

Perceptions and impact of COVID-19 on residents in rural community in Bangladesh: A qualitative rapid assessment

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Background

- Robust COVID-19, alike any global pandemic, is likely to impact negatively on the social, economical and other sectors in any country
- Bangladesh has taken multiple steps, to control COVID-19 spread, including restricting human movement which is anticipated to effect to access required public healthcare facilities
- Evidences need to be recorded to identify specific points to be addressed to improve strategies further, such as accessing healthcare facilities efficiently during such an emergency.

Objective

- Explore perceptions of COVID-19, including transmission and prevention
- Understand the impact of pandemic response on food consumption, healthcare and livelihoods

Methods

Study site

The study was conducted among the residents of Baliakandi, a rural sub-district in Bangladesh, where a multi-country study Child Health and Mortality Prevention Surveillance (CHAMPS) is ongoing

Data collection period

November to December 2020, after lifting the first phase of lockdown across the country

Data collection and data analysis

- 16 key informant interviews with a wide range of participants included residents previously diagnosed with COVID-19, parents of <5 children, religious leaders, the local administrators (govt. officials and local representatives) and healthcare providers
- Two focus group discussions (FGD) with local drug sellers and community volunteers of CHAMPS
- Framework analyses was carried out



Results

Knowledge and perception of COVID-19 transmission

- Respondents perceived that international travelers introduced 'Corona' to the country and it then spread from cities to rural areas
- Local spread continued person to person through coughing and sneezing by social interactions and by touching contaminated environmental surfaces in public places including mosques, local markets and public transport.

Risk perception

- Different level community residents reported increasing their risk by dealing suspected patients (drug sellers) and close contact with customers in local grocery shops (shop keepers)
- Participants perceived no use of mask, reluctance to handwashing, uncovered coughing, and sneezing and sharing same bed with infected spouse/person put them on risk to get the disease
- Healthcare providers reported a low Personal Protective Equipment (PPE, such as coverall, gloves and mask) supply, noting that PPE reuse increased the risk of infection.

Prevention measures

- To prevent transmission, respondents washed hands, wore masks, drank hot water or herbal tea, disinfected household surfaces with bleaching powder or liquid Savlon, refrained from shaking hands and avoided crowds
- Local authority disseminate preventative measures by loud speaker announcement; shifted local market to the open space and set handwashing station; asked residents to inform local administration if any suspected (patient or returnee) found.

COVID-19 blame and stigma

- Neighbors isolated an infected family, blaming that they were responsible for spreading across the community
- Residents erected a fence to isolate households of those tested positive but also supplied food and daily necessities to the household residents; however, residents become more supportive to infected persons/families at the later stage of the pandemic.

Effect of COVID-19 pandemic

Income and expenditure

- Food insecurity and financial hardship were widely noted
- Members of low-to-middle income groups lost their jobs as businesses were shut
- Some took out micro-credit loans or sold their land
- Due to this hardship, residents cut out high-protein foods (e.g. chicken, egg, milk) and stopped non-essential expenditures.

Accessing healthcare

- During lockdown, residents primarily sought healthcare (e.g. antenatal, pediatric care) from village doctors or drug shops due to fear of infection from health facilities
- Residents reported that the regular physician service at local health complex was intermittent
- Respondents believed that childbirth by unskilled birth attendants increased while movement was restricted
- One woman who recovered from COVID-19 and experienced a miscarriage reported that she had not been able to attend antenatal visits and blamed the lockdown for her miscarriage.

Discussion and conclusions

- Our study explored perceptions of COVID-19, including transmission and prevention that could aid in further community engagement strategy in managing the pandemic
- The findings demonstrate the importance of ensuring access to essential food and healthcare, if movement restrictions are used, to avoid any adverse maternal and child health outcomes.

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See more data at

<https://champshealth.org/>

