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Social Capital as a Predicting Indicator to Measure the Psychological Health Impacts of COVID-19 Pandemic on Urban Societies in Pakistan

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Abstract

The COVID-19 pandemic has forced people to adapt to massive changes in their lifestyles; from health to work and how they interact with everyone nearby they know. This study aims to investigate the psychological wellbeing-impacts of COVID-19 on social capital in Pakistan. Social capital means the social and cultural coherence (as a predicting indicator) in the society. This was a survey based study conducted in 5 major cities (Islamabad, Rawalpindi, Lahore, Peshawar and Karachi) of Pakistan during the period of January to November 2023 (11 months). The dimensions through which social capital is being studied includes; perceived safety and trust, participation in network development, personal empowerment, attitude towards government and relations within workplace. These dimensions were studied through a number of indicators which were a part of the survey. Total sample size was 277 with aged between 20-to-30-years. Though there isn't much literature present on COVID-19, since the pandemic was only 4-years old, the study employed published research to strengthen its case. The data obtained were sent to SPSS statistics to explore and examine the psychological impact of the pandemic on various characteristics of social capital with chi-square value less than 0.01 was significant.

Keywords: Social capital; COVID-19 pandemic; Cultural and heritage damage; Economic Growth; Ecotourism, History, hospitality, Sustainable

INTRODUCTION

The COVID-19 pandemic is the most recent global pandemic which has changed the lives of billions of people around the world and also in Pakistan. However, big cities have extra burden of population and it was difficult for peoples to maintain a proper social distancing as they lives in building apartment of 1, 2 and 3 bedrooms with more than 5 members in a family in lowresource country like Pakistan. A large family shares the same apartment with single kitchen and life styles. Therefore, social distancing is practically difficult. In such situation, change in social behavior, perceived risk of safety and avoiding networking was not evident and merely practicing in few areas of these big cities in Pakistan. In Pakistan from 3 January 2021 to 6:45 pm CET, 23 November 2021, there have been 1,282,194 confirmed cases of COVID-19 with 28,662 deaths, reported to WHO. As of 20 November 2021, a total of 119,875,376 vaccine doses have been administered (World Health Organization (WHO), 2021) [1]. The great misery of 1930 was the last time humans had to face economic, social and political disruptions at this scale (Wiersinga & Prescott, 2020) [2]. Since the spread of the corona virus, widespread shortages have been observed in agriculture, food production, industries and other

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essential supplies (Mahapatra & Bhorekar, 2021) [3]. Though emissions of gases and pollution have decrease however, it is at the cost of an economic crisis. Numerous schools and educational institutes and offices are partially or completely closed down in order to observe social distancing. Sport events, international summits and important yearly proceedings and dealings have been cancelled, while the spread of misinformation has only exacerbated the situation. There has been a significant increase in racial, economic and geographical discrimination as well (Kim & Bostwick, 2020) [4]. The pandemic has also forced people to adapt to massive changes in their lifestyles, from health to work and to how they interact with everyone they know. Social distancing mandates people to avoid public contact, even though they have been vaccinated completely. This has significantly transformed community behavior (Shafi, Liu, & Ren, 2020). [5]. One of the examples for this is shopping and commerce activities. Companies like Amazon and Alibaba have seen a huge increase of 32% in online retail and online shopping in 2020 alone. Moreover, social distancing has prevented people from going to cafes, restaurants and dining places, thus, shutting down many businesses with no signs of permanent recovery as of May 2021 (Akhtar et al., 2021) [6]. The total and partial lockdowns of the population during COVID-19 infectious stage and vaccination periods has not only impacted the economy but also affected psychological wellness including the social behavior and interaction among communities and individuals. To date there has no information about post COVID-19 infection and vaccination impacts on social capital of Pakistan, Therefore, the present study focuses on the social aspects affected by COVID-19 infection and vaccination with aimed to measure how community behavior and interactions have changed psychological health since the pandemic and how it is affecting the social capital of urban societies in Pakistan.

Social Capital

Social capital refers to the relationships and norms that help specie to adapt in its social environment. Having social collaborations and carrying out social responsibilities helps achieve stability in networks and interactions in the society (Quoidbach, Taquet, Desseilles, de Montjoye, & Gross, 2019) [7]. Social behavior has many forms, such as eating, reading, studying or dancing in a social gathering (wedding and other ceremonies in Pakistani customs). Social interaction always requires mutual orientation (Sun, Harris, & Vazire, 2020) [8]. In this study social capital were measured on these five parametric dimensions.

a. Perceived safely and trust
b. Participation in network development
c. Personal empowerment
d. Attitude towards government
e. Relations within workplace

COVID-19 Risk Perception & its Relation with Social Interactions

The risk perception of COVID-19 and later its vaccination has greatly been influenced by the spread of misinformation and conspiracy theories about the origin, symptoms, diagnosis, prevention and treatment of the disease (Huynh, 2020) [9]. In case of Pakistan, misinformation has greatly affected the risk perception and has influenced the way people interact with one another (Makridis & Wu, 2021) [10]. This misinformation shapes the risk perception of individuals in the society since it is the measure of how people perceive risk and associated danger to a particular threat (in this case, the corona virus).

METHODOLOGY

Study Area

The study areas were Islamabad, Rawalpindi, Lahore, Peshawar and Karachi. The criterion for selecting these cities was based on their socio-economic archetypes culture and overcrowded population size.

Scope and Duration of the Study

This study added information about the social capital as a predicting indicator that measures the

psychological effects of post Pandemic COVID-19 infection and its vaccination echo-chambering impressions on urban societies in Pakistan during the period of January to November 2023.

Sampling and Procedure

An online survey based sampling technique was applied through various channels in the five chosen cities. The questionnaire was prepared through which 1015 responses were collected, however, only 277 responses provided the information and complete the questionnaire and remaining 738 responses were removed based on their incomplete responses. And not providing information on specific questions related to the study. The pre validated questionnaire with Cronbach alpha of the scale .672 and .804 was used. According to the gender variable around 61.7% males and 38.3% female took part in the survey study whereas the age variable showed that 69.7% of these individuals were between 20 to 30 years old (mean age= 27.05 yrs with S. D=7.307).

Statistical Analysis

The questionnaire data was then reduced using SPSS statistics. Descriptive analysis of percentages was calculated. The data was cross-tabulated with the five chosen cities and the chi-square value for each variable was obtained. Statistics were significant with p value less than 0.01 levels.

RESULTS

A total of 25 indicators were selected to measure the five predicting components of social conduct. (Table 1) Perceived safety and trust, participation in network development, personal empowerment attitude towards government and relations within workplace were choosing as the main categories. Each category was assigned indicators through which the effects were measured. The table 1 below shows the results obtained from the analysis.

Table 1. Correlation matrix of predicting indicators in 5 major cities of Pakistan (n= 277)

Variable	Islamabad	Rawalpindi	Lahore	Peshawar	Karachi	Total	Chi-square test	
							Value (df)	2-tailed sig. P value
Age								
Less Than 20	5.2%	29.3%	3.9%	6.7%	2.1%	11.2%	46.456 (8)	.000*
20–30	65.5%	50.7%	78.4%	88.9%	77.1%	69.7%		
Greater Than 30	29.3%	20.0%	17.6%	4.4%	20.8%	19.1%		
Gender								
Male	48.3%	50.7%	76.5%	75.6%	66.7%	61.7%	3.980 (4)	.409
Female	51.7%	49.3%	23.5%	24.4%	33.3%	38.3%		
Total	20.9%	27.1%	18.4%	16.2%	17.3%	100%		
Covids Effect on Mobility								
No Affect	5.2%	16.0%	7.8%	6.7%	12.5%	10.1%	35.664 (16)	.003*
Minor Affect	12.1%	13.3%	17.6%	24.4%	12.5%	15.5%		
Neutral Affect	10.3%	5.3%	2.0%	24.4%	22.9%	11.9%		
Moderate Affect	43.1%	33.3%	51%	22.2%	33.3%	36.8%		
Major Affect	29.3%	32%	21.6%	22.2%	18.8%	25.6%		
Effect of Pandemic Mental Health								
No Affect	8.6%	17.3%	19.6%	17.8%	6.3%	14.1%	25.368 (16)	.064
Minor Affect	22.4%	24.0%	31.4%	26.7%	27.1%	26.0%		
Neutral Affect	13.8%	10.7%	7.8%	17.8%	29.2%	15.2%		
Moderate Affect	39.7%	25.3%	29.4%	20.0%	31.3%	29.2%		
Major Affect	15.5%	22.7%	11.8%	17.8%	6.3%	15.5%		
Helping New Businesses is A Priority of the Government During the Pandemic								
Low Priority	41.4%	30.7%	29.4%	8.3%	27.8%	27.8%	42.074 (16)	.000*
Somewhat Priority	19.0%	18.7%	22.2%	2.1%	17.7%	17.7%		
Neutral	19.0%	21.3%	28.9%	27.1%	21.7%	21.7%		

Moderate Priority	13.8%	16.0%	15.6%	29.2%	17.7%	17.7%		
High Priority	6.9%	13.3%	8.9%	33.3%	15.2%	15.2%		
Your Exposure to Covid								
Low Exposure	22.4%	29.3%	27.5%	20.0%	2.1%	21.3%		
Somewhat Exposure	24.1%	10.7%	21.6%	22.2%	31.3%	20.9%	26.046	.053
Neutral Exposure	15.5%	22.7%	19.6%	20.0%	33.3%	22.0%	(16)	
Moderate Exposure	27.6%	20.0%	21.6%	26.7%	25.0%	23.9%		
High Exposure	10.3%	17.3%	9.8%	11.1%	8.3%	11.9%		
Ability to Take All Necessary Precautions for the Covid Pandemic								
Never	0.0%	0.0%	0.0%	4.4%	0.0%	0.75	40.318	.001*
Rarely	6.9%	2.7%	2.0%	20.0%	2.1%	6.1%	(16)	
Sometimes	12.1%	14.7%	21.6%	20.0%	12.5%	15.9%		
Often	56.9%	49.3%	45.1%	31.1%	39.6%	45.5%		
Always	24.1%	33.%	31.4%	24.4%	45.8%	31.8%		
Feeling Accommodated into the Society Since the Pandemic								
Never	3.4%	2.7%	7.8%	2.2%	4.2%	4.0%	19.706	.234
Rarely	19.0%	13.3%	15.7%	20.0%	4.2%	14.4%	(16)	
Sometimes	39.7%	40.0%	41.2%	51.1%	31.3%	40.4%		
Often	25.9%	24.0%	23.5%	20.0%	39.6%	26.4%		
Always	12.1%	20.0%	11.8%	6.7%	20.8%	14.8%		
Comfortable in Displaying Cultural Practices Since the Pandemic Hit								
Never	6.9%	9.3%	5.9%	11.1%	8.3%	8.3%	19.450	.246
Rarely	27.6%	20.0%	27.5%	35.6%	25.0%	26.4%	(16)	
Sometimes	24.1%	32.0%	39.2%	17.8%	37.5%	30.3%		
Often	34.5%	24.0%	13.7%	20.0%	12.5%	21.7%		
Always	6.9%	14.7%	13.7%	15.6%	16.7%	13.4%		
Government Successful in Implementing / Enforcing the Sops								
Strongly Disagree	8.6%	13.3%	13.7%	20.0%	20.8%	4.8%	16.250	.436
Somewhat Disagree	25.9%	17.3%	17.6%	8.9%	16.7%	17.7%	(16)	
Neutral	22.4%	18.7%	11.8%	24.4%	18.8%	19.1%		
Somewhat Agree	32.8%	37.3%	45.1%	44.4%	31.3%	37.9%		
Strongly Agree	10.3%	13.3%	11.8%	2.2%	12.5%	10.5%		
Trust in Warnings/Information and Precautionary Measures Issued By Government About Covid-19								
Never	0.0%	2.7%	0.0%	4.4%	0.0%	1.4%	19.378	.250
Rarely	5.2%	6.7%	9.8%	15.6%	12.5%	9.4%	(16)	
Sometimes	27.6%	21.3%	13.7%	8.9%	27.1%	20.2%		
Often	32.8%	25.3%	35.3%	33.3%	29.2%	30.7%		
Always	34.5%	44.0%	41.2%	37.8%	31.3%	38.3%		
Following Steps Taken By the Government to Tackle Covid Situation								
Never	0.0%	1.3%	0.0%	4.4%	4.2%	1.8%	37.016	.002*
Rarely	5.2%	9.3%	0.0%	2.2%	6.3%	5.1%	(16)	
Sometimes	6.9%	13.3%	17.6%	28.9%	31.3%	18.4%		
Often	58.6%	40.0%	37.3%	22.2%	33.3%	39.4%		
Always	29.3%	36.0%	45.1%	42.2%	25.0%	35.4%		
Government Supporting Hospitals for Covid Treatment							21.997	.143
Strongly Disagree	3.4%	6.7%	9.8%	4.4%	0.0%	5.1%	(16)	
Somewhat Disagree	25.9%	10.7%	13.7%	20.0%	10.4%	15.9%		

Neutral	29.3%	24.0%	23.5%	24.4%	37.5%	27.4%		
Somewhat Agree	29.3%	37.3%	43.1%	44.4%	37.5%	37.9%		
Strongly Agree	12.1%	21.3%	9.8%	6.7%	14.4%	13.0%		
Trust in the Government for Managing the COVID-19 Situation								
Strongly Disagree	5.2%	6.7%	7.8%	8.9%	2.1%	6.1%	40.869 (16)	.001*
Somewhat Disagree	22.4%	5.3%	5.9%	24.4%	2.1%	11.6%		
Neutral	15.5%	20.0%	21.6%	28.9%	31.3%	22.7%		
Somewhat Agree	51.7%	49.3%	45.1%	22.2%	37.5%	42.6%		
Strongly Agree	5.2%	18.7%	19.6%	15.6%	27.1%	17.0%		
Feeling Safe From the Virus in Your Area/City								
Never	22.4%	9.3%	17.6%	6.7%	25.0%	15.9%	27.957 (16)	.032
Rarely	22.4%	22.7%	15.7%	35.6%	22.9%	23.5%		
Sometimes	20.7%	30.7%	19.6%	28.9%	31.3%	26.4%		
Often	29.3%	26.7%	39.2%	15.6%	10.4%	24.9%		
Always	5.2%	10.7%	7.8%	13.3%	10.4%	9.4%		
Organization/Workplace /School Have Followed the Necessary Sops								
Strongly Disagree	22.4%	9.3%	17.6%	6.7%	25.0%	15.9%	16.691 (16)	.406
Somewhat Disagree	22.4%	22.7%	15.7%	35.6%	22.9%	23.5%		
Neutral	20.7%	30.7%	19.6%	28.9%	31.3%	26.4%		
Somewhat Agree	29.3%	26.7%	39.2%	15.6%	10.4%	24.9%		
Strongly Agree	5.2%	10.7%	7.8%	13.3%	10.4%	9.4%		
A Safety Incentive/Recognition Program Help Feel More Secure At Office/School								
Strongly Disagree	8.6%	6.7%	9.8%	11.1%	6.3%	8.3%	27.246 (16)	.039
Somewhat Disagree	15.5%	16.0%	15.7%	15.6%	6.3%	14.1%		
Neutral	17.2%	16.0%	21.6%	17.8%	31.3%	20.2%		
Somewhat Agree	37.9%	33.3%	25.5%	40.0%	45.8%	36.1%		
Strongly Agree	20.7%	28.0%	27.5%	15.6%	10.4%	21.3%		
Imposing Disciplinary Measures and Fines for Sop Violations								
Strongly Disagree	3.4%	6.7%	5.9%	6.7%	2.1%	5.1%	11.745 (16)	.761
Somewhat Disagree	3.4%	12.0%	3.9%	6.7%	0.0%	5.8%		
Neutral	24.1%	28.0%	31.4%	44.4%	27.1%	30.3%		
Somewhat Agree	53.4%	32.0%	43.1%	37.8%	41.7%	41.2%		
Strongly Agree	15.5%	21.3%	15.7%	4.4%	29.2%	17.7%		
Feeling Safe Receiving the New Corona Virus Vaccine								
Never	1.7%	4.0%	3.9%	4.4%	0.0%	2.9%	30.570 (16)	.015
Rarely	6.9%	8.0%	7.8%	6.7%	2.1%	6.5%		
Sometimes	13.8%	18.7%	15.7%	13.3%	18.8%	16.2%		
Often	24.1%	26.7%	39.2%	37.8%	37.5%	32.1%		
Always	53.4%	42.7%	33.3%	37.8%	41.7%	42.2%		
Going Out to Crowded Market Places								
Never	3.4%	10.7%	9.8%	6.7%	14.6%	9.0%	19.625 (16)	.238
Rarely	13.8%	10.7%	5.9%	22.2%	27.1%	15.2%		
Sometimes	22.4%	22.7%	31.4%	26.7%	33.3%	26.7%		
Often	39.7%	22.7%	27.5%	20.0%	12.5%	24.9%		
Always	20.7%	33.3%	25.5%	24.4%	12.5%	24.2%		
Governments Concern About Tackling Economic Culpabilities Rather than Covid Incident Prevention							14.136 (16)	.589
Strongly Disagree	1.7%	5.3%	5.9%	6.7%	0.0%	4.0%		

Somewhat Disagree	12.1%	17.3%	9.8%	4.4%	6.3%	10.8%		
Neutral	24.1%	24.0%	27.5%	24.4%	33.3%	26.4%		
Somewhat Agree	43.1%	38.7%	41.2%	37.8%	43.8%	40.8%		
Strongly Agree	19.0%	14.7%	15.7%	26.7%	16.7%	18.1%		
Trust on Health System in Area								
Never	13.8%	8.0%	23.5%	28.9%	2.1%	14.4%		
Rarely	31.0%	20.0%	25.5%	17.8%	31.3%	24.9%	29.067	.019
Sometimes	29.3%	30.7%	23.5%	26.7%	37.5%	29.6%	(16)	
Often	19.0%	29.3%	21.6%	24.4%	27.1%	24.5%		
Always	6.9%	12.0%	5.9%	2.2%	2.1%	6.5%		
Covid Effect On Family Health And Money								
No Affect	12.1%	9.3%	23.5%	11.1%	4.2%	11.9%		
Minor Affect	27.6%	17.3%	21.6%	26.7%	22.9%	22.7%	24.112	.087
Neutral Affect	13.8%	17.3%	17.6%	31.1%	31.3%	21.3%	(16)	
Moderate Affect	24.1%	34.7%	25.5%	20.0%	29.2%	27.4%		
Major Affect	22.4%	21.3%	11.8%	11.1%	12.5%	16.6%		
Contact With Relatives and Friends								
Never	1.7%	1.3%	5.9%	4.4%	0.0%	2.5%		
Rarely	19.0%	14.7%	19.6%	17.8%	10.4%	16.2%	25.574	.060
Sometimes	22.4%	34.7%	33.3%	20.0%	14.6%	26.0%	(16)	
Often	41.4%	29.3%	29.4%	24.4%	45.8%	33.9%		
Always	15.5%	20.0%	11.8%	33.3%	29.2%	21.3%		
Visiting Restaurants and Cafes Since the Pandemic								
Never	15.5%	20.0%	17.6%	15.6%	8.3%	15.9%		
Rarely	58.6%	32.0%	52.9%	51.1%	45.8%	46.9%	24.062	.088
Sometimes	15.5%	21.3%	13.7%	20.0%	33.3%	20.6%	(16)	
Often	10.3%	18.7%	13.7%	8.9%	10.4%	13.0%		
Always	0.0%	8.0%	2.0%	4.4%	2.1%	3.6%		
Effect of COVID-19 On Sports & Other Activates No Affect	29.3%	22.7%	23.5%	26.75	35.4%	27.1%		
Minor Affect Neutral Affect	13.8%	9.3%	13.7%	15.6%	27.1%	15.2%	16.660	.408
Moderate Affect Major Affect	22.4%	25.3%	25.5%	15.6%	18.8%	22.0%	(16)	
	20.7%	20.0%	19.6%	22.2%	8.3%	18.4%		
	13.8%	22.7%	17.6%	20.0%	10.4%	17.3%		
Taking Part In Meeting During The Pandemic								
Never	65.5%	50.7%	70.6%	57.8%	45.8%	57.8%		
Rarely	17.2%	17.3%	15.7%	11.1%	33.3%	18.8%	35.371	.004
Sometimes	8.6%	12.0%	11.8%	22.2%	14.6%	13.4%	(16)	
Often	8.6%	8.0%	2.0%	6.7%	0.0%	5.4%		
Always	0.0%	12.0%	0.0%	2.2%	6.3%	4.7%		
P is significant *at 0.01 level								

A significant relationship of social capital (p<.000) and psychological wellbeing impacts of COVID-19 were found between ages 20 to 30 (n=193; 69.7%) and very little number of part-takers were falls under aged 20 (n=31; 11.2%). It was evident from the results that mobility during COVID-19 was moderately affected (p<.003) both in Lahore (51%) and Rawalpindi (43.1%), whereas government support for new business was highly affected (p<.000) in Islamabad (41.4%).

Moreover, social capital of Karachi (45.8%) shows that they are always capable to take necessary precaution during COVID-19 pandemic (p<.001), further a significant (.002) relationship was found between social capital of Lahore (45.1%) and Peshawar (42.2%) psychological wellbeing with the government precautionary steps of instructions. Furthermore, social capital of Islamabad shows 51.7% somewhat agreement upon trust over government that pandemic situation was correctly managed (p<.001). Whereas perceived safety and trust was highly affected in Islamabad (27.6%), and

around 40.4% Pakistanis with the highest percentage in Peshawar (51.1%) did not feel accommodated into the society since the pandemic. Besides, 70.6% respondents from Lahore and 65.5% from Islamabad indicated that the pandemic had a major effect (.004) on their mental health and they never participated in gathering during COVID-19.

Furthermore, significance ($p<.015$) were found between social capital of Islamabad and vaccination intake (53.4%).

DISCUSSION OF OUTCOMES

I. *Predicting indicator 1: Impact of COVID-19 on perceived safety and trust.* Perceived safety and trust in this study relates to the feeling and awareness people have towards COVID-19. It is the measure of one's awareness towards the hazards, risks and safety processes that are in place and their effectiveness which makes the person feel safe (Denning et al., 2020) [11]. The indicators selected for this component are;
   i. Your exposure to COVID
   ii. Trust in warnings/information and precautionary measures issued by government about covid-19
   iii. Feeling safe from the virus in your area/city
   iv. Feeling safe receiving the new corona virus vaccine
   v. Going out to crowded market places
   vi. Trust on health system in area

   The internal consistency of the items was moderately reliable (Cronbach's alpha .804). Trust in warning information and precautionary measures issued by government were high especially in Rawalpindi where 44% people always trusted the warning information. Only 9.4% percent people from the entire study felt safe from the virus in their city. This shows that the risk perception of COVID-19 is high. This also explains why only 24.9% of the respondents from the study went out to crowded places with the highest percentage from Islamabad (39.7%). Results also indicated that 42.2% people from the study felt safe receiving the corona virus vaccine with the highest instance in Islamabad (53.4%). Although trust in the health system remains low (6.5%) over all, in all cities.

II. *Predicting indicator 2: Impact of COVID-19 on participation in network development.* Participation in network development in this study means the ability to develop network strength in the civil society and among organizations. Participation in network development not only strengthens individual capacity but also the capacity of other members in the network (WHO, 2020) [12]. The indicators selected for this component are;
   i. Feeling accommodated into the society since the pandemic
   ii. Comfortable in displaying cultural practices since the pandemic hit
   iii. Contact with relatives and friends
   iv. Taking part in meeting during the pandemic
   v. COVID's effect on mobility

   Results indicate that COVID-19 has greatly impacted the ability of individuals to take part in network development. Around 58.7% individuals said that they were never able to take part in group or society meetings since the pandemic started, while around 25.6% believe that COVID-19 has had a major effect on their mobility. Besides, only 13.4% always people felt comfortable displaying their cultural practices with the lowest in Islamabad (6.9%). Cronbach's alpha was .672.

III. *Predicting indicator 3: Impact of COVID-19 on personal empowerment.* In this study personal empowerment means the ability of individuals to be aware of themselves and their surrounding environment, have self-belief and self-respect in order to perform actions that help them live a life of their own design (Chang, 2020) [13]. The indicators selected for this component are;
   i. Effect of pandemic mental health
   ii. Ability to take all necessary precautions for the COVID pandemic
   iii. Imposing disciplinary measures and fines for sop violations

iv. COVID effect on family health and money
v. Visiting restaurants and cafes since the pandemic

Results indicate that personal empowerment was impartially effected. Around 45.5% indicated that they were often able to take precautionary measures while only 0.7% indicated that they were never able to take these measures. The effect of the pandemic on family health and money was also on the neutral lines. 11.9% indicated that the pandemic had no effect, 22.7% said minor effect, 21.3% neutral effect and 27.4% indicated that it had a moderate effect. Around 40.2%, with the highest percentage in Islamabad (53.4%) agreed that imposing fines for SOP violations would prove helpful. Cronbach's alpha was .672.

IV. *Predicting indicator 4: Impact of COVID-19 on attitude towards government.* Attitude towards government entails the values of a citizen that influence the attitude and beliefs it has towards the sitting government. The attitude can be positive, negative or completely neutral. A person can agree on one policy while disagree on the other (Pascawati & Satoto, 2020) [14]. The indicators selected for this component are;
   i. Government successful in implementing/enforcing the sops
   ii. Following steps taken by the government to tackle COVID situation
   iii. Government supporting hospitals for COVID treatment
   iv. Trust in the government for managing the COVID-19 situation
   v. Governments concern about tackling economic culpabilities rather than COVID incident prevention

   Cronbach's alpha of these items was .804. The Results show that, attitude towards the government was also only moderately affected. Around 37.9% of the respondents believed that the government was somewhat successful in enforcing SOPs in their respective cities, with the highest in Lahore (45.1%) and Peshawar (44.4%). Only 14.8% from the total sample size disagreed with this. Respondents from Islamabad (58.6%) said that they would often follow the steps released by the government to tackle COVID-19. Respondents also somewhat agreed that the government had done a good job in supporting the hospital for COVID treatment. Trust level in government for managing the COVID situation was also moderate, 22.7% had a neutral opinion while 42.6% agreed that the government was successful in managing the COVID situation.

(v) *Predicting indicator 5: Impact of COVID-19 on relation within workplace.* Relations within the workplace are the connections formed between coworker, colleagues and people working in the same environment or for the same organization. These relationships are characterized by mutual cooperation and trust. When coworkers and colleagues trust each other and also on their organization, their performance levels rise (Irlacher & Koch, 2021) [15]. The indicators selected for this component with the Cronbach's alpha .672 are ;
   i. Organization/ workplace/school have followed the necessary sops
   ii. A safety incentive/recognition program help feel more secure at office/school
   iii. Effect of COVID 19 on sports and other activates
   iv. Helping new businesses is a priority of the government during the pandemic Results indicate that relations within work place were quite affected due to the pandemic. Only 9.4% respondents strongly agreed that their organization or school had followed the necessary SOPs while 24.9% somewhat agreed and a majority 26.4% choose to remain neutral. Most of the respondents also did not believe that helping new businesses was a priority of the government. Furthermore, 57.4% of the respondents, with the highest from Rawalpindi (61.3%) agreed that a safety incentive or recognition program would help them feel more secure at their places of work.

CONCLUSION

To conclude, COVID-19 has greatly impacts social capital in Pakistan. Social distancing has not only prevented people from going out but has made them skeptical about the social environment in their cities besides they are taking vaccination shots too. Results from the study showed that people are afraid of the virus and their perceived safety and trust levels are traumatized and low. Mental

health wellbeing and economical welfare have both been affected however, people still have a neutral to positive attitude towards the government and its ability to tackle the corona virus. People from all five cities believe that recognition programs and collective resiliency will help them perform better in workplaces, amid the pandemic.

Further, government must focus on existing mitigation strategies and develop on them to empower people whose mental health has been affected by the virus

Recommendations

To strengthen this attitude, the government must constantly improve on policies related to COVID-19 and rally up to enforce existing mitigation strategies that support public health and protection from the virus. Additionally, personal empowerment was also somewhat affected by the virus. To neutralize the effects, it is crucial to build upon a plan that not only caters to physical health but also mental and emotional stability. Programmed group therapy might help recovering patients and those whose mental health is most affected by the pandemic especially all the frontline workers; such as; Police, mobile emergency help services, paramedical and nursing staff, and doctors. It is also important to mention here that, assessment of public attitude, their perceived safety and trust and their social behavior and interactions must be studied periodically, to minimize the echo-effects of the pandemic COVID-19. However, the low response rate from cities restricted the strength of study and therefore a more rigorous future study is recommended.

Competing Interests

The authors have declared that no competing interests exist.

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