



Experience and perception of urban community towards COVID-19 pandemic

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ABSTRACT

The study is aimed to frame the experience and general perception of the urban community towards the COVID-19 and its outbreak, assessing the primary perception of appropriate knowledge level based on their daily life experience on diverse aspects, i.e., socio-economic crisis, human stress, etc. The study followed the qualitative method by interviewing 40 adults (both male and female) from Dhaka city with a semi-structured open-ended checklist. For selecting the interviewees, a purposive sampling method was followed. All interviews were conducted through telephone and online call as per following the social distance protocol of WHO (World Health Organization). Among 40 interviewees, most of them used social media to obtain COVID-19 information. They all have average knowledge of general hygiene and spreading procedure endorsed by the government and WHO. Out of 40 participants, 80% (32) reported a diminution of income during the lockdown, and several cases were found of losing income to utmost zero. 92% opined on the apparent vulnerability of stallholder business and private sector service holder communities regarding income decline and job loss. During lockdown industries had stopped production, leaving millions of precarious laborers and diverse workers without any resources, which is a contra picture of the experience of 40% of participants, who are mostly government service holders. However, all participants reported cleaner air quality and improved pollution situation. The participants uttered the “new normal” concept as altering how they eat, pray, work, have relationships, and study. 62.5% agreed upon the issue that during the lockdown, domestic violence has increased in urban families. Regarding the urban community’s coping capacity, 75% denoted that they have no idea how to cope with the impending economic crisis and the loss of jobs/income. The study winded-up that as the world-wide threat of COVID-19 lingers to emerge on a larger scale, greater efforts through substitutive community-based preventive measures and awareness must be followed by the government, given the economic stress and less working opportunities yet to come in a lower-middle-income country like Bangladesh with dense population.

INTRODUCTION

The coronavirus disease-2019 (COVID-19) is reportedly a remarkably infectious disease with predominant clinical symptoms of fever, sore throat, dry cough, myalgia, difficulty in breathing, and fatigue (WHO, 2020a, 2020g; CDC, 2020a, 2020b). Its causal agent 2019nCoV (also known as 2019 Novel Coronavirus), is a recently emerged zoonotic virus that transmits from human to human and animal to human by direct contact, by the “feco-oral” path, and by droplets, and it possesses an incubation period from 2 to 4 days (Velavan & Meyer, 2020; Bhagavathula & Bandari, 2020; WHO, 2020b, 2020d, 2020e,

2020i; CDC, 2020c). Most of the COVID-19 cases do not require particular medication and treatment, but some might be severe, even can turn fatal, especially for older people and people with complex disease history, e.g., diabetes, chronic respiratory problems, cardiovascular issues, hypertension, and cancer (WHO, 2020a, 2020h; IHR, 2020).

From 25 April 2020, the government-imposed nation-wide lockdown, which was prolonged multiple times till 30 May 2020. In a limited way, the ready-made garments sector, private offices, factories, and business centers were allowed to open, abiding by the health regulations, which lead

the country to a “partial lockdown” (Bodrud-Doza et al., 2020; Anwar et al., 2020).

Amid this lockdown period, because of fear of transmission by contact, private clinics and hospitals were not providing any healthcare services in the first place (Doctors at private hospitals left vulnerable, 2020). Still, there are clear pictures of depletion in healthcare facilities for primary and critical COVID-19 patients in public and private hospitals (Shammi et al., 2020b). Notwithstanding, aside from the people’s wrong perception and knowledge, the lockdown had become a mishap for daily basis wage earners and middle- and low-income people, who lost livelihood options and income source. In addition to the fear of death from the virus infection, the anxiety from the economic crisis, fear of death from hunger led to a number of suicidal cases (Mamun et al., 2020). Considering the dense population, perception level, social structure, psychosocial state, education, cultural norms and values, public health, healthcare capacity, and often ineffective and malformed policies adopted by the government, it is challenging to impose a full lockdown in Bangladesh, which state contains 165 million of people (Anwar et al., 2020).

Regardless of people’s hardship, urban areas of Bangladesh, especially Dhaka city, possess a more potential risk for the country’s future, and urban regions have been facing an augmented number of positive cases and deaths from the very beginning of transmission (Huq & Biswas, 2020). The risk of hardship can be mounted with a poor understanding of virus transmission; control and protective measures can cause rapid mass transmission and delayed treatment. Till now, in Bangladesh, no certified vaccine against COVID-19 is available for mass people (Anwar et al., 2020; WHO, 2020f). Hence, for densely populated urban regions like Dhaka city, local people’s attitude, knowledge, perception, and practice following the WHO prescribed general guidelines are the keys to battle against the deadly disease and reduce deaths (WHO, 2020b). Subsequently, wide-ranging campaigns in electronic, print, and social media by both government and non-governmental organizations have reportedly increased the urban population’s understanding level regarding the COVID-19 causation,

transmission, and timely preventive measures (Wadood, 2020; WHO, 2020d). Nonetheless, as per media reports, this urgency from concerned authority to follow the guidelines is often denied and is not followed well (Farhana & Mannan, 2020).

On the other hand, it is historically proved that people’s perception and attitude towards infectious diseases like COVID-19 result in panic, emotional breakdown, and even suicide from the distress received from physical and mental trauma and economic crisis. A similar situation was observed during the SARS outbreak in 2003. Such a condition further complicates infection prevention and transmission (Person, Holton, Govert, and Liang, 2020; Tao, 2003). There exist several studies concerning the knowledge, perception, and practices towards COVID-19 to date in Bangladesh, but there is a scarcity of qualitative research concentrating on people’s in-depth perception-based experience from an urban community perspective. The effectiveness of an urban population’s response to COVID-19 consequences hugely depends on how a city’s citizens act upon their perception of their necessities and trust. This indicates the demand of conducting specific studies for a specific population to implicate the intrinsic perception towards different aspects of COVID-19 through the approach of analyzing experiences and thoughts on a unique and different situation arisen as a consequence of prolonged lockdown in the city along with several difficulties to get a holistic scenario addressing such a crisis in coming days.

Therefore, with that in mind, this study was aimed broadly to explore the urban peoples’ awareness level, broad experiences, opinions, in-depth thoughts in addition to their knowledge level and holistic perception regarding COVID-19 through semi-structured in-depth interviews of forty adults from Dhaka city. Focusing on the urban population’s perception and knowledge on health impact, including psychological and reproductive health, their experience of the lockdown on how the lockdown affected lives, and how the people from urban perspective perceived it is analyzed. It likewise tried to find out and link perception-based vulnerabilities, the consequence on unemployment, access to basic needs, surviving

capabilities, healthcare status-quo, environmental shift, food security, religious and cultural impact derived from the lockdown and COVID-19 impact. Lastly, people's in-depth opinions and thoughts on key actors, institutions, aid providing, crisis response, and trustworthiness in the information provided were analyzed through the study.

MATERIAL AND METHODS

Study type and design

The qualitative method was employed in data collection for the research. Forty in-depth interviews (IDIs) were conducted among purposively selected adults (aged between 20 to 60 years) of Dhaka city through telephone interviews. To be mentioned, eight of the respondents amidst the interviewees were reportedly COVID-19 survivors, who willingly took part in the interview process.

Sampling method and study area

Due to the nature of data collection and correctly choosing eligible participants, purposive random sampling methods were used to select a sample size of 40 respondents. As per the COVID-19 pandemic situation, surveying or collecting a quantitative dataset was impossible. Concerning the stated issues, the study necessitated purposive sampling to access people living in urban areas during the pandemic following the personal interview method. These 40 interviewees were from different urban areas of Dhaka city. All the interviewees were adults, and gender balance was kept in sampling purposively to get a balanced picture according to the study's subject matter. Nevertheless, eight of the respondents amidst the 40 interviewees were reportedly COVID-19 survivors, who are currently living in Dhaka city.

Data collection and processing

Hence, as this study was conducted during the widespread COVID-19 pandemic all over Bangladesh with a higher death toll, homebound data collection through the telephone/online

interviews had to be conducted remotely through a carefully developed semi-structured interview checklist with open-ended questions keeping purposes in mind for collecting relevant data. The queries contained in the checklist were made direct, simple, and easily understandable to the participants.

However, the draft interview checklist was prepared beforehand and pretested with participants selected from the study area. Before collecting data, the checklist was translated into Bangla for a better and clear understanding of the respondents about the queries.

Telephone, mobile, and computer were used as devices, and phone calls were made by cell phones along with different (more than one) and popular communication apps such as WhatsApp, Facebook Messenger, Hangouts, Viber, Skype, and Zoom. The usage of the apps was depended on the comfort of participants as different participants utilized different apps.

The information collected were cleaned and carefully noted down. The responses were coded as per the subsections of the study to sort out the findings. This helped improving data quality as the IDIs were developed following the rationale of the study. As the sample size is low and entirely open-ended responses were gathered, the report has been compiled descriptively using quotes from respondents.

Ethical consideration

The study has confirmed the ethical issues involved with the study respondents AS PER Helsinki Declaration (Morris, 2013) considering confidentiality, autonomy, beneficence, and no malpractice. Before conducting the interviews through telephones (following social distance protocol), each of the interviewees was informed about the purpose, confidentiality, information coverage, and interview time limit. Some individuals who did not intend to partake were not forced to participate.

RESULTS AND DISCUSSION

Table 1: Socio-Demographic Characteristics of Respondents

| Demographic characteristics | No. of % | No. of Participants out of 25 |
|-----------------------------|----------|-------------------------------|
| Sex | | |
| Male | 67.5% | 27 |
| Female | 32.5% | 13 |
| Age (Years) | | |
| Bellow 18 | 0 | 0 |
| 18 to 30 | 62.5% | 25 |
| Above 31 | 37.5% | 15 |
| Education | | |
| Honors and Above | 72.5% | 29 |
| HSC | 15% | 6 |
| SSC | 7.5% | 3 |
| Primary to bellow SSC | 5% | 2 |
| Religion | | |
| Muslim | 82.5% | 33 |
| Hindu | 17.5% | 7 |

Table 2: Monthly household income of Respondents in Normal State

| Monthly HH Income (Before Pandemic) | |
|-------------------------------------|-----------------------------------|
| Mode/Nature | BDT (Bangladeshi Currency "Taka") |
| Lowest | 7,500 |
| Highest | 80,000 |
| Average | 10,700 |

Demographic profile of the respondents

The majority of the participants (62.5%) were in the 18-30 years group, and the rest, 28% (8) are above 31 years. Regarding the sex of the interviewees, 27 (67.5%) are males, and 32.5% are females. Of the 40 interviewees, 82.5% are Muslims, and the rest are Hindus (6). All the participants inhabit the capital city Dhaka. As per the interviewees' educational qualifications, most (72.5%) of them have honors and above qualifications, while 15% and 7.5% are higher secondary and secondary school passers,

respectively. Two of the participants are from primary education prerequisites (Table 1). Table 2 indicates the interviewees' average monthly household income is 10,700BDT, 80,000 BDT being the highest and 7,500 BDT being the lowest. Nevertheless, four of the participants chose to keep anonymity regarding income information.

Findings denoted that participants' present occupations are public and private service holder (39.18%), students (24.88%), public health doctors (7.35%), housewives (16%), and 12.57% from other professions including small business, religious leader (Imam of a mosque), cleaner, security guard, homemaker, etc. All of the participants opined that they have heard about COVID-19. As stated before, five of the respondents (20%) amidst the interviewees were reportedly COVID-19 survivors, who willingly took part in the interview process (Table 3).

Table 3: COVID-19 Status of the Participants

| COVID-19 Status | Frequency | Percentage (%) |
|----------------------|-----------|----------------|
| COVID +(ve)/Positive | 8 | 20% |
| COVID -(ve)/Negative | 32 | 80% |

Source of knowledge and perception level

Being an entirely new topic in Bangladesh, when asked about a reliable source of knowledge and information about COVID-19, multiple responses were received from each of the interviewees, as these open-ended responses were coded and arranged as per frequency. However, 73.10% opined social media as their primary source of information about COVID-19, and the next segment was news media, opined by 65.30% participants that include both print and electronic media. Moreover, about 29.50% of participants let know that they use e-government (several media, apps, and websites of the government's relevant department, i.e., Department of Health) to receive preliminary information. Denoting another sources, about 27.40% of interviewees sometimes receive information from political and government (municipal) publicity regarding COVID-19 through banners and wall painting in the city, and

12.20% from religious announcements from urban mosques to get information about COVID-19. The source of primary information is shown in detail in the following graphical representation (Figure 3).

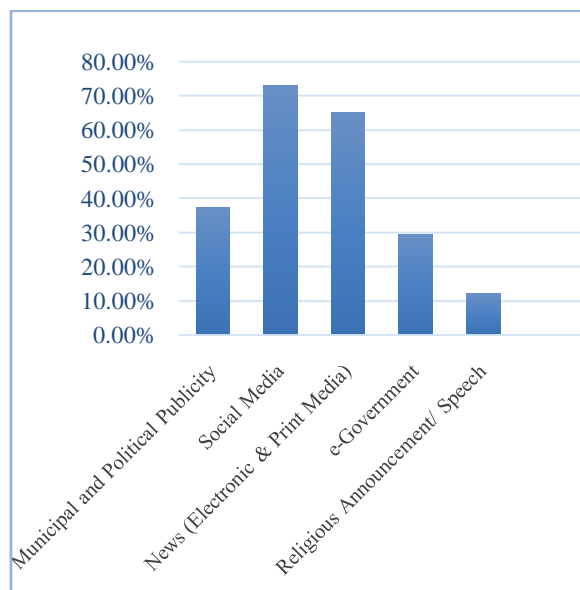


Figure 1: Sources of Knowledge & Awareness about COVID-19 from Urban Perspective (%)

As per the dataset published by Internet World Stats in March this year, the number of internet users in Bangladesh is around 99.98 million, 60.7% of its total population. The data also denotes that amid this number, only 33.71 million people use Facebook as a social communication network (IWS, 2020). Again, Bristy (2016) found that Bangladeshi people spend a considerable amount of their time on Facebook watching political speeches, religious teachings, education, and entertainment. Hence, the higher dependency on social media and electronic & print media as the source of knowledge and awareness of COVID-19 in the respective study is aligned with these findings. On a different note, getting information from e-government received almost 30% of the responses. This depicts the success of the government in reaching the public through their digital mediums.

Knowledge level about transmission of coronavirus

In the case of COVID-19 infection, the study's urban participants were asked regarding the source of COVID-19 spreading. Three ways were opined through which the virus can be transmitted. According to the participants the disease can be transmitted through personal contact (35); through the air (26) and oral routes and facial routes (12).

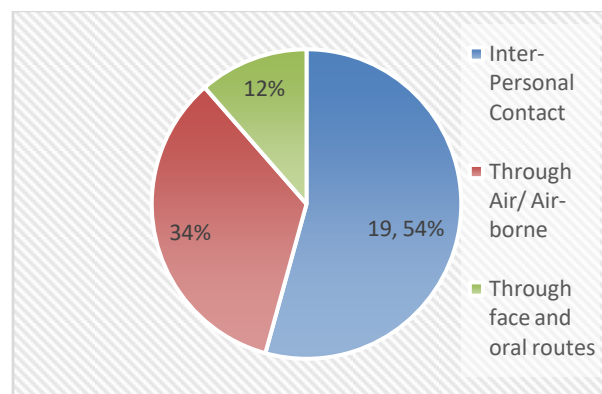


Figure 2: Urban Population's Perception Regarding Spreading of COVID Virus

However, in this case, 100% of the respondents do not have absolute confidence in having accurate information about this. Most of the respondents think of the three ways as infection stated above, whereas about 10% (4) of the participants do not believe that the disease can spread through any materialistic ways; instead, it is divinely spread. The depiction of 3 such ways is aligned with the findings of a recent similar study on Bangladesh (Farhana, 2020).

Perception regarding primary symptoms and health impact

Being asked about the perceived initial symptoms of COVID-affected person, fever, and cold were stated by cent percent of the study participants. Furthermore, headache (32), coughing (30), respiratory problem (17), and sore throat (12) are among the symptoms of COVID-19 as far as information available to the participants. This is to be mentioned that all eight of the COVID survivor participants provided all the information above following the multiple responses as per their experiences. Again, regarding the critical condition of a corona patient, this study shows that only half (53.4%) of respondents were strongly

agreed that the critical condition of a corona patient might usually lead to respiratory failure, pneumonia, and eventually death. Amid the eight COVID-19 survivor participants, 5 of them reportedly suffered respiratory failure when they were COVID positive.

On the other hand, more than a quarter of the interviewees (25.8%) could not tell anything regarding this fact. Nevertheless, due to the widespread publicity through various media in the urban area, some ideas have arisen among the ordinary urban people. However, all these symptoms, opined by the respondents, are supported by the most recent peer-reviewed clinical study (Hui et al., 2020; Zhou, 2020).

Perception regarding prevention and hygiene maintenance

For hand hygiene, consistent with World Health Organization (WHO, 2020b), Government and Non-government agencies have endorsed widespread that covering mouth and nose while coughing and avoiding sick individuals' proximity can assist in preventing COVID-19 transmission. Consequently, this study found that the majority of the urban participants (90%, n=36) possess the knowledge of WHO (2020a, 2020b, 2020f, 2020k) and OSHA (2020) countersigned and disseminated health rules. Being asked about the reason behind the knowing of such information, one of the participants, who is a security in-charge of a government residential colony by occupation, narrated in this regard:

“Nowadays, even in the ringtones of different mobile companies are relaying the awareness of COVID-19. The situation is like, even if someone does not want to know the preventive measures about the virus. Even now, I am articulately hearing the loudspeaker announcing the awareness campaign by City Corporation that I should wear a mask while outside and I should not be any gathering of people. I also know that I have to wash my hands after getting back from work.”

A good number of participants denoted that these health rules effectively prevent COVID-19 transmission, yet the virus can spread quickly in chaotic situations, i.e., public transports in Dhaka, being the most inhabited city of the country.

Nevertheless, relating to the knowledge about hygiene maintenance and prevention, comprehension in knowledge ability was reflected in IDI participants' in this study as the majority (90%) amid the sample knew authentically disseminated health rules. In contrast, some had partial, and very few were found to have minimal knowledge. In broader implications, this study has received similarities with findings of similar and recent studies conducted in different countries, i.e., Iran (Erfani, 2020); Nigeria (Reuben, Danladi, Saleh, and Ejembi, 2020); Pakistan (Hayat et al., 2020) and China (Han et al., 2020).

Impact on income, basic needs, healthcare and food security of urban population

The study's urban-dwelling participants' average household income was found BDT 10,700 before the pandemic took place. Of all 40 participants, 32 (80%) reported a diminution of income due to the COVID outbreak. Several cases were found, which elucidate losing income to even zero in a recurrent month. 92% of interviewees opined on the apparent vulnerability of stallholder business and private sector service holder communities regarding income decline and job loss. This finding is similar to a recent nation-wide rapid perception survey held on the economic impact of COVID-19 (BRAC, 2020).

As one of the participants, reportedly a former private-sector job holder, narrated:

“As a member of such society, where middle-class people have no place to go for help for their status and personal space, I was fired from my company where I used to do the job as an accountant. Now that I have a family and children, I have to provide food to them, which seems quite impossible for me living in the megacity without any income source. Thus, leaving the city and getting back to native place, as I cannot seek rations or reliefs standing in line as per my surrounding. It feels like out bread and out of luck.”

As all of the study participants were urban dwellers, no one was engaged in non-agricultural activities. In terms of being city dwellers, one respondent considered that engaging in agricultural activities would not end up in such misery, which is seemingly usual in rural zones of

the country. She represented her thoughts as per the following:

“Those who live by producing agro-crops in countryside can have their food share for their family before selling it to the market. In that case, the agriculture-based livelihood sustains in terms of income pertinence rather than business and other jobs in urban areas.”

As a spokesperson of small-holding business owners and small incoming jobholders, one particular interviewee expressly indicated the 72 thousand crore bailout plan that has been announced by the honorable Prime Minister of Bangladesh, Sheikh Hasina (*PM unveils Tk 72,750cr*, 2020). He stated regarding the credibility of the plan as:

“In my opinion, the bailout plan of more than 72 thousand crore taka did not tell us how stratified low-income urban people like poor people or us and the farmers will be facilitated. I think a separate bailout policy for the small-holding business and service provider people should be implemented as no interest policy.”

Being asked about probable causes of reduction in income, long-term public holiday/lockdown (96%), and reduced economic activities (82%) were reported. Again, around three-quarters (72%) of the respondents reported job-loss or reduced work opportunities as the motive behind. However, almost half of the participants, who are still employed, have not received their payment after the lockdown took place. Some of them reported they have to continue on their job as neither shifting is an option for the recurrent state nor finding a new job. Most of these strata amid the interviewees are engaged in private-sector job service. It was found that those whose families are reliant on daily wages have confronted dramatic declination of income from the initiation of lockdown due to pandemic. Most of them allegedly have been cutting on food consumption and spending on necessary goods. In recent perception-based research on Bangladesh, Bodrud-Doza et al. (2020) found a positive association of price hike of essential commodities, food insecurity, & underprivileged people's sufferings with the socio-economic impact that due to lockdown, which is consistent with the study findings of this research.

Again, another finding of this section, overall economic stress and severe hampering of the informal and formal businesses possess resemblance with the findings of Shammi, Bodrud-Doza, Islam, and Rahman (2020), where a strong association between unemployment and loss of livelihoods due to lockdown is found.

However, concerning the very basic needs of urban communities of Dhaka city, it was clear from the participants' points of view that the healthcare facility of the city and broadly of the entire country is being unfavorably affected. Again, it was revealed that most people find it increasingly problematic to get access to healthcare services as relevant medical staffs not optimum in numbers. Many others are more disinclined to reach hospitals to receive healthcare services in fear of getting in touch with the virus and being quarantined if tested COVID positive. Frontline health service staff, who took part in this study, reported distress regarding being more exposed to transmission due to lack of provision of Personal Protective Equipment (PPE) in the workplace or hospitals. UNDP (2020) likewise reported the corresponding scenario in healthcare facilities in COVID-19 dedicated hospitals in Bangladesh, which is a hindrance in establishing an equitable and reliable healthcare system for COVID-19 patients. However, this seems to be a distressing scenario in terms of strict regulations that ought to be maintained for collecting, testing and handling clinical specimens as suggested by WHO (2020k) and CDC (2020d).

Reaction on the government response

The participants were asked about their opinion of collective government response to the pandemic situation. In response, more than half (51%) supported government mitigation measures, e.g., declaration of public holiday for an extended period to prevent the spreading of virus transmission. On the other hand, about 36% disagreed about the prolonged lockdown while the rest of them remained neutral by opinion. Nonetheless, a mutual agreement by opinions among the respondents was found that the government should increase educational institutions' vacation, including school, college, madrasa, and universities, until the transition rate

declines at a considerable rate. Granting multiple opinions, the majority denoted the urgency on alternate and efficient thinking of government ideas to fight the virus. All of them urged on managing the vaccine to be imported from any country where it is invented. BRAC (2020) has reported correlative results from their rapid perception survey that there exists a scarcity of timely and affordable government's public healthcare with a higher risk of starvation and infection.

Nevertheless, regarding the dedication, the majority (88%) of the participants felt that the government is doing enough to tackle the epidemic. However, six participants belonging to the low-income group know that their families have received emergency relief exclusively in urban areas. Being asked about the best way the government can support affected urban-dwelling families, 47% of the respondents preferred cash support, and 20% talked about food rationing from the government. Farhana & Mannan (2020) and Shammi et al. (2020) reported a similar perception of the Bangladeshi population regarding government response and support on COVID-19.

Concerning the accountability of the Government of Bangladesh (GoB), once the pandemic is on-set, the status-quo of Sustainable Development Goals (SDGs) needs to be reassessed (Figure 3).

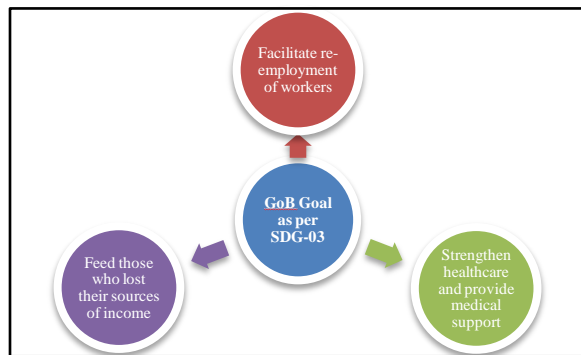


Figure 3: The three must consider immediate goals of Government in line with SDG-3 commitment

Impact on religious and culturally significant events

As most of the study participants were Muslim by religion, being asked about the impact on religious and culturally significant events, all 33 participants specifically denoted the experience regarding the *Eid-Ul-Fitr* this year. All the Muslims around the country observe this occasion as the most significant religious occasion in both rural and urban areas. They usually gather at mosques to perform Eid prayers once a year and greet each other as a part of the festive. However, this year, due to the pandemic outbreak, all the Muslim participants of the study reported staying at home, and some of them offered the Eid prayer at home.

Amid the COVID-19 survivor participants in this study, five of them were still COVID positive even on the Eid day. As per their experience, all of them maintained complete self-isolation and talked to the close relatives and friends over phone and video calling during the Eid day. On the other hand, the seven Hindu participants let know that this year the biggest celebration of the Hindu religious festival called *Durga Puja*, which was on September 17, was different by all means. It was revealed that the Hindu community observed *Durga Puja* in a manner as the Muslim community tried to observe Eid earlier this year, maintaining the health codes.

Lockdown experience from urban community perspective

All the participants were asked to share their lockdown and quarantine experiences. The study's findings revealed that the current health crisis and lockdown impact the entire Dhaka city dwellers during this pandemic period. From the public/government service holder participants (about 40% of total participants), it was learned that although the experience was not up to the expectation, yet not gruesome as the government of Bangladesh has taken measures for the urban inhabitants to some extent. Contrarily, in accordance with the business community participants' opinion, the situation only gets worsen as industries have stopped production, leaving millions of precarious laborers and diverse workers without any resources.

Being asked about feeling any psychological change as in calmness or anxiety, most of the

respondents let know that it is challenging to keep calm and relax in these tense conditions. 36 out of 40 participants reported feeling sad and depressed. This finding of the study is relevant with the indication of the existence of valid reasons to be fearful for two million people living in 14,000 slums across Bangladesh as these people's daily wage and livelihood have been imperiled as a consequence of COVID-19 induced lockdown and work shutdown (Amnesty International, 2020). These findings regarding the lockdown experience are broadly alike with the findings of a study where authors did a scenario-based plausible lockdown analysis (Shammi, Bodrud-Doza, Islam, and Rahman, 2020).

Positive alteration of urban environment

The participants were asked whether they observed changes in the surrounding urban environment. All 40 of them reported cleaner air quality and improved pollution situation. Being asked that have the participants observe any such change, like a shift in pollution or air quality surrounding them in Dhaka city, all twenty-five participants let know that they have observed a radical change in the air quality and pollution around them. The perspective of less air pollution was agreed on a similar pattern from each participant from IDIs conducted for this study. The AQI (Air Quality Index), an index to report air quality on a daily basis, informs that how polluted or clean the air of a particular city is and what accompanying health effects might be a concern for them. However, as per this AQI, Dhaka's air quality has been radically improved by 35% during the last four months (Islam & Chowdhury, 2020; Rahman et al., 2020; *Dhaka's air quality improves amid lockdown*, 2020).

Moreover, the study participants endorsed that they think as the government of Bangladesh initially shut down all industries, mass transport, restricted the movement of people and all sort of vehicles to tackle coronavirus mass transmission. This has pointedly cut down air pollution in Dhaka city, which is reportedly among the top cities with heavily polluted air quality (Siddiqui et al., 2020). Improved air quality and reduction in air pollution due to lockdown imposed as a consequence of COVID-19 transmission scenario in urban regions

of different countries, e.g., USA (Berman & Ebisu, 2020), India (Siddiqui et al., 2020; Mahato et al., 2020), China (Nichol et al., 2020), European states (Giani et al., 2020), Southeast Asian regions (Kanniah et al. (2020) found entirely reciprocal to the aspect of Dhaka, Bangladesh.

Perception about the “New Normal” concept

Almost half of the participants had a similar opinion that already the virus transmission is re-orientating the relationship with the outside world and inter-personal dependency on government, technology, and healthcare. Particularly young participants, aged between 18-25, reported that they think the changes that ought to be taken place in the future are uncertain. Most of the female respondents indicated that the ‘new normal’ indicates how people have interacted with each other and their families. The participants also let know how urban people eat, pray, work, have relationships, and study have been already altered. In this way, the covid-19 crisis has upended the city dwellers' life through a new normal lens. What alteration might people face in the future is entirely indefinite. Global cooperation might be at a severe stake, as what the people are facing today may change tomorrow radically. Hence, the new normal concept would be how people bond together in this fight for their survival against this pandemic and any of the forthcoming viruses as the stated thoughts regarding ‘new normal’. An interviewee, who is a health care professional and active-duty doctor of a public hospital, states:

“This scenario is utterly definite that absolute struggle of the general people of the country is yet to come. I think our state actors and politicians are not yet denoting it openly, but as a direct healthcare provider, I can be assured of the fact that this is the real confirmation of the state of emergency even for the whole world, and this shall continue for a while as long as the COVID-19 vaccine myth is solved by the relevant scientific community of the world. To me, this situation is the ‘new normal’, and people ought to cope with the situation as soon as possible. Otherwise, the issues of stress, depression, and other adversities shall grow eventually.”

Nevertheless, as per the study's student participants, the online teaching system is being imposed by educational institutes in Bangladesh

since the covid-19 lockdown, but till now cannot be thoroughly followed for some reasons that cannot be avoided. Furthermore, one participant elucidated a special issue regarding online education's pitfall as the guardian of a little kid, a special person, a kid with a disability, as the kid cannot hear anything by birth.

One of the students, who just have completed the university graduation and lives in the urban part of the city, elucidates the correlation between financial access and online education as:

"I strongly believe that unlike developed countries, most students in Bangladesh do not have access to the internet, especially those who live in country-side or rural areas rather than urban-dwelling students. This is why the initial response for education focused on delivering online lectures should be focused on relevant financial help and advice about internet access. These should be made easier for rural students. The continuation of online education can receive the utmost credibility in this context."

Keeping eyes on the study findings, nearly 40 million school going students alone in Bangladesh are out of education until the coronavirus situation returns normally. Moreover, parental capacity, access to technology and internet, very low speed of internet usage, difficulties in using online platforms, high cost of internet, and socio-economic status are prime hindering factors in obtaining online education ranging from primary to tertiary presently (Dutta & Smita, 2020; Emon, Alif, and Islam, 2020). Thus, there exists no alternative from providing cheaper or free and speedy internet service to concerned students during the coronavirus period to continue the education. However, according to UNICEF (2020), they are working with the Bangladesh government to improve efficient online learning programs using radio, television, mobile devices, and internet platforms to reach many students in making the process as 'new normal' to end-users. They are also assisting in developing teachers' guidelines, who would be responsible for providing remote classes to students.

Domestic conflict and violence in urban areas

Twenty-five out of 40 participants agreed upon the issue that during the lockdown, the family-based

conflict has undoubtedly risen, especially in proper city areas. Being asked about the reasons behind this, One-fourth of the participants made a substantial point in this regard that access to justice has always been a challenge, and since lockdown, the rapid justice activities are at a complete stop. Thus, it has been a real challenge for women seeking justice facing domestic violence in the urban area. The income is constrained, and following the financial conflict, the violence increases at an alarming rate in several urban households.

One female participant, reportedly a housewife, denoted:

"Violence against women who live as housewives in a family is always hugely underreported. Moreover, with the pandemic state, women are even more restricted in reporting, escaping, and access to support in domestic violence cases. I think the financial constraints in families are working as the catalyst behind arising of these urban family-based conflicts, as the chances of working of the provider of the family is also diminishing."

Sifat (2020) reported a similar finding in his research that COVID-19 has upsurged both the incidents and potential risks of domestic violence as numerous unreported and reported cases in Bangladesh are being found, including financial, physical, mental, and sexual abuse. Islam (2020) found the increased violence against children besides women amid the lockdown as a result of augmented rifts in families for financial pressure and lack of social activities. The global scenario regarding family violence and crisis is likewise not different from the finding of this study due to multi-level distress in different countries (Graham-Harrison, Giuffrida, Smith, and Ford, 2020; Campbell, 2020).

Mental stress due to COVID-19

Amid the 40 participants, who willingly took part in the IDI session, 80% (n= 33) of the participants had congruence because the emerging anxiety and fear about the pandemic are instigating overwhelming stress for urban people. Most of the student interviewee agreed upon the fact that television and print media, social activists, religious catalyst personnel, and political leaders

have come forward to assist in disseminating scientific factual information on COVID-19 transmission and health measures endorsed by relevant government agencies among the urban population since the lockdown took place. Following that, the bulk amount of lethal stress squatted upon urban communities are being lessened in this way. One of the participants opined in this regard:

“I live in Mohammadpur, a prominent urban part of the capital. I go to the prayer of Jumma every Friday to the central mosque beside the bus stand. The Imam (Muslim leadership position in the mosque, who delivers speech) of the mosque plays a vital role in fighting this unusual crisis in our community. As per his speech relating to the mental strength and dependence upon Almighty God’s blessings that yet to come after hardship, the community stress lessens. At least my psychological stress gets lessen for sure.”

In agreement with this finding, the result of a nation-wide study reported a high level of depression resulting in suicidal ideation in adults of the urban area of the capital of Bangladesh, Dhaka (Mamun et al., 2020). Unlike the adult sample in respective research, Yeasmin et al. (2020) additionally revealed an alarming scenario of children being suffered from anxiety and depression resulting in sleeping disorder with moderate to the severe psychological disturbance in a cross-sectional study.

Coping capacity of the community

The synopsis of the accrued opinions of the majority of the participants (30) denoted that they don’t know how they might cope with the imminent financial predicament and loss of jobs/income. Ten of the total respondents (six of them are COVID-19 survivors) hope that the government will assist them in case the disaster is protracted as a consequence might get unbearable. However, as all the participants are from the urban area, it was found that almost all of them (26, 92%) are hopeful about government support along with the situation being normal within a couple of months. There were 2 participants as health care professionals, who sighted the future as crisis being prolonged and intensified. As per the coping mechanism, one of these participants enlightened as per below:

“My thoughts on coping capacity and mechanism are entirely based on assistance from government and high-class urban society towards poor people. However, the problem lies in here is the middle-class people are always deprived of such rationing. The concerned authority should have eyes on this issue of inclusion criteria before providing assistance or relief.”

In the context of coping mechanism outlined as per the respondents, there exist some risk factors those can be highly enhancing background clogging factors of coping mechanism e.g., the reluctance of people in not engaging themselves in preventive measures, inadequate knowledge and perception level with greater fear (Mamun et al., 2020; Farhana & Mannan, 2020)

CONCLUSION

In-depth interviews recounted by the study interviewees unquestionably specified the current status quo as the evolved crisis that might worsen in the near future, especially in the urban context. Undoubtedly, COVID-19 has become the primary topic of discussion among people around the world and in all kinds of media. On the one hand, knowledge, perception, and practices toward the causation, transmission, controls, and treatment procedures of the COVID-19 disease are slightly varied due to distinct levels of demographic background and socio-economic status. On the other hand, a distinct and clear picture was received from the urban participants’ point of view that the lockdown experience of urban people in Bangladesh imposed stress as a result of inadequate and limited healthcare facilities and of not ensuring fundamental needs. As a consequence, the public’s anxiety and fear are exacerbated.

On the other hand, shutting down the business centers (except for daily necessities and pharmacies) puts immense stress on the economy. From the findings of this study, economic stress, unemployment, mental pressure, food insecurity, hampering of education, and domestic violence are interrelated in this time of crisis. Accordingly, economic assistance and implications should be undertaken as per the vulnerability of the population, geographical, and spatial locations by identifying hotspots. Considering the lockdown

experience, a long-term strategic plan might be considered, which should be integrated with the government's other mega plans, i.e., delta plan and perspective plan. Considering meeting the fundamental needs of people, vital strategic planning within the public and private sector can occur with the coordination of international bodies likewise. Finally, as the world-wide threat of COVID-19 lingers to emerge on a larger scale, greater efforts through substitutive community-based preventive measures and awareness must be followed by GoB, given the economic stress and fewer working opportunities yet to come. Nevertheless, these findings could help policymakers analyze the public's experience and perception to deal with the COVID-19 pandemic in a lower-middle-income country like Bangladesh with a dense population by introducing a time-oriented policy for people.

RECOMMENDATIONS

Considering the points of view that emerged with due significance from the in-depth interviews from the range of participants, the following issues can be subjects of concentration at the policy level about the urban population at the coronavirus outbreak. Thus, the following steps can be adopted to put a brake in the distressing scenario in urban settings as per the discussion of the study:

Firstly, it is found in this study that social media campaigns, television programs, and informative shows have the aptitudes to increase public awareness about prevention measures and help to reduce rumors, misgivings, and confusions related to the spreading of COVID-19. Thus, more catchy, creative, and unique shows and campaign ideas should be developed to make people cognizant of upcoming crises.

Secondly, the government's relevant wings require addressing and concentrating on comprehensive prioritization of life and livelihood needs of people, which are not addressed yet. Otherwise, it would not be plausible to restrain the target population in need of their house. This could lead to a scenario where life-saving strategies will be defeated. Hence, to impose a social distancing regime widespread, concerned authorities must ensure alternative livelihood, access to food, and

other basic needs of people before imposing robust measures like complete lockdown again with the scenario-based urgency. Notably, the government's food relief has been expanded immediately to some people in need in time, as indicated in the findings.

Thirdly, while the aspect of online or remote education comes forth, the special consideration for special kids with disabilities, who cannot understand the typical learning methods as the sign language does not follow the lectures provided online or on TV. This necessitates the utmost concern of relevant government authority. As per the participants' response, the remote medium of education should be an equal opportunity for students of all sorts, including Persons with Disabilities (PWD), which should get even more precedence in this regard.

Fourthly, another concern for online education is that the government should undertake cardinal steps to provide free or at least cheaper internet and improve internet speed to the students ranging from primary to tertiary level. Likewise, technical training for teachers in remote education is crucial in Bangladesh during the COVID-19 period.

Fifthly, urban people, who had to return to their native place in rural areas, are mostly unemployed and are not enrolled in any social safety net schemes. It follows that the government's conventional distribution system may most likely miss these unfortunate people. Updating lists and preferably newer mechanisms in delivering aids can be of great assistance to cover all the people in need.

Sixthly, once the crisis is over, urban small-holding business ventures, which are mostly unbanked endeavors, need to reboot by having access to affordable finance. Subsequently, as the honorable Prime Minister of Bangladesh ensured the subsidization of bank credit for businesses, concerned authorities may consider unique ways to bridge amid banks and these hindered micro-enterprises.

Seventhly, the government can form an advisory board including scientists, academics, public health specialists, researchers, doctors,

policymakers, and religious leaders. This board shall be obliged to only honorable Prime Minister. The nationally formed committee of government shall take big decisions after receiving the recommendation of this board for the greater good.

Eighthly, the study has found that people without a fixed income and the low-income obtaining people have been more vulnerable to the consequence of loss of livelihood in prolonged COVID-19 lockdown period, especially in urban settings. Thereupon, people falling on these income strata must be taken care of with utmost importance. Both the public and private sectors should come forth in their assistance.

Finally, the government should repetitively beseech for collaboration from people of all sects in fighting this global pandemic. As per the findings, many people perceive that it is not the unshared duty of the government of a state to fight this war. Hence, social awareness campaigns should continue in robust and unique forms through print, social and electronic media. To prevent increasing positive cases and deaths, social distancing should be made stricter as the vital tool to combat in forthcoming days among people as community-based action for combating COVID-19.

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