



# A Short Review on the Effect of COVID-19 and Its Social Challenges in Bangladesh

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## Abstract

The outbreak of novel coronavirus (SARS-CoV-2) started in China on December 2019, previously known as 2019-nCoV, and has rapidly spread around 215 countries and territories in the world by June 2020. As of 8 June 2020, 215 countries, territories, and areas all over the world have a total number of COVID-19 confirmed cases of 6,881,352 and death cases of 399,895. The purpose of this short review is to shed a light on the effect of COVID-19 and its social challenges in Bangladesh. The review process involved three distinct stages: literature search, data extraction, and discussion. A series of key search terms was used in the review process. Inadequate and insufficient public awareness, difficulty maintaining social distancing, misinformation via social media platforms, various social, religious gatherings and socio-economic situation of most of the population have made it extremely challenging for the Government, authorities and the social sectors in Bangladesh to flatten the curve of COVID-19.

**Keywords:** COVID-19; Coronavirus; social Distancing; Misinformation; Social challenges; Mental health; Bangladesh.

## 1. Introduction

The outbreak of novel coronavirus (SARS-CoV-2) started in China on December 2019, previously known as 2019-nCoV, and has rapidly spread around 215 countries and territories in the world by June 2020. This rapid spread and severity have led the World Health Organization (WHO) declared it as a pandemic. The emergence of SARS-CoV-2, since the severe acute respiratory syndrome coronavirus (SARS-CoV) in 2002 and Middle East respiratory syndrome coronavirus (MERS-CoV) in 2012, marked the third introduction of a highly pathogenic and large-scale pandemic coronavirus into the human population in the twenty-first century (Guo *et al.*, 2020).

As of 8 June 2020, 215 countries, territories, and areas all over the world have a total number of COVID-19 confirmed cases of 6,881,352 and death cases of 399,895 (World Health Organization, 2020). The USA (1,915,712), Brazil (672,846), Russian Federation (467,673), the United Kingdom (284,872), India (246,628), Spain (241,310), Italy (234,801), Peru (191,758), Germany (183,979), Iran (169,425), Turkey (169,218), and France (150,022) are the worst hit countries in the world at this moment with the highest number of confirmed cases (World Health Organization, 2020). Similarly, Bangladesh has been witnessing a total number of 68,504 confirmed cases as of 8 June 2020 with 930 death cases (World Health Organization, 2020). The purpose of this short review is to shed a light on the effect of COVID-19 and its social challenges in Bangladesh.

## 2. Method

Literature studies were carried out to identify the effect of COVID-19 and its social challenges in Bangladesh. A range of published written materials including books, journal articles, and research reports was reviewed. The review process involved three distinct stages: literature search, data extraction, and discussion. A series of key search terms was used in the review process, which were broadly grouped into the following themes: "COVID-19," "Corona Virus," "COVID-19 Outbreak," "Social challenges of COVID-19 in Bangladesh," and "Social Distancing," "Public Awareness" and "Mental Health". PubMed, ResearchGate, and Newspaper Articles were the major databases searched for this purpose. Websites of WHO (World Health Organization), and relevant research organizations had been searched. Reference lists of published articles/report/books also helped to identify relevant articles and documents.

## 3. Inadequate Public Awareness

In a densely populated country like Bangladesh, it is difficult to maintain social distancing. There are many people who are not conscious about the harmful effect of COVID-19 and roam around a bit carelessly (Islam *et al.*, 2020). A good notion is that people are now becoming aware that the disease is severe which can lead to death. But a survey study by BRAC revealed that around 40% participants did not have any idea about the prevention against the infection and spread of the virus. The general holiday in Bangladesh was announced first on 26<sup>th</sup> March 2020 which extended till 31<sup>st</sup> May 2020 as the severity increased leaps and bounds during this time. The government has stopped

movement after 6pm which was violated when people started fooling law enforces by travelling from one district to another, and those vehicles were vehicles to transport goods (Mohiuddin, 2020).

A total of 435 completed the study questionnaire, including (71.26%) men and (28.73%) women, and most are 41-50 years of age (80.45%). Most respondents used social media to obtain information regarding COVID-19. A significant proportion of them lacked knowledge of their transmission and symptoms and had a favorable understanding of the prevention and management of COVID-19. Inadequate awareness and poor perception of COVID-19 are related to factors such as occupation and age. The results of this study showed considerable knowledge gaps between the amount of information on the COVID-19 and the profound knowledge of the healthcare workers and the general public, in particular on the way the COVID-19 was conveyed and incubated. As the threat to the world of COVID-19 continues, it is important that citizens and health professionals in Bangladesh develop their awareness and perception (Mannan and Mannan, 2020).

#### **4. Challenges Maintaining Social Distancing Protocol**

Bangladesh originally did not introduce any strenuous protocol, and millions were out on the streets, particularly in Dhaka, with 46,000 people per kilometer square. It is immensely difficult to practice social distancing if people need to take public transports and live in slums. Social distancing was unsuccessful in the sense of the heavily populated and lower-middle income countries like Bangladesh. In fact, it is unlikely that staying at home would be as successful here. Among 1.1 million slum dwellers, most of whom have never attended school and now live in very close neighborhoods. Moreover, only one bathroom/toilet is available for every 10-16 families with no water supply on a regular basis. In addition to the slum inhabitants, over one million Rohingya refugees also live in Bangladesh, most of them living in near camps in which sanitation is even screened. Concerns of COVID-19 are already gathering in these camps among the displaced. In any case, in a country like Bangladesh, immediate implementation of social distance is virtually and practically impossible (Anwar *et al.*, 2020).

Moreover, some incidents occurred due to inadequate public awareness of the gravity of the COVID-19 situation, such as, garment workers walked on the street demanding their wages which literally destroyed the social distancing protocol that was taken. In another area, 100,000 people attended a funeral which completely violated the instruction by the government. These two incidents created chaos which hampered the social distancing and hygiene practice suggested by the World Health Organization (Mohiuddin, 2020).

#### **5. Challenges Preventing Community Transmission**

Community transmission takes place in this stage of the disease in Bangladesh, which is very frightening. Many confirmed cases have already been reported where the infected person is not from abroad or any family member has returned from abroad, indicating that the transmission of the population took place. There are increasing numbers of new infected patients and deaths. Currently, the death stands at 930, which is alarming for Bangladesh considering the spread started here from 8 March 2020. A series of studies on suspect deaths of patients with COVID-19 symptoms is reported in the print, electronic and social media. Some cases of deaths in district hospitals at COVID-19 have been reported. Others were refused care in acceptable courses, despite no studies were carried out to confirm infection. For a long time, only the IEDCR in the capital Dhaka centralized sample test facilities for COVID-19, while patients with suspected COVID-19 symptoms were reported across the region. However, the government now extends the COVID-19 test installations on a division-wide basis, primarily focused on the Bangladesh Divisional Medical Colleges. The number of the test must obviously be extended throughout the country. Furthermore, test installations should be provided in various areas of the country at the earliest possible time and all suspicious cases should be immediately tested.

Furthermore, in Bangladesh in the coming months, there is a high chance of dengue outbreaks. There are currently 268 cases of dengue in Bangladesh registered. In addition to these outbreaks, SARS-CoV-2 and dengue viruses share clinical and laboratory roles that can make diagnosis more difficult for Bangladesh. However, the failure to observe strict instructions may have led to the current situation to control COVID-19 infection in the domestic quarantine imposed by the government on all migrants.

#### **6. Challenges in Mental Health Due to COVID-19**

Fear and anxiety about the pandemic cause enormous stress for all. When mixed messages are received, stress is increased, sharing real facts, and understanding the risk reduces stress. In addition, the authorities are enabled to plan and handle the situation better. Scientifically, information on nCoV-2 and COVID-19 should be disseminated among the people from Bangladesh in social activists, television and print media, social and religious leaders. In the battle against this extraordinary crisis in Bangladesh, for example, the imams in every mosque (a Muslim leading position) may play a vital role. Together, the media and political and religious leaders may help the mass population, especially the oppressed communities, spread fundamental awareness about COVID-19-related problems. Given the high analphabet level in the slums and in settlements, it would become important to control the spread of the virus by spreading COVID-19-related basic knowledge (Anwar *et al.*, 2020).

#### **7. Misinformation by Social Media Platforms**

The Internet offers social networking for people to be able to connect without limitations of time and space and has been built through various social media networks (e.g. Facebook, WhatsApp, WeChat, Twitter, Skype). The right information and consciousness in the social media are likely to reduce fear and stigma. Nevertheless, in

Taiwan, a Facebook event was held with no COVID 19 group outbreak. This event gives the correct awareness that not everyone wants a medical mask but mostly encourages the vulnerable to wear a medical mask. However, the fear and stigma of COVID 19 around the world are addressed by similar social media services and activities (Lin, 2020).

The media experts suggested that journalists should be very careful when distributing coronavirus information and checking it properly from authentic sources. They urge people not to believe and share facts, photographs, and videos which the relevant authorities or reputable media outlets do not verify. In fact, COVID-19 was a wave of misinformation and rumors forced the government to issue a press release calling on people to refuse rumors. This said false theories and myths circulate about the unlikely causes of the spread of coronavirus and how to prevent this. The journalists said the government and mainstream media would spread the difference between speculation and reality, and the credibility of information spread over Facebook (Yong, 2020).

A unit for monitoring social media or several TV networks for "rumors" on COVID-19 cases has been formed by the information ministry. On 25 March, the government issued a circular to monitor "rumors" and "propaganda" about Covid-19 on every television channel. A research officer is stated to be researching the publication of the impact paper COVID-19, first submitted by the Imperial College on the basis of epidemiological modeling in support of governments' implementation of COVID-19 propagation control policies.

## 8. Recommendations and Conclusions

The study showed that the general holiday and the social distancing protocol had not been as impactful as it should have been for a developing country like Bangladesh because of its dense population, social challenges, limited public awareness and misinformation via social media platforms. Recommendations include the general population to be more conscious about practicing social distancing and obtaining only information from authentic sources such as the website of the World Health Organization, Worldometers, IEDCR, and the Government of Bangladesh.

## Conflict of Interest

None to declare.

## References

- Anwar, S., Nasrullah, M. and Hosen, M. J. (2020). COVID-19 and Bangladesh: Challenges and how to address them. *Frontiers in Public Health*, 8: 1-8. Available: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7203732/>
- Guo, Y. R., Cao, Q. D., Hong, Z. S., Tan, Y. Y., Chen, S. D., Jin, H. J. and Yan, Y. (2020). The origin, transmission, and clinical therapies on coronavirus disease 2019 (COVID-19) outbreak—an update on the status. *Military Medical Research*, 7(1): 1-10.
- Islam, M. T., Talukder, A. K., Siddiqui, M. N. and Islam, T. (2020). Tackling the pandemic covid-19: The Bangladesh perspective. *The Multidisciplinary Preprint Platform*, 1: 1-18. Available: <https://www.preprints.org/manuscript/202004.0384/v1>
- Lin, C. Y. (2020). Social reaction toward the 2019 novel coronavirus (COVID-19). *Social Health and Behavior*, 3(1): 1.
- Mannan, D. K. A. and Mannan, K. A. (2020). Knowledge and perception towards Novel Coronavirus (COVID 19) in Bangladesh. *International Research Journal of Business and Social Science*, 6(2): 76-87.
- Mohiuddin, A. K. (2020). A pandemic review of covid-19 situation in Bangladesh. *The American Journal of Medical Sciences and Pharmaceutical Research*, 2(05): 38-50.
- World Health Organization (2020). Rolling updates on coronavirus disease (COVID-19).
- Yong, E. (2020). *Why the coronavirus is so confusing*. The Atlantic.