A SOCIOLOGICAL ANALYSIS OF HEALTH PROTECTIVE MEASURES AND THEIR IMPACT ON YOUTH'S QUALITY OF LIFE IN KHYBER PAKHTUNKHWA DURING THE COVID-19 PANDEMIC

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ABSTRACT

The current study was conducted with major objective to sociological analysis of association between health protective measures and quality of life among youth in Khyber Pakhtunkhwa during the covid-19 Since, it is a viral disease, therefore, it spread throughout the globe including Pakistan. The pandemic miserably affected all aspects of life and to cope with this health emergency all governments and international bodies took measures to keep the life safe. Since, youth population is in majority, they are active and more motile which may increase their vulnerability in the era COVID-19 pandemic. Therefore, the author decided to assess the health-related quality of life of youth living in District Kohat. Quantitative research design is followed in the study. Taro Yumni formula is utilized to decide the sample size. Stratified sampling technique is used to justify the two strata of the population. The researcher used Questionnaire as a tool for data collection and the collected data has been utilized through SPSS to get the designed objectives of the study. The bivariate analysis of the data shows a significant association between Health Literacy and Health Protective measures among study population (Chi-Square: 232.574; Df: 4: Sig. level: 0.000), Also a highly significant association between Health Literacy and Health related quality of life (Chi-Square:254.062, Df: 4, Sig. level: 0.000) and positive relationship between Health protective measures and Health related quality of life (Chi-Square: 239.168, Df: 4, Sig. level: 0.000). The study give suggestion to government for practice action for SOPs implementation, General public for strict follow-up of governmental instruction and care for their socio-personal and social well-being.

Keywords; *Covid-19, Health, Quality of Life, Youth, Kohat, KPK*

INTRODUCTION

A previously unknown coronavirus, now known as the 2019 novel coronavirus, emerged from Wuhan, China, in late December 2019, and caused a massive outbreak across China, as well as Thailand, the Republic of Korea, Japan, the United States, the Philippines, Vietnam, India, the United Kingdom, and Pakistan. COVID-19 has been designated as the disease's official name (Change et al., 2020). Thousands of people across the globe particularly in China have been affected by the disease's rapid spread, which has hit provinces including Guangdong, Hubei,

Henan, Zhejiang and Hunan, as well as cities like Beijing and Shanghai during the initial COVID-19 emergency in December 2019. a local health authority has issued an epidemiologic notice on December31, 2019 (Burk et al., 2020). Consequently, major areas of Wuhan city were shut down in the beginning of 2020.

Nature of COVID-19

It is reported that coronavirus infection 2019 is a new coronavirus-related respiratory illness that causes severe acute respiratory syndrome. Although the majority of people with this disorder have modest symptoms, 15% get severe pneumonia, and 5% experience acute septic shock, respiratory distress syndrome or multiple organ failure (Baniamin et al., 2020). In addition, for series patients with respiratory failure, clinical treatment includes symptomatic care and oxygen therapy with mechanical ventilation. Although, it is found that several antiviral medications have been tried, including the nucleotide analogue, but none has been specifically authorized for the corona virus (Ahmad et al., 2020). It is emphasized that many attempts have been made to defeat the virus by keeping in considerations its anatomy. In this sense, the development of vaccines that directly attack the virus, restrict viral entrance and treatments that target the infection's immunopathology are becoming increasingly popular. during the epidemic. Innate immune responses should be activated and updated as a result of infection with the Corona virus. However, it is cautioned that if health-protective measures are not properly followed, Innate inflammatory responses that are out of control and defective immunological responses that are adaptable might result in severe local and systemic tissue injury (Betsch, 2020).

COVID-19 in Pakistan

It is observed that during COVID-19's first and second waves, there were a lot of myths about this pandemic due to lack of literacy in the field of health about this mysterious virus. Similarly, it is also reported under the light of collected data which revealed that it is only a conspiracy against Muslims by the west. Lockdown was highly resisted by the religious wing of the society as it was perceived a game against Islam. Moreover, the infected individuals refused to go to hospital due to fear that they will be killed by hospital staff for which the doctors and nurses will be paid by NGOs. After the invention of COVID-19

vaccine, it was believed that this vaccine is specially designed to docile the Muslims and control their population. Therefore, people took very less interest in vaccination (Ahmad et.al., 2020). However, a number of action have been taken by government of Pakistan against COVID-19 to improve quality of life by improving literacy in the field of health. Electronic and social media played vital role to bring awareness among the public in Pakistan. Smart lockdown imposed by the government in order to defeat the virus, under this policy, the lockdown was imposed in a specific area and for a specific time, where the rate of COVID-19 cases was high. Nguyen, (2020) defined the COVID-19 phobia is regarded as a mental health issue in the lead-up to infection with COVID-19. To fight this fear, the government has issued a public service announcement urging people to 'Stay safe, stay at home!' via the media and social media (Fegert et al., 2020). Impacts of literacy in the field of health on dread of Covid-19, it was the fear of the disease that compelled people to take preventive behavior in order to avoid the sickness, which has no known cure. During the COVID-19 pandemic, protective measures related to health refers to someone acting in certain ways to safeguard one-self and others from uncommon health issues (Saqlain et al., 2021).

Objectives of the Study

1. To find out the level of health literacy, health protective measures and health related quality of life during COVID-19 pandemic.
2. To determine a link between health literacy and health protective measures.
3. To explore the link between health literacy and health related quality of life.

Hypothesis of the Study

1. There is a positive relationship between health literacy and health protective measures.
2. There is a positive relationship between health literacy and health related quality of life.
3. There is a positive relationship between health protective measures and health related quality of life.

METHODOLOGY
Nature and Population of the Study
The current study is quantitative and cross section in nature, conducted in District Kohat of Khyber Pukhtunkhwa-Pakistan, located in North-West of Pakistan and share borders with Attock district of Punjab to the east, formerly tribal areas –Orakzai and Dara Adam khel, to north, Hangu to east and Karak to south. Kohat has diverse population with regard to ethnic identities, languages and religion. It has Pashtun tribes of Bangash, Afridi, Khattaks along with significant minority of Non-Pushtuns population –Hindku Speakers. Religiously, Sunni Muslim dominate in number, however significant population follow Shia Islam. Hindus, Christiansand Sikhs are also being found in Kohat. It is also known for being military district containing an

ISSB center and large cantonment. In term of food, Kohat is famous for Guava and Chapli Kabab. According to census report 2017, the total population of district Kohat is 993874, with 496593 male and 497238 female. 43 transgenders also live in Kohat district. 3.03 is observed the annual growth rate of District Kohat. It composed of two tehsils i.e. Tehsil Lachi and Tehsil Kohat. During data gathering, both tehsils are given equal weightage. It is found that the number of village Councils are 57 in Tehsil Kohat whereas number of village councils in Tehsil Lachi are 14. Further, male and female having age 15 and 29 as defined youth living in District Kohat further constitute study population (Ministry of Youth Affairs, 2009).

Sampling and Sample Size
For the current study stratified sampling was followed as this is the most appropriate sample strategy for quantitative studies, especially when the goal is to describe social phenomena in the eyes of participants (Burawoy, 2009). Further, Taro Yumni formula was utilized to calculate the sample size for the study with given equation, thus 204 number of respondents is suffices according to this formula.

Proportionate formula= $n = \dfrac{N}{1+N(e)^2}$

n = the sample size N = the population size e = the accepting error 95% confidence level and the recommended value of p by the board of study = .071 Moreover, the stratified sampling technique was utilized for data collection in this study (Hyes, 2020). Where the target population was divided into two strata's i.e. Tehsil Kohat and Tehsil Lachi, and thus 102 sample drawn randomly from each stratum, from eight village councils accordingly.
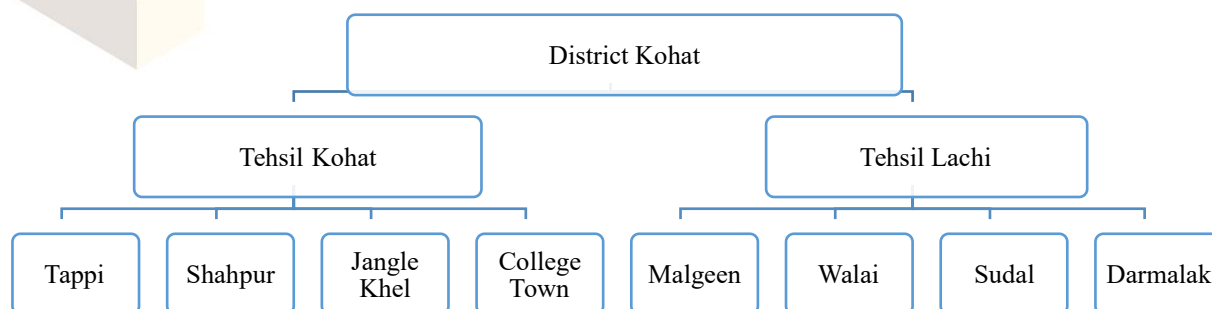
Data Collection and Analysis
The questionnaire has been proposed for data collection and it was the only tool used for data collection in this study. The Likert scale was used to create all of the questions. For each statement, five options were prepared and used in this survey research: "strongly agree, agree, no opinion, disagree and strongly disagree. For the purpose of analysis, the data gathered via questionnaire was processed using the computer application SPSS (Statistical Packages for Social Sciences) version 20, where data was analyzed only at bivariate level.

Ethical Consideration
During field information it was ensured that each respondents participated based on voluntary willingness. It was promised with respondents that data would be used for the sole purpose of research. It was also guaranteed that confidentiality of respondents would be prioritized at every level of research and it would never be compromised. Lastly, the researcher has tried his level best to keep aside all the biasness and follow value-neutrality during this study.

Results and Discussion
Bivariate analysis is the examination of two factors for deciding observational connection

between them. Bivariate tables are useful in testing basic hypothesis of affiliation. The bivariate examination intends to clarify the reason or connection between two factors by including independent and dependent factors and concerning with examinations, causes, connections, assumptions and relationships (Bryman and Cramer, 2001).

4.2.1 Hypotheses Testing

This part of study deals with analyses of the hypothesis. Before the analysis, the data was computed into categories as per requirement of

the test and for the better results of the variables. This study consisted of following three hypotheses.

i. **H1** Health Literacy affects health protective measures during COVID-19 pandemic.
ii. **H1** Health Literacy influences the quality of life during COVID-19 pandemic.
iii. **H1** Health Protective Measures determine the quality of life during COVID-19 pandemic.

Hypothesis One

There is a positive relationship between Health Literacy and Health Protective measures

Health Literacy	Health Protective Measures			
	1. Low	2. Medium	3. High	Total
1. Low	1.0 (2)	-	-	1.0 (2)
2. Medium	-	10.0 (20)	9.5 (19)	19.5 (39)
3. High	-	9.0 (18)	70.5 (141)	19.5 (159)
Total	1.0 (2)	19.0 (38)	80.0 (160)	100.0 (200)
Chi-Square: 232.574	**Df:** 4		**Sig. level:** 0.000	

*Significance at 5% **Significance at 1%*

Table shows cross tabulation of the two variables namely Health Literacy and Health Protective Measures of the respondents. The former variable represents independent variable, while the latter as dependent variable. The data on the variables was collected using five point likert scale questionnaire. The independent variable i.e. Health Literacy comprised 10 items whereas the Health Protective Measures comprised 5 items. Before cross-tabulation, index variables were calculated and constructed for both independent and dependent variables.

The results demonstrate that value of Chi-square 232.574 and its significance level 0.000 verify the presence of significant relationship between the two variables i.e. health literacy and health protective measures. The score of health literacy moves from low to high, R= 0.00 to R= 9.5 and finally to R= 70.5, shows as the health literacy increases from low to high the health protective measures increase accordingly. This confirms the study hypothesis i.e. there is a positive relationship between health literacy and health protective measures.

Hypothesis Two

There is a positive relationship between Health Literacy and Health related quality of life

Health Literacy	Health related quality of Life			
	1. Low	2. Medium	3. High	Total
1. Low	1.0 (2)	-	-	1.0 (2)
2. Medium	-	13.5 (27)	6.0 (12)	19.5 (13)
3. High	-	10.5 (21)	69.0 (138)	79.5 (159)
Total	1.0 (2)	24.0 (48)	75.0 (150)	100.0 (200)
Chi-Square: 254.062	**Df:** 4		**Sig. level:** 0.000	

*Significance at 5% **Significance at 1%*

Table shows cross tabulation of the two variables namely Health Literacy and Health related quality of life of the respondents. The former variable represents independent variable, while the latter as dependent variable. The data on the

variables was collected using five point likert scale questionnaire. The independent variable i.e. Health Literacy comprised 10 items and the Health Related Quality of life comprised same number of items i.e. 10 items. Before

crosstabulation, index variables were calculated and constructed for both independent and dependent variables.

The results demonstrate that value of Chi-square 254.062 and its significance level 0.000 verify the presence of significant relationship between the two variables i.e. health literacy and health related quality of life. The score of health literacy moves from low to high, R= 0.00 to R= 69.0 and finally to R= 75.0, shows as the health literacy increases from low to high the health-related quality of life increases accordingly. It confirms the study hypothesis i.e. there is a positive relationship between health literacy and health related quality of life.

Hypothesis Three
There is a positive relationship between Health protective measures and Health related quality of life

Health Protective Measures	Health related quality of Life			
	1. Low	2. Medium	3. High	Total
1. Low	1.0 (2)	-	-	1.0 (2)
2. Medium	-	12.0 (24)	7.0 (14)	19.0 (38)
3. High	-	12.0 (24)	68.0 (136)	80.0 (160)
Total	1.0 (2)	24.0 (48)	75.0 (150)	100.0 (200)
Chi-Square: 239.168	**Df:** 4		**Sig. level:** 0.000	

*Significance at 5% **Significance at 1%

Table shows cross tabulation of the two variables namely Health Protective Measures and health related quality of life of the respondents. The former variable represents independent variable, while the latter as dependent variable. The data on the variables was collected using five-point likert scale questionnaire. The independent variable i.e. health protective measures comprised 5 items whereas the health-related quality of life comprised 10 items. Before crosstabulation, index variables were calculated and constructed for both independent and dependent variables.

The results demonstrate that value of Chi-square 239.168 and its significance level 0.000 verify the presence of significant relationship between the two variables i.e. health protective measures and health related quality of life. The score of health protective measures moves from low to high, R= 0.00 to R=7.0 and finally to R= 68.0, shows as the health protective measures increases from low to high the health-related quality of life increases accordingly. It confirms the study hypothesis i.e. there is a positive relationship between health protective measures and health related quality of life.

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