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Find out the lack of healthcare concerns of mass populations and the local government during the epidemic in rural area: a study on Basail Upazila, Tangail, Bangladesh

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Abstract

The COVID-19 pandemic produced by SARS-CoV-2 has seen a rapid increase in the number of infected people, and a high fatality rate, making it a global public health issue. If any country wants to control the virus, then those country's government need to focus on everywhere in the country to maintain social awareness. The local government should be informed highly to be aware of the COVID-19 virus in people in rural. This study found that most of the rural areas people do not like to follow the social distancing. The local government should be careful about these things. This study aims to find the lack of healthcare concerns of mass populations in the rural areas of Bangladesh. Appraise the preparatory measures taken by the government during the epidemic, and finally, this study highlighted the present scenario of Social awareness of rural areas people. This study will help the Government of Bangladesh (GoB) find out their lack of health concerns to control the COVID-19 virus spreading and maintain Social awareness in the rural areas people.

Keywords: Present scenario, social distancing, rural area, COVID-19, Bangladesh.

Introduction

Outbreaks of Covid-19 were first reported in late December in Wuhan, Hubei Province¹. Since January 2020, many Chinese provinces have reported many suspected virus cases. Strict public distance, movement restriction, interaction tracking, environment decontamination then other approaches were applied to reduce widespread. The Covid-19 pandemic caused by SARS-Cov-2 shows a rapid increase in the number of infected patients with significant death rates; Covid-19 is becoming a global challenge for the people and every government sector¹.

The WHO has posted recommendations for public healthcare and social measures within every place to the context of Covid-19. It protected all job or place standards and particular standards for employment and paintings at medium hazard and excessive hazard. The recommendations of WHOs are taking preventive measures for all offices and homes. Such as hand hygiene, breathing hygiene, physical distance (keeping off direct physical touch via way of hugging, touching or shaking hands), decreasing paintings-associated tour, and management in any other case and regular environmental hygiene. And disinfection, volatile communication, education, and dealing with human beings in this situations also, place of job and paintings-particular measures at mild hazard consist of typical cleansing and disinfection (WHO) of often touched gadgets and surfaces². In locations wherein a physical distance of one meter cannot be maintained for any unique pastime, all feasible

mitigation measures ought to be taken to lessen the hazard of contamination among employees, or customers, contractors and with stagnant visitors. along sports, face-to-face communication, running facet via way of means of facet without confronting employees or confronting every different, and hiring employees with inside the equal shift groups to restriction social communication. Towards the end of February 2020, other countries reported increasing infections, with an epidemic trend in China declining. WHO declared the virus an epidemic on March 11, 2020, considering the spread worldwide³. Although the number of confirmed cases has increased since June 2020, the overall epidemic in China has been less⁴.

Moreover, there was a weak response in the early stages of the healthcare system, which was under additional pressure due to inadequate healthcare facilities. As a result, the epidemic has severely affected most of the areas in Bangladesh, especially the economies, agriculture, education, and healthcare sectors. Therefore, concentrating on the health service delivery method, maintaining social distances, and other necessary precautions may boundary of widespread to infections plus helps reduce the epidemic's cruelty. But in the rural area of Bangladesh, it was a challenge for rural people in maintaining social distance in pandemic time.

Methodology

The survey was conducted in Basail, Tangail, Bangladesh. This study followed qualitative and quantitative approaches, and my

data were secondary and primary sources and structured methodological questionnaires. I was used simple sampling for my data. The Covid-19 epidemic will be the most influential health crisis in this era, forcing researchers to discover innovative ways to collect public health information on time effectively. This study's respondents were 102. These qualitative studies are conducted in the present situation and analyze the data from rural areas (Basail, Tangail, Bangladesh). The survey data are analyzed mathematically as range and percentage. The analysis calculation was done by following this formula, Percentage = (Part of respondents /Total respondents) *100%, and using Microsoft excel. The data collection method was followed by observations and analyzed qualitatively. Some computer software, such as Microsoft Word and Microsoft Excel, was used to present this research and survey data.

Literature review: The coronavirus (COVID-19) epidemic is a big problem for every country. The government has formulated policies to control the behaviour and social habits of the people everywhere, including managing the spread of the COVID-19. In particular, citizens worldwide are strongly encouraged to engage with "social distance"⁵. Supplementing others to control measures, like cleanliness plus extensive test, is vital to reduce the additional demand for social distance exhaustive healthcare facilities and make sure actual treatments for every suspended person⁶.

The Central government of Bangladesh announces to Disease Control and Prevention encourages everyone to stay home and avoid unnecessary travel. If you have to go out in public for essential things, practice social distance, i.e., maintain a physical space around you: keep at least 6 feet away from others, stay away from crowded places. Practically connect with loved ones via phone and video calls, text, or social media. During the pandemic, developed countries have used advanced tracking systems to support communities, model the problem, and provide adequate solutions⁷. In America, common seems that broadly involved with the people's social distance⁸. However, significant inequality was detected, which suggested it few individuals agreed much a lesser amount than others, which is established as a result of a protest against the lockdown order at the capitals of many U.S. states⁹.

A Stanford published research establishes that 4 in 10 American people were incompletely not abiding by public distance recommendations in mid-March 2020^{10} . However, a leading general cause of disobeying commands existed the need for unskilled labour (28.2%). Other explanations include concerns nearly mentally plus physically good (20.3%), believing others precaution, like hands wash, is necessary (18.8%), Willingness towards carrying on daily actions (13.9%), plus believes communities are overdramatizing (12.7)¹¹. Equally, The Gallup polls from April 2020 showed that an insignificant minority of American people are kept like to gathering (11%) even they do not avoid affected area (1%) or travelling (22%)¹². The Imperial College London Covid-19 Response Team began collecting data

in mid-January 2020 to understand the epidemic in China. Together with the volunteers, the Imperial Team made considerable efforts to collect aggregated data and individual patient data from publicly available, national and local situation reports published by health authorities in China. Particular case or death reports were considered essential for informing those diagnosing the severity of the disease and death at the time of the epidemic¹³. Still, when new cases overgrew, the report was scattered and impossible. Alternatively, aggregate notices for the case plus contact are reachable plus records like standard design through most Chinese cities.

Corona viruses are present as mainly hostess animals beforehand. They are transmitted to people¹⁴. The epidemic is thought to have been invented in Wuhan, China, where animals containing bats and live Snakes were traded illegally¹⁵. The first case was found on 8-12-2019 in Wuhan¹⁵. Within a few days, some others also confirmed the cases of countries closest to China, like Thailand, Russia, and Vietnam¹⁶. After that, the European committee confirmed the virus patient on January 24, and South Africa confirmed the virus on February 14 respectively¹⁷. Isolation refers to the separation of people with an infectious disease from others that are not infected. For confirmed cases, quarantine at hospitals setting generally occurs below the supervision of the health profession.

Consequently, everybody needs to participate honestly and truthfully for health care providers from society to cure the disease so that the whole epidemic can be avoided. Thus, the local government's role and responsibilities are applying and controlling social distance in epidemic time, the first and foremost issue of government and public administration. During the lockdown, Bangladeshi citizens face mass intimidation, which is usually the result of wrong information spread on various media platforms. This research was conducted in the Basil, Tangail, Bangladesh. In this paper, we tried to find my objective according to the present situation of the rural regions.

| Variables | Count (n) $(n = 102)$ | Percentage (%) |
|--|-----------------------|----------------|
| Avoid personal contact | 21 | 0.21 |
| Wash hands more often | 37 | 0.36 |
| Using mask (cover nose) | 15 | 0.15 |
| Avoid travel to the suspected location | 92 | 0.9 |
| Keep away from visit wet markets | 28 | 0.27 |
| Keep away from sea food | 15 | 0.15 |
| Keep away to use Chinese products | 12 | 0.12 |
| Keep away from vegetarian food | 0 | 0 |
| Have no idea | 4 | 0.04 |

This study found that from Table-1, 20.59% of respondents said that they avoid personal contact, 36.27% of respondents said that wash hands more often, 14.71% of respondents using mask (cover nose), 90.20% of respondents avoid travel to the suspected location, 27.45% of respondents keep away from visit wet markets, 14.71% of respondents keep away from sea food, 11.76% of respondents keep away to use Chinese products, 0.00% of respondents keep away from vegetarian food, 3.92% of respondents have no idea personal protection measures.

| Table-2: | Personal | protection | n measures. |
|----------|----------|------------|-------------|
| | | | |

| Variables | Count (n) (n = 102) | Percentage (%) |
|-------------------------|------------------------|----------------|
| Supportive treatment | 9 | 0.09 |
| Just keep yourself safe | 25 | 0.25 |
| Vaccination | 0 | 0 |
| Have no idea | 68 | 0.67 |

This study found that from Table-2, 8.82% of respondents said that Supportive treatment available for COVID-19 patient in the rural area. 24.51% of respondents said that just keep themselves safe. 66.67% of respondents said that they do not have idea about treatment available for COVID-19 patient. Still Vaccines are not available in the rural area.

Table-3: Measures to preparation to control Corona Virus in the rural area.

| Variables | Count (n) (n = 102) | Percentage (%) |
|---|------------------------|-------------------|
| Keep distance to public gatherings and travelling to suspicious areas | 13 | 0.13 |
| Use sanitizers, masks, house cleanup things in current times | 36 | 0.35 |
| Preserving food hygiene | 6 | 0.06 |
| Kept using and essential things in the house before lock down | 38 | 0.37 |
| Prepare to go clinic instantly in case necessary | 20 | 0.2 |
| Don't know | 24 | 0.24 |

This study found that from Table-3, 12.75% of respondents are maintaining Keep distance to public gatherings and traveling to suspicious areas, 35.29% of respondents use sanitizers, masks, house cleanup things in current times. 5.88% of respondents preserving food hygiene. 37.25% of respondents Kept using and essential things in the house before lock down. 19.61% of respondents prepare to go clinic instantly in case necessary. 23.53% of respondents don't know about preparation to control Corona Virus.

| Variables | Index | |
|-------------------------|-------|--|
| Public Sector Hospitals | 4000 | |
| Registered Doctors | 86800 | |
| Registered Nurses | 20000 | |
| Population per doctor | 1847 | |
| Peoples for one nurses | 10000 | |
| Peoples for one bed | 1000 | |
| | | |

Table-4: The statistics of Healthcare capacity of Bangladesh¹⁸.

This study found that from Table-4, 4000 public hospitals have in Bangladesh, 86,800 registered doctors, 20000 registered nurses 1,847 population per doctor, 10,000 peoples for one nurses, 1000 peoples for one bed.

Respondents' awareness about self-protection preparation to control Corona virus is shown in Table-1. Most of the interviewers, 66.67% do not have any idea about treatment for the rural area. 8.82% reported supportive treatment, and 24.51% self-awareness is the alternative treatment for them. 0.00% of vaccination done in the rural area is thinkable, and 66.67% don't have any idea about COVID-19 treatment. The most crucial individual safety follows assumed through contributors were hand washing (36.27%), Don't visit the suspected area (90.20%), wearing masks (14.71%), and avoid visiting wet markets (27.45%). Significantly, however, 14.71% of contributors believe in keeping away from seafood, 11.76% prefer to keep away to use Chinese products, plus 3.92% have no idea of accurate stoppage approaches. About partial of the contributors, 33.33%, reported that contributors were asked for additional knowledge about Corona Virus. Most of the interviewees felt they avoided traveling to a market, public gathering, as a suspicious alternative location 12.75%, plus 35.29% wore a mask that time they go out plus increasing to the usage of sanitizer plus house cleanup things in current times. Few of the respondents, 5.88%, maintained food hygiene more than once per day. Nevertheless, it can be estimated from the survey that a significant percentage of participants do not find the necessary security measures, visit crowded places, and do not wear masks when leaving the house.

Results and discussion

Finding: In the rural area of Bangladesh, Corona virus is a socially concerned subject of citizens' healthcare. This disaster had generated fear, racialism, and distrust in instances that have no longer been officially confirmed as an alternative in a few reported cases. Conversely, the difficulties also suffering this have befallen in the rural area for the period of the epidemic situations.

Media portals have sent significant updates to a wide range of people, negative consequences have been provoked. For example, even before the first case was announced from Bangladesh, the mass panic was apparent: breaking family ties⁸. During the lockdown, Bangladesh also faced terror, terrorism, social stigma and hatred. Mass intimidation usually results from fake information and exaggerations spread on various societal broadcasting in rural area.

The embodiment of the WHO-recommended social distance is complex in difficult areas, especially in marginalized populations¹³. In a populous country like Bangladesh, it is tough to impose strict social isolation. Many reasons include the closeness to the citizens of rural areas, absence of health concerns, insufficient formulation. Obeying enough ways are significant challenges for citizens to share general kitchens, washrooms and lobby. In our country, 38.3 percent of people are economically running employers, a massive amount of daily basis salary of employers are facing a challenging situation in the epidemic, in addition, some garment factories, the second-largest garment supplier in 2015, with revenues of 29 billion, were a significant barrier against social distance¹³.

The BRAC survey (March 31-April 5, 2021) published that approximately 0% of interviewers are not concerned with transmission prevention⁷. Despite the lockdown, many were breaking the rules. Garment workers have taken to the streets to receive their unpaid wages. Surprisingly, about one million citizens celebrated the Muslim festival without maintaining social awareness¹⁹. On the Covid-19 front, Bangladesh faces multiple significant challenges. Peoples are not concerned about coughing hygiene. Arms hygiene is also questionable. According to current information of the Bangladesh health investigation, around 85 percent of Bangladeshi not clean their hands by using washing liquid who live in slums, plus 41 percent of women who live in rural areas only use water to wash their hands⁷. People have resisted screening and choir antennas with impunity. Awareness of the disease is not very well, and the more affluent and more lettered part of the people since the nationwide lockdown was called by the health ministry before the big Muslims celebration. Which was great prosperity, but most people do not care about anything and Celebrate without concern of social distance. Hence, the lockdown was not very effective.

Inducting social distancing is challenging in rural areas of Bangladesh; 62.6% of the populations who live in rural areas depend on agriculture and their rabi harvest season is April and May, Before the three weeks of social distancing fixed on March 25¹³. Actual example kept expected figure about the patient of Bangladesh among 3 lakhs, plus 5 lakhs with the closing of July, requiring 3 lakhs (10%) hospice talisman, 5 lakhs need recovery, 30 thousand critical care and 2 thousand demises¹⁷. Afterwards of social distancing, figures are expected on account of a drop with 80%, by 1 million ventilator support requiring extreme care. There are only 20000 ventilators in

Bangladesh. Even by the end of March 2021, Bangladesh had an unusually high rate of population testing per million, and that test rate will increase dramatically.

Discussion: Healthcare employees and noticeably knowledgeable human beings have a higher knowledge of the sickness in the study area. Than their counterparts, and even though all organizations have proven nearly identical expertise of the underlying sickness data, there may be a clean difference in a few instances, including sickness complications, excessivehazard populations, personal safety, and getting admission to treatment. But Only 21.56% of knowledgeable respondents are aware of the COVID-19 excessive hazard of contamination in the study area. In a few instances, misunderstandings among healthcare employees have caused the availability of essential treatment. State Transit Assistance has behind schedule manipulation, ensuing in a speedy unfold of contamination with inside the medical institution and endangering the lives of sufferers.

Surprisingly, in the study area few respondents (3.92%) had been ignorant of any practice. In general, this study found that healthcare employees don't have sufficient of ready themselves to combat in opposition to Covid-19 in the rural areas. But they are wholly organized to cope with the epidemic situation; spreading consciousness is the first-rate countrywide choice to prevent its unfolding diseases. However, there is no different manner to train residents no longer to interact in any pastime that might be a part of their problem. Instead, they ought to be advocated to be a part of the solution. As we already know that Vaccination can decrease the range of the virus, then increase treatments effects in the best effective way (WHO). Current Government of Bangladesh's committed to citizens they will done vaccinations everywhere. But there 0.00% vaccination done in the study area.

The present study also discovered that adherence to healthcare policies changed into critically hampered, including 14 days of isolation and keeping social distance. There has been relative indifference amongst returnees that the authorities have didn't observe the above three measures from the outset. It has probable now no longer be viable to display and check this extensive wide variety of returnees in this sort of brief time frame with a 14 days' isolation via authorities' management. Even the returnees failed because of the loss of human resources and the device to preserve the executive shape and preparations that required the returnees to have an obligatory 14-day separation way of their very own home. Healthcare authorities have now no longer existed capable of utilizing such stress at the humans. All those returning migrants now no longer realize whether or not they're sporting Covid-19 by themselves, their emotional state, over self-confidence as an alternative maybe diverse kind of misinformation are stopping themselves to maintaining with their healthcare policies.

The rural areas people said that following the 14 days of quarantine is a big challenge for them and their mental health. So that the people are not following healthcare policies in the rural area, the additional crucial problem is constructing their circle of relatives lodging and other infrastructure for those migrants in this sort of manner that it's far nearly not possible for them to conform with the healthcare policies for 14 days. As the superiority of Covid-19 is unexpectedly increasing, crossing borders and spreading throughout continents, it's been categorized as an "epidemic" inflicting destruction and melancholy amongst all nations. This new viral contamination succeeds in growing instability, confusion and worry in humans. The strong point of this contamination is that it indicates minimal signs and symptoms at first, and lots of do now no longer realize that they're inflamed.

It no longer results in any critical adjustments or indicators with inside the inflamed individual to search for remedy at an early stage. When inflamed humans recognize that they're inflamed, they can unfold the ailment to an extensive wide variety of humans without their understanding and with none outside purpose. Therefore, the primary and most vital approach to win the battle towards Covid-19 is to forestall the unfold of the ailment amongst humans efficiently.

According to the Table-4, Public Sector Hospitals (4000) and Doctors (86,800) had been capable of correctly speaking to individuals to apprehend and apprehend the sorts and levels of contamination. They look at similarly observed that a few humans confirmed little or no self-belief in social media and different manner of communique inclusive of television, newspapers, posters, etc. They couldn't start with trust or take delivery of the reality to unfold to them. Probably a component as to why such a lot are reluctant to observe the pointers furnished through this channel. Its loss of attractiveness should boost up the unfold of the disorder the various public. We have a look at observed that humans with Health Care Worker, and better academic backgrounds (undergraduate or better) had been extra privy to the signs and headaches of Covid-19. It unfolds from individual to individual via droplets, feco oral and direct touch and has an incubation length of 2-14 days.

The majority of individuals 87.5% noted human-to-human communique because of the number one reason for Covid-19 transmission contamination. They knew that the contamination turned into associated with breathing infections and that dry coughs should reason a few trouble respirations with excessive temperatures. In addition, it could result in pneumonia, organ failure and death. Covid-19 induces those signs after those long periods, even though in a few instances. Also, Health Care Workers observe the scenario within side the location and nations concerning the quantity of inflamed and new models suggested daily in all likelihood, allows them to be bodily organized to deal with the scenario by obtaining the vital matters had to address the disorder. It could also assist them in being mentally organized. They had been privy to social

distance, hand hygiene, mask and keeping off travel. These are the favored activities in rural areas, which can be predicted to be practiced strictly to prevent the unfold of the disorder (WHO).

Conclusion

Recommendations: We got some recommendation for local government through our present study: i. Should talk about shutdown to reduce needless societal contact, ii. Should improve the structures like quarantine zones, medicals, plus isolation services. iii. Should motivate the healthcare related employee to communicate with patient decently in the rural area. iv. Should ensure vaccination in the Basail, Tangail, Bangladesh, v. Should more motivate citizen to maintain social distance. vi. Should take action to the people who spread misinformation in the rural area. vii. Should serve actual information to the citizens. viii. Should check people's temperature every day and take action against peoples gathering. ix. Should improve instant quarantine system for suspected people.

This study found that most of the rural areas people do not like to follow the social distancing. The local government should be careful about these things. The Covid-19 epidemic will be the most influential health crisis in this era, forcing researchers to discover innovative ways to collect public health information on time effectively. This study aims to find the lack of healthcare concerns of mass populations in the rural areas of Bangladesh. Vaccination can decrease the range of the virus, then increase treatments effects in the best effective way. But the people are not satisfied on government about Vaccination topic.

Conclusions: This study understands the situations of the rural area of Bangladesh and that there is a great way to reach a higher level of a bad condition of the epidemic in the upcoming year. This large inflow of returnees might together extent the cases in the rural area. The entrance borders of Bangladesh, since wherever people enter to their home, then the types of transportation people move toward in communicate using, stand predictable with increasingly reaching all over the country. In the end, this research shows the present situation of strength and health care in rural areas, such as people's density points out in the study.

And it might control to a baneful widespread of the virus; it can exist extra intense to compare with another nation. Hence, the present research paper thinks those things are most essential to ensure to take comprehensive policy instantaneous and control the activity of rural areas peoples fully for a certain length of time. Entire ranges in that place may remain the warfare to get over the worldwide monetary disaster within the upcoming days.

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References

- 1. Xinhua (2020). Timeline of China's fight against the novel coronavirus. [Accessed 2 June 2020].
- 2. Ahmed, N., Rony, R. J., & Zaman, K. T. (2020). Social distancing challenges for marginal communities during COVID-19 pandemic in Bangladesh. *Journal of Biomedical Analytics*, 3(2), 5-14.
- **3.** Baker, A., & Renno, L. (2019). Nonpartisans as false negatives: the mismeasurement of party identification in public opinion surveys. *The Journal of Politics*, 81(3), 906-922.
- Barari, S., Caria, S., Davola, A., Falco, P., Fetzer, T., Fiorin, S., ... & Slepoi, F. R. (2020). Evaluating COVID-19 public health messaging in Italy: Self-reported compliance and growing mental health concerns. Med Rxiv.
- Bank, B. (2020). Wage earners' remittance inflow. Bangladesh Bank's website, Government of https://www.bb.org.bd/econ
- 6. Bosman, J., Tavernise, S., & Baker, M. (2020). Why these protesters aren't staying home for coronavirus orders. The New York Times, 23.
- Bogoch, II, Watts, A, Thomas-Bachli, A, Huber, C, Kraemer, MU & Khan, K. (2020). Pneumonia of Unknown Etiology in Wuhan, China: Potential for International Spread Via Commercial Air Travel. *Journal of Travel Medicine*, 27(2), 1-3.
- **8.** BRAC, B. (2020). Rapid perception survey on covid 19 awareness and economic impact.
- Chen, P., Mao, L., Nassis, G. P., Harmer, P., Ainsworth, B. E., & Li, F. (2020). Coronavirus disease (COVID-19): The need to maintain regular physical activity while taking precautions. Journal of sport and health science, 9(2), 103.
- Gilbert, M., Pullano, G., Pinotti, F., Valdano, E., Poletto, C., Boëlle, P. Y., ... & Colizza, V. (2020). Preparedness and vulnerability of African countries against importations of COVID-19: a modelling study. *The Lancet*, 395(10227), 871-877.
- **11.** Lee, V. J., Chiew, C. J., & Khong, W. X. (2020). Interrupting transmission of COVID-19: lessons from

containment efforts in Singapore. *Journal of travel medicine*, 27(3).

- 12. Lunn, Peter D., Shane Timmons, Cameron A. Belton, Martina Barjaková, Hannah Julienne, and Ciarán Lunn, P. D., Timmons, S., Belton, C. A., Barjaková, M., Julienne, H., & Lavin, C. (2020). Motivating social distancing during the Covid-19 pandemic: An online experiment. *Social Science & Medicine*, 265, 113478.
- **13.** Mannan, D. K. A., & Fredericks, L. (2015). The New Economics of Labour Migration (NELM): Econometric Analysis of Remittances from Italy to Rural Bangladesh Based on Kinship Relation. *International Journal of Migration Research and Development*, 1(1).
- 14. McCarthy, J. (2020). Social distancing efforts have cemented into US Life. *Updated April*, 13.
- **15.** Marchand-Senécal, X., Kozak, R., Mubareka, S., Salt, N., Gubbay, J. B., Eshaghi, A., ... & Leis, J. A. (2020). Diagnosis and management of first case of COVID-19 in Canada: lessons applied from SARS-CoV-1. *Clinical Infectious Diseases*, 71(16), 2207-2210.
- 16. Verity, R., Okell, L. C., Dorigatti, I., Winskill, P., Whittaker, C., Imai, N., ... & Ferguson, N. M. (2020). Estimates of the severity of coronavirus disease 2019: a model-based analysis. *The Lancet infectious diseases*, 20(6), 669-677.
- 17. WHO (2020). World Health Organization. URL https://www.who. int. N.p., 2020 [Accessed 22 may 2021].
- **18.** Ministry of Health and Family Welfare (2022). Government of the People's Republic of Bangladesh. www.mohfw.gov.bd
- **19.** Wu, Z., & McGoogan, J. M. (2020). Characteristics of and important lessons from the coronavirus disease 2019 (COVID-19) outbreak in China: summary of a report of 72 314 cases from the Chinese Center for Disease Control and Prevention. JAMA, 323(13), 1239-1242.
- **20.** Guo, Y. R., Cao, Q. D., Hong, Z. S., Tan, Y. Y., Chen, S. D., Jin, H. J., ... & Yan, Y. (2020). The origin, transmission and clinical therapies on coronavirus disease 2019 (COVID-19) outbreak–an update on the status. *Military medical research*, 7(1), 1-10.