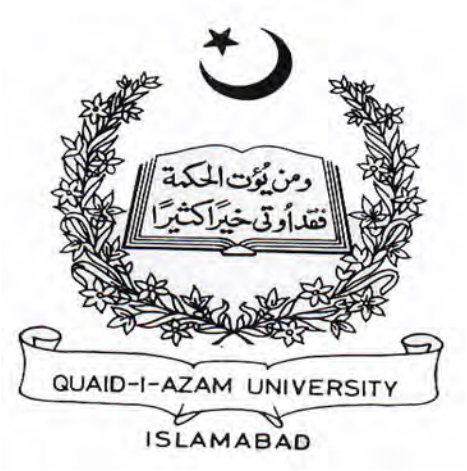
Ethnographic Study of Cultural Construction of Covid-19 in Gilgit City



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Islamabad - Pakistan
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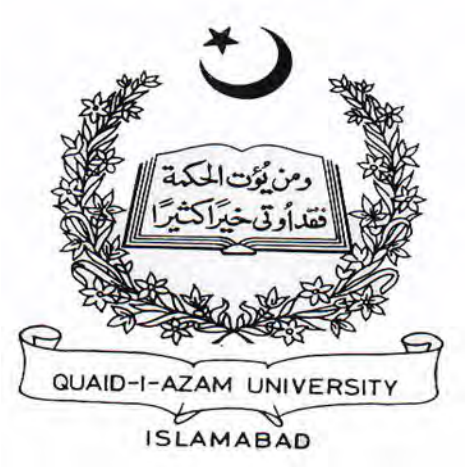

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Thesis submitted to the Department of Anthropology, Quaid-i-Azam University Islamabad, in partial fulfillment of the degree of Master of Science in Anthropology.

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2022

FORMAL DECLARATION

I hereby declare that this is my own work without anyone else help except those mentioned here.

This work has not been submitted or published for any degree or examination in any other university in identical or similar shape. All the other sources used in this work have been mentioned as complete references.

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Safdar Hussain Manwa

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ABSTRACT

Coronavirus being a novel global threat, is an instigating threat for people due to high contagious nature. In Gilgit, there has been a variety of perceptions about coronavirus existence and treatment generated through several sources. This research explores the perception of people about coronavirus. The attitude and practice of people regarding coronavirus were also assessed.

To conduct this research, thirty-eight respondents of different age groups, religious sects, gender, profession, and educational qualification were selected as a research sample. Qualitative research methods: including the case study method, participant observation, and in-depth interviews, were employed to get detailed data.

The key findings of the research demonstrate that varied perception about the existence, symptoms, treatment, and vaccination was found based on cultural and religious beliefs, economic organization, personal experience, and sources of information with various rumors, misconceptions, and false beliefs about the covid-19 pandemic. A constant sense of fear and change in behavioural patterns is also observed. Eating practices and greeting ways of people have also changed. Despite the prevalence of coronavirus, people follow religious obligations and community gatherings under religious and cultural beliefs. People in the research area practice and perceive social distancing diversely. A segment of the population considered it essential, whereas others believe that it has negative consequences on personal well-being and community values.

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1. INTRODUCTION

Human societies have always experienced catastrophes, disasters, crises, and diseases, including floods, droughts, fires, epidemics, and pandemics. By analyzing history, we can observe numerous diseases which adversely affected the human species. In the case of infectious diseases, pandemics are regarded as the worst phenomenon that happened in the history of mankind that has caused economic and societal disruption and has transformed societies in all aspects of life all around the world. Many years ago, when the hunter and gatherer societies had evolved and shifted their livelihood pattern to agrarian, new diseases and hazards also emerged along with them. Due to human activities like transportation, trade, and increased contact with animals, many infectious diseases emerged and became pandemics, such as Black Death, Spanish flu, Malaria, Influenza, smallpox and etc. Currently, global health threats have increased as a consequence of the occurrence of the novel pandemic coronavirus. (Ross, Crowe, & Tyndall, 2015)

Coronavirus being a global pandemic, has swiftly spread worldwide within a few weeks of its emergence. It has created major challenges from the implementation of health measures to the economy, politics, and cultures of the world societies. It is a respiratory and highly transmittable viral infectious disease that originated from Wuhan in Hubei province China in late December 2019 and spread rapidly to the whole world, resulting in mild fever, cold, cough, severe pneumonia, and kidney failure and mortality. Since mid-march 2020, coronavirus has been a part of everyone's life; therefore, education, businesses, and societies have changed how they operate to prevent its spread. Pakistan is also included in countries suffering from the adverse effects of coronavirus. (Olaimat, Aolymat, Shahbaz, & Holley, 2020)

A large number of researches on pandemics have been done from the biological and medical points of view. Medical anthropology plays a great role in identifying and interpreting the local context of diseases and deals with how people combat pandemics based on various perspectives. In the current coronavirus pandemic, medical anthropology has a lot to offer. It has shed light to know the insights of people and their response towards

coronavirus, which are directly or indirectly affected by their culture and tradition, the concept of illness, and remedies. Amid many uncertainties, medical anthropology has a valuable contribution to solving the interlinked biological and social complexities of COVID-19. (Higgins, Martin, & Vesperi, 2020)

The behavior of people and compliance with Covid-19 control measures, seeking health measures, and practicing social distancing is associated with their knowledge and perceptions. Pandemics are the catalysts of social and cultural change. In some cases, they strengthen their belief in religion and motivate people to reject science. While studying illness, disease, public health, and outbreaks, when we look at the past, we see history has witnessed many outbreaks that had transformed societies in all aspects of life. The history of pandemics can be traced through the theological perspective from religious scriptures, where people are informed about the past outbreaks and warned about the upcoming ones. These religious writings have no such authentication or do not have any factual shreds of evidence but had a great role in society in the form of religious practices, such as in developing a perception regarding an outbreak and how society responds to it. These religious writings have also made people interpret these outbreaks, for example, as divine punishments for sins. (Adefisoye, Adefisoye, & George, 2021)

In the context of knowledge and perception, misconceptions and worldviews based on various socio-economic factors are the attributes of Pakistani societies. Per to World Health Organization, the myths and rumors about the coronavirus are more deadly than the disease itself. In the era of digitalization, misinformation gets amplified and spread faster. Besides technology, people also believe religious scholars, peers, relatives, and friends to get information about the virus. Education, income level, and religious affiliation determine the knowledge of people about coronavirus. Given the history, the trend is not new; infectious diseases have been surrounded by denials and disbeliefs because of differences in perspectives. The ongoing pandemic of COVID-19 is also suspicious to some people in Pakistan. Various rumors and narrations have surfaced since the emergence of the pandemic by different people.

In Gilgit society, there were many confirmed cases of coronavirus after two months of pandemic emergence in the country with moralities. Gilgit society has a rich cultural base with religiously ingrained beliefs. People of different sects dwell there. People of the area have diverse perceptions based on numerous misconceptions and ill-beliefs regarding the existence, treatment, and vaccination of the coronavirus. One section of the society that is under the influence of religious clergies believes that COVID-19 is western propaganda to limit believers from worshiping in mosques.

Some people believe that it is a curse from God and happens due to the wrongdoings of women, while some are of the view that Muslims are already immune to the virus. Other sections of the society, mostly those who belong to rural areas or the lower middle-class, believe that it is a government agenda to collect more money from international aid agencies and donors. Behaviur and practices of people are highly dependent on their belief system. A segment of the population also perceives coronavirus as a serious threat and behaves accordingly. People who believe in the existence of coronavirus have practiced social distancing, whereas the perception and practices of people change with the change in coronavirus waves.

1.2 Statement of the Problem

The coronavirus pandemic is accompanied and surrounded by conspiracies, myths, mistrust, disbelief, and denials. Pakistan is a country that has diverse cultures with different ethnicities, languages, and religious backgrounds. Mainly people believe in myths, misconceptions, and conspiracies and hold different perceptions when something unpredictable happens, such as a disease outbreak or catastrophe. The subjective experience of individuals, the narration of the crises, knowledge, and perception about the pandemic vary significantly over socio-cultural elements and demographic characteristics following gender, religion, region, and age.

In Pakistan, culture, and religion play a pivotal role in structuring social perception and worldviews. Coronavirus being a global issue, has its effects in Pakistan too. In Gilgit society, people have a comprehension of coronavirus based on religious and cultural factors which affect their practices and behaviour towards pandemics. Given these statements in

knowledge, this research focuses on exploring the local perception, attitude, and practices towards coronavirus in Gilgit city.

1.3 Research Objectives

1. To study the local knowledge and perception regarding Covid-19.
2. To explore the attitude and practices of the local community regarding Covid-19.

1.4 Research Questions

1. To study the local knowledge and perception regarding Covid-19.

- How the cultural beliefs play a part in making the perception of people about coronavirus?
- What are the mainstream rumors and beliefs about coronavirus?
- How has the perception of the people developed?
- How is religion in the research area imperative in shaping the worldviews about coronavirus?

2. To explore the attitude and practices of the local community regarding Covid-19.

- How are the attitudes of people shaped by the perception of coronavirus?
- What are the determinants of shaping the perception and practices of people?
- How is the social, religious, cultural, and personal behavior of people changed in different phases of coronavirus?

3. To examine pre-existing cultural beliefs regarding the pandemic.

- What do people generally believe about pandemics under the cultural influence?
- What is the cultural construction of pandemics?
- What is the role of anteceding beliefs about pandemics in making the perception of people about coronavirus?

1.4 Definition of Keywords

1.4.1 Pandemic

A pandemic refers to an epidemic that happens to a wide area and affects a large number of people. It includes the outbreaks of infectious diseases crossing the international boundaries, which results in high mortality rates and affects the social, economic, and political life of people worldwide. (Kelly, 2011)

1.4.2 Coronavirus

Coronavirus disease is defined as a highly transmissible viral disease named covid-19. It severely affects the respiratory system with syndrome coronavirus (SARS-CoV-2), first reported in Wuhan, China. The World Health Organization has declared it a global pandemic affecting the world's major economies and health systems. (Singhal, 2020)

1.4.3 Perception

The word perception originates from the Latin word “perceptio” which means receiving, collecting, and comprehending with the help of the senses. Perception is how people think or understand something with the help of sensory information. It is the ability to understand and become aware of things. (Qiong, 2017)

1.4.4 Attitude

Attitude is defined as the temperament, thinking, and behavior pattern of a person. The attitude of a person is determined by the judgement and experience of the person about the event, action, or object. Furthermore, attitude is based on several components, including belief system, knowledge, feelings, and thinking to act in a particular way. (Marcinkowski & Reid, 2019)

1.4.5 Culture

Culture is defined as patterns of thinking and acting influenced by traditions transmitted accompanied by symbols that make humans as groups. Culture gives a sense of identity and belongingness to people in a particular society, which follows a set of beliefs, norms, and learned shared behavior in a community. (Lebron, 2013)

1.5 Significance of the Study

The insight acquired from the findings of this research is situated in the domain of medical anthropology. Medical anthropology studies the concepts of health and illness shaped by cultural, historical, and multidimensional perspectives. This research contributes to the field of medical anthropology regarding ongoing global health concerns, i.e., pandemic coronavirus.

Due to the novel nature of coronavirus, there is a dearth of existing literature in the field of academics. Consequently, this piece of research is a major benefaction for literature in the academic context of anthropology and overall social sciences. In the applied approach, this study aware the reader of the worldviews of people while dealing pandemic and help various government officials and NGOs to develop their health and awareness policies accordingly.

Concerning the academic significance, this anthropological research is helpful for the partial fulfillment of the MSc degree. For research purposes, this study has helped to learn and practice several anthropological research tools and techniques and dissertation writing.

1.6 Thesis Outline

Following the preliminary chapter of the introduction, the second chapter of the thesis is a review of literature that explains the relative existed literature on the current topic of the study and key objectives in relation to medical anthropology. The third chapter describes the research methods, tools, and techniques used to conduct this research. The fourth chapter includes a detailed introduction of the essential physical feature and cultural, social, and economic organization of the research locale.

Succeeding the structural chapters of the study, the remaining chapters include two chapters of findings and a summary of the thesis. Chapter five presents the comprehensive cultural perception of natives about the coronavirus and pandemics in general, whereas chapter six provides a detailed account of the attitude and practices of people regarding coronavirus based on their perception. Chapter seven, being the last chapter of the thesis,

summarizes and concludes the key findings of the research. The appendix consists of an interview guide used for data collection.

2. REVIEW OF LITERATURE

2.1 Brief History of Pandemics

"Very few phenomena throughout human history have shaped our societies and cultures the way outbreaks of infectious diseases have; yet, remarkably little attention has been given to these phenomena in behavioral, social science, and branches of medicine that are, at least in part, founded in social studies." (Green, 2020)

The greatest catastrophe ever mankind has faced is pandemics; these pandemics outbreaks change the entire society in all aspects, socially, economically, and politically; however, it also clear the ways for development in other sectors such as innovations in science, technology, medicine economy, and political systems. Throughout history, humanity has encountered many pandemics that shaped our history and society. Some of the deadliest pandemics, For example, are the Athenian plague of 430 B.C.; the Antonnie plague of 165-180 AD; the Justinian plague in mid-six century AD; Black death that originated in 1334 from china in 1334 and spread all around the world killing as many as 150million of world's population in about 50years. Spanish flu of 1918-20 that spread around globe was one of the deadliest pandemics history had witnessed, claiming as many as a 50-100million deaths globally. It killed more individuals in a year than Black Death had killed in a century. HIV/AIDS, swine flu, SARS smallpox, Ebola virus, and Zika virus are some other outbreaks that emerged in recent history. (Huremovic, 2019)

Historical comparisons reveal that pandemics have always had a significant global impact on the economy and society. They inspire questions on how human, scientific, communal, and societal responses to such unfortunate events change over time and differ from each other. In the historical perspective, Geoffrey Rice has explained the pandemic experience of New Zealand as the country that once dealt with the influenza outbreak, and that experience helped the country in making developed pandemic plans to deal with the ongoing covid-19 pandemic. In contrast with other countries, New Zealand was more prepared for the pandemic due to the historical awareness of politicians and healthcare practitioners. The impact of global pandemics in different regions and at different time periods has always been unequal. Some groups, communities, and countries are hit much harder than the others; for example, MERS and Ebola spread havoc in a limited number of

countries, and they were contained before spreading in the other parts of the world. Another study by (Shane Doyle) reveals that Uganda, which was the epicentre of AIDS/HIV, enhanced its global standing by using a hands-on approach to containing the pandemic and not letting it spread vigorously in other parts of the world. Just like these viruses, the global pandemic Covid-19 also marks a major anchor point in the twenty-first century and reminds the world of the spread of viruses due to the economic, political, and cultural forces of globalization. (Buckee, Noor, & Sattenspie, 2021)

The major pandemics such as plague, cholera, severe acute respiratory syndrome coronavirus (SARS-CoV), flu, and Middle East respiratory syndrome coronavirus (MERS-CoV) affected the world drastically. The understanding of mechanisms of infliction and the spread of pandemics leads to the establishment of methods to control and prevent these infectious diseases. Many infectious diseases that became pandemics later on, were caused by pathogens that were transferred to humans due to increased contact with animals. The public health and disease control measures such as quarantine, isolation, and border control have been implemented for centuries, and these methods have still been used in the current times during the Covid-19 pandemic to control its spread. Coronaviruses have been causing havoc through the highly pathogenic viruses such as SARS-CoV, MERS-CoV, and SARS-CoV-2, that is known to be the agent of the current coronavirus pandemic. Due to human activities such as globalization of travels and the trade of animals, the frequency of infectious diseases may increase with time. Novel technologies are needed for contact tracing and diagnosis, as well as new platforms, which should be developed for the development and production of vaccines in the case of current and future pandemics. (Franzen & Wohne, 2021)

2.2 Medical anthropology and cultural construction of illness

As for anthropology, culture possesses the concept of health and illness, which form medical and health care systems accordingly. Each social group has a different cultural system with different perceptions related to health and illness. Therefore, many indigenous as well as urban societies with different social class, regional, religion, ethnic backgrounds practices and apply different methods when it comes to health and illness, which intervene health professionals. Moreover, Constructions of Health and illnesses and narratives and

practices related are culturally determined; therefore, the particularities should be analyzed from the socio-culture context in which they occur, i.e., using an emic perspective. Usually, this can happen through trained health professionals who are able to evaluate and observe patients using the concept of cultural relativism. (Langdon & Wiik, 2010)

Medical anthropology is a relatively new discipline yet is one most popular among students and known for its electric nature due to its applied approach and interest in epidemiology, genetics, medical history, literary criticism, and semiotics. Due to the emergence of complex societies and new social issues around the world, the traditional field bases diminishes, i.e., the study of small-scale societies. Population movements, transmigrations, refugees, or globalization, in general, have resulted in complex and mixed cultures around the globe. We found a mixture of ideas, sets of beliefs, lifestyles, and languages common around the world. Similarly, there form another diversified view related to health, illness, and healing and methods to deal with it, each with its own particular view. (Gamlin, Segata, Berrio, Gibbon, & Ortega, 2021)

Peter Conrad and Kristin K. Barker have studied how medical sociologists have used a social constructionist approach to investigate sickness in a variety of ways and the fundamental points that play a constitutional role in the building of the social construction of illness. First, some illnesses have a cultural meaning that impacts how society responds to persons who are affected and influences the sickness experience. This cultural meaning is not directly derived from the nature of the illness. Second, all infections are contagious, socially built based on personal experience on how people come to terms with their condition, define their identity, and live with and despite it. Third, as feminists, science studies, and medicalization analysts have shown, medical knowledge about sickness is not always supplied objectively in nature; rather, it is constructed and created by claim-makers and interested parties with a strong evaluative agenda. These discoveries do not refute scientific or medical perspectives; rather, they show that diseases and illnesses are social as well as medical-science products. Although sociologically significant in and of itself, these findings have a variety of policy consequences. Some of these have already been implemented, while others have yet to make it into policy. A social constructionist approach provides a crucial conceptual wedge for policy formation by illuminating the

social contingencies of sickness at the individual, institutional, and societal levels. It draws our attention to contingent regions where one's actions (or inactions) might have a significant impact on subsequent events. A constructionist perspective reminds us that how an issue is described influences how society responds to it, as well as how the definition and reaction to a problem shape individual experience. As a result, social constructionism offers a counter-narrative to medicine's deterministic logic that can widen and deepen policy debates and decisions. (Conrad & Barker, 2010)

The development of medical anthropology begins from the earlier anthropological studies about ethno-medicine, like illness beliefs and practices as a part of human culture in different societies. For example, practices like witchcraft, sorcery, magic, etc., seem irrational to western societies. Early anthropologists were convinced that primitive medicine was rational in the local cultural context but was unscientific. But soon after the formation of the world health organization post World War 2, it became obvious that other than biological, health problems were cultural and social as well. Hence anthropologists preferred to facilitate health professionals about traditional beliefs and practices that were hindering biomedicine. In this regard, anthropologists took part in many international health programs, which became the root of medical anthropology. Medical anthropology encompasses two approaches, i.e., theoretical and applied medical anthropology. Theoretical medical anthropology studies and understands how the medical system works, while applied medical anthropology solves health problems mainly in collaboration with health professionals. Generally, medical anthropologists figure out the bio-cultural interrelationship of human behaviour and health and disease levels with respect to time through research. They take part in health-oriented programs to facilitate and improve health levels. And interpret the relationship of disease and illness with culture and human behaviour in a broader context. (Geissler, Pool, & Wenzel, 2005)

2.3 Anthropology, Epidemics, and Pandemics

Hardy discussed two roles of anthropology in the control of the infectious disease. The first is in identifying and describing concerns and understandings of disease, including local knowledge of cause and treatment relevant to disease control. The second is in translating these local concerns into appropriate health interventions, for example, by providing

information to be incorporated in education and communication strategies for disease control. Problems arise in control programs with competing knowledge and value systems. Anthropology's role conventionally has been in the translation of local concepts of illness and treatment and the adaptation of biomedical knowledge to fit local etiologies. Medical anthropology plays an important role in examining the local context of disease diagnosis, treatment, and prevention and the structural as well as conceptual barriers to improved health status. National (and international) public health goals which respect local priorities are uncommon, and generic health goals rarely coincide with specific country and community needs. The success of interventions and control programs is moderated by local priorities and conditions, and sustainable interventions need to acknowledge and address country-specific social, economic, and political circumstances. (Hardy, 2020)

Anthropological research in infectious disease has often focused on the specifics of illness: cultural perceptions of disease entities, understandings of etiology, diagnostic categories, and treatment-seeking. The ethnographic details of this work, rather than its use in interventions, are most widely published. In contrast, there is relatively little that demonstrates this use, partly because the interventions are frequently government or NGO initiatives, where program reports are internal documents and accountability is to funding agencies rather than a scientific public. While anthropological input in terms of community perceptions of illness, including local taxonomies and etiology, have value in developing health educational material to support interventions, a more sophisticated understanding of cultural and social dimensions of illness and disease draws attention to the structural barriers to change and to the difficulties of introducing and sustaining interventions. Anthropological involvement ensures that some account is taken of local knowledge, cultural influence on the patterns of disease, and structural barriers to good health. Although the social, cultural, and political contexts in which people experience illness and seek to recover is a small section of a more complicated puzzle, interventions that overlook these components risk failure as the structures around them crumble. (Manderson l. , 1998)

2.4 Knowledge, Perception, and Response Regarding Coronavirus

Pandemics bring several challenges to the affected population by challenging their knowledge and belief patterns. The dearth of proper information leads to the nonchalant behavior of the population, which makes it difficult for people to deal with the disease. There are many differences between both genders, age groups, education groups, and employment groups in terms of perception and knowledge. The people of Pakistan have shown less faith in the government to successfully control coronavirus in comparison with other countries. The masses were aggressive at high selling rates of medicines and protective equipment. (Rizwan & Irfan, 2021)

Globally in the fields of health, science, and medicine, conspiracy beliefs are widespread, which make people renounce proper health measures and behavior. The behavior generated as a consequence of these beliefs can result in negative societal behavior, such as people not agreeing to vaccinate their children. To correct the harmful beliefs, the initial step being an initiative is to comprehend the attributes and sources behind the beliefs. To form better strategies for dealing with the harmful effects of conspiracy beliefs, it is imperative to know who believes in these theories and the reasons behind them. Based on several surveys, it is found that the majority of people show denialism related to an explanation given by experts and authorities and attach Covid-19 to social and political events. Due to distrust in political leaders and scientists, two major factors, including denialism and conspiracy theories, are psychologically found. Consequently, it is difficult to correct the conspiracy beliefs and misinformed views of individuals due to denialism. People who spread conspiracy theories and who are denialists are not likely to accept the right information about the virus. In the health sector and related cases, the relation between misconception and conspiracy theories has become a reason behind the failure of proper measures and corrective strategies. (Uscinski, Enders, & Klofstad, 2020)

There have been numerous researches, and medical works on pandemics, as well as many religious scholars, have been concerned in the interpretation of the occurrence, existence, and the conduct of people regarding coronavirus per the guidelines of religious traditions of society. Historically, there have been several religious treaties on plagues that occurred

as evidence for religious scholars to argue regarding the ongoing pandemic coronavirus. All over the globe, the sudden emergence of the pandemic has become a source of trauma for people, which leads them searching answers linked with religion. For instance, it is true for the pandemics like Spanish flu, HIV/AIDS, and Black Death which people have faced in the history. Thus, a close relationship between religious understanding and pandemics has existed for a long time. The emergence of the Covid-19 pandemic has revived the religious ideologies on the pandemic and the position of religion in dealing with coronavirus. It shows the existence and widely spread religious explanation of the understanding of disease in relation to scientific advancement. Coronavirus, being an international emergency, has poor scientific comprehension among health professionals, and there is a sort of disagreement regarding its origin and treatment. Lack of treatment, high infectious rate, and religious and traditional health measures has made the scientific status of the disease dissatisfying. (Isiko, 2020)

During a pandemic, the existence and increase of conspiracy theories is not a new phenomenon, according to past research. Conspiracy beliefs have increased in times of crisis, especially over the past few decades, with their religious and socio-cultural agents. Despite crises, it is also true in case of any disaster and outbreaks of diseases and pandemics. In the current situation of the ongoing coronavirus pandemic, two popular conspiracy theories exist which generate different behavior among people. Many people believed it was a common flu with no serious danger, whereas second thought found is associated with the economic advantages, i.e., it is created to affect national economies and make restricted laws for the masses. A popular belief has existed that the virus had not evolved by mutation; rather, it is created artificially by international powers as a weapon to control world economics and people. (Lmhoff & Lamberty, 2020)

People in Pakistan have a perception about coronavirus that it is a naturally existing, serious, and fatal disease, whereas some people's perception towards coronavirus is that they feel hesitancy in accepting it as a scientifically emerged disease or interestingly similar to some common cold or flu. Based on research, one-third of the population sampled in the research viewed it as a disease transmitted from animals to humans. There has been an interesting link between the perception of the people and their demographic variables,

including gender, age, religion, education, and economy. Following the above, females are more likely to be convinced of the natural existence of coronavirus than males. People who are young and below thirty believe that coronavirus was transmitted to humans from animals, whereas aged people possess religious perceptions. Education has also been an important variable affecting the perception of the people. People with low educational qualifications believed that either Covid-19 was a punishment by God or engineered in the laboratory. (Khabour , Alomari , Alzoubi, & Alfaqih , 2020)

In Pakistan, medical experts emphasize following the preventive measures while religious scholars persuade to perform religious ceremonies to repent before God. It reveals that common masses and religious scholars have mixed perceptions about the pandemic based on their own cognitive models. They hold a mixture of beliefs and feelings about the nature and existence of Covid-19. Some people believe that they should follow precautionary measures and follow the government's policy because they believe in the existence of the virus, while another section of society denies its existence. These citizens are highly influenced by religious scholars and believe the pandemic is an international agenda against Islam and deny following precautionary measures. They have considered corona as a catastrophe sent by god because of the sins in society. By analyzing through a socio-cognitive approach, it reveals the discourse about covid-19 by different groups is linked to social structure in the social and cultural values (religion) that mainly affect the cognitive model. (Alam, Rahman, & Ali, 2020)

During covid-19, the acceptance of vaccination for coronavirus in the community was very important. There has been a great controversy among the general population regarding coronavirus vaccination. The majority of the population in Pakistan was reluctant to take the vaccine as they believed that lest they should be infected. Based on the global survey, it was estimated that about 48% of the world population were confused about coronavirus vaccination and remained unsure. Various piece of research has supported that people with higher educational level have more understanding of vaccination as they are more concerned about their health and have access to more accurate information resources. People also believe that coronavirus vaccines have some kind of side effects on their bodies

linked with the rumors spread on social media applications. A study also reported that vaccine hesitancy is the consequence of misinformation. (Islam & Rejina, 2021)

The misconception about coronavirus has rapidly spread worldwide around the social and cultural landscape. In Pakistan, there is a deep-rooted socio-cultural base of misinformation about covid-19. Whereas with the increased number of fatalities due to coronavirus, the perception of people gradually changed. Besides its fatal effects, some people consider it as a part of propaganda despite being affected by it directly or indirectly. Similarly, people narrate that there is a hidden agenda behind its creation. Some people viewed it as the creation of an American company. Apart from views about its creation, people also circulated information about its treatment and remedies, including drinking garlic or ginger water, keeping the throat moist, and taking steam as recommended by the ministry of health. Furthermore, a section of people believes that a healthy diet, social distancing, and following precautionary measures can save them from the virus, whereas coronavirus is dangerous for people who are not following proper measures. (Ali, 2020)

3. RESEARCH METHODOLOGY

Research methodology is the procedure or technique that the researcher uses to conduct their research. Methodology finds the way that helps the researcher to analyze, identify and formulate information about the topic. It shows how data at the end is collected and analyzed, meeting the objectives of the study. (Sileyew, 2019)

The field of anthropology is concerned with the exploration of the complexity of human interactions. As a research discipline, it combines humanist and social science strategies. The process of collection of in-depth data and how such data of human culture and behaviour is what sets anthropology apart from other disciplines. Therefore, while conducting research, researchers immerse themselves in the rich data that is largely qualitative and try to find emerging themes providing valuable insights. Research can be carried out through various approaches like comparative, cross-cultural, historical, or ethnographic. However, the success of the research depends upon the data collection, which needs to be accurate and hence needs an appropriate methodology. (PCMH Research Methods Series)

The research methods I applied in this study were qualitatively supported by quantitative methods. These methods provided me with an opportunity for direct involvement with people in the field. It helped me in analyzing their social response, knowledge, attitudes, and practices towards the novel coronavirus. The qualitative methods helped me in building Rapport within the community and to gather key informants. It enabled me to use different methods like participant observation, in-depth interviews, and other techniques.

3.1 Rapport Building

Rapport building is one of the important factors in qualitative research to have an in-depth understanding of the process and to gain insight into the participants. Often it is difficult for a researcher to engage with the participants and create a good relationship; to do so, the researcher needs to establish a good rapport. The main aim of establishing rapport is to generate good data and to develop a good understanding between the researcher and participant. Once rapport is built successfully, trust and credibility will increase, and more

fluent will be the communication. Thus having good rapport benefits the researcher to gain better information and gather meaningful data.

To build rapport and overcome the nature of challenges that the researcher faced in accessing participants and gaining their trust, I tried to become more familiar with the participants. One benefit for the researcher was that I was familiar with the local language and customs. At first, I rented a room near the main Baazar locale to be present and spend time in their context. I spent time and hung around in their common spaces and had informal conservations with them about topics of general interest and regarding the pandemic. I discussed the local issues and listened to the participant's ideas to create trust and understanding.

Once I found that a non-threatening and comfortable relationship was established, I introduced myself and gave them an introduction and overview of the research and its objectives. I then ensured them not to use any personal information.

3.2 Participant Observation

Participant observation is a way in which the researcher participates in the daily routines of the setting, builds rapport among people, and observes all the daily activities. It is widely used in many social sciences pieces of research. The researcher spent a specific time duration in the research locale to collect reliable data through observation. Its objective is to gain a close and intimate familiarity with a group of people. Participant observation not only means participating and building rapport, but it also means producing written descriptions of what was being observed in the form of field notes and daily diaries.

During the fieldwork, I initially observed an overall behaviour of people's attitudes and behaviour towards the pandemic disease, their activities; how they interact with one another, do they shake hands or not, do they follow the SOPs or not, for example, how people respond when someone intentionally or unintentionally offer a handshake. Moreover, within the locale, I visited different areas like markets, shops, and transport areas to observe the attitude and response of the general public towards the pandemic. I had to play different roles during observation to blend in; I attended some of the awareness programs and seminars regarding COVID-19 held at Karakoram International University

and some private schools in the locale and participated as a volunteer in the distribution of masks and sanitizers. I took part in some religious events like the *Arbaen* procession to get familiar as well as to observe people's behaviour. I used to wake up early to watch and observe the behaviour of school children. I used to go to cafes at night to have a conservation with random people. Furthermore, I visited different participants at different locations to interview them, such as homes, educational institutions, public places, etc., where I analysed their activities.

While observing all these scenarios, I saw various attitudes and behaviour of people in the locale where most people, despite the outbreak and fatal results of COVID-19, were unaware of the situation and avoided following health measures guided by health experts. Even in those places where I encountered respondents, like at home, there were no satisfactory measures taken to mitigate its effects. However, a number of people and respondents were aware of the seriousness of the situation and used to follow SOPs properly at home and outside as well. While giving interviews, they tried to maintain a proper distance with masks on their face and sanitizers in their hands.

The participant observation was a continuous process throughout the fieldwork as it proved to be a good tool to gain an understanding of the people towards pandemic. It was hard to engage with the participants as many of the participants were totally unaware of the pandemic, or some denied its existence and were not used to following the SOPs at all. Being in the middle of a pandemic, it was quite challenging to stay in the field and interact with people of all kinds.

3.3 Key informants

According to Conard Phillip Kottak, "every community has people who by accident, experience talent or training can provide the most complete or useful information about particular aspects of life; these people are key cultural consultants, also called key informants." (Kottak, 2009)

Key informants are particular members of the context, someone who is familiar with the community, someone who is a member of the community or known to them and can vouch for the researcher, based on whose words the researcher might be accepted. A key

informant can be thought of as a researcher's alley in the field. They help us understand the context by answering our basic questions, introducing us to some of its beliefs, practices, etc. They introduce us to others in the field who are knowledgeable about various subjects. They might also introduce us to particular settings or people in the context which we may not be allowed to access on our own.

During the fieldwork, I established close contact with two informants. Ainy Khan and Safdar Hussain. The former works as administrative head in a private female coaching academy. She had great knowledge about the community, especially about females, as she used to interact with her students and parents. Therefore she holds good public relations among female members of the community, which helped me in gaining access to female respondents in the locale. While the latter was a shopkeeper, he used to run a general store in the locale. He had great knowledge about the people of the locale and the issues they faced from the beginning of the pandemic as he encountered many members of the community on a daily basis. Safdar's elder brother was a doctor by profession and was appointed as Medical Superintendent in a Quarantine centre near the locale during pandemic crises. It helped me a lot to gain information about patients as well as their attitudes towards COVID-19. They both provided me with valuable information about the community and the situation during the pandemic.

3.4 In-depth Interviews

Crang and Cook argue that along with the participant observation, interviewing has been a primary means through which ethnographic researchers have attempted to get to grips with the contexts and contents of different people's everyday social, cultural, political, and economic lives. As a method for gathering data from discussions inside and between different research networks, meetings can go from exceptional structures (much the same as a poll study wherein the analyst poses predetermined inquiries in a particular request), through semi-organized (where the investigator and participant(s) set some expansive parameters to a discussion), to the generally unstructured (similar to a friendly discussion with no predetermined core interest). (Mike Crand and Ian Cook, 2007)

Interviews were conducted by the researcher during the stay in the field. The researcher considered interviews for the sake of valid and accurate data. At the beginning of my fieldwork, I, in a conversational mood, asked the respondents open-ended or unstructured questions to make respondents feel easy and to build initial rapport. I generally asked them about their attitude, behaviour, and lived experiences during the pandemic. Due to the open and exploratory nature of the interview, several other issues relevant to the topic emerged. Then, I developed an interview guide and conducted in-depth interviews with the research participants.

A total of 38 respondents participated in in-depth interviews based on their availability, convenience, willingness, and consent. Moreover, participants who had suffered or been affected by COVID-19 in any form, such as those with symptoms, those who had COVID positive and recovered later, those with nay positive case at home, and those with any casualty due to COVID-19 at home or in the neighbourhood were interviewed on a priority basis. Participants were from different sects and diverse age groups in order to analyse and assume various perceptions, attitudes, and behaviour on the basis of their experiences during the time of crisis. I assured respondents that their data would be confidential and allowed them to speak freely and openly, but I also gave my contribution during a discussion to maintain cooperation and to get on the conservation concerning the topic. The main benefit of these interviews was to proliferate useful data from the respondent, and the interview also helped the respondents in group discussions. The interview guide was developed by keeping in mind the objectives of the research.

3.5 Sampling

Sampling can be defined as “a smaller set of cases a researcher selects from a large pool and generalizes to the population.” (Neuman, 2014) While sampling is the technique in research methodology which allows the researcher to select a small group of respondents that can provide useful information about the whole population. The method which allows the researcher to select the sample from a population is the sampling procedure. In this research, the sampling methods I applied were multi-stage sampling procedures followed by purposive and convenience sampling.

3.5.1 Multi-Stage Sampling

Multi-Stage sampling is the selection of sample units from a larger sample; after that, another sample is chosen from a previously selected sample to make the sample more specific, focused, and relevant to the research object. The method of the sampling was multi-stage sampling, where the researcher selects respondents from multiple populations. For example, Gilgit city was selected using a random sampling procedure as a large sample or primary selection unit, while within Gilgit city, the Jutial region was chosen to facilitate and construct a more suitable and more effective choice. Further, the distinction was made on the basis of religious affiliation and gender, for example, female and male respondents from the Ismaili community and female and male respondents from the Shia community of that locale. Moreover, the distinction was made for the age group.

3.5.2 Purposive Sampling

In qualitative research, purposive sampling is used as a method to identify and select the individuals related to the research-based interest of a researcher. Although there are several sampling techniques, purposive sampling is a widely applied method. It is a type of non-probability sampling technique also termed judgmental sampling. During the process of respondent identification, the researcher selects people who fulfill the criteria of the research questions. (Palinkas et al., 2015)

I have employed purposive sampling because my research questions and objectives were based on experiences and perceptions regarding the existence of COVID-19 and the implications of health measures.

3.5.3 Convenience Sampling

Convenience sampling also called accidental, availability, or haphazard sampling includes samples that are convenient and easy to access and are readily available to the researcher. (Neuman, 2014) Secondly, I have employed Convenience sampling as it was hard in locale during the mid-COVID-19 crises to implement different strategies hence on the basis of availability of the respondents to gain easy access.

3.5.2 Sampling Units and size

In the current study, the sample size was 38. All these respondents were investigated for the sake of data collection through in-depth interviews. The researcher divided different sample units from sample size to cover the research objectives. Division of sample was primarily based on the bases of gender and religious affiliation. Out of 38 respondents, 18 were male, and 18 were female, whereas 19 respondents were from the Shia sect, 14 were from the Ismaili sect, 3 were from a Sunni sect of Islam, and 2 were doctors.

3.6 Case Study Method

It is a field research method that is used for an appropriate investigation of a phenomenon or an issue when complex and large factors are included to reveal. (Fidel, 1948) The case study method involves a variety of methods such as observation and interviews to reconstruct the history of a person or a problem. It allows the researcher to investigate the issue in detail by interviewing a person, group, or community for a long period.

During informal discussions, observation, and in-depth interviews, I have conducted seven case studies that revealed the perception, knowledge, and response of people regarding novel coronavirus, i.e., their experiences and the way they deal with it. While conducting the case studies, I also got some irrelevant information that was excluded when writing case studies in this thesis.

As a researcher, it was quite difficult for me to reveal the detailed case studies of people as it was difficult and dangerous during the pandemic to get infected where often people used not to follow SOPS.

3.6 Selection of Locale

The research locale was the Jutial region in Gilgit city. It is because Gilgit city is the capital of Gilgit-Baltistan and is considered a business hub; hence it resides a population from all over GB and represents all ethnicities, sects, and languages. Due to its diversified nature, the locale was selected to collect and fulfill data more relevant to the research objectives.

It was easier for the researcher in Gilgit city to gain insight and an overview of people from various backgrounds.

3.7 Respondents

The sample size included 36 respondents in which, males and females of different ages, sex, and caste with specific religious affiliations were interviewed. On the basis of the convenience and availability of respondents and with my judgments, I selected suitable respondents. The reason for the selection of respondents based on personal judgments was various; the main reasons were the situation during COVID-19, SOPs were to be followed, and lockdowns were imposed in various places. In-depth interviews were conducted to know cultural beliefs, perceptions, knowledge, and attitude toward the COVID-19 pandemic.

3.8 Socio-economic surveys

The socio-economic form was used to collect find out socio-economic conditions, which include financial status of the family, facilities from government, castes, religion, marital status, social status, income, family system, education, occupation, sects, and these helped the researcher in providing information about people of the community. Techniques of census survey were applied to figure out statistical aspects of the locale. Through the help of census forms, qualitative data was collected.

The advantages of socioeconomic forms are that they are helpful in getting better results. The socio-economic survey enabled the researcher to collect data about respondents. The question in these survey forms was a mostly close-ended type. It also made the respondents identify the key informants in the locale.

3.9 Daily Diary

A daily diary is an essential record-keeping tool that helps to register daily activities, events, and facts during fieldwork. During fieldwork, it is not easy for me to remind every piece of information. Writing a daily diary helped me to make the data memorable, and later it also assisted in data analysis. It helped me to record the behaviour of respondents at a specific time. It also helped me remember the event which happened in the selected

locale. As writing a diary is a personal thing, in which the researcher also writes his/her experience while using different research techniques and feelings during fieldwork in a setting, I wrote my all-day routine, important works, and data obtained through observation. I have made sections in the daily diary categorized as important and non-important pieces of information based on research objectives. All the relevant information written in dairy was analyzed later.

3.10 Jotting and Fieldnotes

Field notes were written by the researcher during fieldwork to note down the details and experience of the day, and the researcher also did field jotting in order to not miss any information. During the fieldwork, I observed and noted the daily routine of respondents, their certain behaviour toward a situation, and scenarios that happened in the research area. So, by using these methods, I collected valuable and reliable data from respondents.

3.11 Research Ethics

Research ethics are very important aspects of every research. A researcher must follow all the ethics of the research.

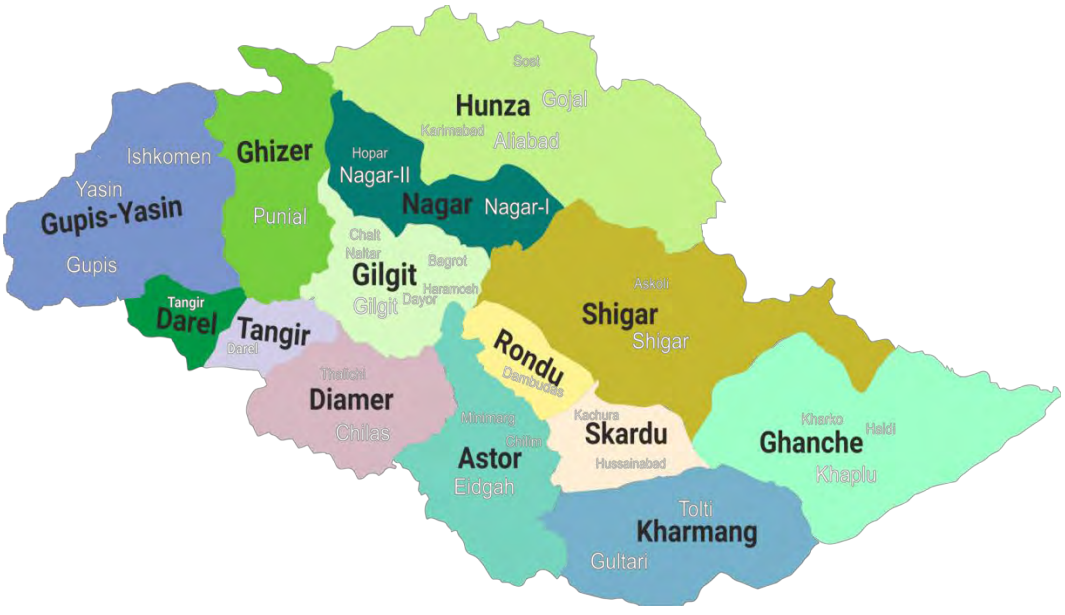
During the fieldwork, the researcher tried to follow all the research ethics. The researcher ensured the respondents that their identity would not be revealed to anyone and promised and ensured them that their privacy would not be revealed and that he would be responsible for their private affairs; after that, the respondents allowed the researcher to conduct interviews. The researcher seeks permission from the respondents before taking any kind of snaps and recording voices. The interviews of those respondents were recorded who granted permission to do so. Finally, the researcher used pseudo names in the case studies in order to ensure privacy and hide the identities of the respondents. Any kind of recordings, photos, or snaps during the process of the interview was consensual.

4. AREA PROFILE

4.1 Introduction to Research setting

Gilgit city was selected for the aim of conducting research; it is the capital of district Gilgit. It lies across the river Gilgit in outstrips the capital of Gilgit Baltistan. **Gilgit-Baltistan,** formerly known as the **Northern Areas**, is the northernmost administrative territory of Pakistan. It borders the province of Khyber Pakhtunkhwa (KPK) to the West, the Wakhan Corridor of Afghanistan to the North, Xinjian province of the Peoples Republic of China to the east, and northeast, Azad Kashmir to the south, and Jammu and Kashmir (Indian occupied) to the southeast. The territory of present-day Gilgit-Baltistan became a separate administrative unit in 1970 under the name "Northern Areas." It was formed by the amalgamation of the former Gilgit Agency, the Baltistan region, and several small former princely states, like *Punial*, *Yasin, Hunza*, *Nagar*, *Shigar,* etc**.**

Figure 1: Map of Gilgit-Baltistan



(Source: Google map)

4.2 Administration, Geography and Population

Gilgit-Baltistan is a very sparsely populated (roughly twenty persons per km²) and largely high-mountainous area in the north of Pakistan. Geographically, it spreads over three high mountain ranges, the Himalayas, Karakorum, and the Hindu Kush. The region lies between 71 and 75 E while longitude, 32, and 37N. Gilgit-Baltistan is administratively divided into three divisions which are Gilgit, Baltistan, and Diamer-Astore Division. The area is further divided into fourteen districts (four of which are notified yet not functional) Gilgit, Ghizar, Hunza, and Nagar in the Gilgit Region, Skardu, Ghanche, Shigar, and Kharmang in the Baltistan Region, and Diamer and Astore in Diamer-Astore Region. There are 31 Tehsils, 20 sub-divisions, and 113 union councils. The principal administrative centers are the towns of Gilgit and Skardu. In 2009, it was granted limited autonomy and renamed Gilgit-Baltistan via the Self-Governance Order signed by the president of Pakistan, which also aimed to empower the people of Gilgit-Baltistan. The legislative assembly is functioning in Gilgit Baltistan, where the current Chief Minister is Muhamad Khalid Khurshid, and Governor is Raja Jalal Hussain Maqpoon.

Table 1: Administration units in Gilgit

S.NO.	Admin units	Total
1	Divisions	3
2	Districts	10
3	Sub-Divisions	20
4	Tehsils	31
5	Union Councils	113

(Source: Planning and Development department GB)

The total area cover of Gilgit-Baltistan is over 72,496 km² with a population of about 1,492,924 with an annual population change of 2.87% per year as of the 2017 census. The districts wise population is as follow: Astore, with a population of 71,666 and an area cover of 5,411 km^2, Diamer; with a population of 270,000 and an area cover of 7,234 km^2 , Ghizer; with a population of 170,000 and an area cover of 12,381 km^2 Gilgit; with a population of 290,000 and an area cover of 4,208 km^2, Ghanche; with a population of 160,000 and an area cover of 8,531 km^2 , Hunza; with a population of 50,000 and an area cover of 10,109 km^2, Kharmang; with a population of 50,000 and an area cover of 2,700 km^2, Nagar; with a population of 70,000 and an area cover of 4,137 km^2, Shigar; with a population of 70,000 and an area cover of 8,900 km^2, and Skardu; with a population of 260,000 and an area cover of 7,100 km^2. Due to higher academic and financial opportunities, Gilgit city is considered the government's headquarters or capital of the province. (Gilgit-Baltistan at a Glance, 2020)

Table 2: Area and Population

District	Area Sq.km	Population in Million
Gilgit	4208	0.29
Diamer	7234	0.27
Skardu	10168	0.26
Ghizer	12381	0.17
Ghanche	8531	0.16
Astore	5411	0.1
Nagar	4137	0.07
Hunza	10109	0.05
Shigar	4173	0.07
Kharmong	6144	0.05
Total GB	72496	1.49

(Source: Planning and Development department GB)

4.3 Gilgit City

Gilgit city is the capital of Gilgit Baltistan. The city's ancient name was (*Sargin*), later to be known as (*Gilit*), and it is still referred to as (Gilgit) or (*Sargin_ Gilit*) by local people. The native people of (*Khwar and Wakhi*) speaking people refer to the city as *(Gilt*), and in *Burushaski*, it is called (*Geelt*). The city is located in a broad valley near the confluence of the Gilgit River and Hunza River. Gilgit city is bounded on the north by the Nagar district, on the east by the Shigar district, on the south by the Diamer district and the Astore district,

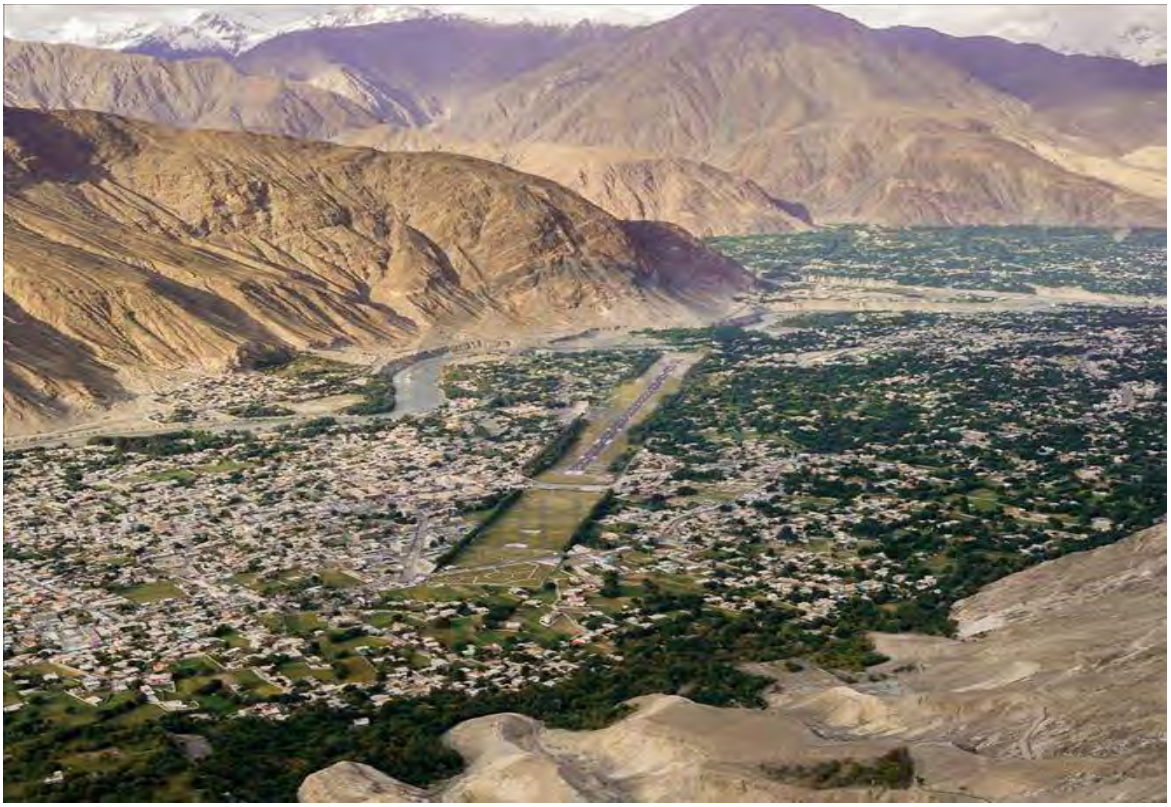
and on the west by the Ghizer district. Gilgit is a major tourist destination in Pakistan, serving as a hub for trekking and mountaineering expeditions in the Karakorum mountain range. Gilgit has four seasons as the other parts of the country have, but in summers, the temperature rises up to 40-degree centigrade, and in winters, it falls to _5 sometimes; it is the only place in Gilgit-Baltistan where the temperature goes extreme in both summer and winters.

According to the 2017 census, the Gilgit district had a population of 290,000. The Gilgit district includes the Gilgit city, Danyore valley, Bagrot valley, Jalalabad, Juglot, Sultanabad, Naltar, and the Nomal valley. The highest peak in the district is (Distanghil Sar) 7,885 meters (25,869 ft.) which is the seventh-highest peak in Pakistan and the nineteenth highest in the world.

Gilgit city has a diverse culture where people from different regions, sects, and ethnicities reside, due to which a lot of different languages are spoken. Roughly 50% of people follow Shia Islam, and 49% of people follow Sunni Islam and Ismaili Islam. A small number of Christian communities also reside in Gilgit.

The economy of the region is primarily based on a traditional trade route, and the rest of the economy is shouldered mainly by agriculture and tourism. The tourism industry has increased drastically in the past few years due to the influx of domestic and international tourists. Agricultural products are wheat, corn (maize), barley, and fruits.

Figure 2: Gilgit City



Note: This picture indicates a mountainous view of Gilgit city to represent its physical beauty as it is a major tourist destination.

(Source: Photo by Researcher)

4.4 Literacy and Education

Education is very important for the socio-economic development of any society. It empowers individuals to make correct decisions and develop their potential to play a positive and productive role in society. Low-income families get employment opportunities through education. Education serves as a vehicle for social mobility, especially for those who do not have other means of earning. Experts believe that a minimum 70 percent literacy rate is essential for sustaining economic growth and development in a society.

Back in 1948, there was no proper education system in Gilgit-Baltistan; at that time, the more ambitious students of Gilgit-Baltistan moved to different cities in Pakistan in search of better education. After completion of education, they returned home and started teaching

their children. After several years, schools were opened in Gilgit Baltistan, and thus its educational system came into being. Now, the majority of people in Gilgit city are literate, and they give more importance to education because of the awareness of the digital and modernized world. In the past, the people of the region used to give more preference to male members rather than females in the context of education, but the trend has changed so far now both males and females have equal preference and opportunity

At present, Gilgit and Baltistan have a system of education comprising about 2,759 schools or educational institutions, among which 1350 are government, 624 are semi-government, and 767 are private. These include schools set up by the Federal Government, community-based schools, schools set up by Aga Khan Education Services (AKES), and other NGOs. Overall enrollment of students in GB is 355015 (195106 boys and 159909 girls) with 174956 students in the public sector (92978 boys and 81978 girls), 135587 students in private sector schools (80383 boys and 55204 girls), and 44472 students in other schools (21745 boys and 22727 girls). Moreover, there are two universities in the whole GB named Karakorum International University (KIU) and the University of Baltistan (UOB).

General Pervez Musharraf, president of the Islamic Republic of Pakistan, established the former in 2002. This University has three campuses, the KIU Hunza campus, the KIU Diamer Chilas campus, and the KIU Ghizer campus. However, the later was initially a sub-campus of KIU (Skardu campus) in the Baltistan region, which was given the status of university in 2017 with the aim of improving access to higher education for the people of GB. For the people of GB, both universities are like a miracle, especially for females who can access university at their doorsteps. Before the establishment of KIU, female students faced many problems because of their families who did not allow them to go far to other cities to get higher education. Apart from this now, both universities serve as an economic engine for the whole region

In terms of literacy Gilgit- Baltistan has a literacy rate of 53 per cent (males 66% and females 41%). District Hunza is on top of the list with a 71% literacy rate, followed by district Gilgit at 67% and district Nagar at 66%. The lowest is in district Diamer, with a total of 29% literacy rate.

Table 3: Educational Institution in Gilgit

	Gilgit	Enrollment		
	Institution	**Boys**	**Girls**	**Total**
All Sectors	2759	195106	159909	355015
Public Sector	1350	92978	81978	174956
Private Sector	767	80383	55204	135587
Other Schools	642	21745	22727	44472

(Source: Education Department GB)

4.5 Climatic conditions of Gilgit

Gilgit has a varied climate with warm summers and cold winters; however, due to its prevalent geography season in Gilgit is the winter season. The temperature of Gilgit city goes above 30 degrees Celsius in summers, whereas winters are cold where the temperature goes below 0 degrees.

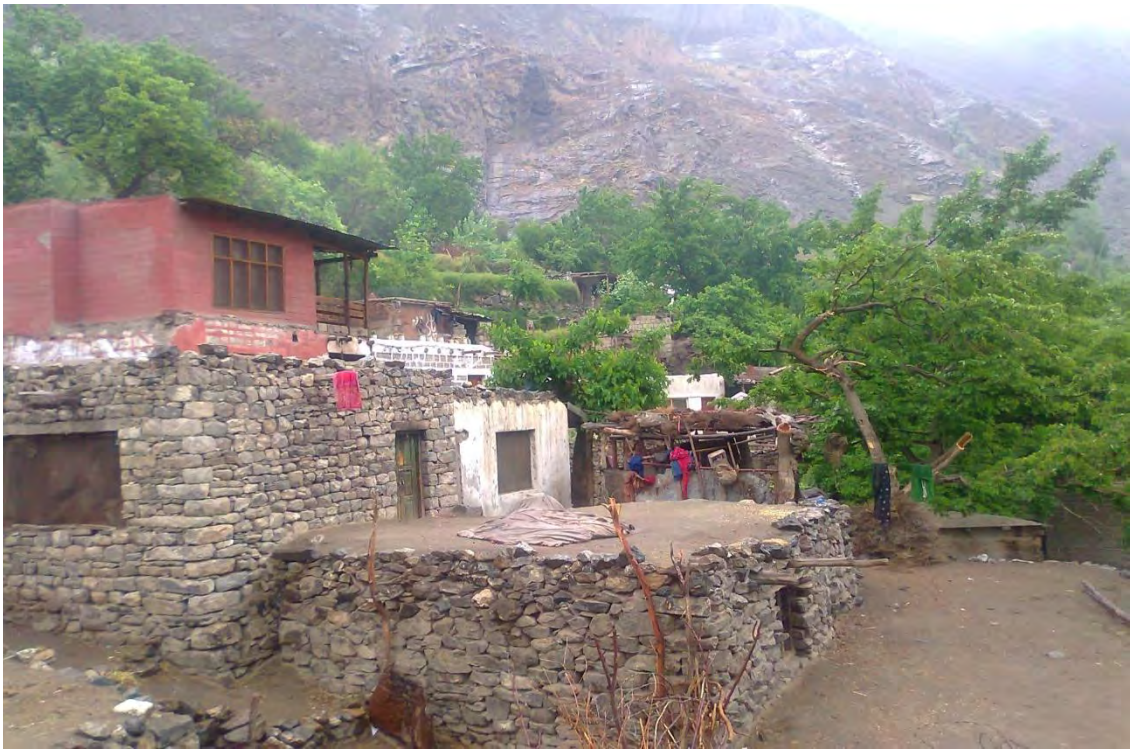
Normally four seasons occur in Gilgit city like in other places. Each season has its own beauty, and people enjoy each season and take benefit from each season. The first season is spring which is called (garu) in burushaski language. Its time duration is March to May. The second season is summer which is called (shini) in burushaski language. Its time duration is June to August. The third season is autumn which is called (dattu) in burushaski language. Its time duration is September to November, and the last season is winter which

is called (Bai) in burushaski language. Its time duration is December to February. In summers, people store goods like fruits, vegetables, meat, etc., and dry them so that they can consume them in winter. In the autumn season, people store dry leaves for their domestic animals.

4.6 Settlement patterns

In every society, settlement patterns depend on the environment, finance, culture, and climate. In Gilgit-Baltistan, most people still live in old traditional houses, which are called (desi haa); some (desi haa) are made of mud and wood, and some are cement and wood. There is the concept of pakka houses and kacha houses. The people who have good financial access live in pakka houses, and the poor people live in kacha houses, but most of the people are living in pakka houses, which are made of cement and wooden roofs. However, in Gilgit city, which is the capital and business hub of the region, there is mostly pakka house like in other cities in Pakistan. Gilgit has a vast network of metaled roads that interconnects the area within the city and with other areas as well.

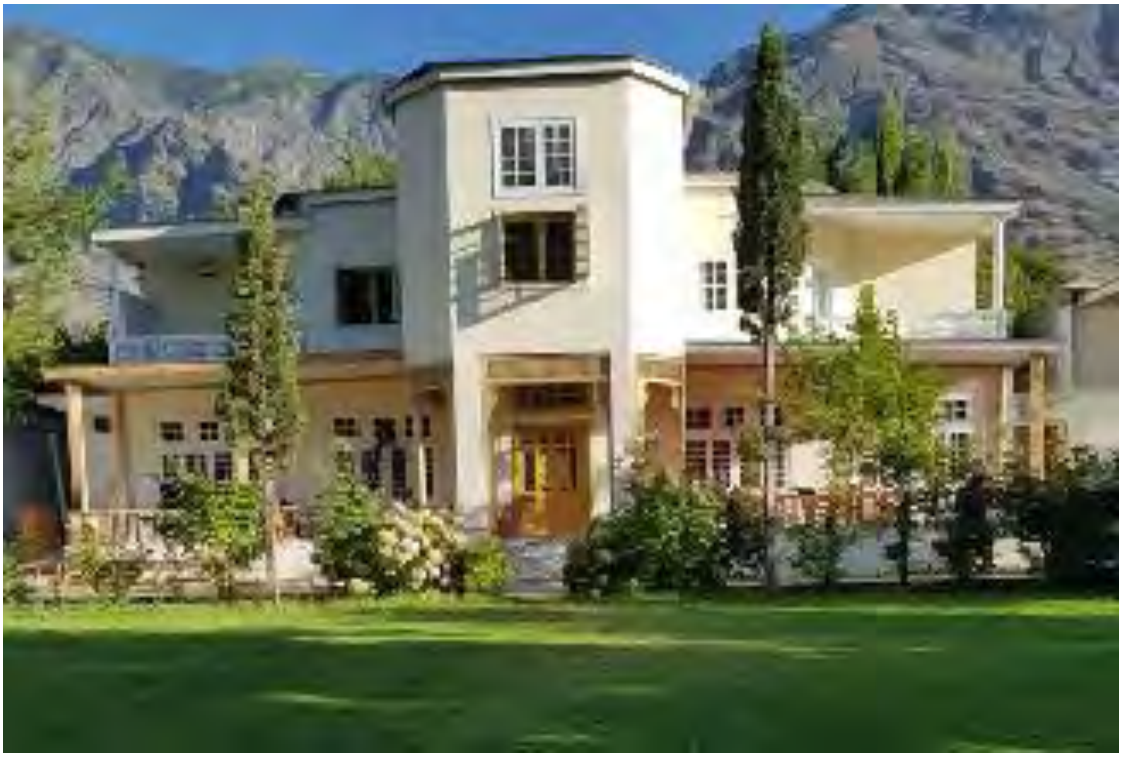
Figure 3: Settlement pattern kaccha house



Note. This picture shows a traditional house made of bricks and wood locally called a “Kaccha” house.

(Source: Photo by Researcher)

Figure 4: Settlement pattern Pakka house



Note: A photo shows a house made of cement and wood in a Gilgit city termed a "Pakka" House in a developed area.

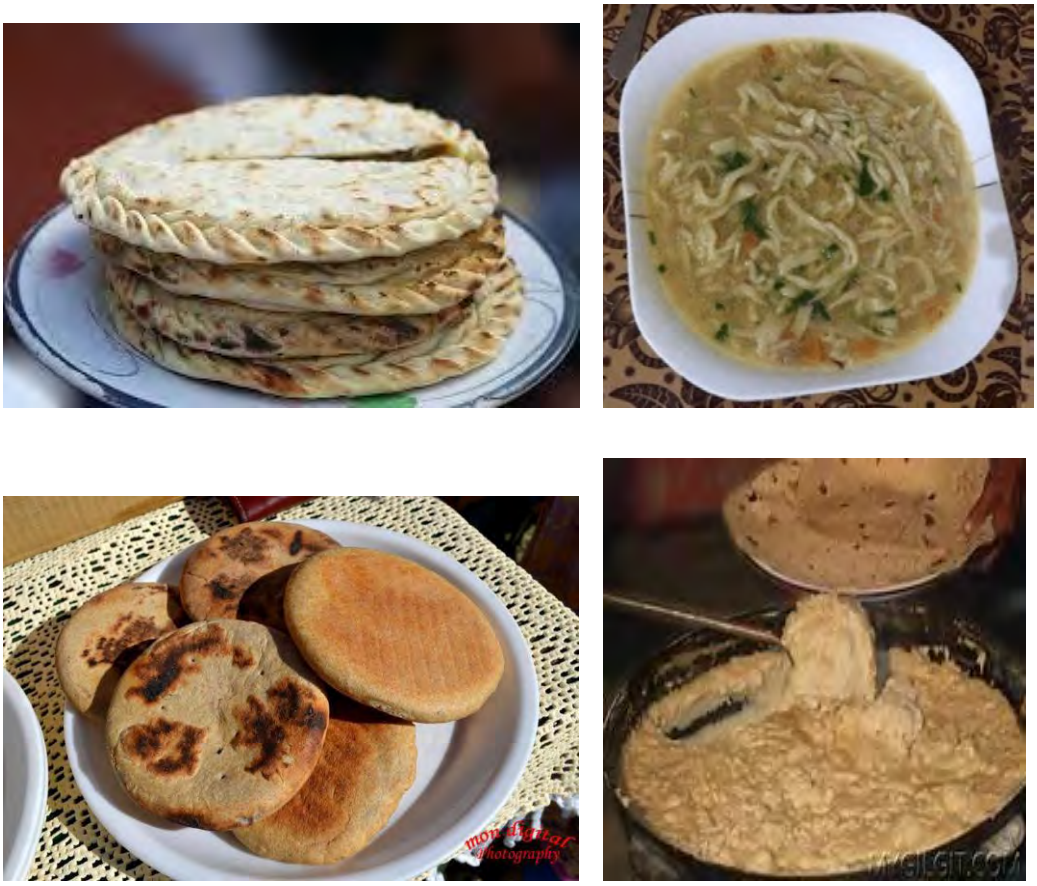
(Source: Photo by Researcher)

4.7 Food patterns

Food plays a very important role in connecting us to people and places, and it is an important part of national identity and cultural heritage. That in Gilgit Baltistan, there are many cultural cuisines that represent the culture and tradition of Gilgit Baltistan. The people of Gilgit are both vegetarians and carnivorous. They consume food according to the season and temperature. For instance, the dry meat they use in winters is called (*nasaalo*), and the drinks, which are used in summers, are called (*chamus*) and (*diltar*). Diltar is made from pure yogurt, and the chamus (apricot juice) is made from dry apricots. In Gilgit, the homemade thin bread (*sooro*) and the salty tea is popular for breakfast. The (*fity*), which is also made at home, is used in breakfast. On special occasions, (*arzoq*) and (*shirikux*) are used in breakfast, and casually they use eggs and homemade butter at breakfast. In the early

days, people made dishes by using the oils of apricots, almonds, and walnut in winter, as well as animal fat. Now some of these practices have been declined, but a few traditional foods which are still available and used by the people of Gilgit are as *Burus Sapik, Chamus, and Diltar, Diramfiti, Garay Sharbat, Giyaling, Chapshuro, Burumhanik, Mulida, Shirikux, Harissa, Mul and Barikux.*

Figure 5: Traditional Food



Note. These photos show different types of traditional food of Gilgit society which people usually prefer to use in their daily lives

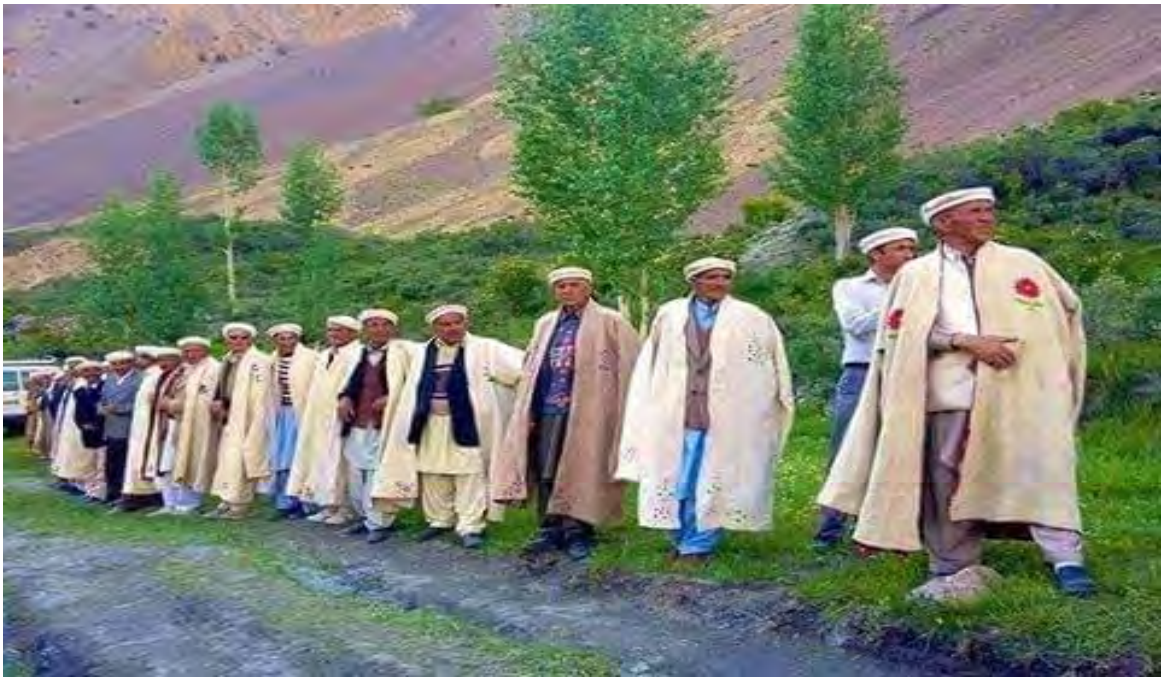
(Source: Photo by Researcher)

4.8 Dress Patterns

Dress patterns also indicate the culture of a society. The people are known for their cultural dresses. In ancient times, the people of Gilgit used to wear the long qameez and shalwar

and wore a long coat. Men generally dress in homemade woolen stuff consisting of a long overcoat which is called (*shoqa*), While women's dress consists of trousers (pajamas) and lady gown and the woolen cap, embroidered, sometimes with jewelry, around the margins which are called (*shay farxin).* Mainly the old women wear such colorful round caps, which but with the passage of time, this dress diminishes due to cultural assimilation with other parts of the country. Now mainly people wear simple shalwar qameez with jackets and jeans, and shirts. People wear their cultural dress occasionally.

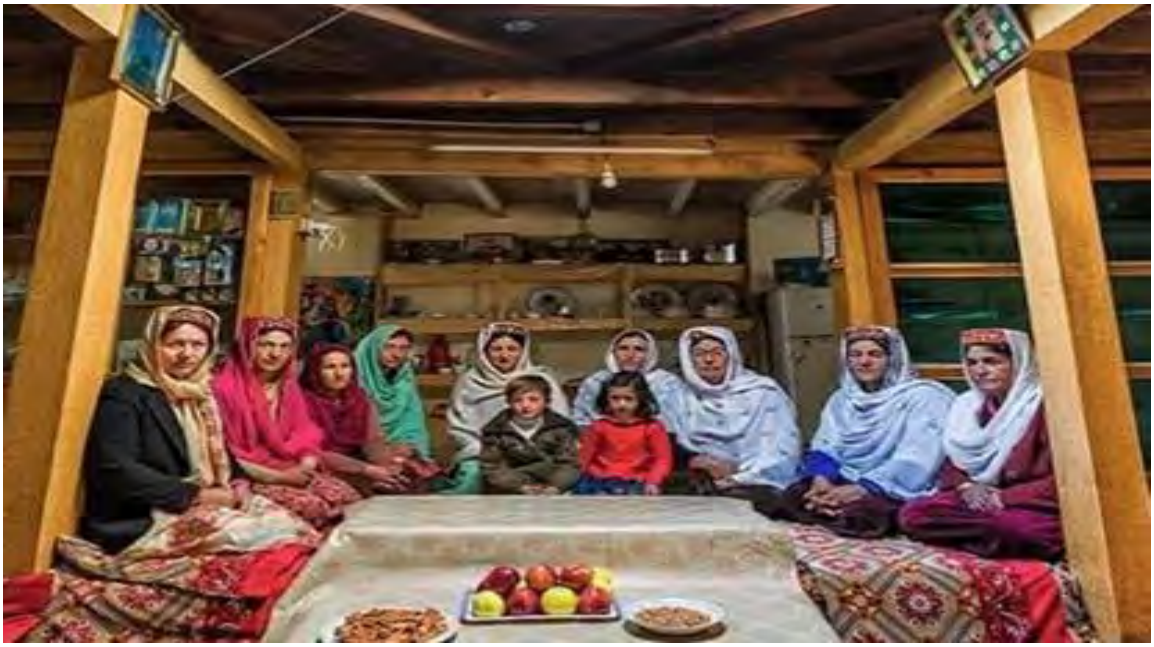
Figure 6: Traditional Men Dress



Note. This picture indicates the traditional dress of men in Gilgit society as a group of male members of society of different age groups are wearing the traditional dress.

(Source: Photo by Researcher)

Figure 7: Traditional Women Dress



Note. This picture denotes a group of women wearing traditional dress of Gilgit while sitting in a house at lunchtime.

(Source: Photo by Researcher)

4.19 Marriage Patterns

There are two marriage practices in Gilgit one is endogamy, and another is exogamy. Endogamy means marriages within a family, and exogamy means marriages out of family or caste. Most of the people perform exogamy marriages in Gilgit, especially in the Ismaili sect; most of the marriages are exogamy because they believe that marrying within a family causes genetic problems though few people perform endogamy marriages marry within the families too. In the early days, people were not in favor of exogamy; they were marrying within families, but now most people are in favor of exogamy because of modernization.

4.10 Family structure

Mostly there are joint families in Gilgit. People live together in more than one generation where the father is the head of the family, or the senior male member of the family leads the house. There are rare cases where people live in a nuclear family.

4.11 Economic conditions

In Gilgit, most of the people rely on the government jobs, but now the young generation is showing more interest in the business. They are trying to generate money through establishing hotels, restaurants, and tourism companies as now a day Gilgit Baltistan is the main focus of tourism. The people of Gilgit mostly belong to middle-class status, as they are not too much rich or too poor. Some people produce vegetables through farming, as the land of Gilgit is fertile for vegetable production. Gilgit produces a great amount of export quality cherry and apricot. People earn good enough money by selling these items in different parts of the country. Most of the young generation who are taking part in these small businesses the students of Karakorum International University. These students are changing the traditional system of trade to new ways through the preservation of fruits, which cannot stay so long.

4.12 Languages

Gilgit Baltistan is a hub of different languages, religions, and ethnicities. There is a lot of diversity in Gilgit- Baltistan. Five major languages are being spoken in Gilgit-Baltistan are,

1. **Shina**: It is spoken by almost 60% of the population in GB. Shina language has several dialects which vary from region to region, like, Asturija, Chilasi, Kharucha, etc.

2. **Burushask**i: It is considered an isolated language spoken in the parts of Nagar, Hunza, and Yaseen, each with different dialects.

3. **Khuwaar**: This language is spoken in Ghizer district and in corresponding areas of Chitral.

4. **Balti**: Balti language is spoken by the entire population of the Baltistan region. It is a sub-dialect of ladakhai and part of the Tibetan languages group.

5. **Wakhi:** Wakhi language is spoken in the upper Hunza region, whose border meets with Tajikistan and Afghanistan. Wakhi people are mainly early Tajik migrants.

Apart from these, there are some other languages that are also being spoken in Gilgit Baltistan, which are Dhomki, Gujjar, Pashtu, Punjabi, and Hindko, who had migrated to Gilgit Baltistan from different places in Pakistan.

Urdu is the lingua franca of Gilgit city, understood by most of the inhabitants. However, being the capital of the province and diverse culture, people speak many different languages. The majority of people speak Burushaski and Shina. (Shina) is the mother tongue of (sheen) people, and the burushaski is the mother tongue of (burusho) people living in Gilgit.

Table 4: Ethnic Groups

Ethnic Groups/Tribes	Percentage
Yashkun	50%
Sheen	30%
Moghals	10%
Wakhi	3%
Gujjar	2%
Others	5%

(Source: Respondents)

4.13 Religion

There are only Muslims in Gilgit who believe in one God, prophethood, and the Holy Quran. They are further divided into different sects Twelver Shia, Sunni, and Shia Imamia Ismaili and NoorBakshi Everyone is living in peace and harmony. However, some christen communities also exist in Gilgit city, those who are there for work purposes.

Table 5: Sectarian Profile

Sunni	Shia	Ismaili	NoorBakhshi
35%	45%	19.5%	0.5%

(Source: Respondents)

4.14 Religious Festivals in Gilgit

Following religious festivals and rituals are celebrate in gilgit Baltistan as well as Gilgit city.

- Eid ul Azha
- Eid ul Fitar
- Eid e Gadheer
- Eid melad ul Nabi
- Imamat day Salgirah 11th July
- First deedar Mubarak Salgirah 26th October
- Nouroz Mubarak
- Ashura
- Shahadat e imam Ali (as)
- Chehlum

The people of every three sects respect each other's festivals here in Gilgit and peacefully celebrate every festival.

4.15 Agriculture

In the early time, the whole land of Gilgit was agricultural land; people were surviving on agriculture, but now about more that half-agricultural land is declined due to day-by-day

increasing population. In the rest of the agricultural land, people cultivate crops and fruits, which include wheat, beans, carrot, onions, cabbage, cauliflower, buckwheat, millet, turnips, apricots, cherries, pears, garlic, apples, walnuts, and potatoes. In summers, people dry the fruits and sell them in winter.

4.16 Health Facilities

Gilgit city has good health facilities. There are numerous health care centers popular among them are District Headquarters Hospital (DHQ), Combined Military Hospital (CMH), and Aga Khan Health care center. However, private hospitals and clinics are in large number, which plays an immense role in providing health care facilities to locals.

5. LOCAL PERCEPTION AND CULTURAL BELIEFS ABOUT CORONA VIRUS

People of the Gilgit city have varied perceptions with various rumors, misconceptions, and false beliefs about a covid-19 pandemic. During the fieldwork, diversified perception of the people is noted, which varies from people to people. In a research setting, mixed types of worldviews about covid-19 have been observed regarding the existence, symptoms, disease outbreak, treatment, and vaccination based on cultural and religious beliefs.

5.1 Perception of Covid-19 as an Actual Threat

The majority of the people in the research area were afraid of the prevalence of coronavirus situation in the country and considered it a serious life threat. During the initial wave, they were conscious of the symptoms and adverse effects of it and the ongoing situation. By believing in the biological existence of the pandemic, they regard that the world is suffering from a kind of emergency in the form of coronavirus. As far as the treatment is concerned, having perception as a fatal disease, they believed that the patient requires proper isolation. The government's strict policy of lockdown is necessary to control its transference. They follow proper precautionary measures to minimize its effects. People who have better educational qualifications and who belong to the Ismaili religious sect were more likely to consider coronavirus as a serious disease and follow the instructions of doctors and the government.

5.1.1 Case Study

It is the case study of a female respondent who believed coronavirus was a real-life threat. She was thirty-five years old. She had done a master's in education and was working as a master's trainer in a private institution. She was married, and her average monthly income was around 75 thousand rupees. She follows the Ismaili sect of Islam. When covid-19's first wave started, she was worried and disturbed about the situation that developed due to Covid-19 and was in continuous fear of contracting the virus. She was concerned about the misinformation and fake news about the virus on social media platforms and about the behaviour of many people regarding it as the pandemic was not taken seriously by some sections of the society.

She rarely went to the market for groceries and other necessary tasks. She has used sanitizers, gloves, and masks when going outside. She was in fear due to the ease of strict lockdowns and used to avoid crowded places. She also informed that during the first wave of coronavirus, on the occasion of Eid, she did not go shopping. While discussing the existence and nature of coronavirus, she believed that the disease seemed to be normal, but its effects are severe and long term and that it is natural and humanity has faced many such pandemics in the past. It is impossible to deny its existence when people suffering from it are dying worldwide. She regarded that people often blame one another as the cause of the emergence of this virus. It is illogical to blame anyone as it is a viral disease.

She narrated: *"jaa pehla k almi wabamin barah loo dayalaabayam lakin covid pehla almi waba bika amit muu jaa amli toor aatay samna achaba. Corona virus but ziada asar andaaz manibi aur khosey asarin taweel muddat kha hurutas bixan. Tok dunia ee gutay samna achumay bee"* (I have heard about pandemics in the past, but covid-19 is the first one I am facing practically. It seems normal, but its effects are very severe as it has long-term effects. The globe is suffering from it; every aspect of society, including education and the economy. No one can do anything. It is very dangerous. I have never seen any similar situation in my life).

As she followed the religion Islam, she answered about her religious comprehension of the disease as for Muslims; cleanliness is half faith. In the holy book of Muslims, there is awareness about many pandemics and how to deal with them. She did not believe in the religious perception of the existence of coronavirus. She considered it a biological disease with severe health impacts.

She narrated: *"Gotay har desh loo pehla manila. Oway goshianx k asar andaz omanan menag parda acham. Aur menay gotay soch achan k corona virus fahashi k hett manas wajay tai pheela mainibi k oo daa jahilsho baan"* (It has spread everywhere in the world even women who use to do veil has also been affected from it. Those who think coronavirus has spread due to obscenity or sins are just ignorant).

Based on her perception and understanding of the pandemic as a real disease, she does not only follow SOPs properly but also enforce others to stay at home and maintain social

distancing. Even during the lockdown, she used to call the parents of her students and make them aware of the situation so they would not let their children out.

She further recounted: *"Gatanas maniss daa maishat manis ya phir mee mashra har pehlu. Men k bes k atas ayomaiban. Khot buttan khatarnak bila. Jaa beshal k akhi surat e haal an ee samna ayatabayam jaimo zindagi lo"* (I would beg people that for God sake just use your common sense, it was important to impose lockdown in such places because those are the most crowded places, nothing else).

5.2 Rumors and Superstitions

In Gilgit, people were curious about knowing the reality of coronavirus. Consequently, they started creating, believing, and spreading rumors about the existence of coronavirus. A considerable segment of the population was involved in believing and spreading superstitions and conspiracies about the virus. When something unpredictable happens, such as war, natural disaster, or outbreak, uncertainties emerge, which in turn give birth to different narratives; hence rumors disseminate. After the emergence of coronavirus, with the increase in the number of cases, numerous rumors and conspiracies emerged. These rumors and unauthentic information had a great influence on the people in making their perceptions of the pandemic. People with low educational and economic backgrounds usually believed and spread the conspiracy views about the pandemic coronavirus.

5.2.1 Jewish and American Conspiracy

Coronavirus in Gilgit is viewed as a Jewish and American conspiracy. People believe that lockdown is imposed all over the country to stop Muslims from going to mosques and offering their prayers. According to them, Jewish as well as Americans are afraid of Muslim unity, so they are spreading fear among Muslims. They denied the existence of coronavirus and declared all of it false propaganda. They used to roam around markets without any precautionary measures and share such conspiracies with others.

One of the respondents shared his views: *"khot han magribi mansubaan bila America k isreal aaa China k daa iran ee khilaaf. Jaa tou bilkul theak baa. Jaa tou covid ee mareezsho ka bayam. Mee hin hamsayan eraam inn Doctor showe alaan atuman k Inn covid ee mareez*

bam. Jaa enay kaa amayabayam enay khayal oshabayaam lakin jaa bilkul theak baa baqi enay sukoyo k theak baan" (It is a western agenda. America and Israel have done all this against Iran and China. I am perfectly fine. I had been with patients who were covid-19 positive. One of my neighbour died, and doctors declared him covid-19 positive. I used to take care of him, I am fine, and all his relatives are fine, nothing. This is all fake, and the outbreak in America that we watch on the news and other media platforms is fake. They are all faking it just to show the world so that they cannot blame them)

Another respondent had an explanation of the pandemic as: *"Gotay han yahodi sazish an bila amit butan yahodi arabpatimuxx aa fund acchan. Auway asal lo 5G technology xum sis control otass ee rai acchan . Etay ganay sis lail ochar daa oway oyagucharr 6 foot mathan orushan . Daa khuwe dunia xum musalmansho aaa tadaad/ abadi kam atas ee rai achaan bes k khower gaishila k musalmansho khuway gaan lo rukawat maiman"* (This is a Jewish agenda, funded by a lobby of Jewish billionaires. They wanted to launch 5G technology to control people around the globe. Therefore, to trace and detect people, they want to maintain a specific distance between people, which is six feet. They also want to minimize the world's Muslim population because they see Muslims as an obstacle to their agenda. They have created a virus, and then they will invent a vaccine. Through vaccines, they will control population because after using vaccine cancer patients and infertility will increase and automatically there will be less population).

5.2.2 Experimental Intricacy

As people are inquisitive towards the occurrence and existence of coronavirus, they believed that pandemic is the result of abortive scientific experiment. Some people also regard that it is caused by the abuse of natural processes. It is an artificial element created in laboratory as a strategy of different world pharmacies to earn money.

A respondent narrated: *"Gotay han manfi asar an bila scienci tajurban ee. Cheen ee thum besan ajaad atass taa oui moo tajurba loo nakaam numan , gusay corona virus dunia ganay dimanibi"* (It is a side effect of some scientific experiment. Chinese were inventing something else but they failed in their experiment and invented coronavirus for the world).

5.2.3 Propaganda for International Funds

A section of the people of Gilgit believes that coronavirus is a constructed story created by the government to easily get loans and international funds from the World Bank and IMF. As the country lacks stable economic conditions; as a result, the government blames the death of the masses as caused by coronavirus to get foreign financial support.

A respondent narrated: *"Ja hin doctor an xum daylaba social media ty k menn mareez baan ow thum bemari wja ty ouirchan da men men ouirchan ou COVID-19 positive declare ochaan bess k international fund ouachaan har mareez ay mout ty"* (I have heard about it from a doctor on social media that patients usually die from other diseases whoever dies is declared Covid-19 positive patient because the government gets international funds for every person's death).

5.2.4 Covid-19 as Bio-War

The findings illustrate that people of locale have a mindset that coronavirus is not only related to Pakistan; rather, it is a kind of third biological world war between major economies. Coronavirus has the least impact on health, and it adversely affects the economy of the country. Consequently, people ignore the serious health implications of the virus by considering it as an economic world war.

A respondent narrated: *"Coronavirus aam khurxumush juwn bila, ety bsn death ratio an apii sis terum awo ourchan. Khot oyon etay xm bila bes k khot han biowar an ay hissa bila oyojnko taqatwar mulkichn harang lu, mee sirf bss ou bech lu pissa memayaban. virus apii bass han economic game an bila"* (Coronavirus is just like flu; it does not have a high death ratio. All this hype has been created because it is part of some bio war between superpowers, and we are just suffering from the consequences. There is no such virus it is a planted economic game).

5.3 Prevarication about a virus

The natives of Gilgit have considered the existence of coronavirus as a fabricated story. They believe in the health issues related to coronavirus, including mild cough, flu, temperature, and cold, whereas they regard and speak in an evasive way about coronavirus

and contemplate it as a hidden plan of government. They are less complacent with a governmental approach to handling viruses.

A respondent narrated: *"Coronavirus bess k api ya bs sarkar ay han khel an bila oumy siyast erusher. khot to han aam bemari an bila sheni baii monmanas an bs sarkar ay thi oyum ny melthran oyrchan nusen"* (Coronavirus is merely a game of government and politics. It is a seasonal disease deliberately considered by the government as a deadly new virus).

5.4 Religious perception for COVID-19

In Pakistan, religion is a major constituent of the perception about the social construction of coronavirus, and it plays a pivot role in society to regulate the behaviour and attitude of people towards health. People of Gilgit-Baltistan are religiously conservative by nature because of the sectarian issues in the past, due to which there is an apparent presence and role of religion in the origin of rumors, denial, and disbelief about coronavirus. Religious leaders and scholars had a great influence on people's lives and constructed their mindsets. Therefore, different perspectives in accordance with their sec exist in the research locality.

Respondents who follow Shia and Sunni sect of Islam have different views that differ Ismaili sect. For instance, some of the respondents who follow Shia sect used to chant slogan of *Allah o Akbar* (Allah is greatest) or recited *Azaan* (Islamic call to prayer) on the rooftops during the time when coronavirus was at peak as guided by the religious leaders. This is usually because they consider covid-19 a punishment from Allah due to extreme sins in the society. Some believed that the pandemic is sign of *Qayamat* (end of the world) as Holy Kaaba and other shrines of Imam become uninhabited.

Muslims are already immune because of their strong faith in Allah. Although most of the respondents interviewed showed their faith that disease comes from Allah and that they should show patience while dealing with it by following the precautionary measures guided by doctors and health specialists. However, some of them believe it as curse or punishment of Allah and use other ways to deal with it.

A respondent narrated: *"Anuu ek warning ek han khudajo trf et koss asot paida thegas anu dunya paida thegas, Asut awajii han khuda jo mafii genok 5waqty namas paray"* (It might be a warning from the creator of our wrongdoing and sins. We have to regularly offer prayers five times a day and seek forgiveness).

Another respondent narrated: *"Owyon guky Wabamin me gunnah min wjaty xuchibixn, Corona k telty debi, amit haalat k zulumn an bila kashmor lu da falastin lu ety wja ty" (*All the pandemics are the consequences of our sins. Corona is the result of the situation in Kashmir and Palestine).

5.4.1 Covid-19 as Indignation of Creator

People who denied the scientific existence of the coronavirus often believed that it was the wrath and will of Almighty Allah. They created and believed in stories such as coronavirus is the end of the world or that this is the time of appearance of Imam Mehadi as all the holy places are closed. People consider society and their lives as not relative to Islamic teachings. They frequently use the example of the cord of Hazrat Nuh and the Punishment of Almighty Allah.

5.4.1.1 Case Study

A respondent, fifty years old, has strongly believed in the existence of coronavirus as the wrath of Almighty Allah. He followed Shia sect of Islam. He had done master's from Karachi and currently works as a pharmacist. He ran a medical store where he used to work on a daily basis in the Khomer region of Gilgit city. He used to believe that pandemics occur as punishment whenever people disbelief in Allah and due to the wrongdoings of people all around the world.

His daily work routine at the medical store was from 9 am to 10 pm. At his medical store, he often engaged with his work partners about the occurrence of coronavirus. Apart from that, he also indulged in conversations with his customers. Concerning coronavirus, he often shared his opinion with his peers and friends and was involved in preaching all the time that Coronavirus is also a threat from Allah to everyone who does not follow the preaching of Islam and Prophet Muhammad. He believed that people, especially youth, are distracted from the preaching of Islam using different social media platforms, which spread

vulgarity due to which they commit sins and crimes which are considered very wrong according to Islam. Furthermore, he believed that its the time of the appearance of Imam Mehadi and it's near the end of the world as Khana e Kaba and all the holy shrines were closed for the first time, which had never happened before. According to him, no one can control this disease unless we all seek forgiveness from Allah and follow the right path.

He narrated: *"Waba khuda tarfjo waan abuu asot ek dhamki ek han k agr tu sudhra boo, inssan boo, Islam ay aruu bay khuda ga pagaimber manay halal o haram jo frq thy hades at amal thy naik raaah jo amal thy anuu qayamatt ay ek nihsnii han asut khanna e kaba bnd bugu imam e roza bnd bugu, sirf musslmaan nay ya pooori insaan et anu dhamki han khua trf jo"* (Pandemics are sent by Allah as a threat to humanity. It is a threat so that we could become humans and follow the preaching of Islam and the Prophet Muhammad, so that we could differentiate between sacred and profane and take guidance from teachings and follow the right path, the path of Allah. It is a sign of the day of judgment. We are all distracted. We should follow the right path).

Once a young customer went to his medical store to buy medicines. He has opened titk tok in his smartphone. He informed him that coronavirus is caused by the obscenity of the young generation. The excessive use of social media applications and the vulgar dressing of youth have triggered the occurrence of coronavirus.

He said to the customer that: *"fahashi muu mee mashra loo butan bila amit Social media an bila tictok juwan mee jawayoo haran fahashi phelaya achibi. Besane wajah xum Corona virus juwan wabamin Khuday derchai tok dunya gany"* (Vulgarity in our society is at its peak. Social media applications including Tik Tok spreads obscenity among youth which leads to the occurrence of a pandemic like coronavirus from Allah).

5.5 Perspective Variation in Different Waves

The occurrence of coronavirus made people afraid of novel diseases with no comprehension of the virus. There has been a significant change in the perception of people during different phases of coronavirus. People who regarded it as a serious natural disease tend to adjust to its prevalence during the second wave. People who were reluctant to accept

its existence considered it as negligence of the government. The fear of people has gradually lessened during the third wave, and they regard it as a normal disease.

A respondent narrated: *"yarkamasu lu butan aae bam me bemari xum lakin mushty besan omemanuen, muu to kam manibiii phass emaniii kholay muu beaan aaran"* (Initially, we were much afraid of the disease but we remained safe during different phases of it. Now it is going towards its end, so we are not afraid of it).

5.6 Social Categorization and Perception

The economic and social division in Gilgit has a deep influence on the views of people about coronavirus. People who belong to different social classes and status has varied perception about coronavirus. The social class with sufficient economic resources tends to consider it as a serious life threat and follow precautions carefully. For people who belong to a middle stratum of locale, coronavirus is a mild disease that has adverse effects on the economy of the country. The economically affected segment of the population believes that it is the strategy of the government to exploit the poor class and to control its resources through manipulation of the poor by the rich class.

A respondent recounted: *"Buatn siss kholay chamm ay osqaibiii etay ka menaar parwa bila owmo sihat ay virus ay amesqanimi k sham ay mesqaimii"* (It is impossible for poor to think about health issues properly as they live from hand to mouth. A huge number of people die of hunger rather than coronavirus. Their household economy defines their worldviews).

5.7 Curative Perception and Traditional Remedies

Apart from the varied views of people about the existence of coronavirus, people of Gilgit have different mindsets about the cure and treatment of the virus. Initially, there was a medical controversy about the disease, treatment, and vaccine of the disease, which leads people to believe in home remedies and traditional treatment of the disease. They believe that the use of ginger, lemon, and black pepper can save them from the virus as well as treat it similar to the common flu and cold. They introduced the use of herbal tea named as "*Sana Makki*" as a cure for coronavirus.

A respondent recounted: *"Haan jadiboti an bila ety butan toum kaa ny echan et ilaj bila coronavirus ay. me apii etay mebam bemar mumanuko k khurxomush gany bukhar gany. et minum xm bd corona awo doybii mexii"* (A herbal tea made of various herbs can easily cure coronavirus. It does not only treat coronavirus but also safe people from getting infected. My grandmother used it for common flu, cold and fever).

Several people have a negative perception about the treatment of coronavirus at hospitals. They believe that it is the strategy of doctors and hospital management to charge extra fees from patients.

Another respondent recounted: *"Gileet lu altan juwayo hilashoo coronavirus xum daal omanumen. owy hospital lu bam ety xum hospital ar nias apii elay doonen k haalat khrb mechan. Owy juwayo aakhiri chagmen xum lail maibila ow virus xm bay zehar nosireen osqanan doctor sho"* (In Gilgit, two young boys died of coronavirus. There is no need to visit a hospital as it makes the situation of the patient worse. Their last words depict that they did not die of the virus but rather poison injection from doctors).

5.7.1 Religious Cure

The Muslim community of the research area believes they naturally protected from coronavirus based on their hygiene status due to ablution for offering prayer five times a day. They think that the virus can easily be shed from the body through ablution and washing the body. Besides ablution, some respondents also seek a cure from Holy Quran verses.

A respondent narrated: *"Ja jam an ay saybam k YouTube ty han videoan bilm elay mesham, k Quran ay han ayatan bila ety nusenn quran beran k elay han guyan ay buran dushii etyy elaj maimi coronavirus ay. Etay burr xill lu nipshaa menumn k eskikuxh lu thek memayban"* (One of my relative watched a video on YouTube which shows that there is a verse in Holy Quran. After reciting the verse, you will find a hair in Holy Quran. The hair found in the Holy book is considered sacred and a cure for coronavirus. Coronavirus can easily be cured by dipping that hair in the water and drinking it for three days).

5.8 Denial Perception

There is a widespread denial of the existence of coronavirus despite its life threat and severe health complications. Based on research findings, people of the area believed in conspiracies and deny the presence of the virus even after affecting from it. The negation ideology of some people compels them not to follow precautionary measures.

5.8.1 Case Study

It is the case study of a young woman who denies the existence of coronavirus in the country. She was twenty-six years old. She believed that coronavirus is not an actual health issue even in the research area. Her educational qualification was master's. She considered that coronavirus is just like common flu or seasonal flu and is largely connected with the immune system, and being a resident of Gilgit; she has a strong immunity. She told that the people of Gilgit have the right to eat and food choices as they mainly eat organic food, which boosts their immunity as compared to other parts of the country where food quality is too low and to western people where they are too hygienic.

She ate a lot of dry fruits, meat, and fresh fruits and believed that this kind of food is the source of protection from all kinds of diseases. In her educational setting, she told other people how to enhance immunity and do not fear coronavirus. She further believed that people of Gilgit-Baltistan are used to this kind of symptoms and disease due to the harsh weather conditions in winter season. She believed about the presence of coronavirus in western countries due to weak immune system of people but deny its existence of it in Pakistan. She was of the view that people of Pakistan do not care about hygiene due to which their immunity is stronger than the western world because of which the numbers of COVID positive cases are low in Pakistan. She used to roam around without any precautionary measure. She had never follow any SOP till the start of pandemic and nothing had happened to her. She even challenged coronavirus to infect her if it exists.

She narrated: *"Covid-19 Pakisatn lu bias e apii, agrr bee kuli me Gilgit-Baltistan ay sis ty asar aychibii bes k mee immune system mazboot bila, Sis thi pagal omann nes k omaibila thi social distancingsaybam. Ja challenge echabaa coronavirus ja xy manish agr xanay bee k"* (Covid-19 does not exist in Pakistan, even if it exists it is unable to harm the people

of Gilgit due to our strong immune system. People are mindless as they are following social distancing. I challenge coronavirus to infect me if its existence is true).

During the first wave of coronavirus, one of his uncles went ill. He was sixty five years old. He had symptoms of Covid-19 but her family did not pay attention to the symptoms and considered it as a seasonal health issue. Even they refused to take him to hospital. When his condition went worse doctor informed them about coronavirus but they did not believe it. Her uncle died of Covid-19 but they believed that he died of another health issue and told people that he died of heart attack. She also considered age as the key factor of the weak immunity in case of death of his uncle.

She further narrated: *"Ja Oyum Aya bam 60 saal bilm enay umr, en heart attack nimen daal emanimi bes k enaye dimay dooro exias fat etimi etay bemari ay khilaf"* (My uncle was sixty five years old. He died of heart attack as he was old enough and his immune system became weak to fight with the diseases).

5.9 COVID-19 Demises and Perception Change

A gradual change in the perception of people of Gilgit is observed after increasing death ratio of people. People were ignorant of the presence of coronavirus after seeing people getting affected by it. Some people considered it as routine health issues. Unexpectedly, the people who were not following government directions and precautionary measures started following them.

A respondent narrated: "*Yarny to mee soch etumen k coronavirus khurxumuxh juwn bila bess k api, ahtiat aytumn, sops ty amal aytumn. Bdlu me butan sis Ouiras youxumn to aarmemanumen. Mutuu to ja aarba khot bila han khatrnak bemari an"* (Initially, we considered coronavirus as a flu and did not follow any SOPs. When we see people dying of coronavirus we get afraid of it. At present, we believe that coronavirus is a fatal health issue we are facing).

5.9.1 Case Study

A thirty one years old girl was ignorant of the existence of coronavirus. She was unmarried. She had done her graduation in arts and was living with her maternal uncle's family in

Karachi city. She belonged to Shia sect of Islam and was denier of existence of coronavirus. She did not use to believe in the existence of virus and considered it as a false propaganda or a government's agenda. She used to consider coronavirus as a normal flu and didn't follow any SOPs properly until her uncle became affected by COVID-19 and died within two days of contacting it.

When her uncle became tested positive with coronavirus, she still did not believe about the existence of coronavirus. At that time, the government team arrived to test the household for coronavirus. She had mild sore throat and flu at that time. When all the members of home were tested for COVID-19, she became positive too. She was isolated in a relative's home for sixteen days where she suffered a lot resulting in fever, cough, flu and respiratory issues. She used to follow precautionary measures guided by doctors till her test results became negative. She recounted her real life experience of becoming ill with COVID-19 and her uncle's death and regretted her careless and neglected behaviour which placed her uncle's life at increased risk of infection due to which her uncle lost his life. She described herself as living with anxiety however, she used to aware family and friends about the COVID-19 giving information and knowledge about her experience of contacting virus so other people would follow the SOPs and take COVID as a real time threat, which made her feel less worried.

She narrated*: "yarnay to ja besan k coronan apii sayabym oomusho sayabym lakin mushty amitt j aka waqyaan manimii k et xum bd to jar yaqeen manila k ess waqaii be. Ja positive demi test et xm bad quarantine atumen jar butan takleef manimi, bukhar manimi, shushu amanam, saans ganas masla aar manimi bass ayrass xum dawas dayabaa*"

(Initially, I thought there is no virus and it was all fake but later what happened to me shocked me and forced me to believe that it exists. My test results became positive and I isolated myself where I suffer a lot from fever, cough flu and breathing issues, I thought I would die it was a very hard situation.)

After the death of his uncle, she started following proper precautionary measures. The death of her uncle and her personal experience of coronavirus has changed her perception. She further recounted about the death of her uncle and how that shocked all their family

members because her uncle was strict at following all the precautionary measures and follow all SOPs properly while going outside and at home as well. This incident made her and all other family members take COVID-19 as a serious health issue.

She told: "*Me nana butan meshubm aur eny ee k besan oyon ay khayl oshubam holay nias lu, halay besaan oyonn ay lakin ,me serious owo gayabam enay chagaing, enay tabyat kharb manimii aur test otas k positive demi, hospital ar esubam elay tbyt but khrb numan 2 din bad daal emanimi*" (My uncle used to tell us a lot to take care and he himself used to take care a lot and follow SOPS properly at home and outside but we didn't take him that much serious. He became ill and his test results came positive for COVID-19 we took him to hospital where his condition became worse and died just after two days.)

5.10 Perception about Vaccination

Conspiracy theories, myths and disinformation are impeding the mass vaccination drive. Based on the perception and misperception of people, there has been actively spread hesitancy towards vaccination. Dissimilar to rumors towards other diseases including polio, religion has positive impact on the vaccination ratio due to religious scholar speeches on media.

A respondent narrated: *"Me men men Ulema baan k owy Vaccine delin senaan mana aytaaan, mazhb lu vaccine zum bsn pabndi an apii"* (Per to religious scholars, vaccination is religiously acceptable in Islam. There is no religious prohibition to avoid coronavirus vaccine).

There has been a fear of vaccination in research area mainly in people with less economic availability, illiteracy and high conspiracy narratives. Social media applications also played a negative role in spreading rumors about vaccination.

A respondent narrated: "*Ja videomn beranbym youtube k facebook ty ely mesham k men men sis Vaccine lga ochan oo alto den xm bad lu ouirchan. khot coronavirus Vaccine han saazish an bila bilgates ay, enayy han chip an desmanay etay mee medim lu mebexichaan Vaccine bahanaa ty, Ow mematy qaboo echan. Khot da aabadi khilaf k han saazish an bila me aabadi kam metas gany me mapairsho nosqan"* (We have watched a video on YouTube

and Facebook in which they told that vaccinated people to die within two years of vaccination. The coronavirus vaccine is western propaganda made by bill gates. He invented surveillance microchips and through vaccination these chips would be embedded in the bodies of people to gain control of their mind. It is also a western approach to control world population by injecting poison injection to old citizens).

Another respondent recounted: *"Gotay Vaccine amit bila k het guxianchn ameeer sho men ayeshi echaan, men het baan, menay khuda nazam badal etas lu baan oway han saazish an bila hirsis e khilaf lu. Oowy Hirsis hirgus otas lu baan. Coronavirus ay vaccine me saqafat ay bilkul khilaf bila"* (This vaccine is a plan of feminists against masculinity that convert male members into transgender. Coronavirus vaccine is against our cultural values and traditions).

5.11 Perception of Doctors and Paramedics

Coronavirus is a unique and unprecedented situation for general public as well as health workers. It required a long-term fight and role with up-to-date information and communication to avoid confusion and stressful situation. The biggest concern of the doctors and paramedical staff was a failure to treat the patient as well as becoming ill with virus which results in lack of contribution to health care system of the area. Therefore, the views of the doctors should be considered and addressed.

A doctor narrated: "*Guty khali mareez sho ar bay oyonn hasatal ay amala ganay han mushkil khenan an bilum. me teljko gunxinn k yexaan amluo mee haar man etumen mareez sho haalat niaxeen. oyoun sis aar bam amlaa xum neen doctor sho kha thang*" (It was not only a challenging time for patients but for health care staff too. We have faced a situation where we were helpless against the condition of the patients. We had experienced panic among paramedics and doctors).

During coronavirus pandemic, the doctors-patient relationship was essential in the process of treatment of the disease. It was observed that people do not show trust on doctors. Doctors of the research area are of the view that even their regular patients were reluctant to visit them and seek consultation from them in case of common cold and cough.

Another doctor who served in coronavirus center narrated: *"Sis ay mee me xum aar oumaibam k maa xy corona bee, shuru lu to butan aar bam mee xum. sis doctor sho pachr onichubm checkup ganay aam khurxumush ganay e k"* (people have perceived us as the carrier of coronavirus. During the initial waves of the disease, people are as afraid of us as the coronavirus. They avoid consultation for normal cough and flu under the belief that we doctors would declare that as coronavirus).

6. ATTITUDE AND PRACTICES OF NATIVES REGARDING COVID-19

The perception of people has played a significant role in determining the behaviour and attitude towards coronavirus. The comprehension of disease, treatment and vaccination process has shaped worldviews of people which make them behaving in a certain way. People who accept the existence and effects of coronavirus have seen practicing social distancing and following SOPs. On contrary, people who consider covid-19 as propaganda do not follow health measures as a consequence of denial mindset. They continue to spend time outdoor, attend weddings and funerals and crowded places with physical contact as shaking hands. This chapter explains the behaviour of people during coronavirus being

shaped by perception and their attitude in dealing pandemic accompanied by performing daily life, religious and cultural practices.

6.1 Information Sources Determining Practices

The majority of the people do not properly know about pandemic diseases and coronavirus is new for them. Some of the respondents considered Malaria, Chicken pox and Spanish Flu as previous pandemics in the history of mankind. To get information and awareness about the pandemic, they prefer various sources which affect their behaviour and practices in daily life to deal with coronavirus. The main sources of information about coronavirus in Gilgit which determined the attitude of people are in the following.

6.1.1 Social and Mass Media

People of Gilgit mainly rely on the traditional channel to get information about pandemic coronavirus i.e. mass media including television, newspaper and social media such as Facebook, WhatsApp, Twitter, YouTube, google and Instagram. Some respondents also follow news channels like Cnn and Al-Jazeera for authentic news. Where media has provided reliable knowledge to people, it also has played a destructive role by spreading rumors and ill-comprehensions of the disease on which the behaviour of people is largely dependent.

6.1.2 Kinsmen and Friends

In Gilgit society, people are connected based on mutual interdependence and reciprocity. People not only share information about coronavirus to each other but also intimate behaviour. The behaviour of a person is based on the actions of his family, relatives and group of friends. In case of vaccination, people usually follow this trend.

A respondent narrated: "*Jb jaa dostshoo vaccine deljeen jaa k deljem coronavirus ay vaccine"* (When my friends will vaccinate themselves, I will also get my vaccine of coronavirus).

In research area, people usually get fabricated information about the existence and treatment of coronavirus which has influenced their behaviour.

6.1.3 Doctors and Health Practitioners

People of the research area are less dependent on getting information from health care practitioners and doctors. Due to the prevalence of miss-conception about coronavirus, people avoid receiving scientific information from doctors. Even, if they get relevant information about the treatment of coronavirus, they try to fabricate it.

A respondent narrated: *"Hin helesaan bam thum khan an ay en corona emanam. Enarr doctor ay manaa eretam k hospital ar onishh. Enr esam k pandol ka baalth suu hamesha, eny ettv tay amal netinn theak manimi"* (A boy from another village got affected by coronavirus. He was forbidden by a doctor to visit hospital. He was advised to take Panadol and eat apples regularly. He followed the advice of doctor and recovered).

6.1.4 Religious Leaders

A large section of population of Gilgit considered coronavirus as a religious phenomenon. In this regard, the role of religious authorities is imperative in shaping the behaviour towards coronavirus. Several ways including reciting prayers, call to prayer and do penitence was informed to people as a cure of virus by religious leaders whereas they also suggest people to maintain social distancing.

A respondent narrated: *"Social distancing osasss an mazhbii farizaan k da hokum k bilaa memar. Mee imam ay mesaii k rush bilum disher oneen"* (To maintain social distancing is also a religious order for us. Our Imam has instructed us to avoid crowded places).

6.2 Conscious Behaviour and Prevalence of Fear

It was observed that fear was an adaptive response of people due to the threat of uncertain and continuous disease. With the outbreak of covid-19, people are much afraid of the spread and infection of virus in initial waves. The natives have experienced a serious threat of getting infected personally and their loved ones from coronavirus. The ways of interaction in society have not only altered due to the fear but also people show conscious behaviour at their homes.

A respondent recounted: *"Mee aar memayabaan meer gaichila k mee coronavirus baan mee lu e bee ety xm holay nichar k ar memaybaan. Halay aar meyaybaan k holum men du kaa deshain. Jam qaam xum elava keh tumshom xum aar meyaybaan. Mathaan dishan lu khan an lu menan infect emanaii ny demaylen k e khof gichilaa"* (We felt that we are coronavirus and experience fear going outside. We were afraid at home a member would bring virus at home by going outside. Apart from relatives, we were also frightened of strangers. If we heard news of a person getting infected from a far village, we got afraid).

6.3 Eating Practices

Under the fear of getting infected from coronavirus, people have tried to maintain correct nutrition status and strengthen their immune system. Based on the information from various internet sources, nutritionists on televisions and doctors, people started consuming medicines, vitamins, fresh and dried fruits, soups and herbal drinks which they believe secure them from getting infected from virus. Therefore, a dietary behaviour change was seen in research area because of coronavirus.

A respondent narrated: *"Mee demeyalaan keh adrak ay chai menumn k coronavirus ay asar aychabii ety xum mee haa oyon ay adrak istimal echabaan"* (We have heard that drinking ginger tea can secure people from getting infected by coronavirus. Thus, our family drinks ginger tea daily).

6.4 Family Discussion about Pandemic

Due to the prevalence of coronavirus cases, people of the research area tend to be involved in discussion about pandemic at home with family members. The topics of discussion include active cases of coronavirus, its existence, treatment, cure and death of people from the virus. Due to lockdown, people spend their majority time watching news on television and using social media applications. Increase discussion about the virus has also caused fear among families. The majority of respondents forbid their family members to watch news on television which create environment of tension at home.

A respondent narrated: *"Beshaal keh mee haalr chaga maibila phone ty, mee zaroor coronavirurs bara chaga echabaan"* (Whenever we talk on the phone with a family member or friend, the topic of discussion remained coronavirus).

6.5 Behavioural Variation

Initially, people have shown impractical behaviour regarding coronavirus. They considered it a type of common flu and do not follow precautionary measures. If any person has shown symptoms of coronavirus, they avoid testing due to non-serious approach. For them, SOPs do not work properly in their society. There has been a sudden change in their behaviour after the death cases occurred in Gilgit. People whom themselves or their family members get affected by coronavirus have shown conscious behaviour towards the virus. They avoid going outside unnecessarily, use face masks and sanitizers and maintain social distancing.

6.5.1 Case Study

A nineteen years old female who did not properly follow precautionary measures has changed her behaviour after personal experience of getting affected by coronavirus. Her education qualification was BS Urdu and marital status was single. She belonged to Shia sect. Her family treated coronavirus like other common disease till her father got affected by it. She informed that her father visited a crowded procession of Shia and later developed symptoms of covid-19. He was then isolated at home.

She narrated: *"mee guky bess k prexautionsing yarny aparaybm lakin mee Ayaa xy beshal xum donibii mee aar menanaan. mee aayaa befikr bam guty bara to en xy donimi"* We personally did not follow many precautionary measures previously but after my father getting affected we got afraid and followed proper measures. My father showed carelessness and got affected by coronavirus).

All her family did not take coronavirus as a serious issues. One day, her father went to a Bazaar for shopping. After 4-5 days, he has developed mild symptoms of coronavirus as cough, fever and body pain. After taking medicines and home remedies, the situation went worse. Then, a doctor advised them to take test for coronavirus. Her father became positive

with coronavirus. At start, they did not believe in the results but due to the worse health condition of her father, the family members got worried and believed in doctor.

They have followed complete precautionary measures at home. After fifteen days, his father has recovered. After this incident, her family members have shown conscious behaviour and their practices regarding coronavirus have drastically changed. Initially, her family has showed irresponsible behaviour due to which her father got affected. After the recovery of her father, she kept on taking precautionary measures and bring mask, hand sanitizer with her at social places and maintain social distancing. She also informed her friends about the effects of coronavirus and maintain distance with them for safety purpose.

She further narrated: *"mee ry awaji bila k mekahr say nedoon mekhar lu badlao dusas xum yarny e mee guty bara serious mayaan"* (We need to show serious behaviour at start rather than being affected first and then changing behaviour later due to carelessness).

6.6 Avoidance of Consultation from Doctor

People in the research area do not prefer visiting hospitals if they get any symptom of coronavirus due to fear and lack of seriousness. They avoid consulting health care practitioners for getting treatment of any kind of cold, flu and cough by believing that the doctor would consider it as coronavirus. They believe that hospitals are the centre of spreading coronavirus. People generally avoid going corona centres even after getting affected by coronavirus. One section of the society particularly aged people was of the view that government deliberately send old citizens to corona centres to reduce the population of the country.

A respondent narrated: *"Agar ja test gany hospital ar niam k ja xay coronavirus doimii"* (If I visit the hospital for test I will be affected by coronavirus).

On contrary, when they are asked that what will be their strategy if they would be affected by coronavirus, they were of the view that they consider following medical treatment and isolate themselves at their homes. Some of the respondents also believe that they will avoid following doctor's prescription in case of effecting by coronavirus.

6.6.1 Case Study

This is the case study of a woman who is against the consultation of doctors in case of getting affected by coronavirus. She was a mother of four children. She was forty four years old. She was a housewife whose husband was a driver in an organization. She was illiterate and belonged to Shia sect. She used to believe that people specially aged people should avoid visiting doctors if symptoms prevail because doctors would send them to quarantine centres if tests became positive and this is a strategy of government to reduce the population of aged people. She feared going to hospitals for check-ups and used to treat herself by using traditional methods. She became worried when someone from neighbours or relatives tends to visit doctors. She was of the view that government is doing all this to kill aged people because they are useless that's why aged people die a lot in quarantine centers.

She narrated: "*ja awoyar xy bixum alamaaten ja aar namen en ayaram haspatal arr bess k oww quarantine center ar er cham elay da negon k sel nodelin osqaybaan."* (My husband had symptoms but due to fear I didn't allow him to visit hospital because there they intentionally kill people by injecting wrong medicines.

During first wave of coronavirus, her husband went ill with fever and cough. She did not allow her children and relatives to take him to doctors for check-up. Even many relatives have informed her that these are the early signs of coronavirus. She informed them that she would cure coronavirus at home but did not allow her husband to die in hospital. She treated her husband herself using traditional medicines.

She was even worried about one of her neighbour who was aged. He was tested positive during the second wave of coronavirus. He had been sent to quarantine centre. She used to blame his son that he was fed up of his own father therefore he had sent him to quarantine centre intentionally.

She further responded: "*mee hamalaan baii enay emo you negonay centre ar arubaii, en emo you xum butt tass bam mu moqa yamy kaa ty elar aremii.Menan ay emo you kaa akii echaii en berum gunaqishh manish sen."* (Our neighbour had sent his father to quarantine

centre because he was too aged and was fed up of him. So he got the chance and sent his father there. Who does this to their father?

6.7 Diverse Practices of Social Distancing

People of research area practiced social distancing. Just as all the aspects of human life have changed, the natives of Gilgit have adopted social distancing for their safety. By working from home, studying online and altering the ways of meeting, they have practices a new normal way of living. To avoid and to stop the transmission of coronavirus, people have taken social and physical distancing from each other. They believed that the virus was created by Chinese, Italian and American people to control world economy, so it is necessary to maintain social distancing.

A respondent narrated: "*khosss siss ay owii dexaan ety xum hin hin xum mathan hurutas lazmi bila"* (It is wrath brought by people, so it is imperative to maintain distance from people).

Some respondents believe that by practicing social distancing has negative effects on the well-being of people. Social distancing is detrimental to human and social interaction and its aftermath is mental health issues. Being isolated from the social world results in mental difficulties. People in our societies are already experiencing economic issues and social separation will result in depression. Despite the imperative nature of social distancing in society, it has adverse effects on people including anxiety, depression, suicidal thoughts, disruption in eating and sleeping orders and loss of motivation to perform daily tasks.

Another respondent recounted: *"men sis haaly baan isolation lu amit samaji fasla osher owayy coronavirus wja ty awo ouirchaan owyy zehni dadao nukan ouirchan. jaa khayl ety bila k hik bay hik meyon merashoo baan ety xum ja aar awo amayaba aur ja jaam qaam ka mila k mayaba. ja jikhar depression shikar netin airas raii api"* (People who are isolated in the name of social distancing in coronavirus does not die due to the virus, they die of depression. For me, the day of death is certain and I do not dear coronavirus and meet all my relatives openly. I do not want to die out of depression).

People of the area also believe that social distancing has modified the cultural norms and values. Social distancing has destroyed social and ethical values. The concept of brotherhood in society is embraced through interaction which is targeted by social distancing.

A respondent was of the view: *"Samaji fasla osas xum xarny mee elaqa sis ay oui harang lu shua numa mika jula maibam daa ouimo abasing bara chaga echam. lakin mu sis halay ka mehdood hmanaan amit waja ty sis tang umanaan"* (Before practicing social distancing, people of the area openly interact and share their problems with each other but now restricted at homes which have disturbed the concept of social togetherness).

6.8 Changes in Ways of Greeting

The verbal or non-verbal ways of greeting are determined by the culture of any society. The ways of interaction and greetings have become changed due to coronavirus. Globally, people have adopted new ways of greeting to stop the transmission of the virus. Shaking hands, hugging and kissing are the general ways of greetings settled in research area which shows respect, love and dignity. While greeting the members of same gender, saying salaam with shaking hands is a tradition in Gilgit society. People try to avoid shaking hands with their community members and neighbours. During fieldwork, it was observed that people who are friends and relatives still follow traditional ways of greeting by shaking hands and hugging each other.

A respondent narrated: *"samajii faslaa han lazmi cheez an bila mee amal etass awajii etay ty lakin jaam qaam k dostsho ka mushkil maibila etay barqarar osass"* (Social distancing is mandatory and we follow it but with close relatives and friends, it is difficult to alter the ways of greetings).

Some people believe that the change in greeting way i.e. avoiding shaking hands has religious teaching. It is forbidden in Islam to shake hands with people of opposite gender but currently people do not feel any hesitancy in shaking hands with male/female member of their families. As a bulk of population considered coronavirus as the punishment of Allah, they view the changes in greeting method as indication from the creator and religion.

Another respondent narrated: *"guty to han mazhbii hukumn bila gusianxh hakichn lu ibadat exhainn daa hir sis ay majutt lu samaji fasla nosss coronavirus ety kheen ay"* (It is a religious command that women must offer prayer at home and men are directed by religious authorities to offer prayers at mosque with social distancing during coronavirus).

6.9 Following Religious Obligation

Government and religious authorities have instructed people to offer their daily prayers at home during coronavirus to cease the spread of the virus. People have been informed that besides offering daily prayers at mosque, they have offered "Taraweeh" prayer which is a ritual prayer at mosque during the month of Ramadan. Offering prayer at mosque has religious foundation as well as cultural values of manhood is also attached to it. People consider that only women can offer prayers at home and men must have to offer prayer at mosque.

A respondent narrated: *"guty to han mazhbii hukumn bila gusianxh hakichn lu ibadat exhainn daa hir sis ay majutt lu samaji fasla nosss coronavirus ety kheen ay"* (It is a religious command that women must offer prayer at home and men are directed by religious authorities to offer prayers at mosque with social distancing during coronavirus).

In research area, Muslim population dwells in majority with religion being an imperative social institution. People believe that if they do not practice religious duties and teachings, the situation of pandemic will become worsen. As the sample of the research is divided into religious sects, people who belong to Shia sect visit Holy tombs and Imam Bargaah each year. During pandemic, they continued to visit and huge crowd was gathered on fortieth and tenth of Muharam in research area.

Another respondent narrated: *"Mee but pukhta iman bila me imam sho ty, han virus an ay memr nuqsan aychii me panjatpak ay maana wlaa baaan"* (We firmly believe in our Imams. A virus cannot harm us as we are the followers *of Panjatan Pak*).

6.9.1 Case Study

It is an important case study of a man who belonged to Shia sect and have belief that religious obligations are imperative in time of coronavirus to get rid of disease. He was a

religious scholar and forty years old. According to his belief system, due to coronavirus the society has been avoiding religious teachings which resulted in coronavirus pandemic. By practicing social distancing, people are averting Islamic values and duties.

During pandemic, he continued to offer regular prayers at mosque as well as Eid prayers. He often taught other that it is a dire need to give more value to religion. People who are avoiding going mosque to offer prayers forget the true essence of religion and are the reason for indignation by creator. He believed that people should visit mosques to offer prayers and ask for forgiveness from Allah as only Allah can save us from such disease. He was worried about the government strategy of lockdown which stops people from visiting mosques and attending religious congregations during Moharram. According to him we followers of Ali ibn Abutalib can die but cannot avoid to grieve grandson of prophet in the holy month of Muharram. He was of the view that we are followers of *Panjatan Pak* and they will provide us courage to fight this disease.

He narrated: *"Islam ay me hin hin ka shul ka hurutas maikhibi me majut ar nemaan hin hin ka mila manas mering trap etas buk otass guty shul maikhibi. men men majutt ar onichan majut nias bnd eta gutay k han qayamt ay nishani an bila"* (Islam teaches us to initiate relationships of harmony and peace with each other by shaking hands and hugging each other at mosque. People who avoid going mosques and meeting each other are the sign of day of judgement).

At his residence place, there were a few people at start during the first wave of coronavirus who offered prayers at mosque. He was not happy with it. He discussed this situation with his neighbourhood and encouraged people to offer prayers in mosques. He believes that government has inflicted restriction on people to avoid going mosques and maintain social distancing which affects religious values. As Islam is the religion of peace, it teaches people to maintain social relationships peacefully. During second wave of coronavirus, a significant number of people were offering prayers at mosques.

He further recounted: *"Hin hin xum mathan hurutas etay mtlb apiibk me mazhbi talwemat til meljaan. gutay wbaa majutt luibadat etas memar maaf aytbii. mee qayamt gunx lu dugurshen ibadat bara"* (Social distancing does not mean forgetting religious teachings

and pandemics is not ease to avoid offering prayers at mosque. We will be asked about prayers on the Day of Judgment).

6.10 Continuing Community Festivals and Funerals

In Gilgit society, community gathering and religious festivals are considered as a source of maintaining connection between society members. People continue to meet on religious events including Eid-ul-Fitr and Eid-ulAzha and Sunni people celebrate Eid Milad-un-Nabi. The gatherings of people at community and religious festivals show their behaviour towards coronavirus. During the month of Muharam, people continue to attend procession and visit Imam Bargaah despite the presence of coronavirus. People also take part in funeral ceremonies to show solidarity and unity with the family of deceased one.

A respondent recounted: *"Coronavirus haan khatraan bila oyonn insaanyat gany aur ess dewashii mee harang lu. daa me ikhlaqi faras bila k me harng lu men men daal oumanan owy ka kaa hurutas ay"* (Coronavirus is a continuous threat for humanity and it will remain between humans but it is our moral duty to show support to deceased family).

6.11 Behaviour towards Digitalization

People of the research area are mainly indulged in cultural ways of income including textile, farming, small vendors and a section was involved in doing jobs in private sector. After the government instruction of lockdown, the income process became at stake for them. Where the people adopted education, health measures, jobs and communication process through technology and digitalization, they have difficulty in shifting their livelihood to techno-culture due to the nature of the subsistence method as well as the lack of digital knowledge pf people in terms of economy.

A respondent narrated: *"Amitt mee juwan middle-class keh nokarrii etass sis baan mee mashraa lu owayy butan asarandaaz oumanan bess k kamaii etass thum tarikan api online apii 90 feeaas sis teshkii tabqa xm baan amitt technology ka taluq api"* (Middle class and private job holders of our society have been adversely affected as we do not shift to online methods of earning. 90 % of people belong to livelihoods which are not liked with technology).

6.12 Behaviour regarding Government policies

The government has imposed strict lockdown during the initial wave of coronavirus and instructed people to follow health measures. Per to people, the authority itself failed to provide a coherent message and actions about the existence of coronavirus and there was procrastination by government officials about effective measures. According to people, government should direct doctors to make a firm to aware people properly. Government has failed to completely aware people which result in miss-conception of disease. Government officials have not provided sufficient health care facilities even after getting proper funding from different international organizations and countries. People were of the view that government has not facilitated poor class economically. Health and quarantine centers do not have proper facilities for people.

A respondent narrated: *"Ja Dc pachrr niabym ta keh Sias meenas saman bsn meyass lkn enay ja beozti atimii. Mee haaan tok gunx an lane lu hurutmen bean omiamen. sarkar ay oyumo jaam qaaam ar bess kochibii"* (I went to Dc for food allowance but he insulted me. We stood in a queue for a day but did not get anything. The government officials give all the allowance to their relatives.

Another respondent narrated: *"Sarkar ay bsn shua doroan aytimi mee juwn mazdoor sis ganay. bsss mask delinn mesaan ett k memo paisaa xum. han saniyizer ay qeemat 200 xum 1200 khaa thngg dusimii ett me gany yanas mumkin apii. Daa meee beshal k holay dusemen masdoori gany police giraftar mechaan"* (Government has not taken any step for labor class. It only instructed us to wear mask but buy mask with our own money. The price of hand sanitizer went from 200 to 1200 which is not affordable for poor class. When we went outside to earn money, police arrested us due to lockdown).

7. SUMMARY & CONCLUSION

This research intended to explore the perception of people about coronavirus and their determining their attitude and practices regarding ongoing pandemic. To conduct this research, thirty eight respondents who belonged to different religious sects, age and gender were selected from Gilgit city through Multi-stage sampling. Qualitative research methods such as case study method, participant observation and in-depth intervening was utilized to collect detailed data pertinent to research objectives.

In Gilgit, varied perception of people about the existence, nature and treatment of coronavirus existed depending on the religion, sect, economy, education and age of people. A significant section of the population considered it as a serious fatal disease and follow precautionary measures. Conspiracy theories about pandemic also spread in research setting as it is developed by international community to control world economies or it is a western or Jewish propaganda against Muslims.

People of the area get information about coronavirus through several sources including mass and social media, family and peers, health practitioners and religious authorities. Some social media applications, TV channels and relatives being a source of inaccurate

information, spread ill-information about the biological existence and treatment methods of the virus, thus shaping the perception of people. The worldview of people about coronavirus has also influenced by the economic organization as people with stable economies tend to perceive it as a fatal threat whereas people who belong to middle class regarded it as an economic crisis. Coronavirus is perceived as a propaganda by people of lower economic class.

In Gilgit, the views of people about coronavirus is influenced mainly by religion in origin of rumors, denial and disbeliefs about coronavirus. Religious leaders and scholars had a great influence in people lives and constructing their mind-set. Therefore, different perspectives in accordance to their sec exist in research locality. People who denied the scientific existence of the coronavirus often believed that it is the wrath and will of Almighty Allah.

The perception of people has changed during different phases of Covid-19. A gradual change in the perception of people of Gilgit is observed after increasing death ratio of people. People who regarded it as a serious natural disease tend to adjust with its prevalence during second wave. The natives have experienced a serious threat of getting infected personally and their loved ones from coronavirus. People who themselves or their family members get effected by coronavirus have shown conscious behaviour towards the virus.

People of research area practiced social distancing to avoid and to stop the transmission of coronavirus. Some respondents believe that by practicing social distancing has negative effects on the well-being of people. Social distancing is detrimental to human and social interaction and its aftermath is mental health issues. Being isolated from the social world results in mental difficulties.

The cultural ways of greeting in research area has somehow changed as few members of the population avoid shaking hands with each other whereas people follow religious obligations and community gatherings despite the existence of coronavirus. Regarding

government policies in handling coronavirus, people were not satisfied. People were of the view that government has not facilitated poor class economically. Health and quarantine centres do not have proper facilities for people. People seek cultural and traditional remedies for the treatment of coronavirus.

Coronavirus is an international threat which has generated panic for people. People in research area has different perceptions generated through several sources. Religion and culture being an imperative part of the society influenced the comprehension of people about novel coronavirus. The perception of people regarding coronavirus has shaped the behavior and attitude of people.

7.1 Recommendations

- There are multiple resources for people to get information about coronavirus, so a uniform authentic source of providing information should be given by the government to avoid ill-information.

- Proper precautionary health measures should be taught through accurate channels to public for proper public practices and behavior regarding coronavirus.

- Based on this research, it is found that the perception of people has religious base, therefore religious authorities should play their proper role in managing the response and behavior of people regarding virus control transmission.

- People of the area has also ill-information about vaccination, the government should inform properly about the purpose and effects of vaccination.

- Concerning the ongoing situation of pandemic, the government should provide proper medical health facilities to coronavirus patients in health care centers and public hospitals.

BIBLIOGRAPHY

Adefisoye, J. O., Adefisoye, M. A., & George, F. (2021). Knowledge, Attitude And Perception of People Towards The Novel Coronavirus Disease (Covid-19) Outbreak and Its Effects on Their Livelihoods: Perspectives From Diverse Populations. *Health Economics & Outcome Research: Open Access, 7*(2), 35-52.

Adongo, P. B., Tabong , P. T.-N., Asampong, E., & Robalo, M. (2016). Beyond Knowledge and Awareaness: Addressing Misconceptions In Ghana's Perception Towards an Outbreak Of Ebola Virus Disease. *Plus One, 11*(2), 1-15.

Alam, J., Rahman, G., & Ali, S. S. (2020). A Critical Discourse Analysis of The Pakistani Masses' Talks About Corona Covid-19 Pandemic. *The Dialouge, 15*(3), 85-94.

Ali, I. (2020). The Covid-19 Pandemic: Making Sense of Rumor. *Medical Anthropology, 39*(5), 376-379.

Bavel, J. J., Baicker, K., & Willer, R. (2020). Using Social and Behavioural Science To Support Covid-19 Pandemic Response. *Nature Human Behaviour, 4*(9), 460-471.

Buckee, C., Noor, A., & Sattenspie, L. (2021). Thinking Clearly About Social Aspects of Infectious Disease Transmission. *Nature Perspective, 9*(5), 205-213.

Conrad, P., & Barker, K. K. (2010). The Social Construction of Illness; Key Insights and Policy Implications. *Journal of Health And Social Behaviour, 5*(1), 67-79.

Franzen, A., & Wohne, F. (2021). Coronavirus Risk Perception and Compliance With Social Distancing Measures In a Sample of Young Adults: Evidence From Switzerland. *Plos One, 10*(13), 1-13.

Gamlin, J., Segata, J., Berrio, L., Gibbon, S., & Ortega, F. (2021). Centring a Critical Medical Anthropology of Covid-19 In Global Health Discourse. *BMJ Global Health, 6*(3), 1-5.

Geissler, Pool, R., & Wenzel. (2005). *Approaches To Medical Anthropology.* New York: Open University Press.

Green, S. T. (2020). Behavioural, Environmental, Social, And Systems Interventions Against Covid-19. *BMJ, 8*(4), 29-34.

Hardy, L. J. (2020). Connection, Contagion, and Covid-19. *Medical Anthropology, 39*(8), 655-659.

Helman, C. (2006). Why Medical Anthropology Matters. *Journal of the Royal Anthropological Institute, 22*(1), 3-4.

Hewlett, B. S., & Amola, R. P. (2003). Cultural Contexts of Ebola In Northern Uganda. *Emerging Infectious Disease, 9*(10), 1242-1256.

Higgins, R., Martin, E., & Vesperi, M. D. (2020). An Anthropology of the Covid-19 Pandemic. *Anthropology Now, 12*(1), 1-12.

Huremovic, D. (2019). Brief History of Pandemics (Pandemics Throughout The History). *Psychiatry of Pandemics, 1*(6), 7–35.

Isiko, A. P. (2020). Religious Construction of Disease: An Exploratory Appraisal Of Religious Responses To The Covid-19 Pandemic In Uganda. *Journal of African Studies and Development, 12*(3), 77-96.

Kelly, H. (2011). The Classical Definition 0f A Pandemic Is Not Elusive. *Bull World Health Organ, 89*(7), 540–541.

Khabour , O. F., Alomari , M. A., Alzoubi, K. H., & Alfaqih , M. A. (2020). *Journal of Multidisciplinary Healthcare, 13*(7), 1937–1945.

Langdon, E. J., & Wiik, F. B. (2010). Anthropology, Health And Illness: An Introduction To The Concept of Culture Applied To Health Sciences. *Rev Lat Am Enfermagem, 18*(3), 459-466.

Lebron, A. (2013). What is Culture? *Merit Research Journal of Education and Review, 1*(6), 126-132.

Lmhoff, R., & Lamberty, P. (2020). A Bioweapon Or A Hoax? The Link Between Distinct Conspiracy Beliefs About The Coronavirus Disease (Covid-19) Outbreak And Pandemic Behavior. *Social Psychological and Personality Science, 11*(8), 1110-1118.

Manderson, l. (1998). Applying Medical Anthropology In The Control of Infectious Disease. *Tropical Medicine And International Health, 3*(12), 1020-1027.

Marcinkowski, T., & Reid, A. (2019). Reviews of Research on The Attitude–Behavior Relationship And Their Implications For Future Environmental Education Research. *Environmental Education Research, 25*(4), 459-471..

Olaimat, A. N., Aolymat, I., Shahbaz, H. M., & Holley, R. A. (2020). Knowledge And Information Sources About Covid-19 Among University Students In Jordan: A Cross-Sectional Study. *Front. Public Health, 8*(6), 1-9.

Qiong, O. (2017). A Brief Introduction To Perception. *Studies in Literature and Language, 15*(4), 18-28.

Ross, A. P., Crowe, S. M., & Tyndall, M. W. (2015). Planning For The Next Global Pandemic. *International Journal of Infectious Diseases, 3*(8), 89-94.

Sanchez, C. A., & Martin-Pascual, M. A. (2021). The Attributes of The Images Representing The SARS-Cov-2 Coronavirus Affect People's Perception Of The Virus. *Plos One, 13*(7), 1-19.

Singhal, T. (2020). A Review of Coronavirus disease-2019 (Covid-19). *Indian J Pediatr, 87*(4), 281–286.

Tan, M. M., Musa, A. F., & Su, T. T. (2021). The Role of Religion In Mitigating The Covid-19 Pandemic: The Malaysian Multi-Faith Perspectives. *Health Promotion International, 10*(9), 1-13.

Uscinski, J. E., Enders, A. M., & Klofstad, C. (2020). Why Do People Believe Covid-19 Conspiracy Theories? *Misinformation Review, 4*(1), 1-12.

APPENDIX

Interview Guide

- Name of the respondent:
- Gender:
- Marital status:
- Age:
- qualification:
- occupation:
- Religious affiliation:
- Ethnicity:
- Monthly income:
- Residence:

1. What do you know about Pandemic Diseases?
2. Have you ever heard about any pandemic except COVID-19?

3. What do you know about COVID-19?
4. How would you relate Covid-19 with other viral diseases such as Common cold, flu, pneumonia etc.?
5. What are your experiences and feelings since Covid-19?
6. Have you or someone in your home experienced any symptoms of COVID19? What was your reaction? And how you dealt with it?
7. Did you have any symptoms like cough fever, cough etc. and did you consult with a healthcare provider or try to get a coronavirus test because of your symptoms during that period?
8. How would you seek care of yourself or your family members if they get tested positive for COVID-19?
9. In your opinion which effective measures can keep us safe from COVID-19?
10. What are the policy measures for COVID19 and what do you think how effective are they?
11. Which sources do you trust to provide accurate COVID-19 information?
12. What do you think how Covid-19 pandemic shaped your behavior?
13. Did the COVID-19 pandemic have impacted how we interact with people?
14. Have you practiced social distancing? (i.e. reduced your physical contact with people outside of your home in social, work, or school settings by avoiding large groups and staying 3-6 feet away from other people when out in public)
15. Did you have contact with a COVID positive patient? If yes what did you do then? How did you feel?
16. Is there any variation in your behavior from the start of the pandemic till now?

17. Is there any variation in your behavior and practices about following the preventive measures?
18. What is your family member's behavior and attitude towards you since the start of pandemic?
19. How much you discuss issues at home about the pandemic?
20. What are your practices at home? What preventive measures do you seek inside home?
21. Ever attended a COVID funeral? What were your practices?
22. How worried are you personally about the pandemic?
23. In your opinion are there any traditional healing methods to deal pandemics such as COVID-19?
24. What are your religious beliefs?
25. What is your belief? What would you do if you get tested positive for COVID-19?
26. What are your cultural beliefs regarding any disease or pandemic?
27. Do you ever hear any misconceptions about COVId-19? If yes, what are they?
28. In your opinion who is responsible for the pandemic?
29. What do you think, is coronavirus manmade (prepared in laboratory) or natural?
30. Who introduced COVID in GB/Pakistan? What's your opinion?
31. What your opinion on stigma and othering?
32. Do you believe that COVID-19 is part of a bio war?
33. On governmental level how do you see COVID-19?
34. Are you satisfied with your government's strategy to deal with the COVID-19 pandemic?

35. What do you think about the impact of COVID-19 pandemic on your health care system?
36. What do you think will COVID-19 be finally successfully controlled?
37. What's your opinion, how can we control the pandemic?
38. How much do you have believe in scientific knowledge?
39. What would you suggest to the people in dealing the COVID-19 pandemic?
40. What would you suggest to the government in dealing with Pandemic?
41. Any suggestion or information you want to add?

Socio-economic Census Form

S. No	Name	Age	Gender	Education	Occupation	Religion/ Sect	Caste	Household size	Monthly income	Family type