

# COVID-19 Survey

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2020-2021

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Networking Key Services

Report by- Dr. Meghna Saxena (PhD)



*Empowering Women and Families*  
Since 1987  
**NKS**   
*Networking Key Services Ltd*

## Acknowledgements

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**We would like to specially acknowledge NKS manager Ms. Naina Minahas who has inspired us to design the survey and also helped up to finalize the questioner.**

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## INTRODUCTION

The Coronavirus disease 2019 (COVID-19) is a contagious disease which is caused by an acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Banerjee and Rai, 2020). The outbreak of COVID-19 started in Wuhan, China, in December 2019. It has since spread worldwide and lead to an ongoing pandemic.

Many of the countries found that to avoid the ongoing spread of the pandemic they have to shut down, basically meaning applying restriction on the meeting of people, at a domestic level. Later on, it has been realised that stopping people to meet each other leads to the situation where definitely the spread of the virus has been halted up to some extent, but its spread was not just limited to a locality. This leads to a situation where the whole country needs to get locked down, meaning all the countries started closing their borders, restricting the movement of people from other countries. This is started with European countries and then all the countries started following it.

This nationwide lockdown led to a situation where the economy of the country started getting severely hampered. This leads to a situation where many of the countries are facing economic depression and hardship. At the level of the country and its economy, it is going in the direction of never to be recovered for a decade or so. This kind of countrywide economic hardship ultimately affects the general population and individual people severely getting affected not only just by losing the job which is the eminent effect of lowering of the economy. This leads to another situation where because of the economic problem's person goes into depression and in a situation like that we lose the hope, ultimately, he/she also suffers from mental health issues (Bernnan et al., 2020; Hwang et al., 2020)

This leads to another situation where the effect of coronavirus induced lockdown is not very well studied among the population and who are getting affected. How are they getting affected? How are they coping with these kinds of hardship? So, we have tried to understand these questions by doing a survey. The idea of the survey came when we started helping people who are going through hardship as we work at a charity organisation named Networking Key Services (NKS).

We have done a survey on 115 participants that are directly or indirectly connected to the charity organization Networking Key Services (NKS), we have divided our survey into 4 sections: First part was to gather the demographic and general information about the participants, as we need to understand to whom, where and what age group we were able to reach? Which part of the society we were able to

reach and what are their needs? The second part of this survey is focused on COVID-19, it includes the awareness of the COVID19 symptoms, different medical and administrative terms used during this pandemic. Also, awareness about how to take care of the person infected with COVID-19. We have also covered the social aspect of the effect of lockdown associated with COVID-19. The third part of this survey is focused on the COVID-19 positive person primarily to understand how they have faced these dire circumstances and how it has affected them. The final and fourth part of the survey is majorly for the NKS internal purpose as to get an insight about the outreach, strength, and weaknesses of charity support what we should do to be a better version of ourselves and how to increase our reach to the maximum number of people and the member of the community.

## **METHOD**

We have consulted with the NKS supporting staff and the volunteers to understand what a survey like ours should include giving the insight about what they are facing in this COVID-19 pandemic. In addition to this, through the survey, we can collect the data related to our outreach, focus and weakness.

The survey was designed in the Microsoft Office Forms® and a link to the survey was circulated to all of the members of the NKS volunteers and community workers, those circulated this link to their direct contact to the members of the community that NKS is supporting and providing services to. We have set a deadline of one month from the date of release of the survey to collect our data. This survey was 100% digital, meaning the participants can use their phones or any other smart devices to fill the survey forms. There were some incidents when the participants have asked us to help them to fill the survey forms majorly because of either visual disability, language barrier or the digital literacy to name a few problems in the circumstances like that. So, NKS support workers or volunteers have helped them to fill up survey forms.

## RESULTS AND DISCUSSION

### 1. Demographic and general information

#### 1.1 Outreach

We have noticed that our outreach covers the whole of the City of Edinburgh and many outskirts of Edinburgh, although we have given support to as far as Glasgow (G77) and EH47 and 48 which is around 25km away from our office. Here we want to add that distance has never stopped us from helping anyone. Our volunteers and supporting staff are compassionate people who have gone above and beyond to help the needy (Figure 1).

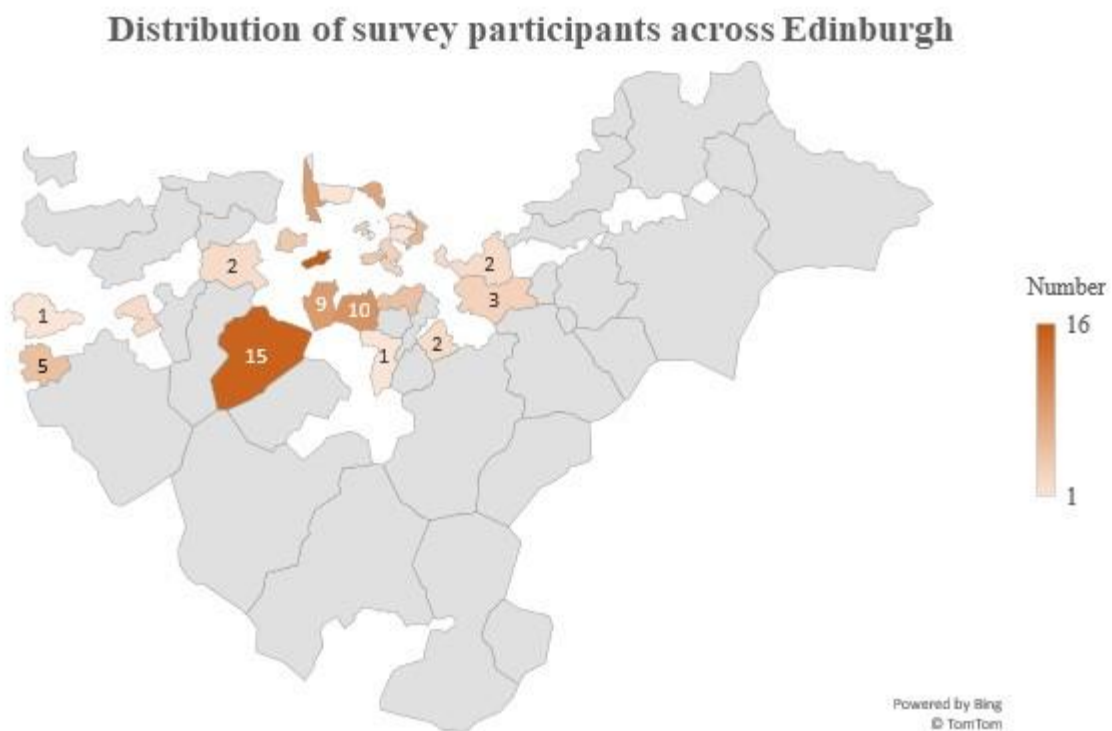


Figure 1: Distribution of survey participant across Edinburgh, based on the post code, dark color indicates higher number and lighter color till white indicates less participants.

#### 1.2 Survey participants (Gender, Ethnicity, Age group of participants)

In total 115 participants have taken part in this survey. We have observed in our survey that 75% of our participants are women and only 25% are men (Figure 2). Another observation comes out

of the data is that 84% of the total participants have identified themselves as South Asian, for this survey, we have clubbed participants from Bangladesh India and Pakistan in one category of South Asian (Figure 3). The second major community identified themselves as Asian Chinese/ Asian other, they were around 10% of the total participants. In addition to this, we now know that over 2/3 of the population comes from the age group between 31 to 60 (Figure 4).

### Gender of participants

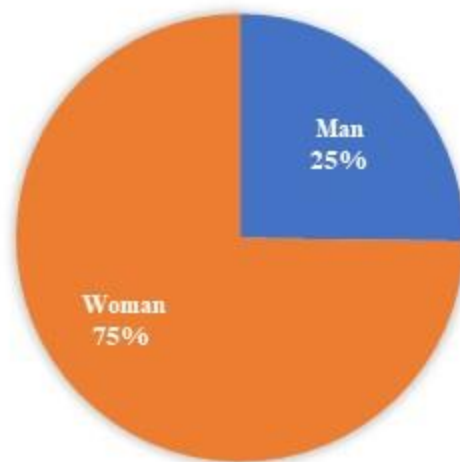


Figure 2: The graph shows that 75% are female and 25% are male participants in the survey.



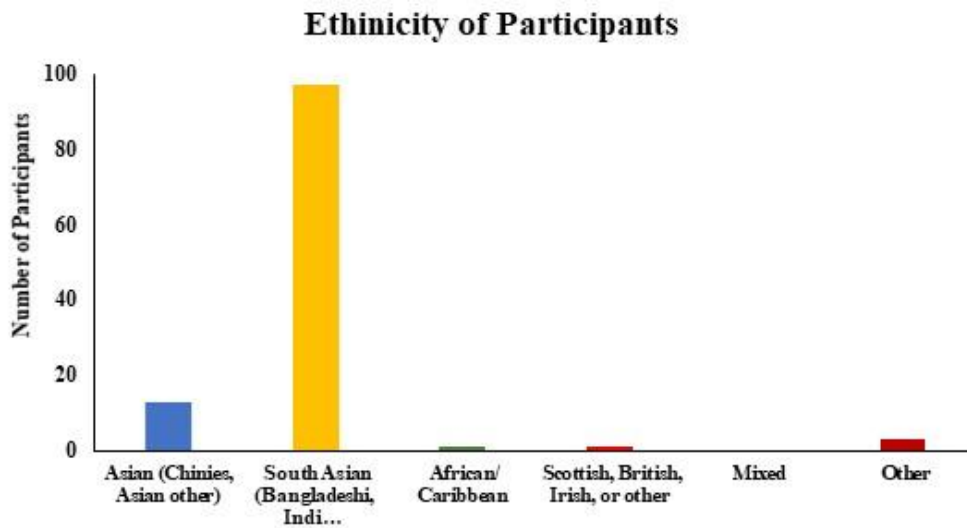


Figure 3: 84% of the total participants have identified themselves as South Asian, we have clubbed participants from Bangladesh, India and Pakistan into this category, 2nd major community identified themselves as Asian Chinese/Asian other, they were around 10% of the total participants.

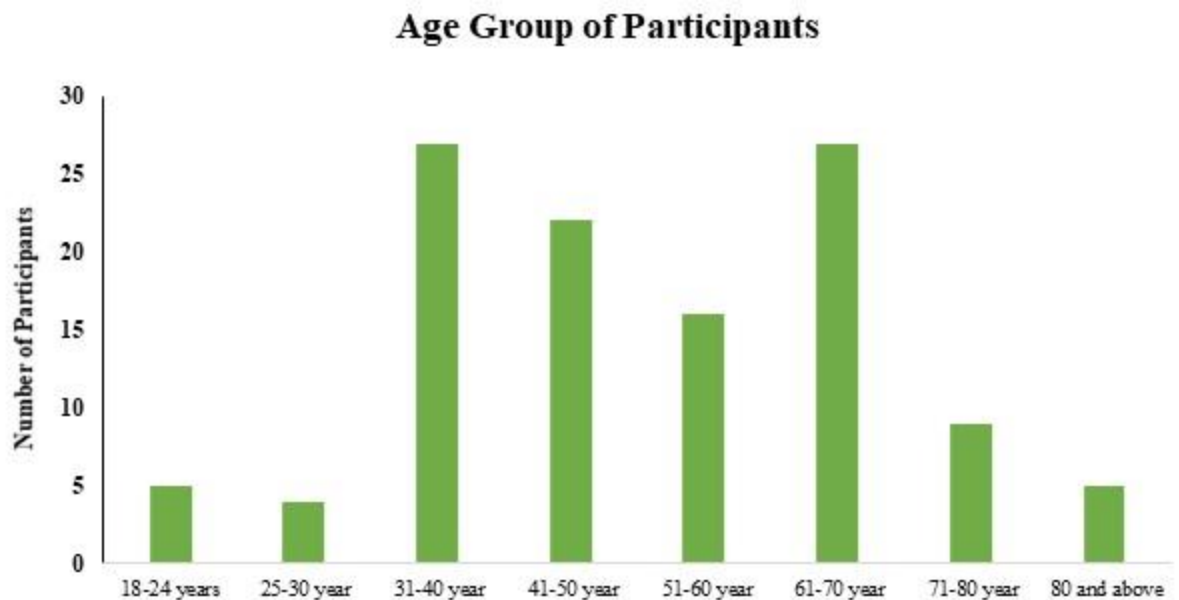


Figure 4: The survey was conducted on the participants that are above 18 years to 80 years, although over 2/3 of the of the participants comes from the age group between 31 to 60.

### 1.3 Disability and long-term health conditions

In our survey, there were twenty participants that declared themselves in the disability category. When we dig deeper into the data, we realize that only 8 women out of 86 and 12 men out of 29 have declared themselves as a person with a disability. Which constitute around 10% of total women participants and a whopping 41% of the total man participants. It seems that the men look for help when they are disabled (Figure 5).

This disability is different from the health issue (long-term health conditions such as heart conditions, diabetes etc.) and around 55% of the participants had mentioned that they have health issues. Although 100% of the disabled people were also suffering from long-term health conditions.

(a) **Person with disability**

(b) **Long term health conditions**

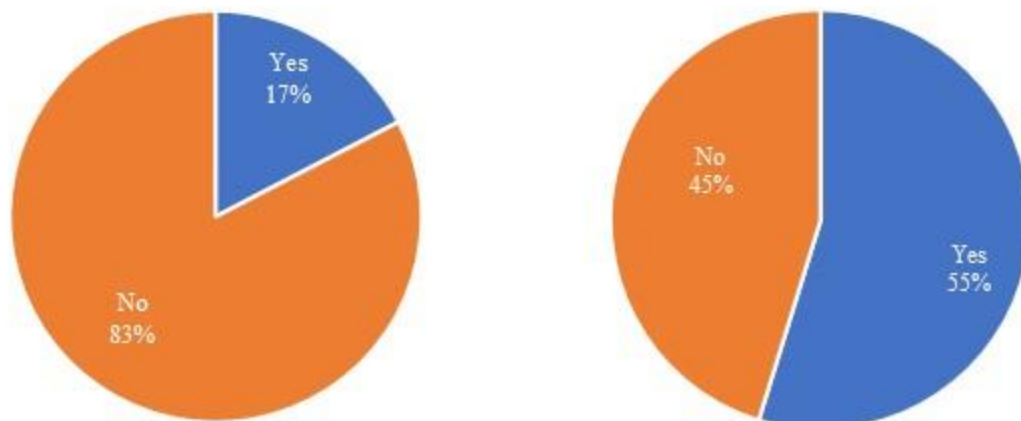


Figure 5: In our survey there were (a) 20 participants out of 115 participants that have declared that they have disabilities. This disability is different from the long-term health conditions such as heart conditions and diabetes, and (b) around 55% of the participants have mention that they have long term health conditions.

### 1.4 Employment status

Out of 115 participants, 48% of them are non-working participants (retired or homemaker). Besides this, we observed that around 9% of the participants who comes in the carer category, meaning they have someone at home who needs constant attention and care. The remaining 43% of the participants were working either part-time or full-time (Figure 6).

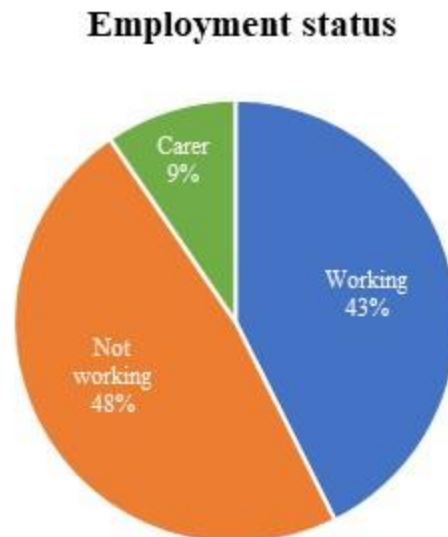


Figure 6: 48% of participants are retired or homemaker, 9% people come in the carer category and 43% of the participants are working either part-time or full-time.

## 2. Covid-19/Corona awareness

### 2.1 Awareness of COVID symptoms

When we have asked our participants, do they know the COVID-19 symptoms, around 85% of the people said yes that they understand what are the primary symptoms of COVID-19, which is a very high number? NKS has arranged online COVID -19 awareness sessions and some credit goes that. But NKS alone cannot take the credit and it shows that a huge contribution of the

government and media to make people aware of COVID-19 symptoms (Figure 7).

### Awareness of COVID-19 symptoms

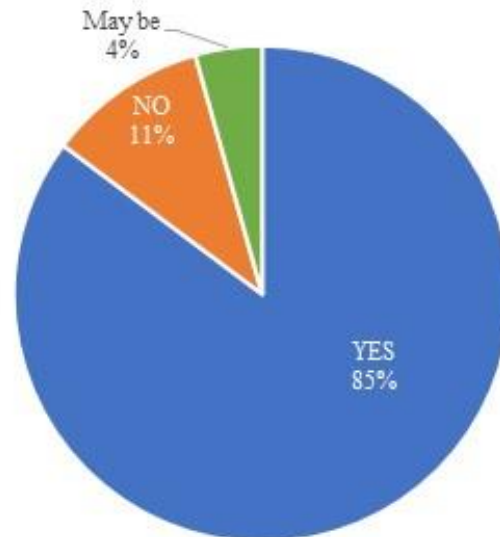


Figure 7: Around 85% of the people said yes, they understand what the primary symptoms of COVID-19 are, 11 % of the participants said no and 4% of the participants answered may be.

## 2.2 Understanding the term isolation and quarantine

We have also asked that if they know the difference between the isolation and quarantine and it turned out around 92% of the people know these terms (Figure 8).

### Difference Between Isolation And Quarantine

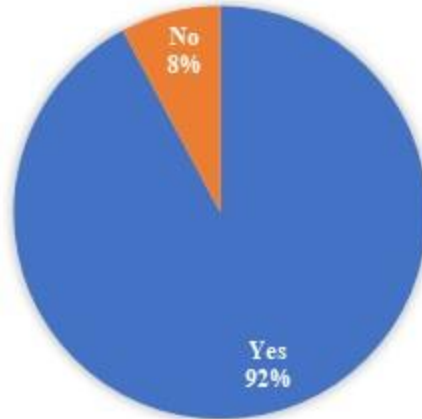


Figure 8: In our survey 92% of the participants have mentioned that they know the difference between the isolation and quarantine.

### 2.3 Shielding during COVID-19

We have also observed that around 81% of the participant are not been asked to shield during COVID-19 lockdown and only 19% of the participants were shielding (Figure 9).

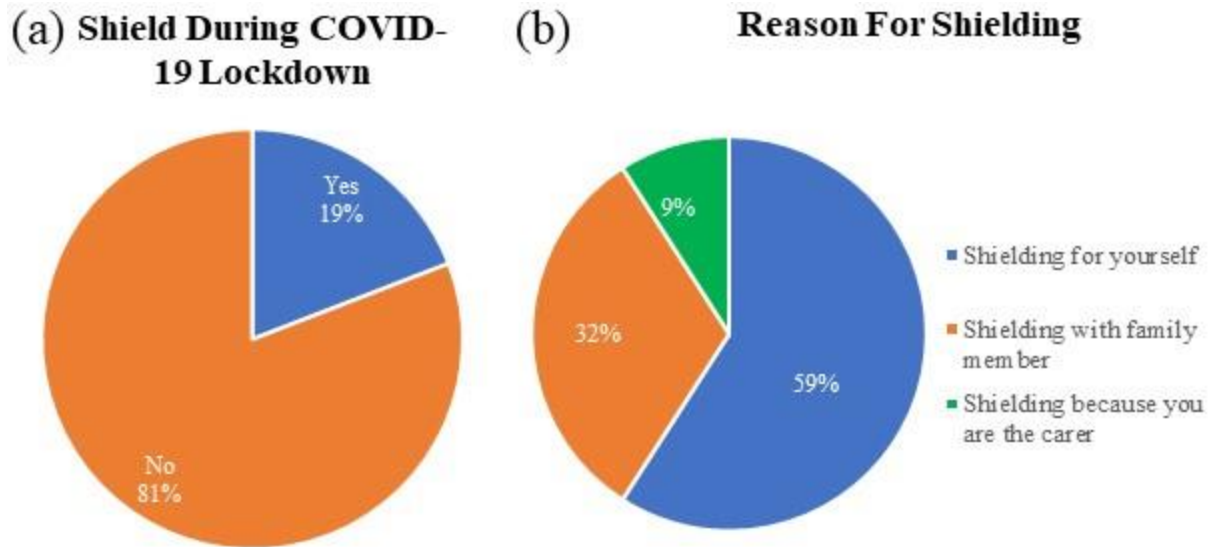


Figure 9: (a) Around 81% of the participant were not shielding during COVID-19 lockdown and only 19% were shielding during COVID-19 lockdown. (b) 59% of people were shielding because of themselves, 32% of people shielding because of the family members and 9% said they are carer.

Out of 115 participants only 22 participants were shielding during COVID-19 lockdown. Upon asking why they are shielding, 59% of people have said that they are shielding because of themselves, 32% of people said that they are shielding because of the family members and 9% said because they are carer.

#### 2.4 Basic requirement of taking care of COVID-19 patient

When we have asked the participants that do, they know the basic requirements of taking care of someone with COVID-19. Overall, 81 out of 115 said that they do understand how to take care of

someone, and they have listed out the things to be done (Figure 10).

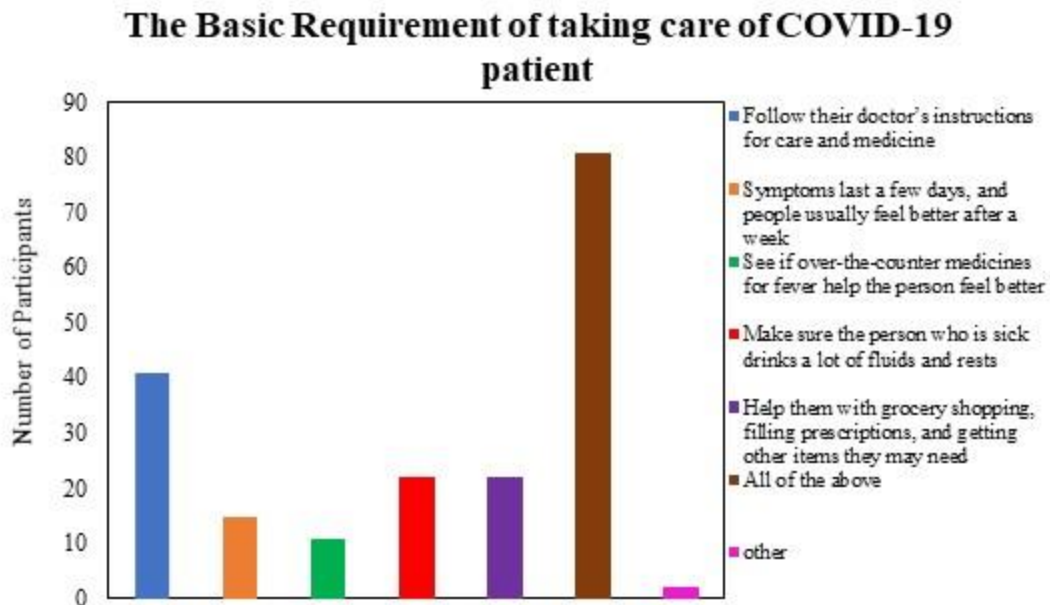


Figure 10: In our survey 81 out of 115 said that they do understand how to take care of someone, and they have listed out the things to be done.

### 2.5 Alteration in caring duties

We have asked these participants if they think their caring duties have been increased during COVID-19 and it turned out that 56% of the participants out of 115 said yes. And 44% of them answered no, as they think their caring duties remains the same. This observation can be

explained as 48% of the participants in the survey are non-working (Figure 11).

### **Caring duties have increased due to COVID-19**

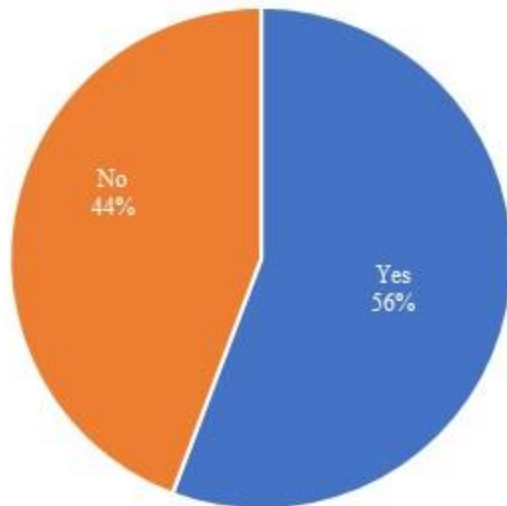


Figure 11: In our survey 56% of participants agree that their caring duties increased due to COVID-19 and 44% disagree.

### **2.6 Life is affected by the COVID-19 in terms of health and wellbeing**

We have asked the participants if their life is affected by the COVID-19 in terms of health and wellbeing, we asked them to give the rating on a scale of 0 to 10, 10 being the worst affected, 100% of the responders said their life is affected by the pandemic. While there were only 11 people who have given the score less than 5 (less affected) the rest of the people gave the score between 5-10. While 66 (57%) people gave the score from 8-10 which means more than half of the



population is severely affected by the pandemic, which is not surprising (Figure 12).

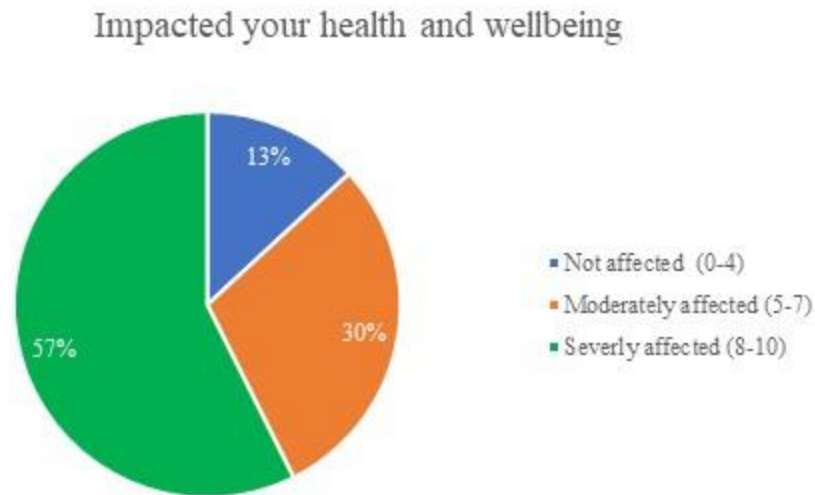


Figure 12: In our survey 57% of participants said their life has been severely affected, 30% moderately affected and 13% minimally affected by COVID-19.

### 2.7 Stigma due to COVID-19

We have asked another question that "do you feel that there is a stigma related to COVID-19 due to which some people are not revealing their symptoms" it turns out that around 51 people out of 115 that is around 45% of the people said that there is a stigma, and they believe that people are not revealing their symptoms and hiding it. 34% of the people said "maybe" while 21% of the people said no (Figure 13).

### Stigma due to COVID-19

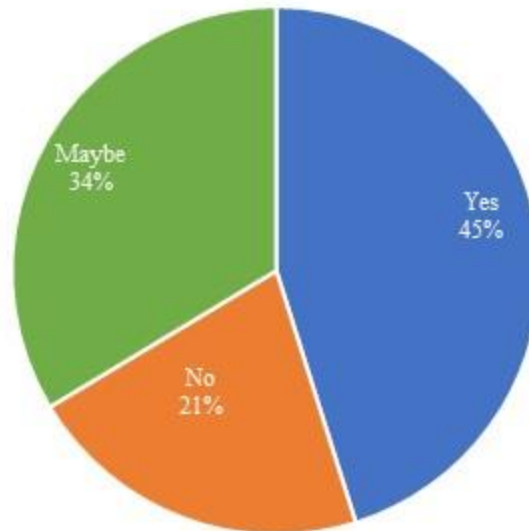


Figure 13: In the survey 45% of the people agree, 34% of the people said "maybe" while 21% of the people disagree that there is a stigma related to COVID-19.

### 2.8 Fear of physical and mental health

When asked about their fear of the physical and mental health of the family. We have observed that around 80% of our participant agree that they fear for the physical and mental health of their loved ones during this COVID-19 (Figure 14)

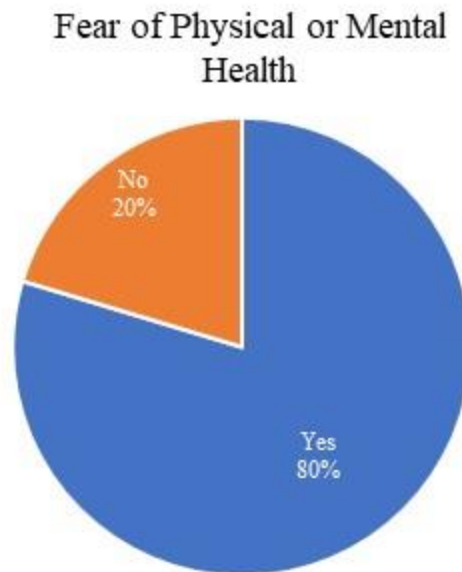


Figure 14: In the survey 80% of the participants agree and 20% of them disagree that they have fear of the physical and mental health loved ones during COVID-19 lockdown.

### **2.9 What is more affected Mental, Physical health or both**

Upon asking what they fear more the mental, physical health or both. And contrary to our understanding we thought that mental health might be a major issue in the lockdown, but people said that physical health is important as well, and a lot of participants around 85% of them said that they are concern about both physical and mental health (Figure 15).

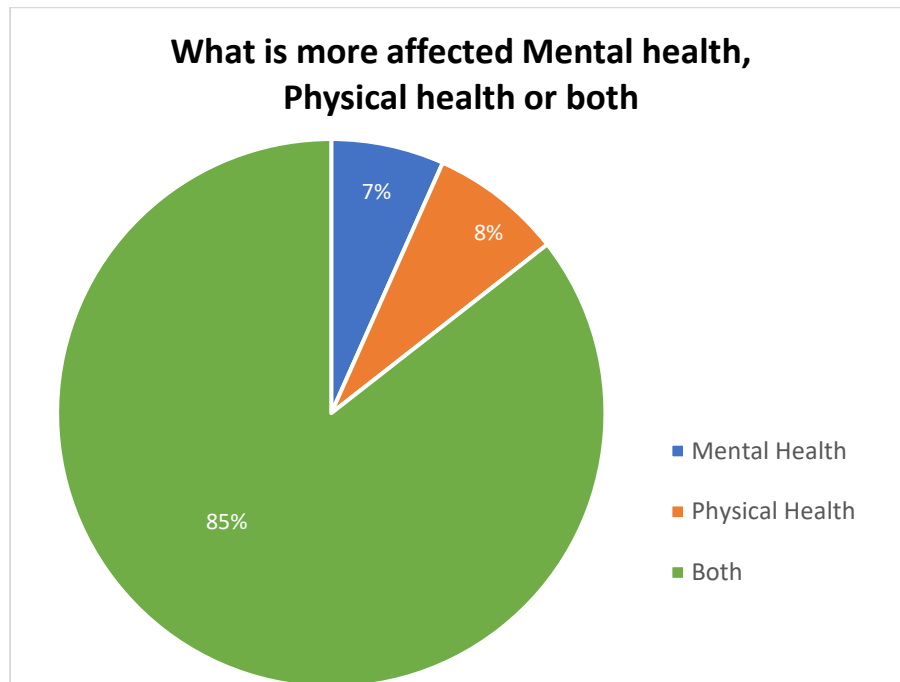


Figure 15: In the survey 85% of them said that they are concern about both physical and mental health, 8% are concern about Physical health and 7% are concern about mental health.

### 2.10 Knowledge of contact tracing

We also want to know if people know about contact tracing in the COVID-19 pandemic. And the data suggest that 57% of the people understand what it is and the rest of the 43% don't even understand what it is. Although we could not find this liked to a specific age group or community (Figure 16).



Figure 16: In the survey 57% of the people understand and 43% don't even understand about contact tracing in the COVID-19 pandemic.

### **2.11 Life affected by the lockdown imposed due to COVID-19**

We have also asked that how life of participants is affected by the lockdown imposed due to COVID-19 on the scale of 0-10 (10 being the most severely affected) because of restrictions and lockdown. We graded them in three categories: not affected, moderately affected, and severely affected. Out of 115 participants, 89% have graded above 5 and around 59% have graded it above 8 which means that their life is severely affected by the COVID-19, only 11% have said that their life is not severely affected by the COVID-19. these are the participants who are not affected at all and the other one is a younger age group 18-24 age group (Figure 17).

How much COVID-19 has affected your life?

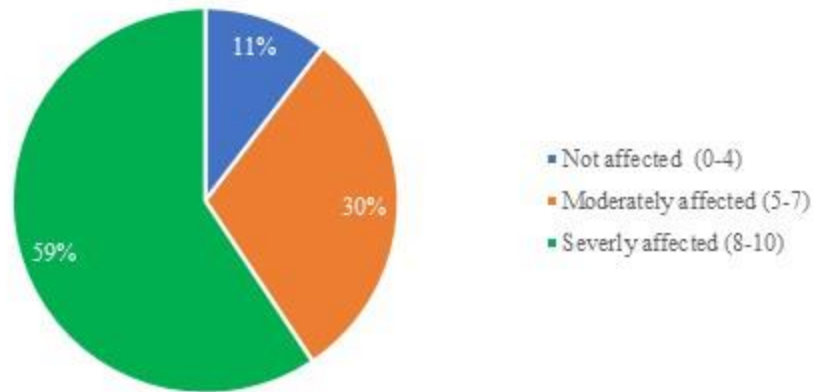


Figure 17: In the survey 59% have graded it above 8 which means that their life is severely affected by the COVID-19, 30% have graded moderately affected and only 11% have said that their life is not severely affected by the COVID-19.

### **2.12 Worried about situations like: financial support, living arrangement and loss of support services**

We have asked participants if they fear the corona pandemic is affecting their financial situation, living arrangements and loss of support services. Around half of the people have said that they were concerned about their financial situation and loss of support services. Although around 65% of people said they were not concern about their living situation (Figure 18).

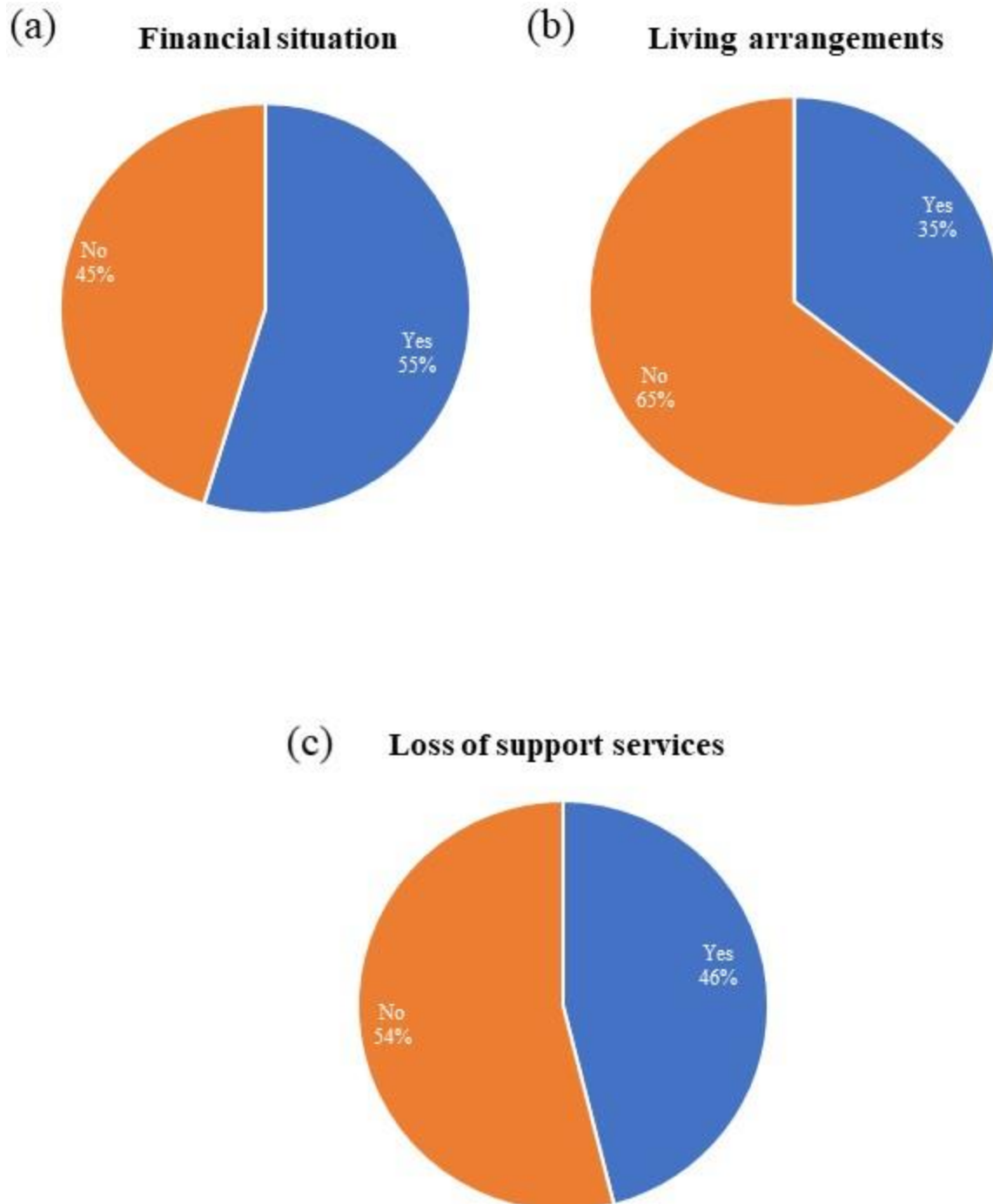


Figure 18: In the survey we asked about fear the corona pandemic is affecting their (a) financial situation, (b) living arrangements and (c) loss of support services.

### 2.13 Coping during lockdown

It was observed that when we asked them how participants are coping during lockdown, we came to know that all is not well, and we got 93 responses out of 115 people.

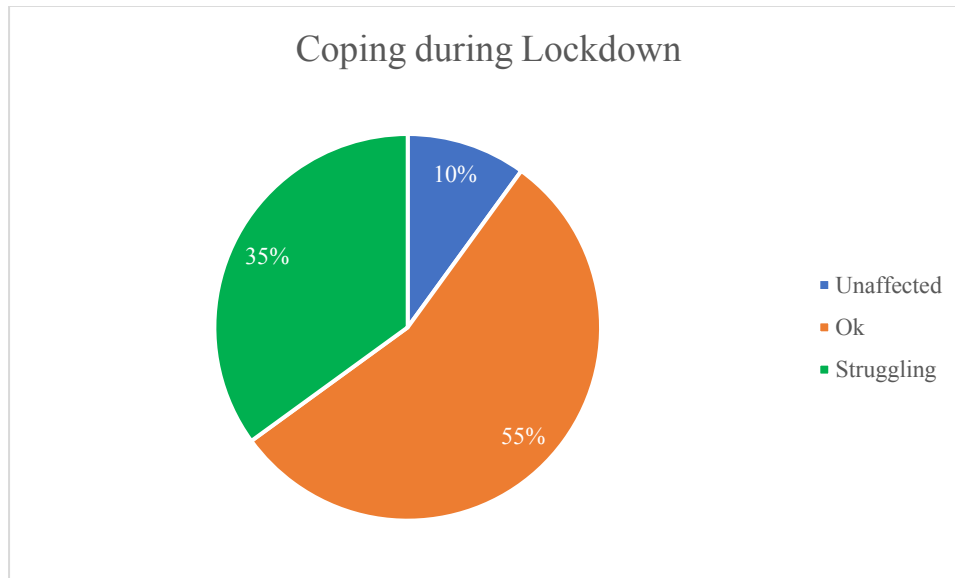


Figure 19: Coping during lockdown: 55% are ok, 35% are struggling and 10% are unaffected.

We graded the responses as with struggling, ok, and unaffected. The striking observation appeared that 55% of participants are ok during lockdown and they tried to stay positive. Some of the Responses are *“Home exercising and working at home helps with coping distractions. And getting food parcels from NKS. My son/daughter helped with shopping. We had support from organisations through zoom meeting”*. This clearly depicts that people were trying to adopt the new normal situation.

We observed that 35% of participants were struggling to cope up with the lockdown and they responded- *“I coped with great difficulty. There was always a fear of uncertainty and confusion. I missed social inclusion. Isolation has affected my mental health as carer. And In the beginning, was very cautious of going out in case I picked up the infection and passed on to my parents who both suffer from long term health issues. This had an impact on my mental health and wellbeing. I also found it difficult to get used to the new norm of living i.e., wearing a face mask, washing hands continuously wiping down surfaces etc”*. This group showed how difficult it was for people to accept the changing system. All cannot cope so easily and that is the reason we have to keep providing support to the community.

However, only 10% of the participants responded that they were unaffected by the lockdown.

We have seen responses like- *“I am working full time from home. Made effort to go out for*



*walks, keep in touch with family and friends online. Have been busy with creative hobbies and joining online groups*". The younger generation (age 18-31) were easily coping up with the new normal situation and that is the reason they are totally ok with lockdown.

#### **2.14 Frequency of meeting with family, friends and NKS staff before and after COVID-19**

A part of this survey was also on the social aspect of the Corona pandemic, so we have asked the participants to tell us about their frequency of meetings with family, friends which includes neighbours and with NKS staff, Before and after the lockdown. It turned out that the meeting frequency can be broadly divided into two kinds, the frequent meetings, and occasional meetings. The frequent meetings are those where participants were either meeting every day or more than once a week, the occasional meetings were consisting of meetings that were either once a week or once a month. Upon classifying them in two broad categories a global trend emerged where almost all the participants have said that the frequent meeting's frequency has decreased because of the lockdown and the meeting that were occasional their frequency has does not change or has shown increase because of the lockdown.

An immediate question was asked concerning the decrease in the frequency of meeting in the family because of the lockdown, how would that decrease with the lockdown, aren't the whole family is lockdown together? Decrease in the frequent meetings with family because of lockdown can be explained based on the word family and how it's been perceived in the South Asian community which is the major contributor of this survey. In the South Asian community, the typical extended family like your parents and your grandparents and your in-laws are also considered as family, and that where the difference is coming from. The typical family (nuclear family) is together, but the extended family is not living together and that why the frequency of meetings has shown a decrease in trend because of the lockdown. The frequency of the frequent meetings was decreased with the friends and NKS staff is understandable as they are away, and lockdown makes it harder for the frequent meeting to keep happening.

The frequency of the occasional meetings has increased with the family and we believe that because of the lockdown the families were more concern and they were meeting the extended family the grandparents and were more organized and instead of meeting with them every day they were meeting them less frequently but regularly to provide and to take care at the same time not exposing them to the COVID-19 virus. And we also think that the frequency of the meeting

with friends that they were meeting once a month also get more organized and they were meeting online that explain that increase. While the occasional meeting with the NKS staff remains the same or increased and we want to clarify that this unaffected meeting frequency is because the NKS staff keep on holding online meetings with the regular community members (Figure 20).

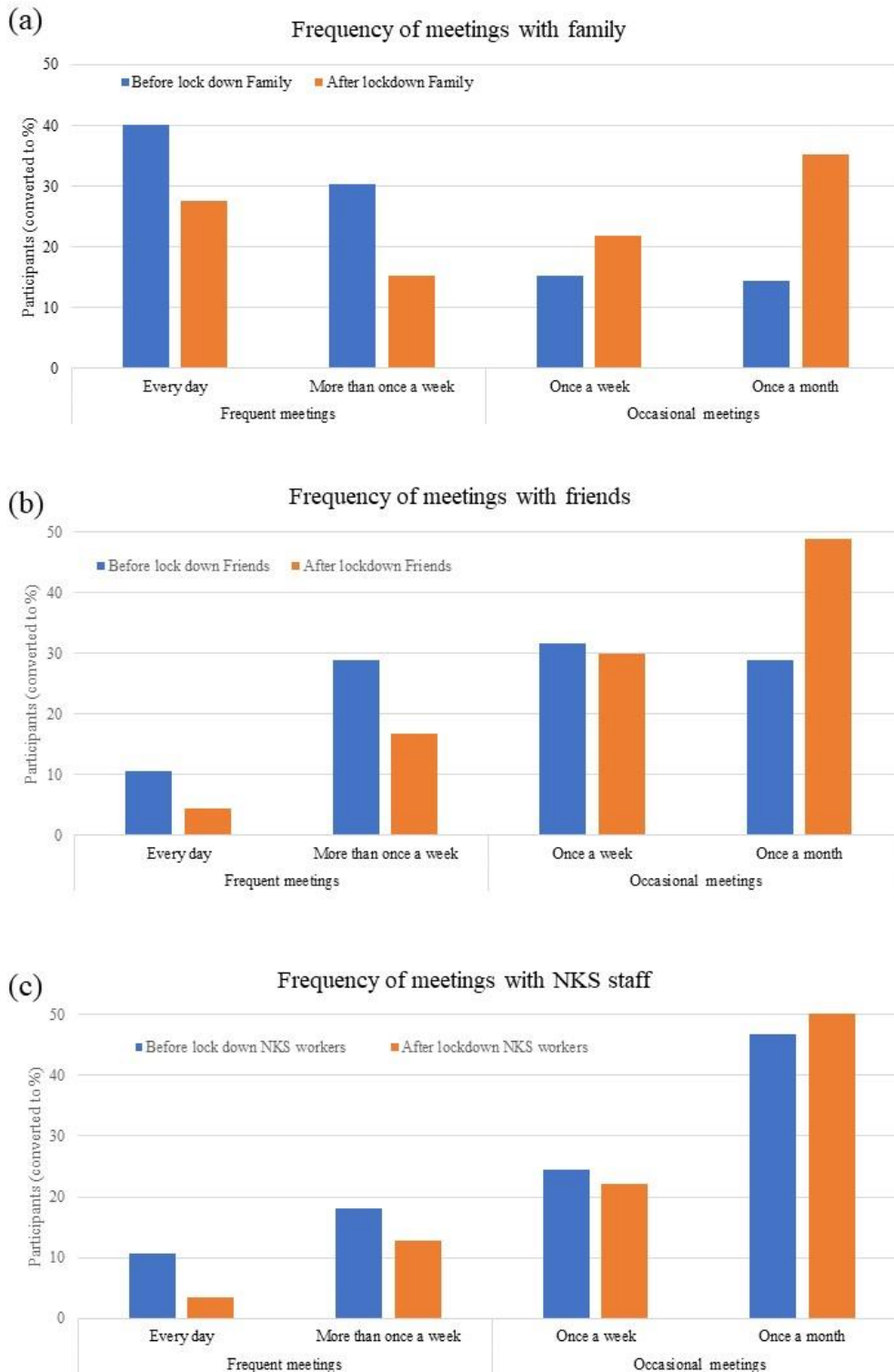


Figure 20: Frequency of meeting before and after COVID-19 lockdown (a) Family, (b) Friends and (c) NKS staff.

### 3. COVID-19 PANDEMIC

#### 3.1 COVID-19 positive participants and symptoms

We have found there were 14 of our participants were turned out to be Corona positive which was near about 12% of the population. The expression of symptoms among these patients was also turned out to be different around 80% of the individuals have said that high temperature and loss of change of your sense of smell was prominent and 50% of people said that cold and difficulty is in the breathing is also one of the major symptoms (Figure 21).

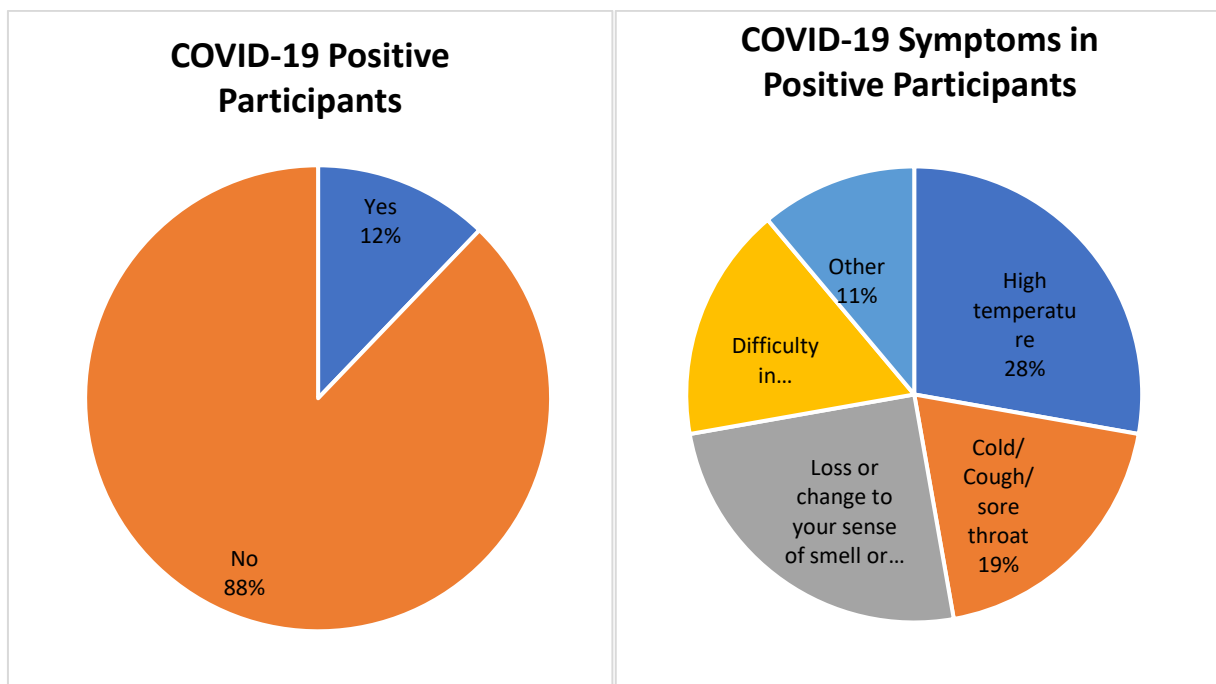


Figure 21: in the survey (a) COVID-19 positive participants and (b) symptoms.

We have also asked the COVID-19 patients if there were any other people got infected with COVID-19 after the patient got detected COVID-19 positive, it turns out that every patient infected on an average 2 more people in the family.

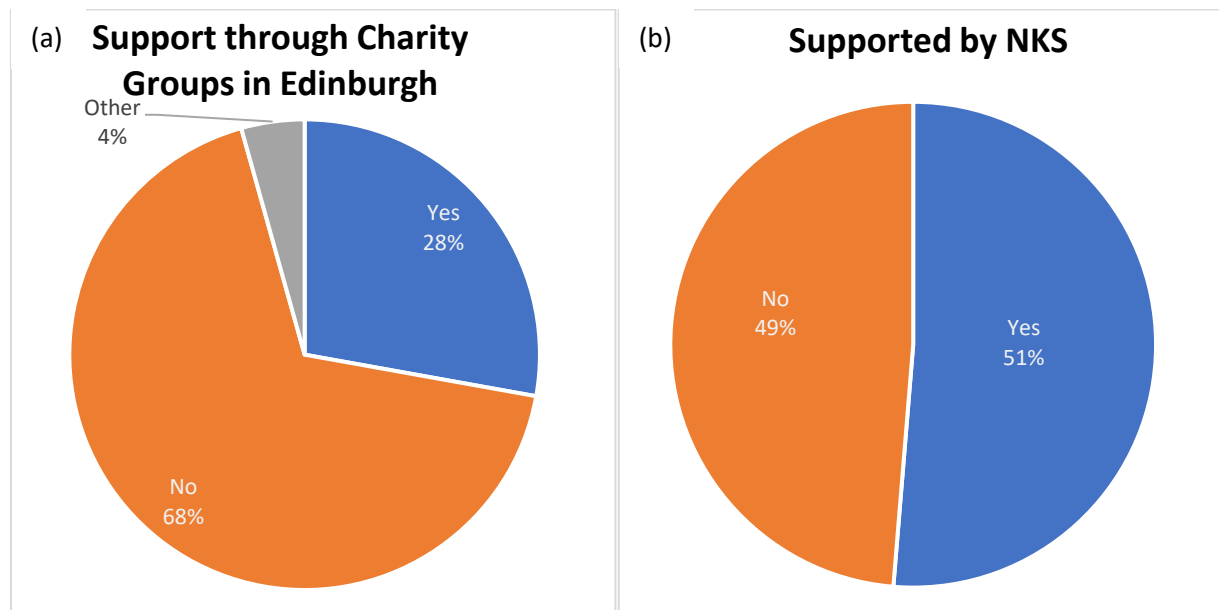
#### 3.2 If you had COVID, how is your life affected by it?

We have also asked if the life of the patient is affected on the scale of 0-10 (10 being the most severely affected) because of COVID -19 infections. Out of 14 participants, 86% have graded above 6 and around 71% have graded it above 8 which means that their life is severely affected

by the COVID-19, only 2 have said that their life is not severely affected by the COVID-19, one of them was asymptomatic and the other one is a younger age group 18-24 age group.

### 3.3 Support through charity groups in Edinburgh and NKS

Upon asking if the participants of the survey, if they have received any support from charity groups in Edinburgh, it turned out around 68% says they did not received any support, but when we asked if they get any support of food, online help, social activities or carer from an NKS it turned out around 51% people said yes they received it from the NKS so this tells us that our Survey is not just linked with the people that are helped by the NKS but also participants that are not directly helped or supported (Figure 22).



(d)

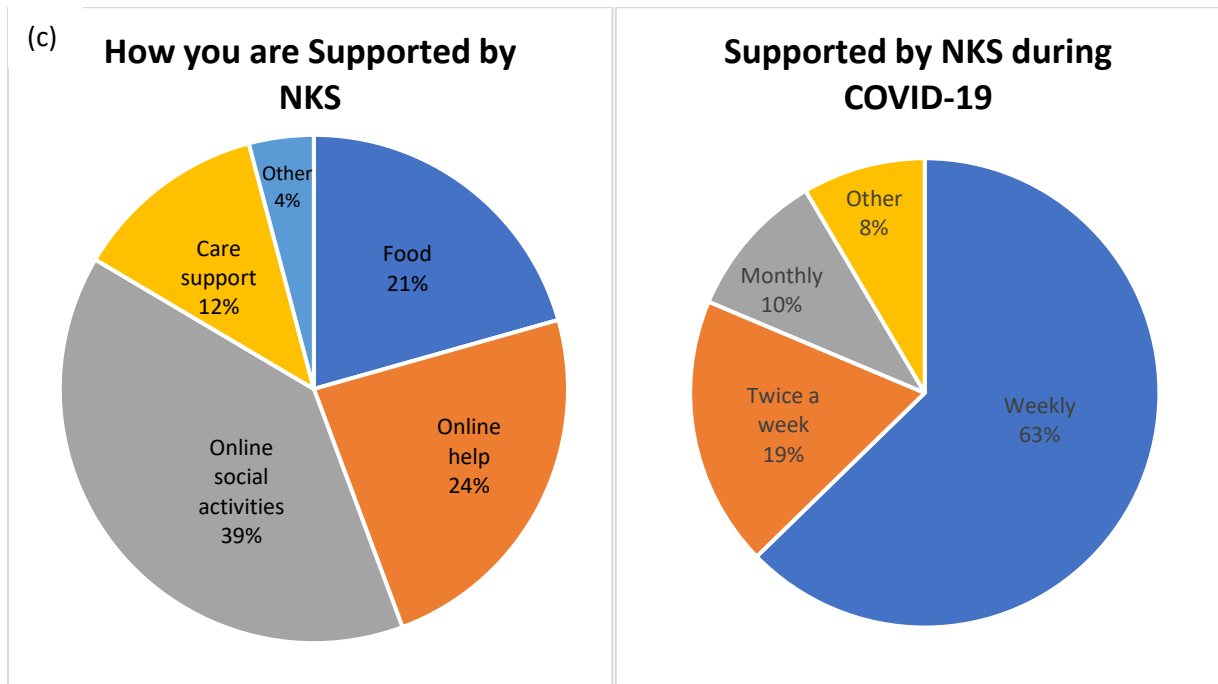
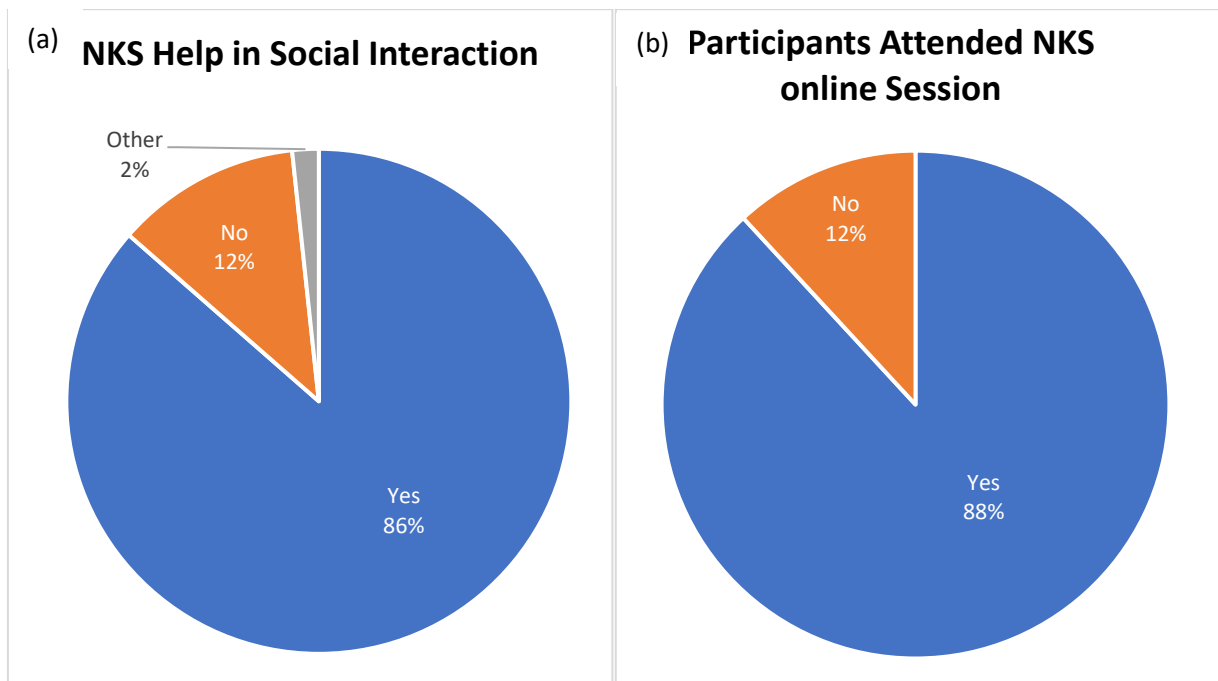


Figure 22: Support through (a) Charity groups in Edinburgh, (b) Supported by NKS, (c) how supported by NKS and (d) Supported during COVID-19.



(c)

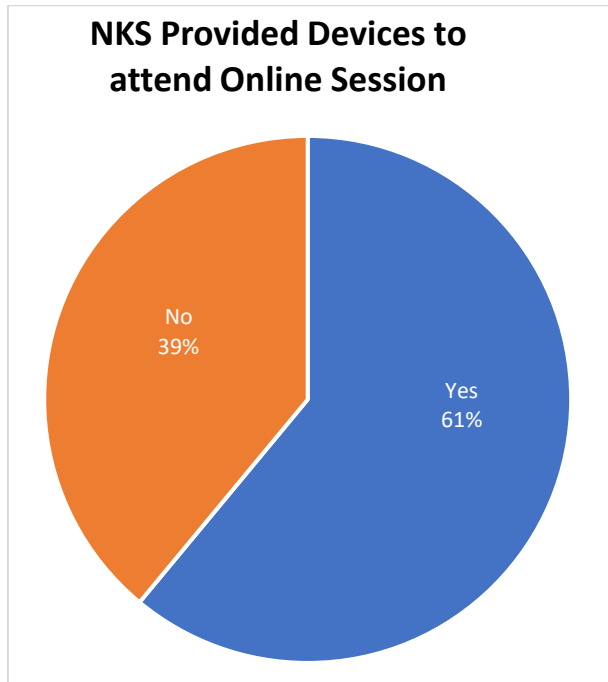


Figure 23: (a) NKS help in social interaction, (b) Number of participants attended NKS online sessions and (c) NKS provided devices to attend online sessions.

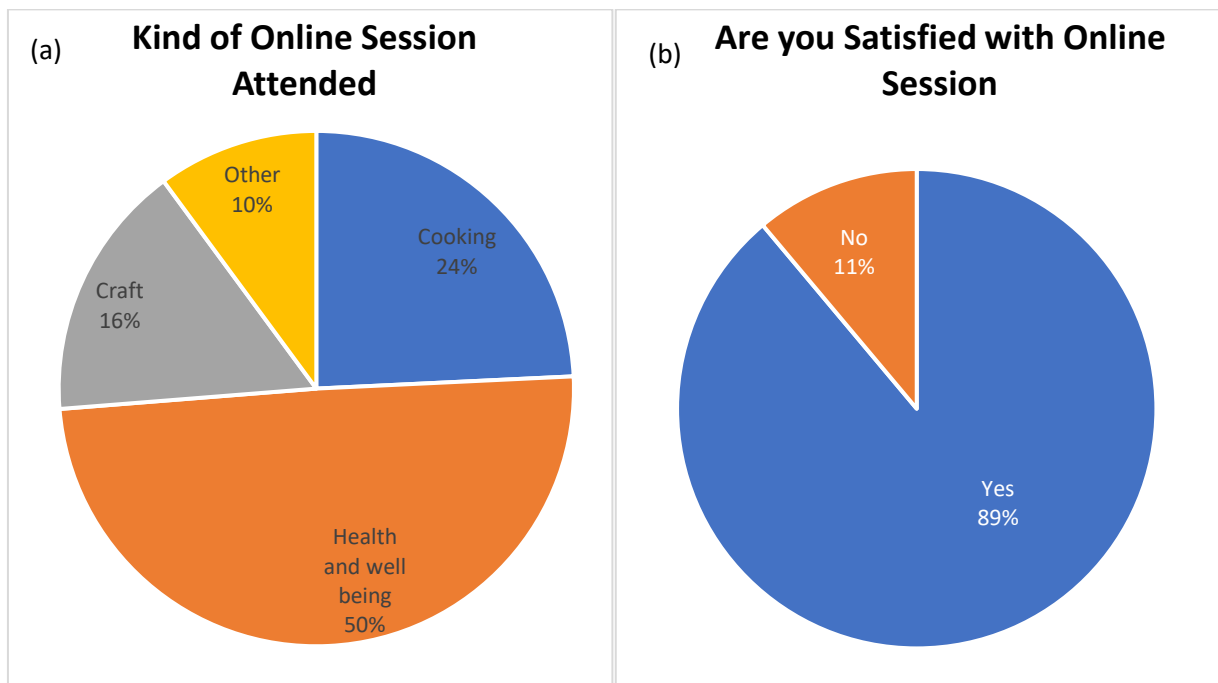


Figure 24: (a) Types of online session and response and (b) feedback of online sessions.

It turned out that around 20 participants have used the food services, 88% have attended the online activities and 86% were involved in these online social activities carried out by the NKS staff. We have also provided care support to 20 participants (Figure 22, 23 and 24).

When we have asked how often you have been supported by NKS during the cover 19 situations it turned out that 35% of them were supported on a weekly basis although they were around 10% of the people have supported twice a week then the frequency decreases.

It turned out that around 50% of the participant said that al NKS has helped in the social interaction. And, we found that around 80% of the population who were helped by the end case said that they are helped by the hand case online sessions and they loved it.

NKS also has a digital literacy programme by which NKS delivered the digital device to increase the digital literacy, it turned out that around 2/3 of the population who said that they are attending the session there they were attending on the device provided by the NKS.

### **3.4 Types of online session and response**

These online sessions include cooking health crafts and other activities and it turned out around 50% of the participants were attending the health and wellbeing sessions while 25% were attending cooking sessions. 90% of the people said that they are satisfied with the online sessions conducted by the end cares and that's a big win for us. Video also asked the people if they are not satisfied what is the reason and majority of the time we found that they were not satisfied because of the connexion the Wi-Fi connexion issues that they were facing not because of the teacher who is conducting the session.

## **4. Insight about the outreach, Strength and Weaknesses of NKS**

We are also asked what further support to do the participants require to make life better or mitigate the negative effect of public health crisis. We are overwhelmed with the response of the participants. Almost 80% of participants said they are happy with the services from NKS, but if possible, please arrange more activities and health and wellbeing sessions in the group.

When we asked about the suggestions for NKS Charity we again got excellent suggestions like- “NKS did very well with all kind of support to South Asian families during lockdown. They could not have done any better. I was satisfied with the services provided by NKS to all needy families.”; “NKS is doing a fabulous job in reaching out to the community prior and during the pandemic,



keep up the good work as its much appreciated by the community especially people who are isolated, people with long term health conditions, older people etc.”

## Conclusion and Recommendations

We have done a questionnaire-based survey on 115 participants; they were all adults and were aged from 18 years to 80 plus age groups. A vast majority of them were females and that too South Asian females.

We found that our participants on an average around 80-95% of them were aware of the corona virus symptoms, the concepts of isolation and quarantine, shielding, contact tracing and the basic requirements of taking care of someone with COVID-19 infection.

Alarmingly, we found that 50% of the people feel that public do have stigma related to the COVID-19, regarding this we need to increase our effort to educate people better and make sure that the sigma related to COVID-19 should go away.

We also found that majority of the participants found that the COVID-10 lockdown has affected their well-being and both physical and mental health were affected. Frequency of meeting with the friends and family is also affected which is a good sign that mean people are obeying the guidelines and rules of the lockdown. Although taking care of the dependents have been hard as one has to protect them from exposure as well.

One sticking thing that we find in the covid-19 patients is that there were huge heterogeneity in the appearance of the symptoms and that is a medical topic that needs further exploration.

Support provided by NKS turnouts to be extremely effective and majority of the receivers said they were extremely satisfied with them and a lot of participants suggested to increase the frequency of our online classes/ sessions and other engagement paradigm.

At this moment it looks like that NKS and its supporting staff is spread too thin and we need more manpowered and funds to cope with the demand.

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