



# Scarce Resources and Careless Citizenry: Effects of COVID-19 in Pakistan

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Lack of economic resources, poor health structure and misperception relating to promulgation of stringent lockdown measures, as well as attitude of different segments of a heavily polarised society added to the impediments in the critical phase of this pandemic in Pakistan. The country lives on meagre per capita income of around \$1500 and the virus is rapidly spreading in a country that hosts 220 million people. The government continues to run with debits and deficits and is desperately trying its best to mitigate adverse effects of the pandemic. The fear of job loss is projected around 18 million due to the current pandemic. This paper deals with variables such as public response to the lockdown measures and the difficulties of drawing service responses from a bleeding health system. Additionally, the current paper examines some baseline factors that contributed to the lack of cooperation from the masses such as religious leadership, profiteers and other pressure groups that seem to shape the public opinion of those who are easy to lead, hence gullible. The paper is based on qualitative data and is supplemented by electronic, print and social media, online interviews and our own lived experience in this pandemic, along with personal observations. The findings of the paper are that poor participation of the public in accepting the lockdown was possibly instigated by the nexus of polarising segments within the society and it also revealed absence of choice between life and livelihoods in Pakistan during the pandemic amidst the sagas of coping of commoners.

**Key words:** *Coronavirus, Pakistan, careless citizenry, poverty, socio-economic factors.*



## Introduction

The first case of pneumonia with unknown infection was reported on 8<sup>th</sup> December 2019, in Wuhan China. After its exponential spread in China and several other countries around the globe, World Health Organization (WHO) declared it as Public Health Emergency of International Concern (PHEIC) on 30<sup>th</sup> January 2020 and named this novel virus as COVID-19 (Zhu et al. 2020). The spread of the coronavirus pandemic is believed to be originated from an animal source and its transmission took place from infected individuals to community. Its fast transmission pattern, it quickly changed from epidemic to pandemic (Zhu, et. al. 2020). The coronavirus kept on spreading speedily out of China until it reached in Pakistan on 26<sup>th</sup> February 2020. The first coronavirus confirmed case in Pakistan was a pilgrim who returned from Iran after performing a religious tour. As of 25 July, 2020, the total reported cases are 278,305 in the country with a death toll of 5,951 (Government of Pakistan, 2020).

Currently, with \$1130 per capita income, Pakistan is the 5<sup>th</sup> most populous country in the world with a population of 220 million and has faced several contagious outbreaks in its history (Khan, et al., 2020). The country lacks an effective and efficient health care system; coupled with mass poverty, this results in huge inequality in provision of health care services to the rich and the poor. About 30% of Pakistan's population is living below the poverty line, literally unable to *bear* health related expenditures by their own. Furthermore, the public sector has failed in dispensation of adequate and quality health care service to such a huge population of this country, thus people are helpless to opt for private hospitals and clinics which are very expensive and beyond the reach of even middle class, impossible for the poor (Kurji, Pet al, 2016).

International as well national economic organizations have projected that prolonged prevalence of the coronavirus pandemic would bring negative implications for the already weakened economy of Pakistan. As a result of the coronavirus pandemic, the number of the poor would double in the country because of job loss and business closures due to lockdown.

At present, there are 50 to 60 million poor in the country which may rise to 125 million as a result of economic crises surging after this pandemic (The News, 2020).

In the beginning of the coronavirus outbreak, the majority of Pakistani people did not take it seriously and believed that the virus would not affect them as it did in Italy, Iran, Brazil and the USA because of their stronger immune system and hot weather conditions. Until the end of February 2020, there were no coronavirus cases in the country and many people believed that coronavirus was someone's else problem and something *that was happening* far away from us. While the global community was fighting against coronavirus through implementation of social distancing and other protective measures, Pakistanis were just relaying on fatalism, showing carelessness and adopting a 'see what may come' attitude (Amin, 2020).



The first coronavirus affected death took place on 29<sup>th</sup> March 2020 which created massive fear in the country especially in urban areas where people are more connected with electronic, print and social media. Meanwhile, the masses in Pakistan did not take this pandemic seriously and ignored social distancing and other safety measures repeatedly advised by local and international organizations including WHO. One of the major reasons behind this attitude was a smaller number of coronavirus related deaths as compared to other countries such as Iran and China (Nafees & Khan, 2020).

The only factor that created fear on the part of the careless citizenry was strict implementation of SOPs during funeral prayer and burial of coronavirus infected persons. Unlike the previous practice of bathing of a dead body by the closest family members, persons dying with coronavirus were bathed by members of a municipal committee and health department, while family members were strictly not allowed to participate. There was strict compliance with SOPs while offering funeral prayers and only a few of the closet relatives were permitted to attend. Similarly, placing the dead body in the grave is typically performed by the closest relatives of the deceased, but in the case of coronavirus, municipal committee staff wearing full gowns, face masks, googles and long shoes performed this responsibility. The heirs of the deceased were only allowed to see them from the coffin. This practice created a sense of deep fear on the part of common people, and wherever such practice was carried out, it came under discussion and created fear of dying with coronavirus.

The paper sets out to investigate how the masses in Pakistan responded to the coronavirus pandemic, and specific challenges to the government in term of preparedness of its health care system to deal with this deadly virus. In addition, the paper also discusses baseline factors that played a role in the lack of cooperation from the masses including clergy, businessmen and other pressure groups including owners of transport and private schools. The paper is based on qualitative data and is supplemented by electronic, print and social media, online interviews and our own lived experience in this pandemic as well as personal observations

### **Health Care System of Pakistan**

Pakistan has a chronically underfunded health care system which it inherited from Great Britain at the time of its independence in 1947. However, despite the passing of more than 70 years, it continues to have imprints of colonial priorities and political imperatives. Health care services are free of cost in the public sector hospitals, but the quality of these free of cost services is poor and services are only available only in larger cities. There are few healthcare services available in villages and towns of Pakistan (Javid, et.al, 2020). The budget spending of Pakistan for health sector has been less than 1% of its GDP, which is why public sector hospitals are poorly equipped with modern tools and apparatus and unable to respond to the medical needs of a population of 220 million (Pakistan Today, 2019).



In Pakistan, there are 1,269 public sector hospitals, 686 Rural Health Centres (RHCs), 5,527 Basic Health Units (BHU), 5,671 dispensaries, 733 Maternity and Child Health Centres, and 399 Tuberculosis Centres. The total number of registered doctors is 220,829; dentists 22,595, and nurses are 108,474. Currently there is one qualified doctor for every 963 persons and one hospital bed for every 1608 people (Economic Survey of Pakistan, 2018-19). The health care system in Pakistan is comprised of public and private sector. The latter consists of qualified doctors, nurses, paramedical staff, traditional healers, herbalists, homeopathic doctors, quacks and *hakeem* (Government of Pakistan, 2004-05).

In Pakistan, there is a centralized health system under which all decisions are made at federal level by ministers, secretaries and other bureaucrats. Because of centrality of health policies, provinces cannot formulate their exclusive health policies in accordance with their specific needs and requirements, thus, there is no participation of stakeholders, community groups and beneficiaries at the grass-roots level in policy making process. The given situation indicates that there is a communication gap among stakeholders at federal, provincial and district levels. Consequently, there is poor implementation of health policies and duplication of services in the country (Kurji, et al., 2016).

The coronavirus outbreak has once again exposed many implicit and explicit weaknesses and inequalities prevailing in Pakistan particularly in its health care system. Decades of negligence in the field of health, education, housing, sanitation and the informal workforce has left poor and vulnerable people alone to face the dire consequences of this pandemic in term of loss of life and livelihood. The successive governments have been neglecting these core human needs of common people, which is why the economy and health care system are unable to respond to health-related needs of a larger population suffering from coronavirus and its allied complications (Niaz, 2020).

### **Government Response to Coronavirus Pandemic**

The coronavirus pandemic has affected 210 countries globally. Two different strategies have been adopted worldwide by governments, the first emphasises reducing the spread of coronavirus through leniency in lockdown whereas the other imposed strict lockdown for suppressing growth of coronavirus. There was a mixed response to COVID-19 from different countries with most European countries imposing few restrictions on routine life activities, yet some countries, like the USA and China opted for stringent lockdowns halting normal life. This second strategy involved shutting down offices and shops and imposing a ban on inter and intra city traffic (Zhu et al. 2020). With the outbreak of coronavirus in neighbouring countries, the government of Pakistan took several preventive measures to prepare to fight against this novel pandemic. The government of Pakistan faced the following challenges in fighting against coronavirus pandemic.



## **Overflow of Coronavirus Patients to Hospitals**

The available health care infrastructure of Pakistan is woefully poor for taking care a population of more than 220 million. When specifically considering the coronavirus pandemic, there are 0.32 ICU beds for a population of 100,000 while one ventilator is available for the same number of people. With the, overflow of coronavirus-infected patients in hospitals and no immediate way to build capacity of health care system, the country can only focus on preventions including social distancing, large scale testing and self-quarantining (Javid, et al., 2020).

Government officials continued to make repeated claims that the health system of the country has adequate capacity to provide health care to its citizens during the coronavirus pandemic and situation is under control. However, WHO warned through a letter that the health care system of the country may collapse particularly in the largest province of Punjab if appropriate and urgent measures were not taken. Similarly, several local doctors also expressed the same fears about the capacity of hospitals in the country for providing health care to coronavirus patients. Based on given conditions of hospitals and increasing number of coronavirus cases, doctors were demanding loudly to prepare more equipment and medicines as they themselves were also succumbing to this pandemic. Angry relatives of coronavirus patients were attacking on duty doctors for lack of provision of basic services to coronavirus patients (National Public Radio, 2020). These words by a doctor about availability of beds for coronavirus patients in Pakistan reflect the on-ground situation during the coronavirus pandemic "People are just literally fighting for beds".

Currently, the total number of coronavirus patients in Pakistan has surpassed China, where this outbreak originated. During the peak of coronavirus, in the country's two most populous cities namely Lahore and Karachi, coronavirus patients were struggling for beds and ventilators. Not only in public sector hospitals but also some major private hospitals are also not accepting coronavirus-positive patients. "Most of the hospital beds have already taken by patients, limiting our ability to handle the influx of coronavirus cases, mainly in the big cities," an office-bearer of Pakistan Islamic Medical Association (PIMA), a nationwide body of medical professionals, told Anadolu Agency (Latif, 2020).

Karachi, the largest city of Pakistan is home to about 15 million people and has become a hub of pandemic outbreak in Pakistan. There were 15 public, private and charitable hospitals dealing with COVID-19 patients. These hospitals have 136 ventilators in total. Likewise, in Lahore, there are 539 beds and 200 ventilators available for coronavirus patients. Another official of the health department of Sindh province stated that number of coronavirus patients is increasing with every passing day, but we are unable to accommodate more patients in both general and isolation ward (only for coronavirus patients). He further added that "If the number



of cases continue to surge at the current pace, I am afraid, the hospitals across the country will not be able to handle the situation,"

### **Imposition of Lockdown**

Considering the local and international spread of the coronavirus pandemic, provincial governments in Pakistan announced lockdown on 23 March 2020 in an attempt to curb the exponentially growing number of coronavirus cases. As a result, each provincial government had to re-prioritize its budget spending and response to this pandemic emergency, spending more resources on upgrading the health care system. The provinces also started identifying venerable households for provision of social protection during lockdown. After provinces, the federal government also stepped forward and allocated Rs 1.2 trillion for disbursement among the vulnerable and poor people so that they may bear the income shock due to lockdown. The flagship social protection program was based mainly on the Benazir Income Support Program (BISP) recently named as *Ehasas Kifalat*. Other than the existing 4.5 million beneficiaries of BISP, another 5.5 million more venerable beneficiaries were added through National Socio-Economic Registry (NSER), the National Database and Registration Authority (NADRA), and a self-enrollment plus verification exercise through SMS (Javid, et al., 2020).

During imposition of the lockdown, the business community initially complied with the government's decision of lockdown because there was widespread fear of the coronavirus pandemic. However, the business community soon started to announce the opening of markets and shopping malls. The government had to deploy police and other law enforcement agencies for implementation of the lockdown.

Pakistan, already living with meagre resources does not have much capacity for fighting against the coronavirus pandemic which multiplied exponentially through local transmission. After assessment of the situation, the government announced a lockdown in the last week of March 2020 under which physical movement was restricted except for essential services and commodities. Likewise, train, air and road services were also suspended initially for two weeks. The lockdown was just partially successful because of opposition from hard-line religious scholars who did not accept the government's ban on religious gatherings and congregational prayers (Niaz, 2020).

### **Establishing Quarantine Centres**

At the start of the coronavirus outbreak, Pakistan sealed its border with its neighbouring countries Iran, and Afghanistan. But there were thousands of Pakistanis in these countries especially in Iran where hundreds and thousands of Muslims go for religious activities. Since there was pressure on the government to bring stranded Pakistanis back to their homes, authorities established quarantine centres at the borders of these countries where suspected



travellers were kept for 14 days. A total of 23,557 quarantine centres were established in 139 districts of Pakistan. These quarantine centres served to restrict suspected cases of coronavirus and helped in controlling the outbreak of coronavirus (Waris, et al., 2020). Although coronavirus cases were being reported in China and Iran. Pakistan did not initially place a ban on religious travellers. However, when authorities discovered that coronavirus-positive persons had recently travelled from Iran to Pakistan, the government started to take pre-cautionary measures including thermal scanning at border and later establishment of quarantine centres at Pak-Iran border for keeping pilgrims there for a period of 10 days (Badshah, et al.2020).

### **Designing and Implementation of SOPs**

After the imposition of lockdown in the country on 23 March 2020, all markets, shopping malls, cinemas, educational institutions, road transport, railway service and air travelling was restricted for initially two weeks. But necessary services such as medical stores, hospitals, health clinics grocery stores, and *tandoor* (cylindrical clay oven) were permitted to operate. The government issued SOPs while using these services, however only a small number of people followed the given guidelines. Regarding implementation of SOPs, the Special Assistant to the Prime Minister on Health said that the number of coronavirus cases and deaths was increasing.

“Severe rush is being observed in markets and public places and it feels like the public has been assuming that the virus has been eradicated. The disease is continuously spreading and we are not aware that for how long it would continue. I want to warn that it will convert into a tragedy if we do not behave with responsibility” (Dawn, 2020).

Provincial and district administration also faced challenges in ensuring implementation of safety measures for mitigating contraction of the coronavirus infection. The Chief Minister of Punjab, the largest province of Pakistan, stated, “I am deeply concern over contravention of precautionary measures in markets after easing of lockdown and have directed the administration and police to ensure implementation of SOPs” (Dawn, 2020).

### **Clergy and Congregational Prayers**

With the rapid increase in coronavirus cases in Pakistan, a lockdown with phased easing of restrictions, ensuring the supply of necessities of life including medicines was suggested until a substantial reduction in coronavirus contracted cases was recorded. Certain preventive measures such as sanitizing and washing hands, observing cough etiquettes, self-quarantine and social distancing for preventing community transmission were recommended. Infection control measures are critical for encouraging compliance by health care workers. Personal Protection Equipment (PPEs) must be provided to all health workers and personnel of law enforcement agencies (Khan, 2020).



Since the emergence of coronavirus, religious congregations have played a major role in the outbreak of this pandemic in many Muslim-majority countries such as Iran, Malaysia and Pakistan. At one time, nearly half of the coronavirus-infected persons contracted the virus during a religious gathering of 16,000 Muslims coming from 30 different countries around the globe (Beech, 2020). Considering the case of Iran, religious leaders refused to accept restrictions put on religious gathering in holy shrines until coronavirus spread rapidly and started spreading in neighboring countries like Pakistan and India (Ziabari, 2020).

In Pakistan, *Tableeghi Ijtima* was declared as a super spreader of the pandemic because there was an annual (already scheduled) congregation in the vicinity of Lahore and participants come from across the country. Although this six-day gathering was reduced to three days due to the spread of coronavirus, however more than half of the COVID 19 cases in the Punjab province were members of *Tableeghi Jama'at* who participated in this gathering and then returned back to their respective areas (Government of Pakistan, 2020). During COVID 19, clergy in Pakistan continued opposing implementation of social distancing in mosques, shrines and other places of religious importance. Thus, the government of Pakistan could not resist pressure of religious parties/ leadership and imposed ban on social gatherings everywhere except mosques (Sajid, 2020).

### **Administrative Barriers**

The coronavirus pandemic has created serious challenges globally for government machinery and health care workers. The government functionaries must provide guidelines, advisories and SOPs for containment of the pandemic whereas health workers need to provide medical care to those needing hospitalization and intensive care (Khan, 2020).

After detection of the first COVID-19 patient in the country, the government's response was shaped by three major factors. Disputes between federal and provincial governments over areas of responsibility for tackling this pandemic arose, focused on the lack of capacity of the health care system to adequately care for COVID-19 infected persons, and serious resource constraints for dealing with the multiple challenges of the pandemic (Javid, et al., 2020). The government of Pakistan is facing serious problems such as imposing a complete lockdown in the 5<sup>th</sup> most populous country of the world; carrying out mass testing and , halting socio-economic life would bring long lasting implications both for under privileged and the poor (Javid, et al. 2020).

With a steep rise in coronavirus cases, the government of Pakistan decided to take certain precautionary measures including closure of educational institutions, parks and marriage halls throughout the country. Despite taking these measures, the government failed to provide personal protection equipment (PPE) and clear guidelines for citizens. As compared to the UK,



USA and European countries, Pakistan is performing a smaller number of tests per day, leading to poor data about total number of coronavirus cases in the country (Badshah, et al. 2020).

### **Dismal Healthcare System**

With an influx of coronavirus patients in the country, there was an acute shortage of performing tests, availability of isolation beds, capacity of ICUs including ventilators, and guidance for adopting the right treatment for the coronavirus positive patients. Although this pandemic badly affected nations across the globe, developing countries like Pakistan were ill-prepared to face the challenges of such gigantic disaster (Khan, 2020).

After suspension of air travel at a global level, Pakistan took several measures for containing the spread of the coronavirus infection. With a constant increase in coronavirus cases, the government took measures, such as closure of all educational institutions from 13 March, followed by other non-essential offices and services. Both federal and provincial governments started monitoring of coronavirus cases. In addition, the government started importing all COVID-19 related medical equipment such as testing kits, PPEs, ventilators and other medical devices on emergency basis. However, the majority of the population is not convinced to observe SOPs and avoid un-necessary visits (Zia & Farooq, 2020).

According to Zia and Farooq (2020), there are four factors which make Pakistan more vulnerable than other countries. (1) large and highly dense population, (2) poor health care services, (3) massive poverty, and (4) culture of fatalism. A doctor serving in an isolation ward, expressed the status of hospitals during coronavirus pandemic in these words.

"Our hospitals are not planned for it, people are not trained, isolation facilities are not there and there is no contingency plan. The system is as old as 1947 and we never thought to revise or improve it". (Dawn, 14April 2020).

There is immense social pressure on the government for re-opening all the economic activities and lifting the ban from all modes of transportation and ensuring that government offices are fully functional, especially those directly concerned with public service. Other than businessmen and traders, private school owners are also pressurizing government for granting them permission for opening of schools. In other words, the government would be facing multiple challenges for living with the virus because based on the economic constraints of masses, and lockdown cannot be imposed for a long time (Rehman, 2020).

### **Carelessness of Masses**

In general, the large proportion of population of Pakistan is careless and tends to neglect the advise of health professionals and experts. When the government announced the lockdown on



23 March 2020 a huge challenge was the implementation with letter and spirit. The day after the announcement, the government had to heavily deploy police and other law enforcement agencies for shutting down markets, shopping malls, educational institutions and road transportation. Police were prevalent on roads and outside the markets, trying to keep the people away from opening shops and creating the chance of contracting with coronavirus.

As established by WHO, coronavirus gets transferred from one individual to another through droplets floating in the air or physical touch between a corona virus infected person and a healthy person. That is why restricting public gatherings was inevitable for containing transmission of this pandemic. In this regard, social distancing was advised for individuals going out of home and visiting public place (Quadri, 2020). However, according to a Karachi based doctor "People are counselled but they don't maintain social distancing". (Dawn, 14 April 2020). Careless masses of Pakistan hardly maintained social distancing while leaving home for some unnecessary reasons.

### **Prevalence of Fatalism**

The majority of the masses in Pakistan are fatalistic by birth and are not willing to follow advice of doctors and health professionals. Central to this attitude is an unshakeable belief that there is a predetermined time for death of each of the individuals and no one can escape that movement. This belief provided a strong base in making the citizenry careless about coronavirus and death of the infected person. Whenever a person was sensitized about coronavirus and casualties due to it, s/he instantly responded that "can coronavirus kill us before pre-destined time"? Whatever happens to people, they would simply say, "it is God's will". Thus, all and any loss can be bore with peace and calm. Often, people were heard saying "If it has been predestined that I have to die with coronavirus, nothing (any level of care) can save me".

### **Denial from Existence of Coronavirus**

A noteworthy volume of the population in Pakistan continued denying the very existence of coronavirus. They have been saying "There exists no coronavirus". They believe it is just media propaganda and that doctors are advancing this propaganda because they get USD against each coronavirus patient. Similarly, many people were found asking "Is the coronavirus a reality? I have not seen any coronavirus infected person anywhere". It is worth mentioning that many educated persons also succumbed to propaganda built through different conspiracy theories. Some of them closely observed coronavirus infected persons and death but still were in denial mode by stating "Coronavirus cannot harm us" and "What coronavirus can do to us?" The denial of the existence of coronavirus created further difficulties for the government for assuring implementation of SOPs for halting the spread of coronavirus.



### **Scarcity of Resources**

As mentioned earlier, Pakistan is a developing country with one third of its population below the poverty line. After the coronavirus outbreak, the government announced a lockdown in the last week of March 2020; however, it could not be implemented completely because of massive poverty and lack of adequate resources for provision of basic necessities to the locked down population. The Prime Minister of Pakistan repeatedly announced that “coronavirus would kill our people or not, certainly poverty would”. In the initial days of lockdown in Karachi, there were many violations seen during distribution of free of cost ration. Thousands of people came out on streets for receiving free rations, badly ignoring social distancing and other preventive measures for coronavirus. All the stakeholders were very much reluctant to extend a strict lockdown because of suicides and deaths due to hunger rather than coronavirus. That is why, selective lockdown was imposed in the country instead of strict lockdown.

### **Suspicious and Doubts**

The majority of people in Pakistan have doubts about the existence of coronavirus and its harmful effects from top to bottom. Particularly in rural areas, people were found saying, “Is the coronavirus a reality or conspiracy of America for selling vaccine and medicines”? Doubts and suspicions of common people were strengthened by the fact that there were nearly no coronavirus confirmed patients in rural areas of Pakistan, so any one can easily challenge very prevalence of coronavirus.

### **Criticism on Practicing SOPs**

It has been observed that there was criticism and mockery of those who wear masks or maintained social distancing. In Pakistan, *it is* common cultural practice that people hug and shake hand upon meeting each other. However, during the coronavirus pandemic, if someone would avoid hugging or shaking hand, they were targeted, and asked “Did you born to live for ever? You want to be immortal?” Likewise, someone wearing a face mask was criticised and faced mockery. When someone refused to shake hand or hug, other people were saying “I do not have coronavirus, so do not be worried”. One of the reasons behind this attitude was giving little priority to follow SOPs because of fatalistic attitudes.

### **Discussion**

Pakistan is one of the developing countries where about one third of population is living below the poverty line. Per capita income of Pakistan is merely \$1130 which is less than its neighbouring countries in South Asia such as India (\$2140) and Bangladesh (\$1828). Pakistan allocates less than 1% of its GDP on public health coercing 80% of the population to spend out



of pocket for availing health care services (Niaz, 2020). Before the coronavirus outbreak, health care services were inadequate for meeting needs of such a larger population.

However, coronavirus outbreak once again exposed the weaknesses of the health care system of the country. At the peak of the coronavirus pandemic, hospitals refused to accept more patients even those who were critical and needed immediate medical attention. Many new cases appeared in the media when coronavirus patient died while searching for a bed in any hospital.

As noted by Koo et al., (2020 in Pakistan, there are several things of concern such as poor health infrastructure and system, substandard level of hygienic conditions and a sharp rise in coronavirus cases exceeding that of Italy and Iran. Based on this steep rise of coronavirus cases, there is urgent need of social distancing as a viable practice for reducing spread of the pandemic in the country. But the careless masses of Pakistan hardly practiced social distancing even during the peak of the coronavirus pandemic. A majority of Pakistanis did not take the coronavirus pandemic seriously and kept on violating precautionary measures. The government imposed a lockdown for reducing coronavirus spread and announced distribution of cash for compensation to daily wagers, hawkers and labourers. But during distribution of this cash under *Ahsas e Kifalat* program, there was sheer violation of SOPs.

It is well known that public support is a critical factor in implementation of any social practice with letter and spirit. In the wake of increasing coronavirus cases, Pakistan also needs a social support base for implementing precautionary measures such as social distancing, wearing masks and using hand sanitizers. It is worth mentioning that a large number of religious scholars did not accept the government's advisory regarding a ban on public gatherings and congregational prayers in mosques. In a Muslim society, a mosque is an auspicious place and centre of seeking the blessing of God. Based on this belief, shutting down of mosques was considered as a bad omen that may bring the anger of God (Mubarak, 2020). Clergy created immense pressure on government for not banning congregational prayers during coronavirus pandemic. Some government functionaries tried to put ban on congregational prayers in mosques, however pressure built by of religious leadership could not be resisted and mosques were kept open with implementation of SOPs.

As endorsed by Sherin (2020), during outbreaks like coronavirus, masses should be educated regarding public health and personal hygiene through community education programs by using social, electronic and print media. Electronic and print media played its role in educating masses regarding coronavirus pandemic, however mixed thoughts kept on floating on social media. There were so many posts on Facebook and Twitter claiming that coronavirus is just an eye wash and a big game for global billionaires to make more money. Few of the posts also revealed that coronavirus is a tug of war between the USA and China, and both countries wanted to harm each other, whereas the rest of world is facing this catastrophe for nothing.



## Conclusion

This paper aimed at discussing the effects of the coronavirus pandemic on the careless citizenry of Pakistan, a developing country. Coronavirus has adversely affected the entire world and its echo will be heard for years to come. Thus far, there is no vaccine available for this deadly virus, so the only option is to practice SOPs such as social distancing, wearing masks, using hand sanitizers and avoiding physical contact with other persons. The first case of coronavirus in Pakistan was a pilgrim who returned from Iran, and the presence of the virus increased rapidly because of carelessness by the masses. However, the death ratio was reportedly one of the lowest in the world as compared to other coronavirus affected countries such as Iran, Italy, Brazil and USA. Lockdown could not be implemented successfully because of 'let see what may come' attitude on the part of rank and file in country. The government was pressurized by several pressure groups such as the business community, religious leadership, owners of private schools and road transport companies. The country is already living with scarce resources and unable to provide social protection to the large population of the poor and vulnerable people. Thus, the government opted for smart lockdown instead of full lockdown.

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