

The Effects of the COVID-19 on Our Daily Lives in Bangladesh

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<https://doi.org/10.48161/qaj.v2n1a90>

Abstract— The COVID-19 pandemic originated from Wuhan, China, spread around the world with horror and dramatic loss of human life. The economic and social catastrophe has made it even more irresistible. An attempt has been made to find out what kind of psychological and livelihood-related impacts Covid-19 has had on our daily lives. Data had been collected through convenient online surveys where 344 respondents were interviewed. Most of the respondents reported the reduction of movement, income and working hours. The majority reported a noticeable decrease in sleep, health condition and body weight due to the increase of tension where some tensed more. Corona can be avoided by drinking hot water and tea, this idea had increased the amount of hot water and tea consumed by the common people. Many of those who lost their jobs were distressed and others also were distressed at the thought of how long they would stay. The most frightening thing was that the addiction to the virtual world had increased dramatically.

Keywords— COVID-19, income, livelihood, lockdown, stress, working hours.

I. INTRODUCTION

The COVID-19 pandemic worries us more than any other epidemic in the past, as no other disease has been so widespread in history. The world is under house arrest, and the busy public life has come to a halt suddenly. The COVID-19 originated from Wuhan, China [1, 2] and broke

out worldwide in December 2019. The World Health Organization (WHO) was obliged to announce a global pandemic on March 11, 2020 [3, 4]. The COVID-19 is highly infectious and is still spreading among people like a chain reaction. So, the WHO advises maintaining social distancing (at least 3 feet) among people and avoids public gatherings to restrain disease transmission [5]. However, different countries around the world have adopted different plans to prevent corona infection like restricting free movement, public gathering, shutting down administrative and educational institutions, closing shops, markets, amusement parks and tourist spots along with the transport system [6, 7, 8, 9]. The government of Bangladesh also started strict lockdown from 25th March 2020. The prolonged closing had a significant impact not only on human health but also on our socioeconomic life. People were at risk of losing their income source both in-town and rural areas. Especially the village farmers were incapable of storing their produce due to a lack of cold storage. In town, the people who were utterly dependent on daily labor suffered more for losing their primary income source [10]. The COVID-19 had an upsetting socioeconomic disruption of people and both lives and livelihoods [11]. About 50% of workers may lose their jobs, whereas 1.6 billion workers are at an instant risk of losing their income globally [12].

Global poverty has increased first time since 1990 due to the COVID-19 crisis [13]. Most of the developing countries like Bangladesh declared lockdown forcedly without ensuring the fundamental needs. The public anxiety and disturbance in life increased for weak governance, infrastructure, and health care facilities [14]. The mental health and well-being had severely been affected by sudden physical isolation, fear of losing loved ones, and fear of death from starvation [15, 16, 17, 18]. The marginal people like day laborers, transport workers, van and rickshaw-pullers, street vendors and construction workers etc. were the worst sufferers experiencing jobless conditions [18].

Moreover, the longstanding closure of educational institutions hampered students' academic and professional thoughts [19, 20, 21]. Compared to other people, students had experienced many psychological disorders like nervousness, hopelessness, stress, fear, and sleep disturbance in Bangladesh [14, 22, 23]. Most of the people in Bangladesh are poor. They have no other alternative source of income. So, they become worried about that. They don't continue their family correctly. Considering the above statement, the main objective of this study was to find out the psychological and livelihood impact of COVID-19 on Bangladeshi people.

II. METHODOLOGY

A web-based survey was done among Bangladeshi people to investigate the mental health and livelihood impacts of COVID-19. Due to the lockdown, it was impossible to take interviews directly, so we took it online. Using snowball sampling, "Google form" link of the questionnaire distributed among the Bangladeshi people through email, Facebook, WhatsApp, Imo, etc. Our survey purposefully selects educated class of people who have access to the Internet. Basically, this educated class is supposed to be relatively less victimized in Corona. So that we can understand the minimum damage of corona and thus build our own corona resistance. The questionnaire was provided in native Bangla then translated into English. It had three sections, including demographic information, COVID-19 impacts on health and livelihood. The survey was conducted from April 10th to August 28th, 2021. A total of 344 respondents of different occupations and residences were responded. All data were analyzed using descriptive (number, percentage, increase, decrease, etc.) statistics through Microsoft Excel 2019.

III. RESULT

A. The general condition of the respondents

One-fourth (23.5%) of the respondent were female (N=81) and nearly two-third (64.5%) were lived in town (N=222) (Table-1). About 67.5% (N=232) were students (m=161, f=71) followed by 20.6% (N=71) service-holders (m=67; f=4), 8.7% (N=30) unemployment (m=24; f=6) and 3.2% (N=11) businessmen (m=11) (Table-1). A total of 59% of respondents (N=203) reported that they had medium family with 4-5 members. Most of the respondents (78%) were not required covid-19 test where only 16% (N=55) affected and only 5 respondents reported that 1 family member was died of covid-19 (Table-1). Within 55 respondents, 30 respondents said that only one member affected in their family followed by 21 reported 2-4

members and only 4 respondents said all the members of their family affected by covid-19 (Table-1). However, only 12.2% (N=42) got covid vaccine and only 2.6% (N=9) got government financial aid. About 80% (N=275) respondents and their family maintained social distance. Within 20% (N=29) who were not maintain social distance, most of them lived in village (Table-1). Most of the people were conscious and used masks (83.2%) and hand sanitizer and handwash (79.7%) where 15% used masks, hand-sanitizer and handwash before and during covid. Besides, only 34 respondents (mostly marketing officers) attended the office, where 71 were jobholders (Table-1). Moreover, it was found that 47.7% (N=164) respondents passed their majority time using social media. During the lockdown, 14% of respondents (N=49) said their family members were married and the ceremony was held at home with relatives (Table-1).

B. Effect on use of social-media

It was found that most of the respondents (57%; N=197) used social media in 1-3hours/day before lockdown where only 17 respondents (5%) used more than 8 hours/day. Unfortunately, 59 of respondents (17%) used social media like facebook, viber, imo, online games etc more than 8 hours/day during lockdown. It was also found that 74% (N=256) respondents used more time on social media than before. Students were affected more and addicted various types of online games like PUBG, free fire, clash of clans etc during lockdown.

C. Effect on working hours

We considered study as working hours for students, households work as working hours for housewives. It was showed that 40% (N=136) respondents worked more than 7 hours/day before lockdown where most of them were housewives and businessmen (Figure-2). But, only 19% (N=64) respondents worked more than 7 hours/day during lockdown where most of them were housewives. The women said that even though everyone's working hours were reduced during the lockdown, our increased staying our children and husband were at home most of the time because their schools and offices were closed. Due to which the women were spending more time behind their food and drink. Most of the service-holders performed their official activities from home. During lockdown, some students involved themselves in online marketing especially female.

D. Effect on income

Most of the respondents reported the reduction of income even the service holders had received only their salaries but had not received training and travel allowances. The reason for the increase in the number of people with a salary of 1-10 thousand taka was that many students had earned money by selling various products online during the lockdown (Figure-3). It was seen that the number of people earning above 11 to 60 thousand taka plus had decreased (Figure-3). Because all the businesses, shops, showrooms, offices and courts were closed in the lockdown and the extra income of the people was also stopped.

Table 1: General Information and Covid-19 status during lockdown

Gender		Residence	
Male	263 (76.5%)	Town	222 (64.5%)
Female	81 (23.5%)	Village	122(35.5%)
Occupation		Family Member	
Students	232 (67.5%)	Small family (2-3members)	82 (23.8%)
Businessmen	11 (3.2%)	Medium Family (4-5 members)	203 (59%)
Service-holders	71 (20.6)	Large Family (5+ members)	59 (17.2%)
Unemployment	30 (8.7%)	Maintained 3 feet distance	
Whether Corona checked		Yes	275 (79.9%)
No	268 (78%)	No	29 (20.1%)
Yes, but not affected	21 (6%)	Whether vaccinated	
Affected	55 (16%)	Yes	42 (12.2%)
The death toll in Corona (out of 55)		No	302 (87.8%)
1 member	5		
No	50	Affected family member number (out of 55)	
Whether got government help		1 member	30
No	335 (97.4%)	2 members	14
Yes	9 (2.6%)	3 members	4
Mask used		4 members	3
Not use before but use now	286 (83.2%)	All members	4
Used both time	52 (15.10%)	Spent more time on what works	
Not used at all	6 (1.7%)	Social media	164 (47.7%)
As many family members married in Corona		Job	34 (9.9%)
0	295	Tv	7 (2 %)
1	38	Study	59 (17.2%)
2	4	Sleep	36 (10.4%)
3	4	Cooking	5 (1.5%)
4+member	3	Others	39 (11.3%)
Hand Sanitizer and handwash used			
Not use before but use now	274 (79.7%)		
Used both time	53 (15.4%)		
Not used at all	17 (4.9%)		

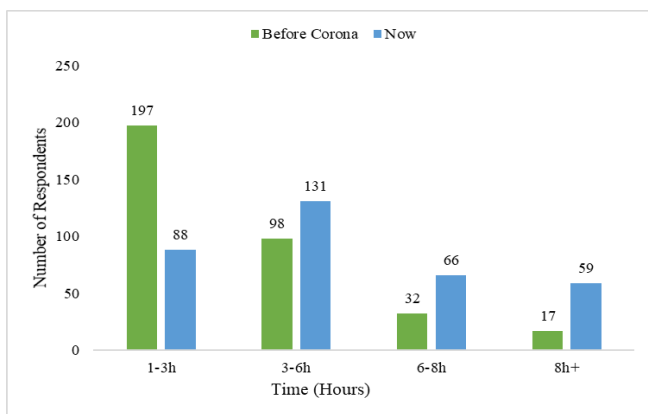


Figure-1: Effect on use of social-media

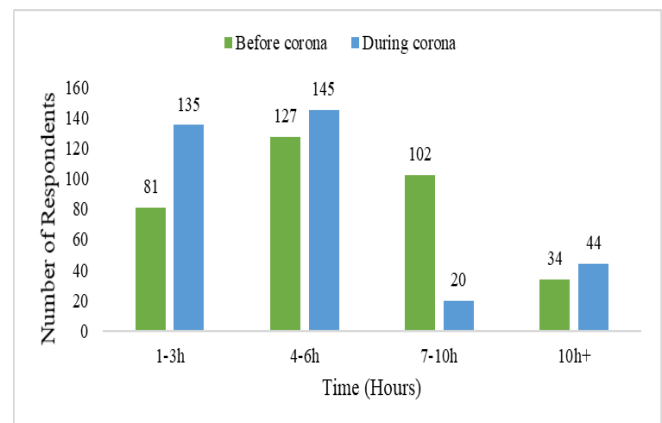


Figure-2: Effect on Working Hours

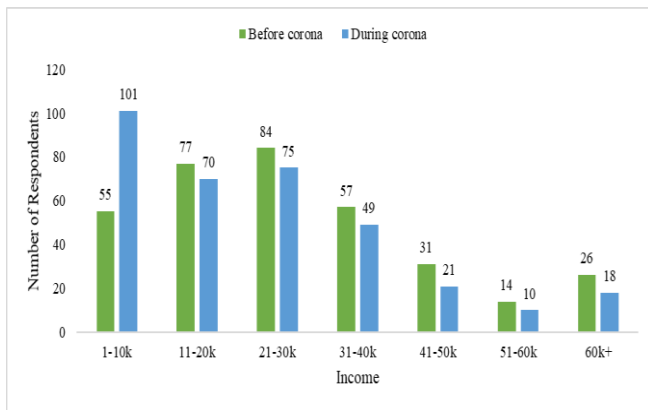


Figure-3: Effect on Income

E. Effect on behavior and health

Bangladesh government declared a countrywide lockdown from 26th March 2020 to check the community transmission of Covid-19. Since then, the movement of people has decreased a lot. About 90% of respondents (N=310) said that their movement decreased where 47.4% (N=163) respondents told the more decrease of movement. Besides, the sleep time (49.4%, N=170), and body weight increased (36%, N=124) due to the staying in the house and the decrease of physical exercise (45.9%, N=158). Some respondents reported the noticeable decrease of sleep time (16.3%, N=56), decrease health condition (68, 19.7%) and

body weight loss (22%, N=75) due to the increase of tension (76.1%, N=262) where 27.3% (N=94) respondents tensed more. What to eat, the children's future, when the corona will end, when everything will be normal, etc., are some reasons for increasing anxiety. Among the students who were in fourth-year, masters and looking for a job, they were most worried because all the job tests and recruitment had been stopped in the lockdown.

Corona has brought about a change in our diet. Corona can be avoided by drinking hot water and tea, this idea had increased the amount of hot water and tea consumed (42.5%, N= 146) by the common people. Even those who did not like tea before had made it a habit to drink tea. Those who can afford to increase their immunity have become more accustomed to eating fish and meat (26%, N=88), which has increased the cost of living. The rate of people taking medication has increased (16.6%, N=57) due to anxiety. Many people were worried about their jobs, especially in the private sector. Many of those who lost their jobs were distressed and others also were distressed at the thought of how long they would stay. Many (22.7%, N=78) had been forced to change their previous occupations, especially van, rickshaw, auto, bus and truck drivers, because all types of vehicles were closed in lockdown.

Table-2: Effect on food habit, behavior, physical and mental health

Movement	Respondents	Sleep	Respondents
Decrease	147 (42.7%)	Increase	170 (49.4%)
Much decrease	163 (47.4%)	Same	118 (34.3%)
Same	31 (9 %)	Decrease	56 (16.3%)
Increase	3 (0.9%)	Physical exercise	
Weight		Increase	51 (14.8%)
Increase	124 (36%)	Same	135 (39.3%)
Same	145 (42%)	Decrease	107 (31.1%)
Decrease	75 (22%)	More Decrease	51 (14.8%)
Tension		Hot water uptake	
More increase	94 (27.3%)	Increase	146 (42.5%)
Increase	168 (48.8%)	Same	177 (51.5%)
Same	62 (18.1%)	Decrease	21 (6%)
Decrease	20 (5.8%)	Health improvement	
Food purchase expenses (meat, fish etc.)		Increase	36 (10.5%)
Increase	88 (26%)	Same	240 (69.8%)
Same	239 (69%)	Decrease	68 (19.7%)
Decrease	17 (5%)	Medicine uptake	
Change occupation		Increase	57 (16.6%)
Yes	78 (22.7%)	Same	255 (74.1%)
No	266 (77.3%)	Decrease	32 (9.3%)

IV. DISCUSSION

The COVID-19 has been spreading globally since December 2019 and increasing fear, anxiety, and mental distress to all [24]. It found that corona affects not only human health but also our social and economic aspects.

Bhuiyan et al. [25] also found similar results. Bangladesh faces much psychological stress and corona also affects livelihood. Paul et al. [10] reported that finding a job was hard for most people in lockdown. About 22.7% changed their job and some lost their jobs where the working hour decreased rapidly (Figure-2). Statistics showed that more

than 10 million people would be marginalized due to losing income sources during the lockdown in Bangladesh [26, 27]. About 90% of respondents said the reduction of income where only some said that they started a business online and sold masks, sanitizer, dresses, cosmetics, etc. Most of the participants in the study were low (29.4%, N=101) and middle-income (46.8%, N=161) people with a monthly income of between Tk. 1,000 and Tk. 30,000. It expressed the typical scenario of Bangladeshi people. Similar results were found in other studies [28, 29, 30, 31, 32, 33]. It found that most of the respondents (59%, N=203) had a medium family with 4-5 members. According to BBS [34], the usual family size of Bangladesh is 4.5 members. Some other studies also found the same result [28, 29, 30, 31, 32, 33].

Corona has taught us to understand the importance of using masks and we are now getting the many benefits of masks. Most of the people were conscious and used masks (83.2%) and sanitizer and handwash (79.7%), where 15% used masks, sanitizer and handwash before (Table-1). About 80% (N=275) of respondents and their families maintained social distance. Most of the villagers were not still aware of maintaining the social distance. Moreover, it was found that 47.7% (N=164) of respondents passed their majority time using social media and made us lazy. As a result, working hours had been significantly reduced. Since all the institutions were closed, everyone was spending lazy time sitting at home. As a result, many people had gained weight (36%, n=124) and increased sleep time (49.4%, N=170) (Table-2). The most frightening thing was that the addiction to the virtual world had increased dramatically. During the lockdown, students were affected more and addicted to various online games like PUBG, free fire, clash of clans, etc. Besides, academic delay [35] and uncertain careers [36] were the leading cause of anxiety among students. Corona has raised awareness of our diet and helped to identify foods that are more resistant to disease. As a result, trade in fish, meat, eggs and milk has increased. Most of the respondents (78%) were not required covid-19 test where only 16% (N=55) were affected and only five respondents reported that one family member died of covid-19 (Table-1).

V. CONCLUSIONS

The COVID-19 pandemic has carried enormous socioeconomic and psychological miseries on all groups of people worldwide. Corona can create a terrible situation in a populous country like Bangladesh. Mental and physical damage, as well as social and economic life, can be fragile. So, the government, as well as everyone, should be aware to prevent corona. People at all levels of the country need to be vaccinated against coronavirus quickly and everyone needs to be made health conscious. Otherwise, virus transmission will prolong and there is a risk of widespread loss of life due to corona.

Author contributions

N. S. Pitol, S. Ahmed and H. Kumar conceived, designed the experiments and prepared the questionnaire, N. S. Pitol wrote the first draft, and all authors participated in data collection and helped to prepare final manuscript.

However, only 12.2% (N=42) got the covid vaccine and only 2.6% (N=9) got government financial aid. Paul et al. (2020) found that only a minor part of the accused received government support. Shammi et al. [18] reported that somehow the government aid does not reach the most vulnerable. Nearly 76% tensed more, especially the day laborers and the students of Hon's final year, master's and job seekers. No institution was open for the work of the workers. On the other hand, many were nearing the end of their working-age, but all recruitment tests were closed. They were the ones who had lost their way and were not able to decide what to do.

Moreover, prolonged quarantine could result in an emotional disorder of the people [37]. It is widespread for individuals to feel worried, panicked, and devitalized social networks during any epidemic and emergencies [15, 16]. The sudden rise in the number of daily suspects, lack of medical supplies, and media rumors could have worsened the people's anxiety level [38]. Another hand, the people's life was more vulnerable due to inadequate economic backup, limited movement, less space of meeting relatives, friends, and neighbors, lack of help in emergencies, fear of being infected by COVID-19, and lack of backing from the government [10]. It has threatened survival where the majority of the people depend on their daily income in developing countries like Bangladesh. To overcome this crisis government should ensure and promote adequate help, promote e-commerce, and make new policies for mental well-being. Lockdown, isolation, and social distancing is the prerequisite of controlling the coronavirus transmission. Deprived people should be provided with crucial government assistance during a specific period for effective implementation of these measures. Otherwise, this might have a long-term impact on the country. Our study had several limitations that should be cited. Our sample numbers were relatively low. In addition, only those who can use the internet took part in the survey. To get precise results, further studies with more contributors scattered throughout the country and more psychological and livelihood impact variables will be required.

Declaration of interests

The authors declare no conflict of interest.

Funding

This study did not receive any fund.

Acknowledgement

The authors are grateful to all the respondents who volunteered their time to answer the questions.

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