

# COAST Survey 2020

## Mass Awareness and Practice in Coastal Area about Coronavirus



## Effectiveness of the Mass Awareness on Protective Measures for COVID-19

### 1. Introduction

Aljazeera, a popular global media, published a timeline<sup>1</sup> of the Coronavirus pandemic. It shows that, a new infectious virus was found in Wuhan, China at the end of 2019. Being not able to control this spread of infection, China alerted the WHO on 31 December 2019 for the first time. WHO on 7 January 2020 declares it as “Coronavirus” and analyzing its deadly appearance and scale of spreading, they declared “Public Health Emergency 2020” on 31 January 2020. WHO on 11 February 2020 named the virus as “COVID-19”.

### 1.1 The global situation of COVID-19

According to the web site of John Hopkins University for Coronavirus update, the number of global confirmed cases in 185 countries is 2,896,633<sup>2</sup>, as of 26 April 2020 (It was 2,811,891 on 25 April 2020, which means 84,742 new cases added in one day). More than 2 hundred thousand have been died, 202,832 to be specific as of 26 April 2020. The number is increasing every minute.

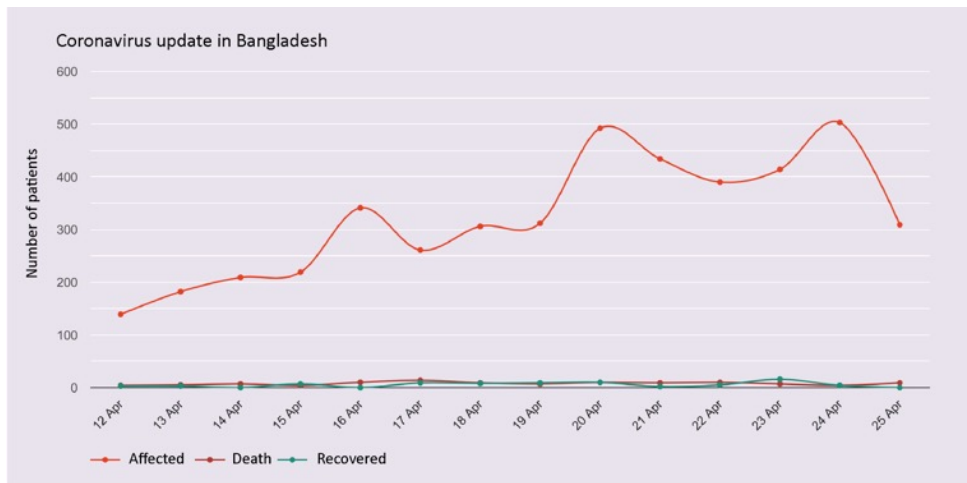
<sup>1</sup> Aljazeera, Timeline: How the new coronavirus spread, <https://www.aljazeera.com/news/2020/01/timeline-china-coronavirus-spread-200126061554884.html>

<sup>2</sup> <https://coronavirus.jhu.edu>

## 1.2 Bangladesh situation

The government of Bangladesh has opened a portal named “Corona Info” and maintained well so far to provide the daily update and information on the spread of the virus across the country. According the web portal published the summary<sup>3</sup> on 26 April 2020, more than 5,000 are identified positive (5,416 to be specific) and 145 have been died. Every day around 500 new COVID-19 positive people are being found.

First 3 COVID-19 affected persons are identified on 8 March 2020 in Bangladesh. The next 2 persons were found on 15 March. 2 or 3 infected persons continued to be identified daily from 16 March to 4 April. The number of affected people got beyond double digit on 5<sup>th</sup> April and started to increase day by day.



## 1.3 Bangladesh is at risk

The government of Bangladesh declared that country is at risk of mass level spread of the infection. According to the COVID-19 risk analysis Bangladesh is at the 3<sup>rd</sup> level of the infection when it starts spreading at the community level. The 4<sup>th</sup> level is the death to reach at its highest level. Bangladesh might enter into that situation within a week<sup>4</sup>.

According to Corona Info, 45 districts of Bangladesh are already infected with more than 5,000 identified. More than 33 thousand are prescribed to stay in home quarantine. Government on 16 April 2020 issued a circular and declared the country as “Exposed to be infected” and went for lockdown. All national transport is suspended and mobility is restricted, particularly during 6.00 pm to 6.00 am<sup>5</sup>.

## 2. Objective of the study

Complying with the WHO directives to stay at home, the government of Bangladesh advised to close down all the offices and educational institutions and work from home in order to minimize the risk of mass infection. Government has taken an all-out effort to create mass awareness on protective measures including hand wash and etiquette of publicly sneezing and coughing etc.

Beside the government, NGOs and other social and cultural organizations, CSOs have also contributed to the mass awareness according to their capacity. All these initiatives have taken well in advance. Still we hardly could stop or limit the massive spread of the virus. The question remains what the limitation was or what more should have been done in this purpose. This study was intended to look into whether it was lack of information or misunderstanding the messages or others. The study tried to find that out.

<sup>3</sup> <http://www.corona.gov.bd>

<sup>4</sup> Ridwanur Rahman, medicine and infectious disease specialist, quoted this report-- Coronavirus: A storm brewing, *The Daily Star*, 17 April 2020

<sup>5</sup> Public notice, DGHS, 16 April, 2020.

## Two of the key objectives of the study were:

1. To assess the people's health awareness to protect the COVID-19 in the coastal area of Bangladesh;
2. To assess how much those protective measures are followed by the general people in their daily life.

## 3. Methodology

A structured questionnaire was developed for a Rapid Research. 250 responders are randomly selected to represent 2 divisions (Barisal and Chattogram) and 2 districts (Cox's Bazar and Bhola) in the coastal area. Cox's Bazar is selected as 1 million Rohingya refugee affected district and Bhola is selected as a disconnected and island district as both are coastal districts. Two small islands Kutubdia (Cox's Bazar) and Char Motahar (Bhola) were also selected to include the more remote and disconnected coastal people.

### 3.1 Who are considered as 'General People'?

People of lower income who are more exposed to Coronavirus infection due to their occupation and need are given priority to be selected as responders of this study. People who are poor and that's why need to get out daily for earning, who don't have enough space and facilities at home to stay for days are considered to include. People of the following occupation and position are taken into the random selection.

- Farmer
- Day labor
- Hawker, small vendor,
- Employees of the small business who earn less than 10-12 thousand Taka (USD 130-150) a month,
- Household helper,
- Beggar,
- Poor member participants of microfinance activities.

## 4. Findings

The questionnaire has 18 questions on different aspects of personal practice of protective measures while going out or staying at home. Details are given below.

### 4.1 The responders

47% responders are women and 53% are men. 80% of the women responders were housewives and the rest included students, dropped out adolescents and elderlies.

The age group of the responders are 18-25 years old 12%, 26-35 years old 39%, 36-45 years 32%, 45-60 years 12% and more than 61 are 5%. 10% of the responders were farmer, 18% labor, 19% small entrepreneurs and 13% fishers.

20% of the responders live in the remote islands while 39% live in coastal villages, 21% of them are from district level urban area.

### 4.2 Findings on the structured questionnaire

#### 1. How do you think the coronavirus spreads?

74% said that it spread through touches, sneezing and coughing, 14% said through air, 2% said through water and 10% said they don't know. It means, 26% people have misconception or no idea about how the virus spreads.

#### 2. How would you know if you are affected?

47% said if they had fever, dry cough, sore throat, breathing problem, they might have been affected. 53% of the responders have misconception about the symptoms including 10% have no idea about it.

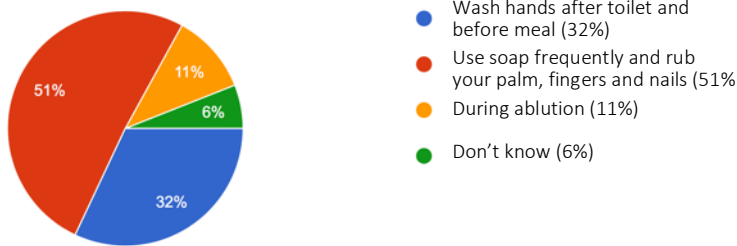
#### 3. Minimum time of hand washing using soap.

62% said 20-30 seconds is the ideal duration of washing hands with soap. 12% said it could be 1 minute, another 12% said they don't know, 7% said 2 minutes and another 7% said 5-10 second is enough.

It means, 38% of the responders have no clear idea about how long they should wash their hands for.

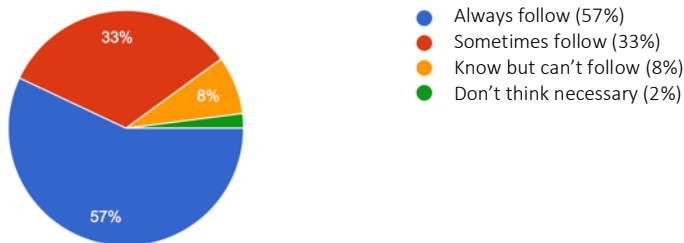
#### 4. How to wash hands to protect coronavirus?

51% responders know how to wash hands to protect from coronavirus. 49% are confused including 32% said they should wash hands after toilet and before meals, 11% said they can use soap during ablution before prayers and 6% said they don't know.



#### 5. Do you follow the rules of hand washing?

57% responders said they always follow the rules. 33% sometimes follow the rules. 8% know the rules but are not able to follow. 2% said they don't think it is necessary.



#### 6. What should we do during sneezing and coughing?

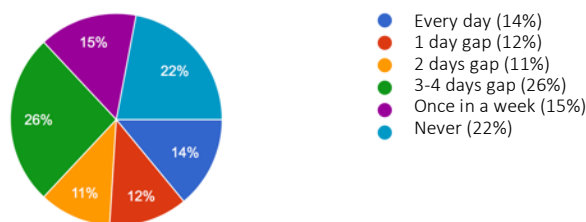
64% responders said they should use a tissue or napkin to cover their face and nose or use their elbows in absence of those. 29% said they can use their hands to cover their face. 3% said it is not necessary if they are not affected. 4% said they have no idea. It is found that 36% of the responders don't have proper idea of the general etiquette of sneezing and coughing.

#### 7. How much distance should be maintained from a person affected by cold, fever and sneezing-coughing?

76% of the responders said it should be 3 feet. 24% have no clear idea about the social distancing including 9% said 4 feet, 8% said don't know, 4% said 2 feet and 3% said 1 foot.

#### 8. How frequently you go to the market for grocery?

37% responders go to the market for buying grocery and other supply once in a week or longer (including 22% said they don't go to the market, 15% said they go once in a week). The rest 63% go to the market quite frequently.

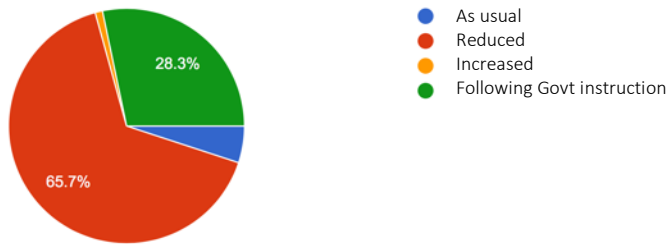


#### 9. Where do you go for prayers?

73% responders said they have their prayers at home. 27% go to the mosques, which might increase in the month of Ramadan.

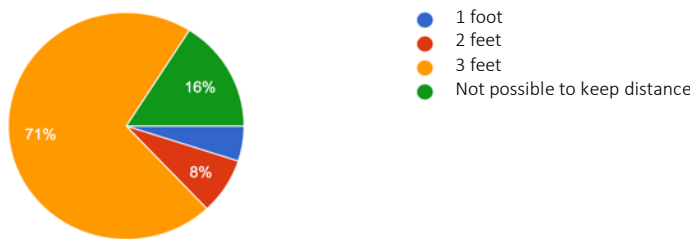
**10. How much is the presence of the devotees in the mosque in your area?**

Nearly 66% said it is reduced. 28.3% said the mosques are following the government rules. 5% said it is going on as usual and 1% said it is increased.



**11. How much distance (Social distancing) you keep when you go outside?**

71% responders said they keep 3 feet distance but 16% said it is not possible to keep distance. 8% said 2 feet and 5% said 1 feet.



**12. Is there any COVID-19 positive patient in your area?**

21% said yes and 79% said no.

**13. What do you know about IEDCR<sup>6</sup> and its service?**

49% of the responders said they have no idea about this institution. Only 26% knew about it and its services. 18% said this is who arrange press conference and talk about COVID-19. That means, 74% people have misconception about IEDCR and its services.

**14. What would you do if anyone in your area suffers from fever, cold, headache and breathing problem?**

52.5% responders said they would isolate him/her and call hotline number. 23.2% said they would ask them to take proper medicine and would ask family members to take care. 13.1% don't know what to do. 11.1% would call neighbors for help.

**15. How long you have been using a mask?**

43% responders said they have been using mask for a month. 19% don't use a mask. 17% have been using for 1-2 weeks. 11% have been using for 3-4 days.

**16. What is the proper way to use a mask?**

64.6% responders said one should always put on a mask. 20.2% said affected people should and one who goes outside should use a mask. 12.1% said they don't know and 3% said only affected people should use it, not others.



<sup>6</sup> Institute of Epidemiology, Disease Control and Research (IEDCR) is an institute of the government of Bangladesh currently who are in-charge of the coronavirus monitoring in the country.

### **17. What is home quarantine or isolation of the affected person?**

44% responders said home quarantine means keeping the affected person from away from others to avoid touch having separate room, bed and utensils within the home. 31% said they don't know about it. 13% said it means the we should take care of the patient keeping him/ her at distance. 12% said not to allow the patient going outside and whole family should be separated.

### **18. Duration of home quarantine**

72% said 14 days. 21% said they don't know. 3% said 21 days and 2% said 7 days.

## **5. Conclusion: People are not much following the protective measures for public health**

One challenge of the structured questionnaire is sometimes the responders choose a right answer from the multiple option without knowing it properly. They hardly can explain if asked for detail. That means the actual number of people who know things properly are less than the study is showing.

Here come how people follow it in the remote and disconnected coastal areas. It is hard for people to follow the prescribed protective measures because of their socio-economic condition. For example, government has restricted the presence of devotees in the mosques to avoid the possible spreading of the virus but it is seen in the social media that people are gathering on their rooftop or on the street outside of the mosque for prayers. They obeyed the rule of not going to the mosque but the failed to understand the reason.

It is really difficult for the poor and day-laborers who live on their daily income to follow the rules even if they know it. The average price of the masks available in the market is 30-40 Taka (half a dollar). It is not possible to spend this amount of money for a mask.

Middle class as well as the higher income people are staying at home having 15-days' supply together. They won't need to get outside for these 15 days. However, many families can't afford it. They can purchase only with what they earn daily. They hardly can afford buying supply for more than 2 days.

From the open discussion out of the structured questionnaire it is found that the amount of food is given as a relief package is hardly enough for 7 days for a family. So, they need to go to the market when the relief runs out. Above all, there are families (e.g. beggars) who solely depend on their daily income and they can't stay home.

#### **Limitation of information dissemination**

In the open discussion out of the structured questionnaire it is also found that the publicity of the protective measures of COVID-19 is regular in the coastal area. Many of the responders said they have heard the announcements in their area but they didn't understand many of the new words and nobody explained those.

Sometimes the announcements were in standard Bangla language and people who are habituated with only the colloquial language hardly understood everything. Many people don't have radio, TV or newspaper of their own and that's why they missed the regular update. They heard from others and this is how sometimes information are distorted and misconception spread.

One thing is very clear that there is no vaccine or treatment for COVID-19 and that's why awareness and protective measures are the only way to survive this pandemic. There are significant limitation and challenges in information dissemination which might create potential risks for the disconnected and poor people of the coastal area and remote islands. Moreover, this people have less nutrition and immune capacity in their body to survive the pandemic.

## **6. Recommendations**

1. Provide PPE, N-95 masks and other necessary equipment to the doctors, nurses and health workers as well as transport (as there is no transport in the lockdown situation) to go to the hospitals. Doctors, Nurses and health workers are taking life risks to serve the people. To make their efforts more effective proper accommodation, healthy food and safe water and cleanliness should be provided for them. They should also be encouraged and appreciated for their efforts.

2. There are 19 Coronavirus Testing Centers in Dhaka and other districts. Every districts must have testing centers as quick as possible. There should be a preparation of fulfilling a minimum target of testing across the country.
3. Ensure health education for all level of people. Especially, the mass education on protective measures against Coronavirus including the information on how it spreads and what are the symptoms should be taken urgently. Information on steps of hand washing, etiquette of sneezing and coughing, social distancing, staying at home, home quarantine and isolation procedures if affected should be disseminated in easy language for all.
4. Engage local NGO, social and cultural organizations, clubs, cooperatives with government in this information dissemination effectively.
5. Deploy police, army and BGB in crowdly places to maintain discipline and following the health directives at all level. Create scopes to engage trained students wings like rover scout, girls guide and BNCC (Bangladesh National Cadet Core) along with the national forces.
6. Regular broadcasting of awareness on Coronavirus in all government and private radio-TV channels. Directives to Community Radios and local cable operators to broadcast the same programs beside their regular schedule.
7. Engage the local and national religious leaders in the public health awareness. Mosques could be asked for announcing to pray at home along with the daily 5 times prayer calls.
8. Ensure representation of all possible stakeholders at local level in the government relief distribution process to reduce the misuse and mismanagement and to ensure transparency. Engage all political parties, journalists, religious leaders, social and cultural leaders in the process at the local level. Create need-based groups before distributing relief instead of flat distribution for all.
9. Still there are confusion and fear of handling the dead bodies in graveyards and cremation centers. Public awareness should be increased on it with proper information. Training and PPE should be provided to the graveyard/ cremation committee. They should also be provided with incentives and other facilities for this job during the emergency. Very few brave people have been doing this for the sake of humanity and they should be much appreciated.
10. Disinfection facilities should be established by municipalities and marketplaces for specific spots. Especially the metal handles that are touched by mass people in public places (e.g. handles of vehicles, handrail of foot-over bridges) should be regularly disinfected.
11. Motivate small and medium entrepreneurs to keep producing food and essential goods by maintaining health rules and protections and provide with necessary training and directives. The supply chain of food items and essential goods could be the lifeline of the country. Ensure cash or loan for them when necessary. Experienced NGO and Microfinance organizations should be allowed in limited scope for this special purpose.

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