

## **Cultural Practices and Fear for long-term Wave of COVID-19: A Narrative Review in Managing Mental Health Response**

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### **Abstract**

In the new millennium, all the countries are experiencing the burden of COVID-19, which has inflicted massive disaster. Each country has a plethora of culture and subcultures, therefore all the countries had encountered several challenges to combat the adverse effects of COVID-19. As COVID-19 is a communicable disease, therefore, the World Health Organization implemented ancient quarantine rule to control the spread of infection outbreak. The quarantine time has always been very stressful for people due to detained without basic need of the external world. Quarantine affected the people lives on personal (illness, death, physical disease) Social (isolation, inability to attend school) and economic (bankruptcy, financial insecurity and economic recession) level. The disruption in diverse areas of lives changed their health-related behavior among people of all ages. The spread of COVID-19 was controlled by implementing SOPs, unfortunately, the fear of reemergence of the long term waves for COVID-19 is increasing alarmingly. Therefore, it is imperative to investigate the role of diverse cultural practices in managing mental health response during unexpected long term wave of COVID-19. The cross-cultural practices would be effective to study for devising the effective management plan prior to or even after crises.

Keywords: COVID-19, Long-term wave of COVID-19, Cultural Practices, Mental Health Response,

### Introduction

All the countries are bracing the burden of COVID-19, which has wreaked immense havoc. As of 8th May World Health Organization has documented 3, 759, 967 confirmed cases along with the death toll of 259, 474 worldwide [1]. Each country has a plethora of culture and subcultures, therefore all the countries had encountered several challenges to combat the adverse effects of COVID-19. As COVID-19 is a communicable disease, hence the spread of contagion emerges from cultural practices such as handshaking, kissing forehead, touching nose and another form of greeting [2]. World Health Organization implemented the precautionary rule named quarantine for the safety of people [3]. Unfortunately during this crucial period, people manifested more clumsiness, which affected their health-related behaviours such as exercise, walk, fresh air and other important areas [4]. During past years, only elderly people used to report clumsiness, health risk behavior, and poor health status due to decline in physical functioning. In the recent times, people of all ages found to practice clumsiness, health risk behavior due to mechanical or e-world [4].

First of all, the closure of parks, fitness centres and other public places reduced the physical activity. The low physical activity found to be associated with a weak immune system which is alarming to fight against infections [5]. The lack of daily exercise diminishes the potential to combat obesity, hypertension, and heart diseases which are susceptible to develop COVID-19. However, some contradictory study suggested that intense exercises also weaken the immune system and increase the risk for the susceptibility of COVID-19.

Secondly, internet surfing amplified during COVID-19 and according to a recent study around 49% of the world uses social media app [6]. The surge of internet use is another cause of low physical activity. Online education is another emerging trend during COVID-19. The Higher Education Commission lounged the online classes which caused substantial issues. The surge in net surfing has increased the screen time and caused blurred vision and eye strain. Furthermore, chronic back pain, joint and muscles stiffness also found to be another consequence of excessive screen time. Thirdly, lack of economic engagements also leading to physical issues.

In addition, as the nature of jobs and business has turned online, therefore the physical activity. The recent literature provided a number of health risk behaviour developed during COVID-19. These health risk behaviours adversely affected physical functioning on a high scale. In short, according to a recent study, the immobilization, bed rest or limited physical activity during sustained quarantine increased the risk for developing musculoskeletal, brain, immune dysfunctioning and cardiovascular diseases [7]. As many damages have been observed in physical illness during 2020. The new world of 2021 is expected to be more mechanical. It can be assumed that during 2021 more transformation and revolutionary changes will be seen. More virtual communication will be prevalent, which may adversely affect the life expectancy and quality of life among people.

Furthermore, the magnitude of INFODEMIC along with quarantine led to more health risk behaviours. As a result, people found to have poor physical and mental health status compared to pre-pandemic time. During 2020, with precautionary measure, the spread of COVID-19 was found to be in control [8]. Unfortunately, the fear long-term wave of COVID-19 is prevailing. The fear of second wave of COVID-19 would be devastating for the social, economic, physical and mental health of the people [9]. Therefore, it is imperative to investigate the role of cultural practices in managing mental health response during COVID-19. The uniquely adapted cultural practices, community engagements, and cultural-conscious policies can ameliorate better consequences to mitigate the impact of COVID-19. The current paper intends to highlight the unique cultural practices that have been used efficaciously to mitigate the obnoxious pandemic consequences.

### **Chinese Cultural Practices**

The first case of the transmittable and pathogenic virus was diagnosed in Wuhan city of China on 1st December, 2019 [10]. As it was a novel concept, therefore the culture practice during all three phases of COVID-19 found to be intense. According to recent data the cultural practices in china found to be effective [11]. The recommended behaviour of WHO such as ventilating homes, maintaining social distance and avoiding people diagnosed with flu has been flowed by 90% population. Furthermore, non-recommended behaviour such as taking supplementary vitamins or traditional medication to protect from CIVID-19 was also found effective<sup>4</sup>. The economic behaviour such as reopening work or other institutions have also been avoiding during after the acute phase of COVID-19. Chinese cultural practices revolve around

traditional herbal treatments. As many damages have been observed in physical illness during 2020 and china is striving to control the effect of pandemic. The new world is expected to be more mechanical. It can be assumed that during 2021 more transformation and revolutionary changes will be seen. More virtual communication will be prevalent, which may adversely affect the life expectancy and quality of life among people. Therefore more physical therapies are needed such as deep breathing, muscle relaxation and yoga. The provision of e-physical therapeutic approaches might improve the health status of people [12].

### **American Cultural Practices**

The emergence and fear of reemergence of COVID-19 have triggered a novel threat world widely. The first case of COVID-19 was diagnosed in Washington during late January 2020 [13]. The cultural practices of America found to be effective as the population believes more in medical science. The compliance for handwashing among white African reported 86% to 90% [14]. Whereas the African American preventative practices found to be 67% to 72% [15]. The use of medication is also prevalent in America. The use of medication has also become a health risk behaviour, as the literature suggested that persistent use of medication for reducing infection risk develop neuro-psychiatric complications.

### **Pakistani Cultural Practices**

Pakistan has been the epicentre of COVID-19 since 25, February 2020 [16]. Pakistan is a low to Middle-income country and has been ranked at 152 positions out of 189 countries [17]. The economy of Pakistan was not prepared to take the burden of a pandemic. Therefore preventative measures couldn't be implemented. Furthermore due to lack of literacy and knowledge healthcare negligence was found to be very common. The illiterate people reported COVID-19, not more than a drama to distract the population. The implementation of quarantine rule has been considered as a strategy to destroy the economy of Pakistan. The people diagnosed with respiratory problem preferred self-medication rather than medical examinations [18]. The common cultural practices of the Pakistani population believed in self-medication. Furthermore, the cultural practices of Pakistan comprised of religious injunctions. The recite of holy verses and firm faith on God considered to be the only solution for reducing the risk of contagion. Hence the Government implemented social distancing and other preventative measures to reduce the risk of COVID-19. According to literature, the high risk of COVID-19 in Pakistan is due to public related demurrals, regulatory and organizational voids, and travel patterns [19]. The rise of

INFODEMIC will be an important aspect of setting new world 2021. The emergence of conspiracy theories and rumours are spreading through media and social media. These INFODEMIC are adversely affecting the cultural practices concerning the COVID—19 precautions. In each culture, many myths are found to be associated with the causes and treatment of COVID-19. The psycho-education through diverse social media app is much needed to aware people about the fake news and inappropriate cultural practices. In particular more awareness should be promoted among people for availing e-psychotherapeutic approaches to mitigate obnoxious consequences emerged from COVID-19 [20].

### **Bangladesh Cultural Practices**

The first case of COVID-19 was identified on 8 March, 2020 [21]. Traditionally cultural practices in Bangladesh comprised of religious rites, folk medicine, Unani and ayurvedic system. The population of Bangladesh preferred religious healing method to combat the infection or COVID-19 virus. The most common practices that have been observed in Bangladesh were Bhandari healing, spiritual healing, sorcery, kabiraji healing and home medicine [22]. These practices were more common in backwards areas of Bangladesh around 70-80% population of rural areas still prefer health care services from traditional health care practitioners [22]. The cultural practices depicted the belief and traditional interest in fighting against COVID-19. Indeed the Government took crucial steps to mitigate the impact of COVID-19. The Government of Bangladesh has taken massive steps in response to COVID-19 outbreak. The instant closure of educational institutes, probation of religious or political rallies, and cancelled all the public state programs event or programs were the vital steps of Bangladesh Government [23]. Bangladesh encounter several crises due to inadequate health facilities, logistic support, administrative initiatives and social drama [23].

### **African Cultural Practices**

Africa has been unscathed by the COVID-19 and became the epicentre in April, 2020. The concept of social distancing or quarantine was an alien concept in African culture, as they thrive more in communal settings [24]. Social distancing found to be a cultural shock and prevalence of CODVIDIOTS was very common. The CODVIDIOTS refers to the person who ignores health-related advice and social distancing rules. A simmering debate has been found considering the cultural practices in Africa during COVID-19 due to diverse worship

distribution. The worship distributed in three faith-Christianity, traditional beliefs and Islam. Religion and science are opposite entities, hence cause hindrance ineffective practices.

The African were confused between religion and science for taking precautionary measures to avoid the risk of contagion. The religious healers claimed that the risk of a pandemic can only be decreased through supernatural interventions. Undeniably, Africans realized that COVID-19 or any other communicable disease cannot be healed through witchcraft and faith. They realized the medical and practical measure are vital for controlling the risk of disease [24].

### **Indian Cultural Practices**

The geographical vastness, cultural complexity and religious diversity of India are co-existing with poor practices during COVID-19. India has witnessed the surged of confirmed cases during COVID-19. As of 8th May 2020, around 56, 342 cases have been diagnosed [25]. The cultural practices in India found to be helpful in controlling the devastating impact. Indians promote group activities such as bathing in cow dung or cow urination for reducing the risks of COVID-19. Furthermore, Indian culture beliefs in eating garlic, turmeric and lemon to prevent the COVID-19 infection. The government of Ayush advisory recommended these ingredients for immunity not as a preventative strategy to combat COVID-19.

Taking bath with hot water and drinking warm water has also been considering as a preventative measure in Indian culture. Sunlight and hot climates were found to be effective in removing the contagious effect. Another practice that has been observed in Indian culture is sniffing and spraying alcohol in all over the body. A vaccine against pneumonia and wearing masks was also found to be a very effective practice. Furthermore religious chants and clapping with hands believed to destroy germs. According to Indian people clapping hands produces vibrations in the inner ear, as a result, it creates an oscillation in the fluids, which are effective in killing germs [25].

### **Vaccination to control the long-term wave of COVID-19**

The use of medication has also become a health risk behaviours, as the literature suggested that persistent use of medication for reducing infection risk develop neuro-psychiatric complications. Furthermore, the use of medication to reduce the risk of infection also found to be associated with the development of a neuropsychiatric complication. Remidesvier, Lopinavir, Oseltamivir, Favipiravir and Ribavirin reported being associated with anxiety, depression,

schizophrenia, panic attack and loss of consciousness [25]. Furthermore a number of vaccine has been manufactured to control the spread and effects of pandemic.

Adenovirus Type 5 Vector/ Non-replicating viral vaccine/ Ebola/ [26] was manufactured to 7established positive antibodies response against SARS-COV-2. The side effects of Adenovirus have been observed in the form of fatigue. The literature suggested that the long term fatigue leads to multiple mental health issues e.g. depression, hallucination and disorganized thinking patterns.

Viral vector vaccine is effective prophylactic solution against pathogen. These vaccine prime and trigger the Cytotoxic T Cell (CTL) which are promising in the elimination of virus or infected cells. The implementation of viral vector leads to Alzheimer and Parkinson disease (Choudhury SR). CoroFlu, self-limiting influenza virus (M2SR) Non-replicating Viral Vector/ [26] is self-limiting and administered intra-nasally to induce the immunity against viruses. LV-SMENP-DC vaccine has been produced to activate cytotoxic T cells for generating high immunity against COVID-19 Virus. ChAdOx1 adenovirus vaccination has been constructed to reproduce the T-REX 239 and purified the CsC1 gradient ultracentrifugation, which found to be effective in fighting against COVID-19.

mRNA is a non-integration and non-infection platform with no potential risk of inspectional mutagenesis. mRNA comprised of two forms i.e. mRNA-1273 (Moderna TX, Inc) and BNT162b1 (BioNTech| FosunPharma| Pfizer). mRNA-1273 vaccine is encapsulated in LPN (Lipid Nanoparticle) which elicit a highly S-protein specific anti-viral response. This vaccine got high track FDA approval and found to be effective within the 25 to 10  $\mu\text{g}$  dose [20]. BNT162b1 (BioNTech| FosunPharma| Pfizer) is non-codon vaccine designed to control the spread of COVID-19. The addition of T4-fiberitin drive in BNT122b1 increased the immunogenicity of vaccine.

DNA vaccine is the most revolutionary invention to induce adaptive immune response. DNA Plasmid Vaccine (INO-4800)/ Lassavirus, Nipah virus, HPV, HIV, Filovirus/ optimize the S protein sequence, which elicit effective immune response within seven days ([Anon. 2020i](#); [Anon. 2020c](#)).

Live Attenuated Vaccine manufactured for deletion of NS1 gene and insert through nasal spray. It is found to be effective for influenza treatment and tested to eradicate the spread of COVID-19 infection. According to literature the persistent use of vaccination leads to mental health issues.

The prevalence of mental health issues might increase therefore, availability of internet-based psychotherapies may ameliorate better consequences. During 2021, the availability of psychotherapeutic interventions must be practiced on high scale. According to recent literature mature or immature defense mechanism, psycho-spiral therapeutic model, cultural and cross-cultural therapies and E-CBT reported to be more appropriate to heal patients.

### Conclusion

Each culture poses unique beliefs, traditions, religious and cultural practices. The above cultural practices provided the clear picture how the diverse culture practices helped in mitigating the pandemic effect. The cross-cultural practices are effective to study for devising the effective management plan prior to or even after crises.

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