

Psychosocial Anxiety from Lockdown Due to COVID-19 to Income Earner of the Family: An Evidence from Northern Bangladesh

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Abstract

As a developing nation, Bangladeshi people had to work during lockdown which is the result of a sudden outbreak of COVID-19. It creates different problems in day to day life of common people. The present study, therefore, attempts to understand the socio-economic crisis and mental stress in managing the family within the limited resources of Bangladesh during the lockdown period. The data was collected via a snowball sampling survey method by using a semi-structured questionnaire. Datasets were analyzed through different statistical tools like mean, standard deviation, and percentage. Research shows that female and aged people are much anxious about being affected. Petty business runners are much worried about their basic earning. Affording food to a family within a foreseeable economic crisis, brunt from job loss, the propensity of commodity's high price, wariness for child's academic career through e-learning led people distressed. Insomnia, fatigue, helplessness, distress are notable problems during the time of lockdown. Research finds that mental pressure results from insufficient sleep are creating short temper and chaos in the family and social life also. Strengthening the medical system, creating mass consciousness, implicating time-oriented policy with psycho-social upshots can mitigate the fragility of psychological stress.

Keywords

Coronavirus, Psychosocial Distress, Lockdown, Income Earner

1. Introduction

Coronavirus broke out in the city of Wuhan, China, on 31 December 2019 and has spread rapidly (Paules, Marston, & Fauci, 2020; WHO, 2020a). On January 30, 2020, a panel of experts of the World Health Organization (WHO) declared the outbreak of SARS-CoV2, causing the Coronavirus disease 2019 (COVID-19), a Public Health Emergency of International Concern (PHEIC), and on March 11, 2020, the ongoing COVID-19 outbreak was upscaled by the WHO to its 6th and highest alert scale as a pandemic (WHO, 2020b). This is totally a new strain of virus, that has encroached its biological dimension with fear, Asmundson and Taylor coined it as “coronaphobia” (Asmundson & Taylor, 2020: p. 70). WHO reported that globally, as of 3 April 2021, there have been 129,902,402 confirmed cases of COVID-19, including 2,831,815 deaths (WHO Coronavirus Disease (COVID-19) Dashboard, 2021). In Bangladesh, the Institute of Epidemiology, Disease Control and Research (IEDCR) has reported the first three confirmed cases of COVID-19 on 8 March 2020 (IEDCR, 2020). The Government of Bangladesh declared special “general leave” from 26 March 2020 in the name of “lockdown” and extended it up to 30 May 2020 in seven different time slots. Both the words “general leave” and “lockdown” created confusion among the most socio-economically vulnerable groups in the country (Shammi et al., 2020). Like other countries, COVID-19 was forced to lock down industries, mass transportation, and other anthropogenic activities in Bangladesh (Islam, Tusher, Roy, & Rahman, 2020). The South Asian nation with 170 million people has shut down all of its educational institutions from March 17 until now (Mahmud, 2020). As of 3 April 2021, a total of 630,277 confirmed cases have been reported with 9213 deaths (Worldometer, 2021). The long-term lockdown as a result of the COVID-19 pandemic creates psycho-social stress on the people of the different classes of the world as well as Bangladesh (Bodrud-Doza et al., 2020; Bhuiyan et al., 2020; Islam, Bodrud-Doza, Khan et al., 2020; Yeasmin et al., 2020; Ara et al., 2020). The income earner of the family of the lower and middle class are affected psychosocially more and more in Bangladesh. According to ILO, Bangladesh has more than 80 to 90 percent of informal labor engaged in precarious work. The hardest hit of the impact would involve marginalized low-income people, many of whom are daily wage-earners and self-employed (ILO, 2020). SANEM researchers revealed that with a negative income shock of 25.0 percent, the overall poverty rate would be 40.9 percent, meaning that another 20.4 percent of the population or 33.0 million people would plunge into poverty (Raihan, 2020). A survey conducted by the Power and Participation Research Center and BRAC Institute of Governance and Development finds, “A total of 63 percent of such population, including day laborers, Bhfangari [plastic] workers, restaurant workers, maids, transport workers, agriculture laborers, construction and factory workers, petty businessmen, shop assistants, and rickshaw pullers became economically inactive during the time.” (Kamruzzaman, 2020)

A number of studies on psychological stress from lockdown have been reviewed. Some of the articles are emphasized on the types, nature, and dimensions of mental stress during COVID-19 (Rahman et al., 2021; Benke et al., 2020; Fontanesi et al. 2020; Dubey et al., 2020; Rossi et al., 2020; Every-Palmer et al., 2020; Marelli et al., 2020; Mucci, Mucci, & Diolaiuti, 2020; Di Blasi et al., 2021; Capuano et al., 2020; Ho, Chee, & Ho, 2020). In Bangladesh, some studies have been conducted to show the socioeconomic impacts of COVID-19, key challenges to control it, to assess the severity of COVID-19 in the country, psycho-social stress generation from COVID-19, people perception, attitude practice regarding COVID-19, and so on (Shammi et al., 2020; Islam, Bodrud-Doza, Khan et al., 2020; Alam et al., 2020a; Bodrud-Doza et al., 2020; Bhuiyan et al., 2020; Islam, Tusher, Roy, & Rahman, 2020; Yeasmin et al., 2020; Ara et al., 2020; Mamun & Griffiths, 2020; Ferdous et al., 2020; Mannan & Mannan, 2020; Khan, Howlader, & Islam, 2020; Banna et al., 2020). Lockdowns with “coronaphobia” may appear as a disguised enemy to the income earners of the family, the fear of infecting with a strain of stigmatization of affected individuals, families and communities sometimes hinder to get medical test and proper treatment, leads psychosocial morbidities. Moreover, the propensity of unemployment and reduced salary or income can intensify the negative emotions during the Covid-19 pandemic (Ho, Chee, & Ho, 2020).

From the above discussion, we have observed that a large number of studies have been carried out in Bangladesh as well as the world on the impact of COVID-19 and the psychological stress of the lockdown of the people. The present study seeks to access the psychosocial distress generated from the COVID-19 lockdown with the emphasis on the income earner of the lower and middle-income family of Northern Bangladesh.

2. Research Methodology

The present research is an empirical work and explorative in nature and executes quantitative methodology. The social survey is executed as a method of data collection in the present study. Tools of data collection are structured questionnaires consisting with the help of the fear of COVID-19 scale which is developed by Ahorsu et al. (Ahorsu et al., 2020). It was translated into Bangla for the collection of data, It was found that the internal consistency ($\alpha = 0.82$) and test retest reliability ($ICC = 0.72$) were acceptable in its original form. For the Bangla version the scale was administered to fifty respondents ($n = 50$) at two points in time. Cronbach's alpha coefficient was found to be 0.69 at time 1 and 0.81 at time 2. This has provided high reliability of Bengali version of the scale. Besides, mobile phone is applied for taking interview over phone. For health security and maintaining social distance, an interview over the phone is applied as a technique of data collection in the present study. At first, we select some people from a different working group like a day laborer, small business holder, a rickshaw puller, CNG driver, service person from our networks. Then we collect their

phone number. After that, using snowball sampling techniques we have collected the phone number of 170 bread earner people and take their interviews over the phone step by step/by degrees. Data has been collected from mainly primary sources. A secondary source has also been applied to strengthen primary data. In the present research, the Rajshahi Metropolitan area is purposively selected by the researcher as study area. It helps the study because; this area is cost and time effective and familiar with the researcher. The Snowball sampling technique is used to select the sample from the population. 170 bread earning people is selected as sample by using the snowball sampling technique from Rajshahi metropolitan area. The survey was conducted from 14 April to 17 May 2020. The individual who is responsible to bear the cost of family maintenance, was the unit of analysis in the present research. The collected data was immediately cleaned, coded, and processed using Statistical Package for Social Science (SPSS) version 25.0 software. The result is represented by using simple statistical methods as tabulation, classification, frequency distribution, measures of mean, standard deviation, and percentages.

3. Results

The results from **Table 1** stated that a higher level of anxiety was found among female respondents ($M = 20.14$) than male respondents ($M = 17.29$). Regarding age, our findings are discrepant to the results found in other research studies, our data indicate the respondents of above 60 years age group showed a higher level of anxiety ($M = 21.23$) than their counterpart and similar levels of anxiety. In terms of marriage, the married respondents expressed a higher level of anxiety than the ($M = 20.78$) unmarried ($M = 19.13$) and widowed ($M = 18.42$). According to the educational background, the lowest level of the educational group (Primary: $M = 19.95$) showed the highest level of anxiety than other educational groups. Considering the occupation of the respondents the businessman group ($M = 20.67$) showed the highest level of anxiety. On the other hand higher level of anxiety was found among the respondents who were working in the industrial area ($M = 20.32$) compared to urban ($M = 19.45$) and rural ($M = 18.62$) areas. Income range was also a contributing factor for the anxiety of the respondents. Among the respondents, the highest level of anxiety ($M = 20.21$) was found among the respondents whose income range was between 5001 - 30,000 BDT. Lastly, concerning family members, the highest level of anxiety ($M = 20.98$) was found in that group where the family members were above 08.

The result from **Table 2** showed that among the 170 respondents, 74.71% said that they bore the total expenses of family expenditure because the families are fully dependent on them and they are responsible as bread earners. In response to identifying the main factors that laid the respondents anxious, the majority of the respondents (52.94%) expressed the high price of the daily necessary goods and (49.41%) reported they were getting afraid of the future upcoming economic insecurities. A noticeable number of respondents (17.65%) informed that they

Table 1. Showing demographic variables of the respondents and anxiety of COVID-19.

Variables	Mean	SD	N	%
Gender				
Male	17.29	5.79	81	47.65
Female	20.14	6.12	89	52.35
Age				
16 - 24 year	18.92	5.69	25	14.71
25 - 35 year	19.24	6.12	72	42.35
36 - 45 year	20.03	6.54	49	28.82
46 - 60 year	20.56	7.19	19	11.18
Above 60 year	21.23	7.27	5	2.94
Marital Status				
Married	20.78	5.92	141	82.94
Unmarried	19.13	6.21	24	14.12
Widowed	18.42	5.53	5	2.94
Educational Level				
Primary	19.95	6.72	19	11.18
S.S.C	17.92	6.14	44	25.8
H.S.C	18.52	6.67	24	14.13
Degree/Honors	18.48	3.65	59	34.71
Illiterate	19.24	5.31	24	14.18
Occupation				
Govt. Service	18.92	6.19	15	8.82
Private Service	19.53	6.36	14	8.24
Businessman	20.67	6.92	29	17.06
Doctor	17.21	5.98	5	2.94
Rickshaw Puller	16.14	5.42	6	3.53
Labor	17.89	5.89	19	11.18
Guard	18.27	6.11	10	5.88
Others	19.23	6.17	72	42.35
Working area				
Urban area	19.45	5.99	151	88.82
Rural area	18.62	6.13	14	8.24
Industrial area	20.32	6.19	5	2.94
Income Range				
Bellow 5000 BDT	18.32	5.95	44	25.88
5001 - 30,000 BDT	20.21	6.14	83	48.83
30,001 - 70,000 BDT	17.43	5.98	43	25.29
Family Member				
1 - 3	18.32	5.88	38	22.35
4 - 6	19.45	6.76	93	54.71
6 - 8	20.12	6.82	34	20
Above 8	20.98	6.97	5	2.94

Table 2. Factors that affected well-being and aroused anxiety.

		Frequency	Percentage
1.	Do you bear all of the expenses of your family?		
	Yes	127	74.71
	No	18	10.59
	Partial	25	14.71
2.	Factors that make anxious about		
	Not getting salary/Earning Money	30	17.65
	Inadequate food for a family	35	20.59
	Fear about upcoming economic losses	84	49.41
	High pricing of daily necessary goods	90	52.94
	Academic loss of child/children	37	21.76
	Others	1	0.59
3.	Which suits best regarding your present income condition		
	Not getting salary/wage	26	15.29
	No way of earning	22	12.94
	Family members are suffering from reduced income	75	44.12
	Satisfied with my income	79	46.47
4.	Do you have to go out from home for work?		
	Yes	111	65.29
	No	59	34.71
5.	Do you feel panic about working outside/afraid of outing		
	Yes	140	82.35
	No	25	14.71
	Not applicable	5	2.94
6.	Do you have V.G.F./V.G.D?		
	Yes	19	11.18
	No	70	41.18
	Not applicable	81	47.65
7.	Did you get any incentives during down?		
	Yes	53	31.18
	No	71	41.76
	Not applicable	46	27.06
8.	Was there arose any problem due to financial crisis?		
	Yes	74	43.53
	No	74	43.53
	Not applicable	22	12.94
9.	Can you sleep sound		
	Sufficient	118	69.41
	Insufficient	52	30.59

Continued

10.	Are you getting fatigued from working shortly?		
	Yes	55	32.35
	No	115	67.65
11.	Do you feel less interested or reluctant of working?		
	Yes	98	57.65
	No	72	42.35
13.	Do you feel you are no longer able to help your family?		
	Yes	41	24.12
	No	69	40.59
	Not at all	60	35.29

are the victim of income loss, About 21% of them had not the sufficient food to feed their family, they expressed. Academic loss/hamper in education to the child of the respondents was observed as tension arising factor while lockdown, 21.76% of the total respondents said the same, which illustrates the relationship between their children's future career and their anxiety, which creates stress in the respondent's life.

The data shown in questions number 4 and 5, reveals that *the majority* of the respondents (65.29%) went to work and almost all of them (82.35%) felt *the panic* of being affected while working outside. Many people were not enlisted for VGF (*Vulnerable group feeding*), VGD (*Vulnerability group development*) card as their income was not as poor as per criteria, but the coronavirus has made compelled to get some aids, 41.18% of the respondents stated that they had not any card. While about half (47.65%) number of the respondents need not have any of the VGD and VGF card as their income was quite handsome. The data regarding the received number of incentives are quite satisfactory, (31.17%) of the respondents informed that they received monetary or food incentives during the lockdown. Around half portion (43.53%) of the respondents reported they had struggled with a financial crisis during the lockdown. This survey shows a high prevalence (30.59%) of sleep disturbance during the COVID-19 outbreak. In another section (32.35%), the respondents stated they were getting fatigued quicker. The majority of the respondents (57.65) agreed that they felt less interest or reluctance of working. 24.12% illustrated their feeling that they were feeling like not able to help their family to protect with food basic needs.

4. Discussion

The results regarding gender-based anxiety level, where we found that female respondents ($M = 20.14$) are more anxious than male respondents ($M = 17.29$), is in sync with the research findings of Rossi et al. (2020), which reveals endorsement rates for PTSS were 3700 (20.8%) for anxiety, suggest that level of anxiety was high in women as compared to their male counterpart (Rossi et al.,

2020). Our study further indicated that being a woman is associated with experiencing severe anxiety. Another study also demonstrated that post-traumatic stress symptoms in Wuhan residents following the outbreak of COVID-19 were particularly high among women less than 35 years of age (Gao et al., 2020). Sahin et al. identified greater depression, anxiety, insomnia, and distress symptoms in females in Turkey, individuals with a history of psychiatric illness, and those requiring psychiatric support (Sahin et al., 2020). Much of the research has shown the same, they bear a triple burden across three broad categories of productive, reproductive, and community work (Moser, 2012). Epidemic, disaster, or other crises predominantly increase women's workloads and decrease the ability to balance their time (Bradshaw, 2015; Bradshaw & Fordhaml, 2015; Stemple et al., 2016). This could be linked to a difference in the processing of Serotonin in the female brain as compared to the male brain which results in dissimilar manifestations of symptoms (Kazmi et al., 2020). According to the context of Bangladesh, it may be said that female is more conscious about their health than the male. They maintain the highest level of precautionary measures inside the home or outside. They become more anxious due to the illness of the family members. Previous research findings showed that females are more affected by anxious thinking compared to males (Bahrami & Yousefi, 2011). Again, females belonged to the tendency to be more sensitive to stress. Thus the results of the present are supported by the previous findings which lie in the line of more anxiety of females due to COVID-19. Along with the fear of infection to this highly contagious virus, fear of losing family members, Dalla et al. stated that the COVID-19 related misinformation spreading and rumors on the treatment of this, the lack of medical treatment, and the lockdown-related issues (i.e., prolonged home isolation, social distancing, food insecurity, fear of unemployment, loss of income, etc.) are being sought to be associated with mental distresses like depression, anxiety, phobia, insomnia, trauma, etc. (Dalla et al., 2005). Regarding age, our findings are discrepant to the results found in other research studies, our data indicate the respondents of above 60 years age group showed a higher level of anxiety ($M = 21.23$) than their counterpart and similar levels of anxiety (Gambin et al., 2021; García-Fernández et al., 2020; Limcaoco et al., 2020). The arising factors for anxiety and depressive symptoms might be the risk to life and health due to COVID-19, which is greater in older age (Gambin et al., 2021; Applegate & Ouslander, 2020). In terms of marriage, the married respondents expressed a higher level of anxiety than the ($M = 20.78$) unmarried ($M = 19.13$) and widowed ($M = 18.42$). This finding is, in part, consistent with those of studies conducted in Poland. Seemingly the lockdown or restrictions will impede their routine work; Individuals in established adulthood (in the stage of life at 30 - 44 years) may experience emotional distress as a result of struggles with maintaining the balance between professional work, their interests, and childcare (including all-day child care) during the pandemic. Thus, they may display higher levels of difficulties in interpersonal relationships among household members and be overloaded with many duties at home

(Gambin et al., 2021). Other researchers have also found that lockdown could create post-traumatic stress in adults, particularly concerning financial losses (Mihashi et al., 2009). According to the educational background, the lowest level of the educational group (Primary: $M = 19.95$) showed the highest level of anxiety than other educational groups. People with lower levels of educational attainment, lower-income households, and pre-existing mental health conditions reported higher levels of anxiety. In this regard, whilst the educational institutions implemented online educational strategies from the beginning of this health crisis, which shows low and middle-income countries face challenges in providing online education (Moghanibashi-Mansourieh, 2020; Fancourt et al., 2021). Considering the occupation of the respondents the businessman group ($M = 20.67$) showed the highest level of anxiety. Job in terms of salary perceived as a safeguard during any crisis, but to run business becomes quite difficult during the containment measure like lockdown, as the transport business even at national levels has ceased due to lock-down in different countries. Most company employees are working from home having financial disadvantages. The greatest risk for infectious diseases in public transportation is that people sit or stand in proximity in a closed environment, those that rely on mobility for their work and business may not be able to maintain the distance (Roy et al., 2020; Edelson & Phypers, 2011; Musselwhite et al., 2020). On the other hand higher level of anxiety was found among the respondents who were working in the industrial area ($M = 20.32$) compared to urban ($M = 19.45$) and rural ($M = 18.62$) areas. Musselwhite et al. argue that much of industrial and urban life now intertwined with human interactions and economic activities, where transport and mobility systems, including public transport, are the veins of these exchanges (Musselwhite et al., 2020). This can be interlinked with anxiety expressed by the Industrial area dwellers. Income range was also a contributing factor for the anxiety of the respondents. Among the respondents, the highest level of anxiety ($M = 20.21$) was found among the respondents whose income range was between 5001 - 30,000 BDT. Many other studies indicate that Low and middle-income countries have a higher burden of mental disorders than economically developed countries (Bass et al., 2012). Besides, concerning family members, the highest level of anxiety ($M = 20.98$) was found in that group where the family members were above 08.

From the above mention result of the present research, we have found that 74.71% of the total respondents bore the total expenses of family expenditure and they are responsible as bread earners. Research conducted by Meher et al. on the livelihood of Street Vendors in Maharashtra shows a burning issue for the survival in front of many people they entered into the profession of selling essential perishable goods (Meher et al., 2020). In Bangladesh, 70% of the people live from hand-to-mouth, a recent report showed extreme economic fallout due to the COVID-19 crisis among poor Bangladeshi people. More specifically, per capita income dropped by 82% to \$0.32 (US) in early April from \$1.30 in February among individuals who live in slums compared to a 79% reduction among

rural poor people, i.e., \$0.39 down from \$1.05 (Kamruzzaman, 2020).

In response to identifying the main factors that laid the respondents anxious, the majority of the respondents (52.94%) expressed the high price of the daily necessary goods and (49.41%) reported they were getting afraid of the future upcoming economic insecurities. Precarious work appears as a more accelerating factor in increasing human stress during the lockdown. The economic or financial related stress, and stress in the fear of losing jobs, which are closely linked with the respondent's profession, For instance, 17.65 percent of the respondents experienced a job loss or lost the sources of income, 20.59% of respondents expressed they were suffering from inadequate food to provide his/her family along with himself/herself. Tsujiuchi et al. also found Individuals whose livelihood and ability to obtain food and shelter have been diminished may suffer long-term consequences of this pandemic (Tsujiuchi et al., 2016). This is the direct negative impact of lockdown, Developing countries are the worst victim of the global economic crisis; it has deprived labor workers snatching their daily livelihood and decreases agricultural activities (Parvin, 2020). Mucci et al. reported unemployment, staff reduction, and wage minimization, are linked with mood disorders, anxiety, depression, dysthymia, and even suicide (Mucci et al., 2016). Naser et al. have shown that Individuals' physical performance, as well as immunological stability, are somewhat correlated with psychological states (Naser et al., 2020). Poor mental health is associated with reduced adherence to physical health interventions (Kotov et al., 2016). Bangladesh decided to keep all the educational institutions closed from 17 March and still now it is ongoing. The E-learning system is not adequate. Students with fewer facilities (i.e., abundance internet service costs, proper internet connection available in the residing village, having devices to be connected with live classes, etc.) can be potential mental distress mediating factors (Islam, Bodrud-Doza, Khan et al., 2020). WHO estimates approximately 15 million people are suffering from various mental illnesses in Bangladesh. In Bangladesh, the case of growing mania to suicide has increased significantly amid the unprecedented COVID-19 crisis (Alam, 22 August 2020b). Academic loss/hamper in education to the child of the respondents was observed as tension arising factor while lockdown, 21.76% of the total respondents said the same, which illustrates the relationship between their children's future career and their anxiety, which creates stress in the respondent's life.

The data shown in questions number 4 and 5, reveals that *the majority* of the respondents (65.29%) went to work and almost all of them (82.35%) felt *the panic* of being affected while working outside. THE WORLD PSYCHIATRIC ASSOCIATION (WPA, 2020) focuses that people who are more vulnerable owing to decreased quality of life across nations and occupations (e.g., healthcare professionals to general people). Historic inequities driving chronic disease rates in people of color, poverty, and health literacy may play a role in differential rates of infection and death. Individuals whose livelihood and ability to obtain food and shelter have been diminished may suffer long-term consequences of

this pandemic, and those with pre-existing mental health disorders may be at increased risk for developing post-traumatic stress disorder or suicidal ideation (WPA, 2020; Pappa et al., 2020).

Many people were not enlisted for VGF (*Vulnerable group feeding*), VGD (*Vulnerability group development*) card as their income was not as poor as per criteria, but the coronavirus has made compelled to get some aids, 41.18% of the respondents stated that they had not any card. While about half (47.65%) number of the respondents need not have any of the VGD and VGF card as their income was quite handsome. The data regarding the received number of incentives are quite satisfactory, (31.17%) of the respondents informed that they received monetary or food incentives during the lockdown. Around half portion (43.53%) of the respondents reported they had struggled with a financial crisis during the lockdown. This survey shows a high prevalence (30.59%) of sleep disturbance during the COVID-19 outbreak. Studies on the Italian population showed a 57.1% prevalence of sleep problems with 32.1% anxiety disorders, and the Bangladeshi population showed a high prevalence (33.24%) of sleep disturbance and anxiety (26.95%) during the COVID-19 outbreak, respectively (Ara et al., 2020). Another study found that losing a job has been considered as an adverse economic effect of COVID-19. Perception regarding the risk of getting infected and anxiety triggered the chance of developing sleep disturbance. The sleeping schedule is also found as a risk factor for sleep disturbance (Casagrande et al., 2020; Ara et al., 2020). In another section of the respondents stated they were getting fatigued quicker. The Majority of the respondents (57.65) agreed that they felt less interest or reluctance of working. 24.12% illustrated their feeling that they were feeling like not able to help their family to protect with food basic needs. These consequences of the pandemic will reinforce existing structural inequalities including health inequalities, thus the communities may have to pay a mental health cost in the long run than the virus itself (The University of Auckland, 2020, Depoux et al., 3 April 2020).

5. Conclusion

This study tried to depict the mental states of the income-earner of the lower-middle-income family as well as the socioeconomic crisis due to the COVID-19 pandemic in Bangladesh. The lockdown exacerbated the general public's anxiety. It is found that with reduced income, respondents were afraid of the possible high pricing of daily commodities, though the Bangladesh government handled it sophisticatedly. Future upcoming economic insecurities, the brunt of losing jobs or work, family members, and the chance of getting infected during working outside disrupted the respondents sleeping cycle, stamina, digestrics systems. However, people are suffering from depression, not for being tensed of his/her own, but due to providing food for family and the insecurity in academic life or career of their children. Pandemics united us in terms of global responses. Bangladesh, is trying to be more medically prepared to deal with this

COVID-19 outbreak, having better medical technology, appurtenances, work-force allocation, and training. It is pivotal to induce and monitor a time-oriented policy with psycho-social ramifications that can mitigate the fragility of psychological stress. We suggested intervention strategies by strengthening the psycho-social defense to nurture the public mental health of Bangladesh.

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Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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