Punjab.

Materials & Methods
The present study comprised of 485 peoples of both genders. All were informed regarding the study and their written consent was obtained.
Data such as name, age, gender etc. was recorded. Mobile interview was made to get information's on patient treatment cost, occupation, parental education, monthly income, means

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of transport, patient choice to attend their follow up, and whether the telephone call was received or not. Dependent variables were LTFU, missed medications, reasons LTFU, worsening of symptoms, alternative measures were taken. Results thus obtained were subjected to statistical analysis. P value less than 0.05 was considered significant.

Results

Table 1: Distribution of subjects

Parameters	Male	Female	P value
18-38	80	70	
38-60	110	80	0.05
>60	95	50	
Occupation			
Employed	210	80	
Unemployed	75	120	0.02

Table I shows that age group 18- 38 years had 8- males and 70 females, 38- 60 years had 110 males and 80 females and >60 years had 95 males and 50 females. 210 males and 80 females were employed and 75 males and 120 females were unemployed. The difference was significant ($P < 0.05$).

Table 2: Reason for missing hospital appointment

Reason	Percentage	P value
Economic	45%	
Hospital shut down	12%	0.01
Lack of transportation	20%	
Fear of COVID infection	23%	

Table II, graph I shows that reason for missing hospital appointment was economic in 45%, hospital shut down in 12%, lack of transportation in 20% and fear of COVID infection in 23%. The difference was significant ($P < 0.05$).
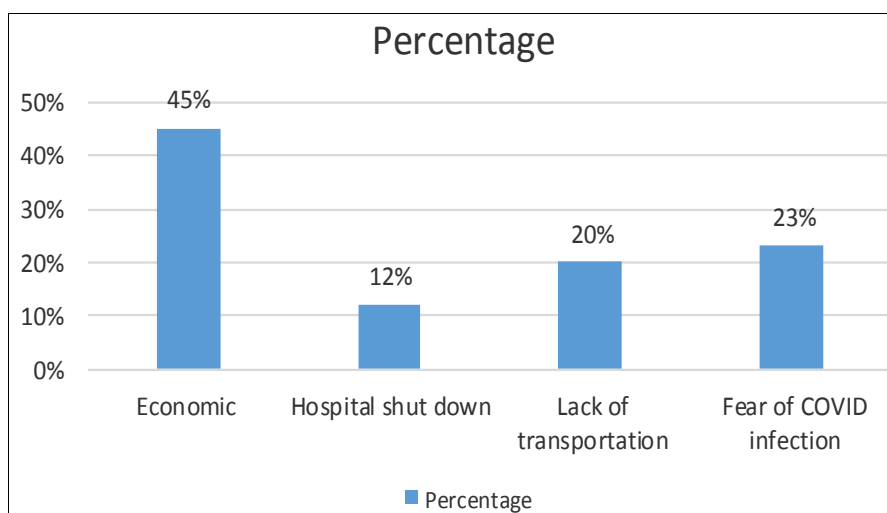
Graph 1: Reason for missing hospital appointment

Discussion
COVID-19 is a relatively new virus that has had devastating effects within the short time since it was first detected in December 2019. The novelty of this disease, along with its uncertainties, make it critical for health authorities to plan appropriate strategies to prepare and manage the public.[6] Lockdown measures were perceived as necessary to curb the spread of the virus as rapid human-to-human transmission occurred and much about the virus remained unknown. Due to the obscurity of this novel virus, there has been a lot of confusion and misunderstanding about the virus itself, how it can spread and the necessary precautions that should be taken to prevent infection. This becomes increasingly challenging with the vast amount of misinformation and disinformation shared on social media that is clouding people's understanding of COVID-19. [7] When the initial MCO announcement was made, Malaysians reacted in panic and confusion. Aside from panic buying, people crowded public transportation hubs to travel back to their hometowns, potentially increasing the risk of infection to other parts of the country. While this reaction to the MCO was not unexpected, it raises questions regarding the level of understanding and attitudes toward COVID-19 among people. [8] The present study was conducted to assess public attitude and health seeking behaviour during COVID-19 lockdown in of Punjab.

In present study, age group 18-38 years had 8-males and 70 females, 38-60 years had 110 males and 80 females and >60 years had 95 males and 50 females. 210 males and 80 females were employed and 75 males and 120 females were unemployed. Aklilu *et al* [9] determined the impact of the pandemic on care-seeking behaviour of patients with chronic health condition. Sample of 750 patients were approached using phone call and data collection was done using a pretested questionnaire. A total of 644 patients with a median age of 25 years, and M: F ratio of 1:1.01 was described with a response rate of 86 %. A loss to follow up, missed medication and death occurred in 70 %, 12 %, and 1.3 % of the patients respectively. In the multivariable logistic regression analysis, patients above 60 years old were more likely to miss follow-up.

We found that reason for missing hospital appointment was economic in 45%, hospital shut down in 12%, lack of transportation in 20% and fear of COVID infection in 23%. Azlan *et al* [10] conducted a survey on 4,850 Malaysian residents which comprised of 13 items on knowledge, 3 items on attitudes and 3 items on practices, modified from a previously published questionnaire on COVID-19. The overall correct rate of the knowledge questionnaire was 80.5%. Most participants held positive attitudes toward the successful control of COVID-19 (83.1%), the ability of Malaysia to conquer the disease (95.9%) and the way the

Malaysian government was handling the crisis (89.9%). Most participants were also taking precautions such as avoiding crowds (83.4%) and practising proper hand hygiene (87.8%) in the week before the movement control order started. However, the wearing of face masks was less common (51.2%). This survey is among the first to assess knowledge, attitudes and practice in response to the COVID-19 pandemic in Malaysia. The results highlight the importance of consistent messaging from health authorities and the government as well as the need for tailored health education programs to improve levels of knowledge, attitudes and practices.

Evidence from countries with previous epidemics has revealed that people lose trust in the healthcare system and develop a fear of getting the disease in a health facility. Thus, they avoid seeking treatment for their illness or sending a loved one for medical care, the consequences of which may be increased mortality. [11] Factors like distance from a service center were reported to have a significant association with a reduction in the utilization of the health service delivery during influenza pandemic. Similarly, disease severity was reported to have an association with more health-seeking behavior amongst individuals with influenza-like illness. Specific factors predicting the loss to follow up (LTFU) and its consequence in the current pandemic at a tertiary care center were not yet reported in the region to the best of our knowledge. [12]

Conclusion
Authors found that peoples had poor attitude regarding health seeking behaviour during COVID- 19 lockdown.

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