Public Awareness during COVID-19: A Study on Barishal Division, Bangladesh

by

Md. Sohrab Hossen[1]

Department of Public Administration, University of Barishal, Bangladesh
Email: sohrabhossenbu@gmail.com

Md. Obaidullah

Department of Public Administration, University of Barishal, Bangladesh
Email: buobaidullah@gmail.com

Md. Mobarak Hosen

Department of Public Administration, Jagannath University, Dhaka, Bangladesh
Email: mobarakro96@gmail.com

Abstract

COVID-19 is a deadly virus originating in China that has rapidly crossed borders and is infecting people all over the world. The best ways of preventing this virus are to know about it and act accordingly. A poor understanding of the disease, as well as a lack of awareness among the general people, may implicate the rapid spread of infection. The study aimed to investigate the knowledge and awareness of mass people in the Barisal Division of Bangladesh about COVID-19. Firstly, in this paper, the basis for the study is set through a review of literature, rationality. Both are compiled in the introduction part. Afterward, we discussed the objectives and limitations of the study. We have used a quantitative approach and survey method for this study. The study has found a lack of awareness among people. Such as, 31.7% of people have a good knowledge of Covid-19, 42.6% of people have no such knowledge. We have finally proposed several ways to raise people's awareness about COVID-19.

Keywords: COVID-19, Public Awareness, Pandemic, Coronavirus, Barishal Division

Introduction:

The world is going on acute crisis due to the COVID-19 pandemic. Most of the countries are suffering from this. All the financial, social, and cultural activities have been stopped. The world has been facing an unprecedented crisis causing thousands of deaths by COVID-19 across the world. The novel coronavirus has already caused deadly havoc in the world, affecting more than 200 countries (Ahmad et al., 2020). The spread of this epidemic is still on the rise. On 11th March 2020, The World Health Organization, which has officially announced the outbreak of a pandemic, has called on "all countries to continue efforts that have been effective in limiting the number of cases and slowing the spread of the virus (Rettner, 2020).

This mysterious virus supposedly emerged from Wuhan, China in December 2019 (Giannis et al., 2020). Has been finally given an official name as "SARS-CoV-2" by the International

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[1] Corresponding author

Committee in Taxonomy of Viruses (ICTV) for its role to cause severe acute respiratory syndrome. Genetic sequencing of the virus suggests that SARS-CoV-2 is a beta coronavirus closely linked to the SARS virus. COVID19 patients may be asymptomatic or progress flu-like symptoms, with fever, dry cough, tiredness, and shortness of breath (Coronavirus Disease 2019 (COVID-19) – Symptoms, 2020). The first symptom reported on 1st December 2019. At that time there was no solid evidence of human-to-human transmission until January 10th, 2020 and finally, an official announcement come out on 20th January 2020 (Zhang et al., 2020). However, the world has prior experience of outbreak disease. The SARS virus in 2003 in China and 2004 caused a total of 7429 reported cases and the death toll was 685 (Smith, 2006). Without this SARS virus, the respiratory syndrome of MERS was found in 2012. The MERS was reported in gulf countries in 2014 and to date, it has reportedly infected 837 people and killed 291 people globally. (World Health Organization, 2020). After the virus is identified in China, the new virus named 2019 novel coronavirus (2019 – nCoV). Officially the novel coronavirus named Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Hu et al., 2020). Day by day viruses is increasing in China and spreading out from country to country. As the virus is highly contagious, it tremendously spread out to different countries. Greater consciousness among people could help slow transmission of these virus-like maintain hygiene, wearing masks, reduce interpersonal contact and enforce quarantine measures. It is important to know public awareness during COVID 19, which helps you to measure the condition of countries. Because it is a significant matter that public awareness can help mitigate the spread of the virus.

At the time of MERS study showed that a higher level of proper hygiene practice among participants reduced the probability of infected the virus (Almutairi et al., 2015). As the technology has developed and the majority of the countries are cover it, they can know everything wherever occurred anything. At the time of the outbreak in Wuhan, most people search the term coronavirus symptoms on google afraid of being infected by COVID 19. The most relative search terms coronavirus in the UK, USA, and Canada where people are concerned about the epidemic of their own countries (Hu et al., 2020). If we see the early time of the corona pandemic in India most of the educated and health professional is aware of this infection. Possible preventive measures, the importance of social distance, and various government initiatives are taken to limit the spread of infection (Bedford et al., 2020). Washing hand frequently, wearing a facemask in outside and maintaining social distance is essential to reduce the spread of the virus in any country.

In google, increased search for facemasks might indicate the increased numbers of people are wearing facemasks but also might result from the short supply of face masks in the corresponding countries which would indicate a few people were wearing facemasks. The increased search for wash hands would simply indicate more people engaged in hand hygiene (Lin et al., 2020).

In the developed country in Singapore from January 23 to March 16, 2020, the success probabilities of contact tracing and self-awareness were estimated to be 31% and 54% respectively (Huang et al., 2020). According to the new research of (Huang et al., 2020). Without this the WHO strategic and technical advisory groups for infectious hazard make the following recommendations due to the pandemic of COVID 19 has clearly entered a new stage with a rapid spread in countries outside of China and all members of society must understand and practice measure for self-protection and for prevention of transmission of infection to others: 1) countries need to rapidly and robustly increase their preparedness, readiness and response actions, 2) All countries should consider a combination of response measure public awareness, promotion personal protective,

hygiene, stronger infection prevention and control in health facilities in nursing home and long term care facilities.

Bangladesh is a vast populated and developing country. The country is booming but a certain portion of the population is poor here. The poverty rate in Bangladesh now 20.5 percent and the extreme poverty rate is 10.5 percent (Desk, 2019). Due to the coronavirus pandemic, all the financial activities have been stopped. The government has imposed lockdown in many places. First COVID 19 case has been identified of 3 people on 8 March 2020 (Paul, 2020) and first death has come on 18th March who was more than 70 years old (Maswood, 2020). The number of infected people has been increasing in Bangladesh day by day. The raising the total number of infections to 1, 78,443 (United News of Bangladesh, 2020).

So, the government and other organizations emphasize public awareness. They are trying to promote awareness among people, to wash hands frequently, wear masks, avoid public gatherings, ensure social distance and stay at home. Social distancing is a way that keeps people isolated from meeting friends, peers, or any other person. Jones (2020) defined social isolation as that condition of total absenteeism of contact between people and society. In developed countries, people are well educated and conscious about hygiene as well as self-protection. They have enough equipment and arrangement to make people conscious. In contrast, Bangladesh is a poor nation, and the literacy rate 73.9% here (Alamgir, 2019). The government has not adequate equipment. As it is a lower-middle-income economy with one of the world's densest populations. Social distancing is difficult in many areas of the country, and with the minimal resources the country has, it would be extremely challenging to implement mitigation measures. Whatever consciousness and following WHO advice are essential to limit and reduce COVID 19 disease. In this paper, we attempt to know the extent of Public Awareness during COVID 19 in the Barishal Division of Bangladesh.

Objectives of the study:

     i.   To assess the level of awareness among the people of Barisal division during the COVID-19 pandemic.
     ii.   To explain the extent of knowledge of mass people about this deadly virus
     iii.   To extrapolate some recommendation for increasing awareness

Limitations of the study:

     i.   The researchers have collected data by google Docs questionnaire from online and in offline conducted interviews. But here people have shown their unwillingness to provide data.
     ii.   Offline, the researchers were unable to go to the houses of some people and in this lockdown situation, it was risky to take interviews live.
     iii.   This study is confined within a division of Bangladesh.

Design:

The researchers applied effective methods to collect credible and reliable data and to interpret the information correctly in order to arrive at relevant decisions and conclusions. This research was conducted on the basis of a quantitative approach. They analyzed data in a descriptive way. Data was gathered from different areas of Barisal division through a questionnaire by using

google doc online and interview. The questionnaire was close-ended for the study. For analyzing data the researchers used a google spreadsheet.

Sampling:

In this study, the researchers used a stratified random sampling method, divided by gender and educational qualification. Data has been gathered from different districts of the Barisal division. This research was conducted as part of a larger study examining the awareness of people of the lockdown situation of Covid-19 in the Barishal division of Bangladesh. Data has been collected from 15 June to 30 June 2020. A total of 320 peoples completed the questionnaire both online and offline. But due to validity, the researchers took 300 samples according to the gender and educational background of participants. Among all participants, the male was 66.7% and female 33.3% as shown in Table 1.

Table 1: Stratified Random Sampling Technique

Study Area	Gender	Educational Qualification
Barishal Division, Bangladesh	Male :200	Class five: 50
	Female: 100	Class Eight: 50
		SSC: 50
		HSC: 50
		Bachelor: 31
		Masters: 19
		No class passed: 50
		Total: 300

Analysis of Data:

This study uncovered the extent of awareness among the people of the Barishal division during COVID19. Due to various cultural, geographical, and demographic differences, different types of information were found in the process of taking the data and data analysis step:

i. **Self-assessed knowledge:** This chart (figure 1) shows that only 29 (9.7%) respondents have very good knowledge to prevent the spread of novel coronavirus, 48 (16%) have very poor knowledge, 128 (42.7%) respondents have poor knowledge and 95 (31.7%) respondents have good knowledge.
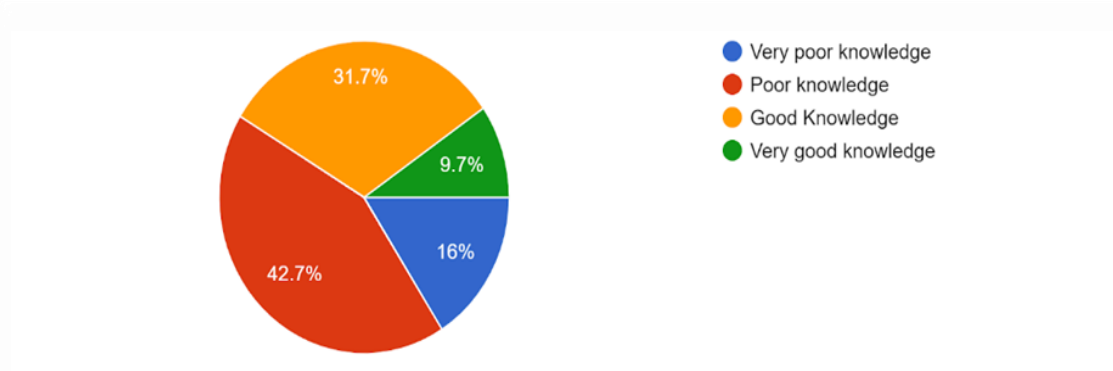

Figure 1: Knowledge of mass people about COVID-19

Then, the respondents were asked about the drug treatment and the vaccine of the novel coronavirus, 186 (62%) respondents answered that there is no drug treatment or vaccine for the novel coronavirus, 43 (14.3%) respondents answered that there is a drug to treat the novel coronavirus, 13 (4.3%) respondents answered that there is a vaccine for the novel coronavirus, 11 (3.7%) respondents answered that there is both a drug for the treatment and a vaccine for the novel coronavirus and 47 (15.7%) respondents answered that they don't know about the drug treatment or the vaccine.

ii.   **Travelling during lockdown period:** When the respondents were asked whether they traveled from one district to another during the lockdown, 163 (54.3%) respondents answered no, and surprisingly 131 (43.7%) respondents answered that they have traveled from one district to another during the lockdown and 6 (2%) respondents answered that they can't remember whether they have been to another district or not.

Then, the respondents were asked whether they traveled from one Upazila to another during the lockdown, Unpredictably 154 (51.3%) respondents said they traveled from one district to another, and 134 (44.7%) respondents answered that they didn't travel during the lockdown and 12 (4%) respondents answered that they can't remember whether they have been to another Upazila or not.

Following by figure 2, they were asked about traveling by public transport, 161 (54.2%) respondents answered that they use public transport, in contrast, 125 (42.1%) respondents said that they do not travel by public transport and try to abstain it
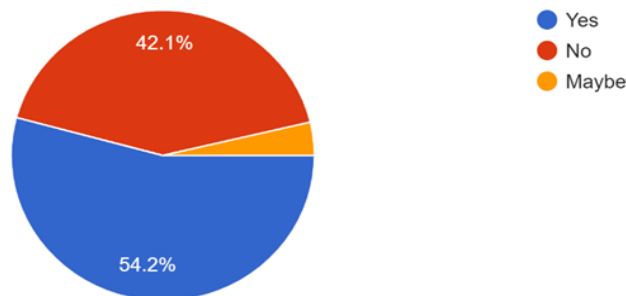

Figure 2: Travelling by public transport
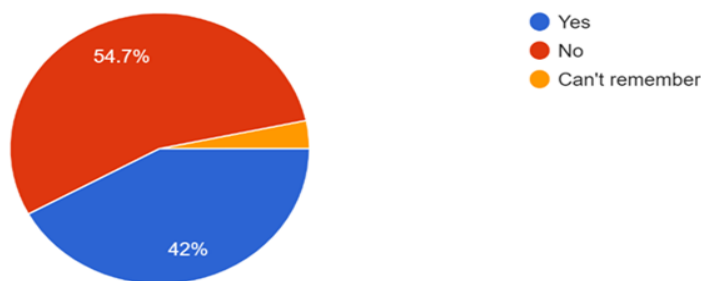
Figure 3: Participating in social event

iii. **Participating in social event:** According to figure 3, Respondents were asked if they participated in any social event, such as weeding, invitation. 164 (54.7%) respondents answered they did not participate in any social event. 128 (42.7%) respondents answered, they participated and 10 respondents said they cannot remember.

iv. **Adherence to preventive measures:** Respondents were asked for their views on whether people in our country should refrain from attending social events right now due to the coronavirus crisis. Then most of the respondents [220 (73.3%)] gave their opinion positively and said of course they should stop participating. 59 (19.7) respondents said no, should not abstain and 21 (7%) respondents said they should probably abstain.

Then, respondents were asked if they think that all but some important stores (market, drug stores, post offices, petrol pumps) should be closed due to the coronavirus crisis. Then, 178 (59.3%) respondents of the total population said yes, they think these should be closed. 75 (25%) respondents said they do not think these shops should be closed to confront this crisis and 47 (15.7%) said, maybe these shops should be closed.
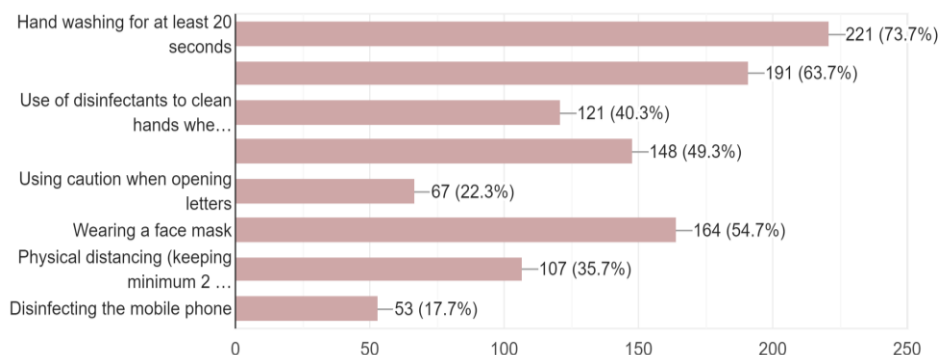
Figure 4: Perception of people about preventive measures of COVID-19

v. **Prevention – own behaviors:** The respondents were asked which measures they have taken to prevent infection from the novel coronavirus. It's evident from the figure 4 that most of the respondents 222 (73.7%) said, they wash hand for at least 20 seconds. 191 (63.7%) of total respondents said they avoid touching their eyes, nose, and mouth with unwashed hands. 121 (40.3%) of total respondents said they use disinfectants to clean hands when soap and water aren't available for washing hands. 148 (49.3%) of total respondents said they cover their mouth and nose when they cough or sneeze. 67 (22.3%) of the respondents said they use caution when opening a letter. Only 164 (54.7%) of the respondents said they wear a face mask. 107 (35.7%) of the respondents said, they maintain physical distancing (keeping a minimum of 2 meters between them and other persons outside their household) and only 53 (17.7%) of the respondents said, they disinfect the mobile phone.

vi. **Willingness to follow government orders:** 130 (43.3%) of the respondents agreed with the statement that they follow the recommendations of the authorities to prevent the spread of coronavirus in our country. 67 (23.3%) respondents strongly

agreed with this statement. On the other hand, 49 (16.3%) respondents disagreed with the statement, and 8 (2.7%) respondents strongly disagreed with the statement. 46 (15.3%) respondents were neutral about the statement.

122 (40.7%) respondents agreed with the statement that they know how to protect themselves from coronavirus and 66 (22%) respondents strongly agreed with this statement. On the other hand, 45 (15%) respondents disagreed with the statement, and 11 (3.6%) respondents strongly disagreed with this statement. 56 (18.7%) respondents were neutral on this statement.

vii. **Willingness to wear a face mask:** 110 (36.7%) of the respondents strongly agreed with the statement that From now on, anyone moving in public areas should be required to wear a face mask. 99 (33%) respondents agreed with this statement. On the other hand, 30 (10%) respondents disagreed with the statement and 13 (4.3%) respondents strongly disagreed with the statement. 48 (16%) respondents were neutral about the statement.

viii. **Knowledge symptoms, treatment:** The respondents were asked about the symptoms of the novel coronavirus. The chart delineates that, 252 (84%) of the total respondents said that fever can be the symptom of the novel coronavirus. 242 (80.7%) of the total respondents said that cough can be the symptom, 100 (33.3%) of the respondents said that Diarrhea can be the symptom and 89 (29.7%) of the respondents said that loss of taste and smell can be the symptoms of the novel coronavirus.

Then, the respondents were asked about the maximum incubation period (i.e., the time from viral infection to developing symptoms of illness) of the novel coronavirus. 160 (53.3%) respondents answered it's up to 14 days, 58 (19.3%) respondents answered that it's up to 7 days, 32 (10.7%) respondents answered that it's up to 3 days, and 50 (16.7%) respondents said that, they don't know (As shown in Figure 5).
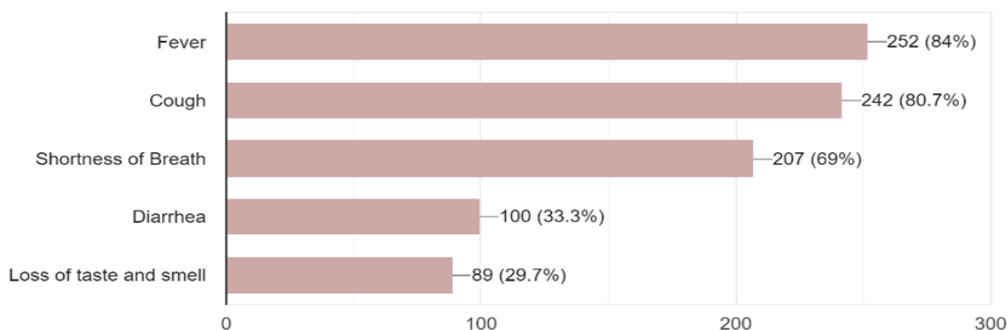
Figure 5: Knowledge for symptoms of virus

Result Analysis:

The people of Barisal Division are somewhat aware of Covid-19 but in most cases they are unaware.

i.   While 31.7% of people have a good knowledge of Covid-19, 42.6% of people have no such knowledge.

ii.   During the lockdown, 54% of people refrained from traveling from one district to another, but 43.7% of people traveled. Similarly, 44.7% of people have traveled from one Upazila to another.

iii.   While 41.7% of people do not travel on public transport, 53.7% use public transport for travel.

iv.   Although 54.7% did not participate in any social event during the epidemic, 42.7% did not refrain from it. 73.3% of people think they should refrain from social participation but 19.7% think they need not.

v.   Though 69.7% of people feel the need to wear a mask, only 54.7% wear it.

vi.   73.7% of people wash their hands for at least 20 seconds but only 35.7% of people maintain a distance of at least 2 meters with people outside the house. Surprisingly, only 17.7% of people disinfect their mobile phones when they return home from outside.

vii.   Only 53.3% know that the maximum incubation period of the novel coronavirus is up to 14 days. 47.7% of people have no idea about this.

Conclusion and Recommendations:

The COVID-19 has already been a major problem for Bangladesh in the last few months, following its arrival in the country on 8 March. In essence, the government has taken many timely initiatives such as diagnosis of suspected cases, quarantine of doubted people and isolation of infected patients, local or regional lockdown, increasing public awareness and social distancing with the announcement of many economic benefits for industries, agricultural production, and daily workers. However, the major findings of the study show that, lack of awareness among the people in the Barishal division. Here, 42.6% of people have no such knowledge about this fatal virus. During the lockdown, 43.7% of people traveled from one place to another within the country. Nevertheless, at that time the daily Covid-19 infection rate in Bangladesh has spiked to 25.23 percent as well as 1 in 4 found infected in 24 hours (United News of Bangladesh, 2020). In public transport, there is no way to maintain social distance (Mahmud, 2020) notwithstanding our study found that 53.7% of people in the Barishal division use public transport for travel. A study by a team of researchers led by a professor at Texas A&M University found that not wearing a face mask significantly increases the likelihood of a person being infected with the COVID-19 virus. So Wearing a mask is essential to prevent coronavirus but only 54.7% of people wear it. Just 53.3 percent know the novel coronavirus' average incubation duration is up to 14 days. 47.7 percent of people don't know. But it is a general knowledge about COVID-19. Few people are aware of this virus. Consequently, this research suggests few policy recommendations to raise people's consciousness about COVID-19.

i.   The government has taken many steps to raise public awareness but these are not reaching the people in remote areas. The main reason for this is that the government has not been able to increase public involvement. In this case, the government should provide online and offline training to the volunteers of various volunteer organizations. Then all these volunteers will be able to work to increase public awareness in remote areas. That means they will be able to campaign by area.

ii.   Local government representatives need to work in a frank way to increase awareness. Many times they can't come to a conclusion for fear of losing popularity. They need to make psychological changes in this case.

iii.   People who have been recovered from the coronavirus can be involved in raising public awareness. Through them, when everyone will know why they were infected and how they recovered, it can play a vital role in raising public awareness.

iv.   All government and non-government organizations need to work collaboratively to increase public awareness. As a result of the lack of collaboration, it is seen that everyone is working in the same area again and again but in some areas, nothing is being done at all. The government can provide incentives for non-governmental organizations that are playing a very good role in raising public awareness.

v.   The government should be strict. In particular, meetings, seminars, human chain,s or markets should be less crowded. The government may set up police checkpoints where public gatherings are more frequent. In this case, if the hygiene rules are not followed, an effective penalty system can be introduced.

vi.   Public transport must be brought under strict control. Before a journey by buses, trains, and launches, it has to ensure that everyone is washing hands and wearing a mask. In this case, the government can give some incentives to bus and launch owners associations. Which will encourage them and public awareness will raise.

vii.   In both the public and private sectors, employees who abide by hygiene factors can be rewarded. Business organizations need to pay more attention to whether their employees are following the rules of hygiene.

viii.   The price of the face mask and hand sanitizer needs to be determined. The government can subsidize here so that people of all levels can buy masks and hand sanitizers.

ix.   Posters and billboards with various religious instructions about the epidemic can be put up in public places.

References:

Ahmad, T., Haroon, H., Baig, M., & Hui, J. (2020). Coronavirus Disease 2019 (COVID-19) Pandemic and Economic Impact. *Pakistan Journal of Medical Sciences*, 36 (COVID19-S4): 1-5. https://doi.org/10.12669/pjms.36.covid19-s4.2638

Alamgir, M. (2019). 100 pc literacy still a far cry. *The Daily Star*. Retrieved December 11, 2020 from   https://www.thedailystar.net/frontpage/literacy-rate-in-bangladesh-2019-100-pc-still-far-cry-1796734

Alassar, N. M. H., Elshafiye, M. A. M. (2020). Remote Diagnosis of Patients with a Smart Device and Mobile Application for the Prevention of Corona Virus 19. *Electronic Research Journal of Engineering, Computer and Applied Sciences*, 2 (2020):1-11.

Almutairi, K. M., Al Helih, E. M., Moussa, M., Boshaiqah, A. E., Saleh Alajilan, A., Vinluan, J. M., & Almutairi, A. (2015). Awareness, Attitudes, and Practices Related to Coronavirus Pandemic Among Public in Saudi Arabia. *Family & Community Health*, 38(4):332-340. https://doi.org/10.1097/fch.0000000000000082

Bedford, J., Enria, D., Giesecke, J., Heymann, D. L., Ihekweazu, C., Kobinger, G., Lane, H. C., Memish, Z., Oh, M., Sall, A. A., Schuchat, A., Ungchusak, K., & Wieler, L. H. (2020). COVID-19: towards controlling of a pandemic. *The Lancet*, 395(10229):1015-1018. https://doi.org/10.1016/s0140-6736(20)30673-5

Coronavirus Disease 2019 (COVID-19) – Symptoms. (2020). Centers for Disease Control and Prevention. Retrieved December 11, 2020 from https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html

Desk, O. F. E. (2019). Poverty rate drops to 20.5 pc in FY19. *The Financial Express*. Retrieved December 11, 2020 from https://thefinancialexpress.com.bd/economy/bangladesh/poverty-rate-drops-to-205pc-in-fy19-1576584018

Effiong, A. I., Nseobot, I. R., Johnny, A. E., Mfreke, U. J., Frank, E. I., Johncally, A. O., Abraham, U. P., Essien, M. O., Ukpong, E. S. (2020). Assessment of Nigerian Television Authority (NTA) Ongoing Programme Awareness Campaigns on Corona Virus in Nigeria. *Electronic Research Journal of Social Sciences and Humanities*, 2(I):130-141.

Elabiyi M. O., Adenola O. J. (2020). Overview of COVID -19 and way forward. *Electronic Research Journal of Engineering, Computer and Applied Sciences*, 2(2020):28-36.

Face masks critical in preventing spread of COVID-19: Study found that wearing a face mask stopped person-to-person spread of the virus. (2020). Science Daily. Retrieved December 17, 2020 from https://www.sciencedaily.com/releases/2020/06/200612172200.htm

Giannis, D., Ziogas, I. A., & Gianni, P. (2020). Coagulation disorders in coronavirus infected patients: COVID-19, SARS-CoV-1, MERS-CoV and lessons from the past. *Journal of Clinical Virology*: 127, 1-14. https://doi.org/10.1016/j.jcv.2020.104362

Hu, D., Lou, X., Xu, Z., Meng, N., Xie, Q., Zhang, M., Zou, Y., Liu, J., Sun, G., & Wang, F. (2020). More effective strategies are required to strengthen public awareness of COVID-19: Evidence from Google Trends. *Journal of Global Health*, 10(1):1-5. https://doi.org/10.7189/jogh.10.0101003

Huang, Q., Wang, L., Yang, Y., Huang, L., Du, Z., & Xiao, G. (2020). CoVID-19 in Singapore: Impact of Contact Tracing and Self-awareness on Healthcare Demand. *MedRxiv*, 1-2. https://doi.org/10.1101/2020.06.04.20122879

Iwuoha, J. C., Jude-Iwuoha, A. U. (2020). Covid-19: Challenge to SDG and Globalization. *Electronic Research Journal of Social Sciences and Humanities,* 2(III):103-115.

Jacob, O. N. (2020a). Effects of COVID-19 Schools Close Down on Academic Programme of Senior Secondary Schools in Abaji Area Council of Federal Capital Territory Abuja, Nigeria. *Electronic Research Journal of Social Sciences and Humanities,* 2(II):84-94.

Jacob, O. N. (2020b). Impact of COVID-19 on Private Secondary School Teachers in F.C.T, Abuja, Nigeria. *Electronic Research Journal of Behavioural Sciences,* 3(2020):72-83.

Jacob, O. N., Abigeal, I, Lydia, A. E. (2020). Impact of COVID-19 on the Higher Institutions Development in Nigeria. *Electronic Research Journal of Social Sciences and Humanities*, 2(II): 126-135.

Jegede, D. (2020). Perception of Undergraduate Students on the Impact of COVID-19 Pandemic on Higher Institutions Development in Federal Capital Territory Abuja, Nigeria. *Electronic Research Journal of Social Sciences and Humanities,* 2(II): 211-222.

Lin, Y.-H., Liu, C.-H., & Chiu, Y.-C. (2020). Google searches for the keywords of "wash hands" predict the speed of national spread of COVID-19 outbreak among 21 countries. *Brain, Behavior, and Immunity*, 87: 30-32. https://doi.org/10.1016/j.bbi.2020.04.020

Mahmud, F. (2020). Coronavirus: In dense Bangladesh, social distancing a tough task. *Bangladesh News – Al-Jazeera*. Retrieved December 17, 2020 from https://www.aljazeera.com/news/2020/03/coronavirus-dense-bangladesh-social-distancing-tough-task-200320103733470.html

Makateng, D. (2020). Implications of Social Adaptation in the Kingdom of Lesotho during 2019-nCoV Pandemic. *Electronic Research Journal of Social Sciences and Humanities*, 2(III): 165-183.

Maneesh P, Alaoui, A. (2020). How Countries of South Mitigate COVID 19: Models of Morocco and Kerala, India. *Electronic Research Journal of Social Sciences and Humanities,* 2(II):16-28.

Maswood, M. (2020). Bangladesh confirms first coronavirus death. *New Age*. Retrieved December 17, 2020 from https://www.newagebd.net/article/102574/bangladesh-confirms-first-coronavirus-death

Narware, A. (2020). COVID -19: Social Aspects and Responsibilities. *Electronic Research Journal of Social Sciences and Humanities,* 2(II): 40-44.

Nasir, M. S., Khan, M. R. (2020). The Coronavirus Pandemic: Symptoms, Precautions and Preventions in the Light of Teaching of Islam. *Electronic Research Journal of Social Sciences and Humanities,* 2(II):45-66.

Paul, R. (2020). Bangladesh confirms its first three cases of coronavirus. *U.S.* Retrieved December 17, 2020 from https://www.reuters.com/article/us-health-coronavirus-bangladesh/bangladesh-confirms-its-first-three-cases-of-coronavirus-health-officials-idUSKBN20V0FS

Rettner, R. (2020). *Coronavirus outbreak officially declared a pandemic, WHO says*. Live Science. Retrieved December 12, 2020 from https://www.livescience.com/coronavirus-pandemic-who.html

Sansa, N. A. (2020a). The Correlation between COVID-19 Confirmed and Recovered Cases in China: Simple Regression Linear Model Evidence. *Electronic Research Journal of Social Sciences and Humanities,* 2(I): 121-129.

Sansa, N. A. (2020b). The Impact of COVID -19 On Financial Markets: Evidence from China and USA. *Electronic Research Journal of Social Sciences and Humanities*, 2(II):29-39.

Singh, J., Singh, J. (2020). Corona Virus and Its Impact on Society. *Electronic Research Journal of Social Sciences and Humanities*, 2(I):168-172.

Smith, R. D. (2006). Responding to global infectious disease outbreaks: Lessons from SARS on the role of risk perception, communication and management. *Social Science & Medicine*, *63*(12), 3113-3123. https://doi.org/10.1016/j.socscimed.2006.08.004

Sohail, A., Hussain, A., Qurashi, Q. A. (2020). An Exploratory Study to Check the Impact of COVID-19 on Investment Decision of Individual Investors in Emerging Stock Market. *Electronic Research Journal of Social Sciences and Humanities*, 2(IV):1-13.

United News of Bangladesh. (2020a). Coronavirus: Bangladesh sees less than 3000 daily cases in 5 days. *United News of Bangladesh*. Retrieved July 22, 2020 from https://unb.com.bd/category/Bangladesh/coronavirus-bangladesh-sees-less-than-3000-daily-cases-in-5-days/54405

United News of Bangladesh. (2020b). Covid-19 in Bangladesh: 1 in 4 found infected in 24 hrs. *United News of Bangladesh*. Retrieved July 22, 2020 from http://unb.com.bd/category/Bangladesh/covid-19-bangladesh-records-33-deaths-3533-new-cases-in-24-hrs/54661

Upreti, P., Basnet, S. (2019). Knowledge of Coronary Artery Disease among adults people in the community at Biratnagar. *Electronic Research Journal of Engineering, Computer and Applied Sciences*, 1(2019): 51-57.

World Health Organization. (2020, May 5). *MERS-CoV*. Retrieved December 19, 2020 from https://www.who.int/csr/don/archive/disease/coronavirus_infections/en/

Zafitsara, J., Njaratiana, M. A. V. (2020). Madagascar's Responses to the COVID-19 Outbreak: Educational Perspectives from March to June 2020. Electronic Research Journal of Social Sciences and Humanities, 2(III):116-137.

Zhang, Y., Xu, J., Li, H., & Cao, B. (2020). A Novel Coronavirus (COVID-19) Outbreak. *Chest*, *157*(4), 99-101. https://doi.org/10.1016/j.chest.2020.02.014