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Exploring Generational Differences in Attitudes towards SOPs during Covid-19: A Smart Lockdown Case Study

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ABSTRACT

In Pakistan, government efforts to stem the spread of COVID-19 met with resistance due to the country's preexisting social, political, economic, and cultural conditions. The preceding pandemic shows that generational attitudes, social norms, and cultural practices can hinder the control of COVID-19. Therefore, the purpose of this study was to investigate the generational knowledge of COVID-19 and its openness to preventative measures to better comprehend the generational differences that exist with regard to the COVID-19 pandemic. Purposive sampling was used in our qualitative exploratory research in twin cities of Pakistan, i.e., Rawalpindi and Islamabad. To learn how Pakistani generations X, Y, and Z feel about and deal with COVID-19, we conducted in-depth interviews with members of these groups. This included both young and elderly persons of both genders. Manual content analysis was used to examine the data of the present study. The purpose of this study was to investigate the generational knowledge of COVID-19 and its openness to preventative measures to better comprehend the generational differences that exist with regard to the COVID-19 pandemic. Purposive sampling was used in our qualitative exploratory research in twin cities of Pakistan, i.e., Rawalpindi and Islamabad. A total of six in-depth, face-to-face interviews were conducted and a total of six major themes emerged: (1) generational differences in knowledge and perceptions of COVID-19; (2) trusted and preferred sources of health information; (3) different generations' reactions to the first reports of the COVID-19 pandemic; (4) generational practices to prevent exposure from COVID-19; (5) different generational beliefs about the risks of not adhering to infection control procedures; and (6) generational willingness to prevent future outbreaks. The findings of the data showed that among all generations, younger people of Generation Z, in particular, tended to disregard safety rules because they were anxious to meet their friends and go back to normal. Overall, all generations showed a positive attitude towards smart lockdown and following SOPs to help prevent themselves and their loved ones from this disease. The findings of the present study provide an early indication of how different generations feel about the pandemic threat posed by COVID-19. Besides, the goal of this study was to inform the development of national policy for coronavirus pandemic containment strategies. Knowing how people feel about the pandemic and containment measures, in particular, would help policymakers devise measures that are more likely to be followed, so slowing the spread of the virus.

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1. Introduction

Beginning in late 2019, a coronavirus pandemic spread throughout the globe, eventually affecting over 200 countries and resulting in an unprecedented death rate. Precautionary and preventative actions were being taken by people all over the world to ensure their safety. Isolation, quarantine, and other preventative measures have been implemented in nearly every COVID-19-affected country (Geddes, 2021). Despite the protective nature of the measures, being quarantined and facing the threat of covid-19 has imposed several attitude challenges on people of all ages (United Nations, 2020). Disease phobia, death anxiety, and the irrational fear of being separated from loved ones in one's imagination have had devastating effects on people of all ages and across all generations. In addition, four major generations were affected by the pandemic: the baby boomers (born between 1946 and 1964), Generation X (1965 to 1980), Generation Y (1981 to 2000), and Generation Z (2000 to 2020). This study set out to examine the effects of covid-19 on the attitudes of persons from the X, Y, and Z generations because of the generations' presumed susceptibility and maximal ratio. The generational disparities in attitude levels between the three generations were of particular interest to the researchers.

In addition, the COVID-19 health crisis has caused widespread anxiety and eventually lead to perceptual and behavioural issues (Corrigan, 2020). Almost 70% of people reported an extremely negative attitude during the last SARS outbreak (Akhtar et al., 2021), which researchers attribute to government preventative measures. One definition of attitude is a person's thoughts and feelings about something. Attitudes can be either positive (upbeat and optimistic) or negative (gloomy and pessimistic). People with mild to moderate depressive symptoms were more likely to have a negative attitude as a result of environmental changes like social isolation, smart lockdown, and limited face-to-face contact brought on by the pandemic. However, Pakistanis had a generally positive reaction. Therefore, the purpose of this research is to examine the perceptions of smart lock sown and social isolation across three generations in Pakistan.

On February 26, 2020, the first confirmed incidence of COVID-19 in Pakistan was discovered in a person who had previously travelled to Iran. There were 45,898 laboratory-confirmed cases and 985 COVID-19-related deaths in Pakistan as of May 20th, 2020. The largest number of reported cases (17,947) was found in Sindh Province, followed by Punjab (16,685), Khyber Pakhtunkhwa (6,554), Baluchistan (2,885), Islamabad (1,138), Gilgit Baltistan (556), and Azad Jammu Kashmir (133) Waris et al., (2020). It has been observed that COVID-19 can transmit from person to person by close, indirect contact with infected saliva or droplets produced by coughing, sneezing, or talking. The virus has an incubation period of 4-14 days (average 7 days). COVID-19 causes fever, dry cough, weariness, myalgia, and difficulty breathing (8 clinical symptoms). Nasal congestion, diarrhoea, and a runny nose are common symptoms, but some people have also reported losing their sense of smell and taste (Javed, Sarwer, Soto, & Mashwani, 2020). The elderly and those with preexisting conditions such as diabetes, cancer, or cardiovascular disease are at a higher risk of developing a life-threatening infection, according to one of the studies (Capps, Njiru, & deVries, 2017). Multiple vaccines are used worldwide to prevent and control COVID-19 (Jalloh et al., 2017). Hand washing with soap and water or an alcohol-based sanitiser frequently, keeping personal space, concealing coughs and sneezes to protect others, and keeping hands away from the face and eyes are all recommended methods for preventing infection (Teti, Schatz, & Liebenberg, 2020).

Similarly, both Islamabad and Rawalpindi were affected by the COVID-19 outbreak. The virus has been contained through the implementation of numerous preventative measures in the twin cities, such as the cessation of local transportation, the closure of public places, the prohibition of crowds, and the installation of quarantine centres and isolation facilities. People's knowledge, habits, and attitudes have all shifted as a result of the unknown nature of the disease, and these shifts tend to be unfavourable. As a result, people with pneumonia-like symptoms, like a high temperature, flu, or sore throat, have begun to avoid social situations (Frey, 2018). To combat the negative attitude and deteriorating health, they isolate themselves from other people and make greater efforts to adhere to standard operating procedures. Long-term exposure to negative attitudes like awareness, illness fear, and avoidant behaviours, while helpful in protecting against contagious disease in the short term, can have disastrous repercussions on physical and mental health in the long run.

The government of Pakistan ordered a nationwide smart lockdown on March 23, 2020, which included the capital cities of Islamabad and Rawalpindi (Saunders et al., 2018). Islamabad and Rawalpindi citizens were urged to follow the SOPs, stay indoors and limit their contact with outsiders. Citizens' commitment to these control measures is crucial to the final success, and according to KAP theory (Faulkner and Trotter, 2017), this commitment is largely determined by citizens' knowledge, attitudes, and practices (KAP) toward COVID-19. Therefore, the purpose of this research was to determine the level of understanding of the COVID-19 pandemic and SOPs among three generations (X, Y, and Z) living in two Pakistani cities at the height of the pandemic's fast spread.

1.1. Research Objectives

- To investigate the generational differences and their attitudes and practices towards the COVID-19 outbreak.
- To examine generational attitudes towards SOPs during COVID-19

1.2. Research Questions

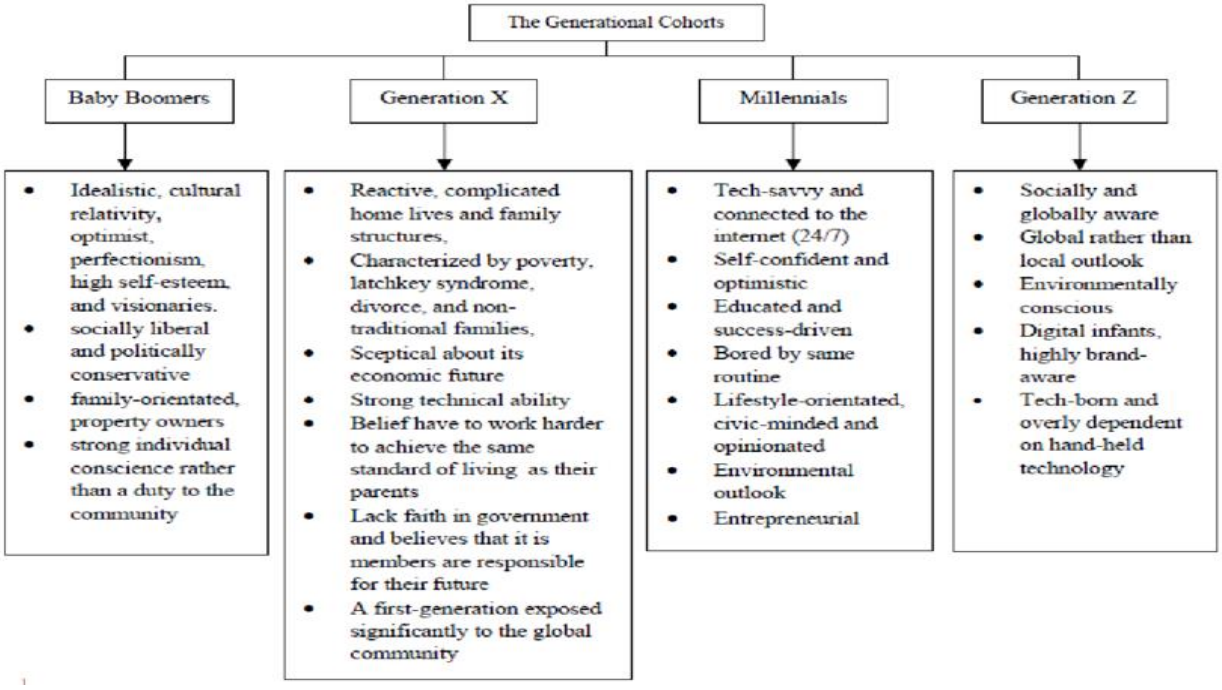
- What are the generational differences regarding the COVID-19 outbreak and their attitudes towards it?
- How do people from different generations perceived and practised SOPs during COVID-19 smart lockdown?

2. Methods

2.1 Theoretical Framework

According to Florya (2014) Generational Theory, this method is used to classify and categorize people depending on their birth year. Each generation has its own set of values, priorities, and character quirks, as described by Howe (1997) and their generational theory. As a result, people's interests and values have been used in conjunction with the generational theory to better comprehend, identify, categorize, and differentiate individuals. It illustrates how members of a single generation share the traits and habits typical of those born in the same year. Varied generations have varied characteristics depending on the year they were born and the environment they grew up in (Borchert, 2000), hence the generational hypothesis has been employed in many studies to split groups by age.

Figure 1: The Generational Cohorts



There are only four generations, according to a prior study by Moscardo and Benckendorff (2009): the Baby Boomers (1943–1960), Generation X (1961–1981), Generation Y (1982–2002), and Generation Z (2003–present). The absence of research into generational cohorts in Pakistan has made it difficult to understand how different generations react to adversity. Seekers,

Builders, Developers, and Generation Z are the four subsets of the Malaysian population that Tung and Comeau (2014) discovered in their research. Because of historical events and the length of time between each generation, generational cohorts in other countries are not directly comparable to their United States counterparts. Since this study aimed to compare the knowledge, perceptions, and practices of three generations (Gen X, Gen Y, and Gen Z) during COVID-19, it was restricted to the twin cities of Pakistan. Figure 1 is a summary of a compilation of features that can be used to learn more about each of these generations.

2.2. Study Design and Setting

To provide a more in-depth investigation (IDI) of the phenomenon that is COVID-19 during the smart lockdown in Islamabad and Rawalpindi, Pakistan, this study employed an exploratory qualitative research methodology with a purposive sample strategy. The study also investigates the knowledge and attitudes of selected three generations (X, Y, and Z) to examine positive and negative attitudes among these generations and to determine which generation adheres to the general guidelines provided by the government to maintain social cohesion in the face of the challenges posed by COVID-19. This design's overarching goal is to learn how different generations in Pakistan interpreted COVID-19 and its preventative measures, not just in the context of the generational variations between the twin cities.

2.3. Data Collection Methods and Study Participants

In-depth Interviews (IDIs) were used to collect data from members of the X, Y, and Z generations. The purpose of these IDIs was to investigate how people of all ages in these twin cities of Pakistan felt about the COVID-19 epidemic. Those without the COVID-19 virus were recruited on purpose, and they come from a wide range of ages and generations (Table 1). Participants were not included if they or a member of their household had tested positive for COVID-19 or been isolated/quarantined due to exposure, as the study's goal was to examine broad generational perspectives on the pandemic. The general public may not share the same perspective as COVID-19 survivors and their families.

Table 1: In-depth Interviews (IDIs) Participants

In-depth Interview Participants	Total IDIs=06	Male=13; Female=14
Gen X	02	Male=1; Female=1
Gen Y	02	Male=1; Female=1
Gen Z	02	Male=1; Female=1

2.4. Data Collection Procedure

To facilitate IDIs, we created a semi-structured interview guide (for details, see the Appendix). The interview guide included questions about the respondent's demographics, their generational knowledge differences, differences in perceptions, and attitudes toward COVID-19, their generational differences in practices for avoiding exposure to COVID-19, the risks they believed their younger counterparts faced for not following safety protocols and generational differences for future preparedness for viral diseases like COVID-19 (Figure 2).

A face-to-face interview with the IDI participants was done after they were located and contacted. Ten potentially suitable people were asked to participate through various channels, and two people from each generation were willing to take part in the research. As a result, the data from six interviews were evaluated and compared in the following section. Participants were allowed to choose the time and day of their interviews. Researchers first gained participants' informed consent after briefing them about the study's aims and methods via a pre-interview questionnaire. Each person was asked basic demographic questions at the outset of the interview, such as their age, gender, level of education, and current profession. English was the language used for all of the interviews. Each interview lasted for about thirty to forty minutes. All information provided by study participants will be kept strictly confidential, and no personal information will be included in the transcript.

3. Data Analysis

Data from the study were examined manually, using a method similar to content analysis.16 Initial steps included English transcription of the interview audio recordings. The transcriptions did not contain any personal information. Researchers reviewed transcripts multiple times to deduce X, Y, and Z generation beliefs, norms, and behaviours in response to

the COVID-19 pandemic. To do this, data had to be coded, compared, contrasted, and modified multiple times before any emergent themes could be determined. Transcripts were parsed into "meaning units," which were then abridged and assigned a "code" to ensure that the study's context was preserved. After then, the codes were sorted into groups based on their similarities. Finally, related groups were compiled into subthemes and main themes (Table 2).

Table 2: Characteristics of in-depth interview (IDI) study participants (IDIs=06)

Characteristics of IDI participants		N (%) or mean±SD	Median (range)
Gender	Female	03 (50%)	
	Male	03 (50%)	
Age			06 (25-50)
Educational Level	Intermediate	-	
	Bachelors	02 (20 %)	
	Masters	02 (20 %)	
Occupation	MS/Ph.D	02 (20 %)	
	Students	2 (20 %)	
	Working professionals	04 (40 %)	

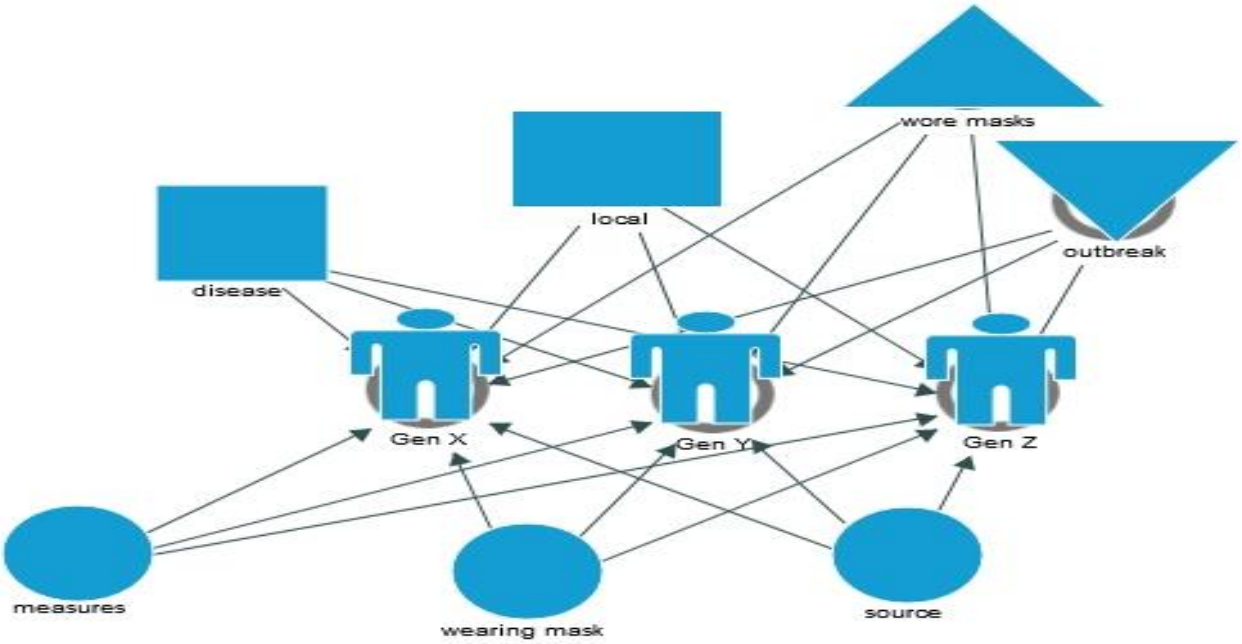
Table 2 shows that from all three generations, equal numbers of participants participated from different fields and their perceptions regarding COVID-19 cases were different. Among all three selected generations, Gen X and Y were more concerned and they showed a positive attitude towards smart lockdown and following SOPs, whereas, Gen Z was seen as carefree and exhausted by the process and impatient to meet their friends again. Below are some of the findings based on the interviews taken and encoded using the NVIVO software used to do thematic analysis based on the data collected (Table 3).

Table 3: Generational Positive Vs Negative Attitude and Perceptions Regarding Smart Lockdown in COVID-19

Generation		Positive	Positive
X	Female		
	Male	Wear the mask, followed SOPs	Causes anxiety and depression to think about it.
	Female	Wore a mask, used Dettol for cleaning, etc.	Cancelled tickets to get stuck in the host country
Y	Male	The application of smart lockdown helped	
	Female	Took help from my family member from the medical field	
Z	Male		Miss seeing my friends' faces Difficult to wear a mask and maintain social distance
	Female		Hard to believe Sometimes, news channels are exaggerating the situation

Therefore, the above analysis shows that people from Gen X and Y were more resilient whereas, Gen Z were impatient and not that much serious about the situation and it was hard for them to stay home for long and take precautionary measures such as wearing the mask, using sanitiser and maintaining social distance. Also, cluster analysis was produced using NVIVO that showed all generations' attitudes and perceptions towards COVID-19 (Figure 2). Figure 2 shows thematic mapping in which it can be seen that interviewees from all generations followed SOPs and stayed home in lockdown although Gen Z was negatively impacted by it because they missed their friends. Gen X and Y on the other hand showed a positive attitude towards the lockdown and took precautionary measures such as wearing masks, use of hand sanitizer, staying at home and frequently asking their family doctors to help them.

Figure: 2 Cloud Cluster Analysis of Participants' Attitudes and Perceptions Towards Smart Lockdown



4. Results/ Findings

Six in-depth interviews (IDIs) were done with persons of all ages and both sexes across three generations for this qualitative study. Table 2 shows information about the study subjects. There were no siblings or cousins among the study subjects. Six overarching themes were identified based on the data collection and traditional content analysis: (1) the knowledge and perceptions of COVID-19 among generations X, Y, and Z; (2) trusted and preferred sources of health information; (3) initial thoughts and feelings towards the COVID-19 pandemic; (4) people's practices to prevent exposure from COVID19; (5) perceived risks associated with poor adherence to infection control practices; and (6) future alertness of people to avoid exposure. Themes and quotations that illustrate them are disused below.

4.2. Themes

4.2.1. Generations X, Y, and Z's Understanding of and Outlook on COVID-19

The inquiry about people's familiarity with COVID-19 was met with a range of responses. Selected participants reported knowing little to nothing about COVID-19 when it was originally detected in Wuhan, China. However, they have subsequently learned a great deal more about the virus and its symptoms. One person from Generation X shed light on this by saying, I didn't know much about it before, but whatever proper information is presented on social media, I'm conscious of it. What is it that I know? How far has it already spread? What should I do to provide for my loved ones? Even though I am not delving too deeply into the research (IDI-01, Male). Participants reported that they regularly expand their horizons by participating in certificate programs, reading relevant periodicals and news articles, and engaging in social media. After completing two online courses about the COVID-19 epidemic, I feel like I have a good grasp of the subject (IDI-05, Male/ Gen Z).

In addition, several people have mentioned how they were first curious about COVID-19 but now try to avoid knowing more about it since it causes them tension and anxiety. Concerned that too much information could be harmful, one local woman said "Knowing that further information regarding the virus could induce anxiety and depression, I have no desire to do so. I am only exercising the most elementary of precautions to keep from becoming infected with COVID-19 (IDI-02, Female/ Gen X)".

4.2.2. Locating Reliable Health Sources

The media, government agencies, hospital webinars, community organizations, the World Health Organization website, personal contacts, social media, electronic media, scholarly journals, and more were all mentioned as credible information sources by participants. In my opinion, there are many reliable places to find information regarding COVID-19. Media outlets,

web pages, TV stations (BBC, CNN), government offices, virtual conferences, etc. (IDI-06, Female/ Gen Z). However, some members of the community have raised concerns about the authenticity of the information shared on social media and instant messaging platforms like Facebook and WhatsApp. Among the responses, one person said "We are not putting much stock in the news because we do not think it presents a fair picture of what is going on. Misrepresentation in the media makes us distressed (IDI-03, Female/ Gen Y)".

When asked where they learnt the most, some group members cited conversations with loved ones who are medical professionals and regularly interact with COVID-19 patients in hospitals. Others have said they rely on a variety of sources, including social media (WhatsApp groups, Instagram), news outlets, mainstream media, community-based institution rules, religious institution standards, and self-study research via WHO and CDC websites. Since I have a close relative working in the medical field, I have ready access to the most recent information. The World Health Organization's website and other news outlets like BBC and CNN have had my attention from the start. Because I don't trust the information there either (IDI-05, Male/ Gen Y). Another concerned male member of the community, this one a member of Generation X, said "When it comes to finding reliable proof of COVID-19, I find that the information disseminated by religious groups is the most reliable (IDI-01, Male/ Gen X)".

4.2.3. The Generations' first reaction towards COVID-19 Pandemic

Respondents discussed their initial responses to hearing about the COVID-19 pandemic. All public spaces, such as schools, public markets, and religious centres, were suddenly closed, leaving most people in a state of shock and turmoil for the first few days. People who took part in the study also reported feeling confused, hopeless, and anxious. When I first heard about it, I was terrified, especially in light of the current situation in China. I was also scheduled to fly, but I cancelled my reservation since I didn't want to get stranded in a strange country. I was seriously processing this information. To this point, I wouldn't say apathy has set in, but I am more at ease than I was (IDI-04, Female/ Gen Y).

However, some participants noted that while the first few days were enjoyable because they were able to relax from their hectic schedules, the drastic, shocking, and difficult-to-contain nature of the change set in after only a few days. Members of Generations X, Y, and Z shared a common sense of apprehension in the face of this crisis, and all three groups spent time trying to determine whether or not COVID-19 was a genuine threat. It took some time for the participants to fully accept the new normal, as they put it. When I first heard about this, I thought it was all a hoax. A lot of people are making a big deal out of it, I told my kid. However, when churches were shut down to prevent social isolation, I knew I was dealing with a serious problem (IDI-01, Female/ Gen X).

4.2.4. Different Generational Practices

Members of both older and younger generations shared numerous precautions they take to avoid contracting COVID-19. Distancing oneself from others, staying at home, washing hands, using alcohol-based hand rubs, inhaling steam, and using antiseptic spray frequently are all good practices, but the most important thing is to follow standard operating procedures (SOPs). Members of generations Y and Z have recalled using homemade Dettol spray to disinfect frequently used objects like kitchenware, door handles, and other household goods. Participants also stated that they protect themselves by using masks and gloves whenever they go outside to do things like grocery shopping or other chores. When they get home, they take showers and sanitize their gear to avoid bringing any germs back with them. Additionally, very few members (especially among Gen X) reported setting aside private spaces and special dishes for family members who work in a medical facility.

4.2.5. Expected Dangers of Ignoring Infection Control Procedures

Most respondents believed that a rise in COVID-19 cases was caused by a failure to adequately implement infection control measures. In particular, Generation X warned that members of the following Generation Z may cause harm to the community if they do not take proper safety precautions. There are a lot of individuals out and about in the colony who aren't wearing masks. Youth today is not socially estranged; they stand in clusters and talk to one another. They're returning to their homes, where they could put their grandparents and kids in danger (IDI-01, Male).

In addition, it was pointed out by participants that people were not taking the usual safety measures over the Eid holidays, which may lead to devastating consequences. Some respondents said that everyone in the group, regardless of age, should take responsibility for wearing masks, keeping their distance from others, and adhering to other policies and procedures established by the government of Pakistan.

4.2.6. Different Generations' Preventive Measures for Future Outbreaks

When participants were asked what could be done to better prepare future generations to deal with a virus outbreak, several mentioned holding exercises and training sessions for people of all ages. Once things calm down, I think it's important for people to start focusing on drills and training in case there are future outbreaks. Questions like "What mode of communication should the community prefer when staying at home" might be part of the drills and training. Which resources should be trusted, etc.? Similar to how we practice earthquakes and other natural disasters, these exercises should be practised regularly (IDI-2, Male).

Additionally, a small number of members (mostly members of Generations X and Y) advocated for the recognition of the role of community nursing, basic health units, and community health centres in responding to future viral outbreaks. In addition, some (mostly Gen X) members have proposed that the government implement regulatory reforms to mandate rigorous adherence to SOPs. Finally, members suggested holding fundraising events to guarantee that money would be allocated to those in need (those in Generations X and Y).

5. Discussion

This is the first study to our knowledge to compare and contrast how different generations in Pakistan's twin cities react to the COVID-19 epidemic in terms of their knowledge, beliefs, and behaviours. The study looked at how different generations felt about COVID-19 at first, what they knew about it, where they got their information, which channels they preferred for sharing news, what they were doing now to avoid exposure, what they thought the risks were for not following safety protocols, and how ready they were to prevent a future outbreak.

Our research participants showed a generally high level of familiarity with COVID-19, its transmission, and preventative measures. Participants from Generations X, Y, and Z in our study learned about diseases through a variety of sources, such as certificate programs, academic journals, the media, and online communities. At the same time, other participants (Gen X) exhibited reluctance to learn something new because doing so often causes them stress and anxiety. A survey of the Indian people revealed similar hesitance; nearly half of the respondents had experienced fear after learning about the COVID-19 outbreak through the news over the previous week (Roy, 2020).

Participants from generations X, Y, and Z who were questioned about their most trusted and most frequently used resources for learning about COVID-19 cited a wide variety of credible resources, including the internet, newspapers, television, and radio. There was some evidence of internet literacy across generations in the respondents' preferred informational outlets. It was also shown that members of Generation X and Y were more receptive to news from religious organizations and personal connections working in healthcare than older generations were. Many respondents agreed that the internet and social media have simplified and expanded people's access to information, but they also cautioned that they can spread false news. Some false information concerning the medicine hydroxychloroquine and its capacity to treat patients with COVID-19 was reported by the Abdelhafiz et al. (2020) study. Many people were misled by this false information into hoarding this medication, which led to a shortage. The use of these channels requires prudence, as their widespread use could lead to the dissemination of false information. Misinformation from sources including churches, family members, and friends who are medical professionals needs to be studied in greater depth in future studies.

The present study shows that in the early days of the epidemic when normal life had been shut down, practically all members of the chosen generations felt a sense of shock and pandemonium. Many respondents blamed the unexpected upheaval for their feelings of anxiety. Interestingly, one Gen X claimed that the media had manufactured fear and panic over the new virus for financial gain. Interesting as it may be, this result also underlines the risks of relying on social media platforms as a trusted source of information, reflecting the generation's rising

awareness of COVID-19. Communities have a hard time telling scientific data and facts apart from less credible sources of information because of this (Leung, 2020). Furthermore, the research showed that members of generations X and Y required extra time to fully absorb the new norm as it percolated down to them. To cope with the shock and profound shift brought on by the COVID-19 pandemic, a systemic resilience approach is necessary (Bavel et al., 2020).

As a result, members of Generation Y and Z are generally supportive of efforts to limit the spread of COVID-19. Members of Generation Y and Z agreed that it was best to isolate themselves, avoid contact with others, wash their hands frequently with soap and water or an alcohol-based sanitiser, wear a face mask, and use Dettol disinfectant spray to prevent the spread of germs. This shows that better community sensitization 18 has led to good behaviour and attitude among Generation Y and Z regarding COVID-19. Our investigation found something novel and encouraging: members of generations X and Y set aside private spaces and special equipment for their loved ones who work in healthcare. This suggests that most people in our survey were aware of the necessary precautions to take to avoid being exposed to COVID-19.

Also, respondents from Generation X indicated a high susceptibility to catching COVID-19 due to the lack of adherence to safety measures by some members of the community, as part of their commentary on the perceived danger connected with the COVID-19 outbreak. Participants in our study were warned that young people may harm the community because of a lack of attention to safety. The World Health Organization (WHO) verifies that the transmission of COVID-19 is being driven by the younger generation because many young individuals do not realize they are infected and transfer the virus to others because their symptoms are minimal or nonexistent.24 As the number of reported cases of COVID-19 rises, it is clear that greater efforts are needed to educate the public and dispel common myths about the virus. When this happens, community leaders need to establish norms to guide citizens away from actions that are no longer acceptable in society (Bavel et al., 2020).

Finally, Generation X and Y proposed regular drills and training to avert the impending pandemic. In addition, it was discovered that members of Generation X understood the significance of community nursing and the function of community health centres in preventing future pandemics. The study also provides evidence for how different generations view and react to the COVID-19 pandemic when communities become aware of the virus for the first time. Furthermore, now that the community is familiar with the current situation, the community's perceptions and attitudes towards COVID-19 and its precautionary measures may be different. Finally, this was a short-term study, so it doesn't account for the generation's long-term thoughts on the pandemic.

6. Conclusion

Therefore, this research offers a comprehensive examination of the views and responses to the COVID-19 pandemic held by a cross-section of generations. Most members of Generations X, Y, and Z were well-versed in the dangers of COVID-19 and had a favourable outlook on taking the necessary precautions to protect themselves from the virus. There are benefits and drawbacks to the many channels of information dissemination—from television and radio to newspapers and social media. There was a lack of safety protocol compliance among some group members, especially those of the newest generation, Gen Z. As a result, it may be necessary to engage in community mobilization and sensitization initiatives aimed at increasing knowledge and dispelling myths. To be better prepared for future outbreaks, the study stresses the importance of having a thorough understanding of COVID-19, conducting regular exercises, and following all applicable safety protocols. What we learn from this research is incredibly useful, and the lessons we draw from it can be applied to other communities in Pakistan with similar demographics. The diversity of the study's participants and the limitations of their respective healthcare systems prevent any generalization of the study's results.

6.1 Limitations of the Study

The present study is limited to twin cities of Pakistan, i.e., Rawalpindi and Islamabad and their attitude and perceptions regarding COVID-19. Importantly, generation theory has been employed to analyze the difference of opinions among Gen X, Y and Z, rather Baby boomers were not considered because it is the out of the scope of the present study. Therefore, this study is an attempt to analyze the behaviours of people towards disease across generations in the Pakistani context.

6.2 Implications

The present study extends our knowledge of generational differences and their perceptions about the novel coronavirus and their response to smart lockdown and precautionary measures to be taken as it was the first time in the history of Pakistan that people were forced to stay in their homes and people from all ages got affected by it. To see if the situation impacted different generations positively or negatively, an in-depth interview analysis was done and it was found that overall, all people favourably reacted to the smart lockdown and the situation, whereas, Gen Z were having some concerns. Therefore, the study has practical implications for future researchers in the respective field. Theoretically, it enriches behavioural science literature and adds to our understanding of generational disparities regarding disease and practically makes it easy for future researchers to think out of the box and do quantitative analysis to reach out to people and see how the response of different generations impact disease and what measures must be taken to overcome uncertain situations like COVId-19 pandemic.

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Appendix 1: In-Depth Interview Guide for interviewing community people from Generation X, Y and Z

Table A1: Basic Information

S.no	Participant Code (Confidential)	Age	Sex	Occupation	Educationallevel	Locality/site
1	IDI-01	50	Male	Army Personnel	Ph.D in Chemical Engg	Islamabad
2	IDI-02	45	Female	Teacher	Masters in English Linguistics	Rawalpindi
3	IDI-03	30	Male	Manager IT	MS IT	Islamabad
4	IDI-04	35	Female	Ph.D Scholar	Ph.D in Chemistry	Rawalpindi
5	IDI-05	20	Male	Psychology Student	BS Psychology	Islamabad
6	IDI-06	25	Female	Pharm D student	BS Pharm-D	Rawalpindi

A1: General Insights and attitudes towards COVID-19

1. How confident are you in your understanding of the pandemic caused by the COVID-19 virus?
2. To what extent were you able to prevent the spread of the coronavirus?
3. What is the most trustworthy source of information on COVID-19? Inquiries: Facebook, Twitter, Instagram, YouTube, Google, health care providers, friends and family.
4. Upon learning of COVID-19, what were your first impressions?
5. What are your perceptions about COVID-19 cases?

A2: Opinions on Preventative Measures for the COVID-19 Epidemic

1. What precautions have you made to ensure the safety of yourself and your loved ones during COVID-19?

A3: Risks of not following safety procedures as seen by the public

1. If proper precautions are not taken, do you believe the new coronavirus will cause significant harm in your area?
2. How confident are you that you are in your ability to avoid contracting the new coronavirus?

A4: Preparation for the Future

1. What resources (education, publicity, medical supplies, etc.) does the community need to be ready for any potential future outbreaks?