

Psychosocial stress and trauma during the COVID-19 pandemic: Evidence from Bangladesh

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Abstract

The COVID-19 outbreak has become a global health crisis affecting both the physical and mental health of people across the world. Likewise, the people of Bangladesh are going through a menacing mental health catastrophe with the outbreak of coronavirus that resulting in stress and trauma. Hence, this situation is altering people's lifestyles and generating complexities in psychological well-being. The study was based on the review of published articles and media reports related to stress and trauma during the COVID-19 pandemic in Bangladesh. A total of 10 peer-reviewed articles and 45 newspaper reports were included following an extensive literature search. The contents were searched on Google, Google Scholar, PubMed, local online newspapers, social networking sites, and different webpages and published articles in different journals on COVID-19 from March 5 to October 25, 2020. The review study finds that the mental health of people in Bangladesh has severely been affected by the outbreak of coronavirus. All of the government, voluntary, and civil organizations need to give further emphasis on psychosocial and bereavement counseling in order to support those experiencing mental shocks resulting from the COVID-19 crisis. There is the need to strengthen more consultative and collaborative efforts from all public health experts, social workers, psychologists, and policymakers in doing so. Social workers in this context will be able to make meaningful contributions in supporting those affected people to better adjust to the challenging situation.

KEY WORDS

anxiety, COVID-19, mental shock, pandemic, stress, trauma

1 | INTRODUCTION

The outbreak of novel coronavirus (COVID-19) has been recognized as one of the deadly pandemics in the world. It was first identified in Wuhan, China, and spread rapidly to other countries around the world. Within a few months, it became the most pressing health problem in the world and was recognized by the World Health Organization (WHO) as a pandemic (Li et al., 2020). It causes severe harm to the human body by infecting the major organs, such as the lungs, heart, liver, and kidney (Yang et al., 2020; Zhu et al., 2020). Besides, a wide range of psychological difficulties, for instance, panic disorder, anxiety, and depression have been prevalent during this global health crisis (Qui et al., 2020). As it is a transmissible disease, most of the affected countries imposed restrictions on public movements so that people cannot come



in close contact with others. Home confinement and restrictions of movement in public places and gatherings instigated people's depression (Mirembe, 2020; Mowbray, 2020). Similarly, extreme shocks on the economy and unprecedented burden and scarcity in the health system are obfuscating mental pressures (Chen et al., 2020).

A large number of people have experienced a massive loss because of the demise of family members. Stress and fear have sparked out from traumatic events linked to the COVID-19 crisis. The catastrophe has contributed and geared up mental health disorders and likely to give a pace for exacerbating post-traumatic stress disorders (PSTDs) (Horesh & Brown, 2020). The normal state of the mental health of people has been cracked; thus, people are more likely to face immense emotional glitches throughout the pandemic. During this upheaval, the extensive disruption in normal activities leads to uncertainty causing anxiety, emotional exhaustion, and maladaptive mental functioning among the people (Relief Web, 2020).

China experienced a higher level of stress and anxiety at the onset of the COVID-19 outbreak (Wang et al., 2020). Likewise, in India, hyper-active behaviors and mental stress among individuals, families, and communities were noted as a result of COVID-19-related problems (Das, 2020). In Sri Lanka, COVID-19-related lockdowns transformed the typical lifestyle of people that set off deteriorating mental health. These conversions disrupt the psychological well-being of the populations (Chandradasa & Kuruppuarachchi, 2020). The upper rate of mental health problems (i.e., anxiety, depression, and stress) may be associated with the spread of the virus, the high number of infected persons, the death rate, and the fear of being infected (Lahav, 2020). Like other countries, the people of Bangladesh have embraced enormous losses both in the social, economic, and health sectors. Frequent updates of COVID-19-related news, developing flu symptoms, frequent contact with the infected persons, and the extreme fear of infection led to stress and trauma among the people of this country (Al Zubayer et al., 2020). Notably, people are confronting numerous psychological challenges that instigate them to commit suicide and other deviant behaviors. Therefore, the crucial questions are as follows: What are the impacts of stress and trauma are on the lives of the people? How do people adjust to their traumatic experiences? How it can be handled, and what should be the role of the state and civil society to tackle this pandemic? Therefore, the main objective of this study is to understand the stress and trauma of Bangladeshi people resulting from the COVID-19 pandemic, as well as to provide necessary recommendations to fight against these complexities during this crisis based on the evidence of Bangladesh.

2 | COVID-19: ONSET AND TRANSMISSION IN BANGLADESH

The lethal COVID-19 cases were first recorded in China, but gradually it showed its deadly impact all over the world. It was mainly transmitted by infected individuals traveling from one country to another. Bangladesh recorded its first three confirmed cases on March 8, 2020, who were the returnees from Italy (Paul, 2020). The Institute of Epidemiology, Disease Control, and Research (IEDCR) was the first institution that started COVID-19 tests, and later, some medical colleges and universities launched PCR laboratories to test the samples taken from the patients with COVID-19 symptoms. The actual figures of affected and death cases are several times higher than the reported cases. Due to the fear of social isolation and stigma, many are reluctant to test for coronavirus. Consequently, many death and affected cases remain unreported. Though the infection rate is high, Bangladesh is not steering the required amount of tests due to its limited capacity. The country is placed at the bottom among the South Asian Countries in testing the virus against per million people (Sakib, 2020; The Business Standard, 2020b). When the country had its 8th confirmed case on March 17, the government closed all schools and restricted people from moving into public gatherings, including praying at the mosques. To reduce the spread of the virus, the government at first imposed a 10-day (March 26 – April 04) shutdown, but the number of infections and deaths continued to surge. Then over time, the government imposed a zone-coded lockdown across the country and

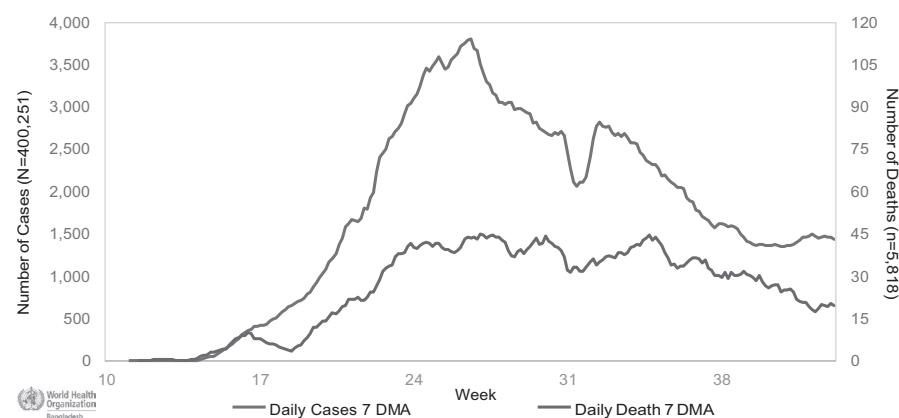
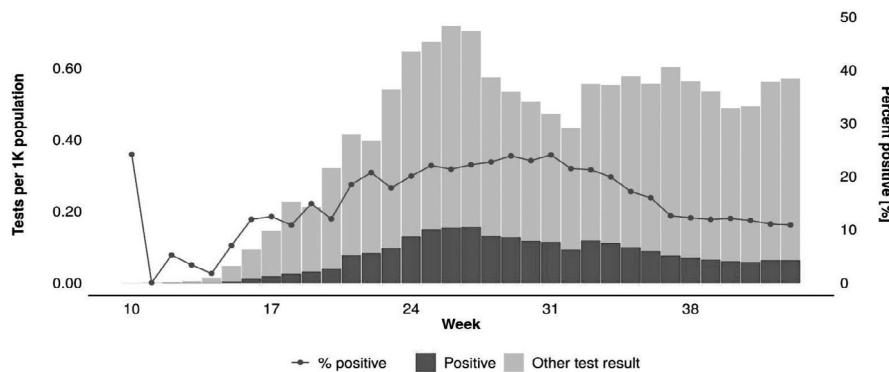


FIGURE 1 Confirmed COVID-19 cases and deaths (March 08–October 25).

Data source: World Health Organization (2020a, 2020b)

**FIGURE 2** Total COVID-19 tests (March 08–October 25).

Data source: World Health Organization (2020a, 2020b)

urged people to strictly maintain physical distancing (Hossain, 2020; Mamun, 2020; Sakib, 2020a; The Business Standard, 2020). Bangladesh has got its 10,000 cases on May 4, 2020 (Rahman & Shovon, 2020), and with the progress of time, the country had a total of 400,251 confirmed cases, where the number of the total death reached 5,818 and recovered 316,600 by October 25, 2020 (WHO, 2020) (Figures 1 and 2).

Unawareness about the virus is the biggest challenge in controlling the spread in Bangladesh. The tendency to break the home-quarantine rules could lead to an extreme health hazard (UNB, 2020). Moreover, some people do not believe in the existence of the virus and going wherever they want. People's stubbornness, irresponsible movements, not following the health and hygiene rules have already contributed to the rise of the number of infected persons. Thus, people are risking their own lives as well as others for not maintaining the guidelines (Noman, 2020). Additionally, the amount of medical wastage, such as used hand gloves, face masks, sanitizer bottles, was booming in this pandemic; as in April, approximately 14,500 tons of medical waste were noted to be cast off in this country. Unsafe-dumping of these leftovers might exacerbate the spread of coronavirus to medical personnel and individuals who are engaged in medical waste management (Al Amin, 2020; Yu et al., 2020).

3 | THE PSYCOSOCIAL STRESS AND TRAUMA DURING COVID-19 PANDEMIC

Stress and trauma are the two most discussed concepts in mental health studies. Stress is an emotional or physical tension, which can derive from any event making an individual frustrated, angry, or nervous. Besides, it is a feeling of emotional or physical tension that comes from any incident or thought that makes an individual frustrated, angry, or nervous. It has destructive mental consequences, and it harms the body as well (MedlinePlus, 2020; Monroe, 1989). Traumatic events are mostly related to war, violence, disasters, sudden loss, serious illness, and other overwhelming and disturbing events. Actual or threatened with death, physical and psychological injury, and sexual violence cause serious traumatic feelings among people (Auerbach, 1989; Kleber, 2019).

Stress and trauma can arise from an undesirable health condition of a human being. Anxiety, stress, and trauma are prevalent during a health menace, and they are a natural response to a global health crisis that distresses daily life. Studies have found that epidemics and pandemics cause traumatic events for people and lead them to PTSD and other severe mental complications (Hong et al., 2009; Mak et al., 2010; Sun et al., 2020). Furthermore, during an infectious outbreak, people's psychological reaction shapes the spread of the disease and shapes the spread of emotional distress. Even insufficient response to manage the pandemic impedes the mental health and well-being of people (Cullen et al., 2020). In 2003, the SARS pandemic was recovered within 8 months, which caused PTSD among the population of the affected areas. Depression and substance use disorders had also been noted during the MERS, H1 N1, and Ebola epidemics. Besides, the high mortality rate, resource, and food insecurity, discrimination, fear of being infected, and the experiences from the sick individuals, triggered adverse mental health outcomes during these health crises (Brooks et al., 2020; Lau et al., 2005; Zhang & Ma, 2020).

Like other pandemics, the COVID-19 outbreak has inflated the physical and mental health of people regardless of nations, and Bangladesh is also a victim of this global mess. The most alarming concern is that service professionals are being infected, and death cases are also higher among them which is causing panic and affecting the compulsory services during the outbreak. It is reported that 88 doctors, 36 banking professionals, 76 police, and 9 administrative personnel had died being infected by coronavirus while performing their job (Alam, 2020; Hasan, 2020a, 2020b; The Business Standard, 2020c; New Age, 2020). Thus, financial crisis, loss of relatives, the fear of being infected, and the unavailability of proper healthcare services have created enormous stress, trauma, and other mental health complexities to the infected and non-infected people which have been discussed in this paper.



4 | MATERIAL AND METHODS

The present study followed a systematic search and review approach. The researchers conducted the study according to the Preferred Reporting Items for Systematic Review and Meta-analysis for Scoping Review (PRISMA-ScR) model. A scoping review focuses on a precise topic to identify main concepts, obtainable evidence, and gaps in the research as well as it is an expedient tool in the evidence synthesis approaches (Pham et al., 2014). This study reviewed published articles and media reports on the stress and trauma during the COVID-19 pandemic in Bangladesh. The contents present the recent scenario of the mental health of people in Bangladesh.

4.1 | Searching strategies

At the outset, the researchers searched the literature, including published research articles, critical reviews, letters to the editor, commentaries, media reports, content analysis, literature reviews, case reports associated with the COVID-19 pandemic and its impact on the people of Bangladesh. The articles were searched on Google, Google Scholar, PubMed, national and international online newspapers, social networking sites (e.g., Facebook and Twitter), and different online webpages of COVID-19 from March 5 to October 25, 2020, focusing on the objectives of the study. The researchers used few keywords to search the relevant article/reports (e.g., "COVID-19 and Bangladesh," "stress and trauma during the COVID-19 pandemic in Bangladesh," "the psychosocial impact of Coronavirus among Bangladeshi people," "the mental health of Bangladeshi people during the Coronavirus pandemic," "posttraumatic stress disorder during the COVID-19 pandemic in Bangladesh," "COVID-19 pandemic and health care system of Bangladesh," "management of the COVID-19 crisis in Bangladesh," "employment crisis and the COVID-19 pandemic in Bangladesh," "safety norms of Bangladeshi people and the COVID-19 pandemic," "livelihood during COVID-19 pandemic," "death due to the COVID-19 pandemic in Bangladesh," and "rumor in the COVID-19 pandemic in Bangladesh) (Tables 1 and 2).

4.2 | Screening process and inclusion criteria

The researchers developed inclusion criteria to screen the articles and media reports. The study particularly focused on the self-reported anecdotes of COVID-19 survivors, experiences of immediate family members, local representatives, and personnel from public service delivery units including police, doctors and nurses, and officials from the concerned departments. Therefore, the study inclusion criteria of the contents were direct experiences with extreme cases of COVID-19, where denial, avoidance, social exclusion, social taboos, and unexpected behavior were associated. All the evidence was taken from the Bangladeshi contexts. The researchers listed the titles, abstracts, headlines, etc., for the initial screening process for the study. Finally, a total of 45 media reports and 10 published articles were extracted for analysis (Figure 3). During searching the articles, the research team excluded the articles which were irrelevant and not matched with the study objectives. Repetitive and same contents were excluded from the study.

4.3 | Analysis

The analysis process of the study used the grounded theory approach. The grounded theory approach determines or constructs theory from data, which are systematically obtained and analyzed using comparative analysis (Chun Tie et al., 2019). The constant comparative method was used for coding data to develop concepts. To increase the validity and reliability of the research, the study included only the cases which seemed to be authenticated with solid sources, and hence, the researcher cross-checked the articles/reports to ascertain the authenticity of the data.

5 | RESULTS AND DISCUSSION

5.1 | Nature and extent of stress and trauma

With the confirmation of the first case of COVID-19 patient in Bangladesh, anxiety among the people was noted, and gradually, within 8 months, a total of 400,251 patients were recorded as the victim of the virus. The COVID-19-positive patients, their families, and uninfected persons regardless of class are facing the threats of the disease. Fear and anxiety about the crisis associated with the infection and the increasing death rate are generating irresistible stress and trauma for the people (Cao et al., 2020). Moreover, they suffered mentally for ensuring the quarantine as everything was disrupted (Al Banna et al., 2020).

TABLE 1 List of media reports

Cases	Focusing issue	Accessed date	Reporting newspaper	Correspondent
1	Denial of health care	April 04, 2020	NEW AGE Bangladesh	—
2	Death of a doctor	September 19, 2020	Dhaka Tribune	Alam, M
3	An elderly family member was dumped into the jungle	April 16, 2020	BDnews24	—
4	Lack of coordination in the COVID-19 management	May 05, 2020	Dhaka Tribune	—
5	COVID-19 impact and responses	June 10, 2020	Fair Wear	—
6	Job loss of Garment Workers	April 05, 2020	NPR	Frayer, L.
7	COVID-19 impact on bank staff in Bangladesh	September 19, 2020	Dhaka Tribune	Hasan, M.
8	Fear of hunger rises in Bangladesh	April 29, 2020	IPS News	Hasan, M. R.
9	Social distancing at the mosques	May 31, 2020	Prothomalo	Hossain, I.
10	Lockdown and the increase of domestic violence in Bangladesh	May 14, 2020	DW	Islam, A.
11	Death of an asthma patient in the ambulance after being rejected by 6 hospitals in Sylhet	June 10, 2020	Dhaka Tribune	Islam, S.
12	Reforming aspects of death and funerals	April 12, 2020	UNB	Jahangir, A. R.
13	Fear, hatred and stigmatization amid COVID-19 in Bangladesh	March 26, 2020	The Business Standard	—
14	COVID-19 and its impact on doctors in Bangladesh	April 28, 2020	Aljazeera	Mahmud, F.
15	Declaration of public holiday due to the COVID-19 outbreak	March 28, 2020	Dhaka Tribune	Mamun, S.
16	Limited numbers of ICU beds for the COVID-19 patients in Bangladesh	July 10, 2020	NEW AGE Bangladesh	Maswood, M. H.
17	Lack of coordination of the government bodies	April 06, 2020	Prothomalo	Moral, S.
18	A doctor was asked to give an explanation why he criticized on social media over the shortage of PPE	April 19, 2020	Dhaka Tribune	Nabi, M. S., & Kuri, R.C.
19	Death of a bank staff	September 19, 2020	NEW AGE Bangladesh	—
20	Disrespect for health guidelines	May 13, 2020	The Business Standard	Noman, M.
21	Role of organizations to enhance mental health of the employees amidst Covid-19	July 28, 2020	The Daily Star	Pantho, S. S.
22	First three cases of coronavirus in Bangladesh	May 31, 2020	Reuters	Paul, R.
23	Importance of the digitization of social safety nets	June 17, 2020	Prothomalo	—
24	Abundance of a mother in the forest due to the fear of COVID-19	July 15, 2020	Prothomalo	—
25	Insufficient ICU beds and inadequate services	June 02, 2020	Dhaka Tribune	Rahman, M. & Shovon, F.R.
26	Restrictions in movements and mental health	April 29, 2020	The Business Standard	Rahman, S.
27	Low COVID-19 testing rate in Bangladesh	April 22, 2020	Anadolu Agency	—
28	Zone-coded lockdown for the rise of the infection	July 08, 2020	Anadolu Agency	Sakib, SM., N.
29	Limited number of ventilators	April 12, 2020	Save The Children	Sakib, SM., N.
30	Reluctance to test for COVID-19 due to the fear of social harassment	September 07, 2020	The Business Standard	Shonchay, A.

(Continues)



TABLE 1 (Continued)

Cases	Focusing issue	Accessed date	Reporting newspaper	Correspondent
31	Suicide of a young man on suspicion of being infected with coronavirus	March 28, 2020	Somoynews	–
32	People's reluctance to follow safety rules	September 07, 2020	Bangladesh Post	Sourav, D.S.
33	Nurses were exhausted by shortage of supplies	April 16, 2020	The Business Standard	Tajmim, T.
34	Closure of educational institutions	April 08, 2020	The Business Standard	–
35	Suicide of a poverty-stricken man	June 10, 2020	The Business Standard	–
36	Lowest rate in COVID-19 testing of Bangladesh in South Asia	June 20, 2020	The Business Standard	–
37	COVID-19 and its impact on services employees	June 25, 2020	The Business Standard	–
38	Suicide of a policeman	May 04, 2020	The Daily Star	–
39	Low recovery rate of coronavirus infected patients in Bangladesh	April 28, 2020	The Financial Express	–
40	People's negligence of mask-wearing	September 07, 2020	The Financial Express	–
41	Necessity of the expansion of testing labs	July 10, 2020	Dhaka Tribune	Tithila, K. K.
42	Lack of awareness and a chance to face a potential disaster	June 01, 2020	UNB	–
43	Avoidance of maintaining social distancing in Bangladesh	September 07, 2020	UNB	–
44	Recognizing fake news and stopping their spread during COVID-19 outbreak	July 10, 2020	UNESCO	–
45	COVID-19 Bangladesh situation reports	September 14, 2020	WHO	–

TABLE 2 Review of published articles

Serial No.	Author	Year of Publication	Methodology/Type	Key findings/issues
1.	Anwar, Nasrullah & Hosen	2020	Policy brief article	Social distancing is hard to maintain in many areas of the country with the minimal resources
2.	Mahmud & Islam	2020	Commentary	Social stigma poses barriers to COVID-19 responses to community well-being in Bangladesh
3.	Mamun & Griffiths	2020	Correspondence	The first suicide case was reported in Bangladesh due to fear of COVID-19 and xenophobia
4.	Uddin et al.	2020	Letter to the editor	The deteriorating mental health of people was a common phenomenon in this COVID-19 pandemic. Therefore, psychosocial support due to stigma and discrimination during the COVID-19 pandemic is necessary
5.	Banna et al.	2020	Cross-sectional study using an online survey	The pandemic disturbs people's lives, impacts on mental health, economy and education and creates uncertainty on the healthcare system of Bangladesh.
6.	Ahmed et al.	2020	Online survey	Psychological problems, such as depression, anxiety, and stress, due to the COVID-19 pandemic were on the rise. Two-fifths of the participants had depression and anxiety symptoms, and one-third were deeply worried and stressed
7.	Islam et al.	2020a,2020b	Cross-sectional study using an online survey	University students encountered the increased depression and anxiety amid the COVID-19 pandemic.
8.	Bodrud-Doza et al.	2020	A perception-based assessment using an online survey	The partial lockdown negatively impacted the economy and healthcare system, which geared toward psychological and socio-economic insecurity
9.	Islam et al.	2020a,2020b	A perception-based study using an online survey	Focused on COVID-19-related stress due to the financial crises and the shortage of food
10.	Mamun et al.	2020a	Cross-sectional study using an online survey	More than half of the participants had the fear of death, where women, divorced and having no children were associated with suicidality

A private firm worker who had no previous mental illness explained his deteriorating mental condition with the rise of COVID-19 patients. He could not help his elderly parents and felt like being suffocated in this lockdown. The WHO already warned about the mental health crisis during the pandemic generating from feelings of loneliness, which is strongly associated with anxiety, depression, self-harm, and suicide, and thus, it has a pervasive impact on global mental health (Rahman, 2020). As soon as the pandemic impacted Bangladesh, people are undergoing some unexpected and unwanted events, which are creating stress. One of the shocking occurrences is that a 50-year-old mother was thrown into the jungle by her son after identifying COVID-19 symptoms. The local administration rescued her from the forest in the middle of the night (Prothomalo, 2020a).

A returnee from Bahrain was admitted into a hospital with fever, cough, sneezing, and breathing difficulties. When the hospital authority informed the IEDCR to collect samples to test COVID-19, they did not find the patient. A nurse from that hospital stated that the patient was extremely nervous when he was informed to be tested for coronavirus (The Daily Star, 2020). He ran away from the hospital, and some people even left their own houses for being stigmatized as a potential source of coronavirus.

5.2 | Causes of psychosocial stress and trauma

5.2.1 | Limited access to healthcare services

Public health experts claimed that the refusal for testing the returnees from the COVID-19 infected countries had created a crisis for the patients to seek care in the hospitals, and the failure of it could lead to a hazardous condition in the country. During the COVID-19 outbreak in Bangladesh, several cases were observed about the refusal of giving treatment to patients suspecting as COVID-19 positive. The Patients and relatives expressed their grief for having no proper care and treatment by medical professionals. A Bangladeshi returnee from Canada

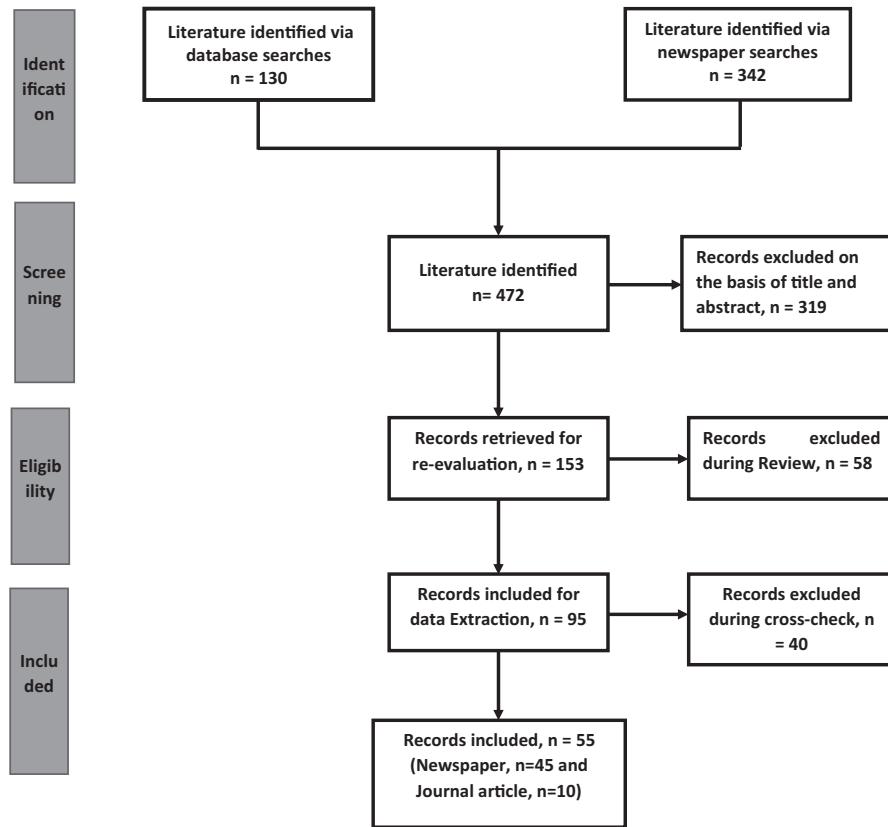


FIGURE 3 PRISMA flow diagram of search strategy

was reported to be dead for negligence and insufficient treatment in a reputed hospital in Bangladesh. Another case was recorded, an elderly person with a stroke was taken to five hospitals but everywhere he was refused for being suspected as a COVID-19-positive case. One hospital admitted him when he was in critical condition after spending 16 hours in an ambulance. However, doctors and nurses denied treating him, and finally, he lost his last breath having no treatment (Akhter, 2020). A mother of a doctor had similar experiences who was refused by many hospitals and lost her breath having no bed in the hospitals though she was not identified as a COVID-19 patient. The unavailability or denial of giving medical services creating panic among the patients and relatives. Moreover, experts have noted that the lower recovery rate in Bangladesh is associated with the unavailability of proper treatment in most of the designated hospitals, which is also creating trauma and stress among mass people (The Financial Express, 2020).

5.2.2 | Inadequate PPE and high death rate of health professionals

The shortage of sufficient personal protective equipment (PPE) geared up adversative consequences on the mental health of the healthcare professionals and the COVID-19 victims in Bangladesh. The unexpected death of Doctor Moinuddin for lack of proper care at the appropriate time, shattered voices of nurses at the Kuwait Bangladesh Friendship Government Hospital due to the scarcity of food, shelter, and personal protective equipment (Tajmim, 2020), and state actions against the criticism of frail initiatives in the health sector have heightened the fear and insecurity among the health professionals (Nabi & Kuri, 2020; Dhaka Tribune, 2020).

Coronavirus has notably affected the health system of Bangladesh. Thousands of doctors and nurses were infected with COVID-19 due to the shortage of personal protective equipment. Additionally, most of the patients are hiding their symptoms due to fear. This situation is creating a disaster in the health sector of Bangladesh (Mahmud, 2020).

5.2.3 | Insufficient ICU and ventilators

Ventilators are used to support a critical patient for breathing. It shoves air and increases the oxygen level into the lungs. So, patients with acute respiratory diseases are put into the ICUs for mechanical ventilation, which guarantees regular oxygen level in the body (BBC News,

2020). At the onset of COVID-19, the hospitals were not able to arrange sufficient ICUs and ventilator support. On the other hand, most of the ICUs and ventilator facilities are available in the big cities, for which the remote community finds it difficult in getting access to these services. There are reportedly 1,769 ventilators in Bangladesh, which means an average of one ventilator for every 93,273 people (Save the Children, 2020). Also, there is a shortage of ICUs to the patients as there are 349 ICU beds in the country with proper ventilation facilities. Additionally, the number is inadequate and does not concur with the guidelines by the World Health Organization (Rahman & Shovon, 2020).

5.2.4 | Lack of proper coordination in COVID-19 management

Responding to the COVID-19 from the appropriate authority is essential to stop the spread of the virus. An improper action plan, lack of coordination at the policy-making level, and absence of accountability from the respected authority are excavating the damage caused by the COVID-19 in Bangladesh. Furthermore, the respective authority failed to give proper information on how many people were likely to be infected with the virus, how many ICU beds and such other equipment were needed (Moral, 2020). For instance, a 63-year-old asthma patient in Sylhet died in the ambulance after being refused by six hospitals. A son of the deceased vehemently blamed the hospital authority for the death of his mother because the authority discharged the patient instead of providing coronavirus treatment (Islam, 2020a, 2020b).

5.2.5 | Loss of employment

The sectors of agriculture, manufacturing, information, hotels, transport, and tourism faced a tremendous challenge. Different countries have adopted different strategies to minimize the spread of COVID-19. Most of the countries implemented policies of shutting down economic activities and industries. Lockdown and restriction on public movements increased the rate of joblessness and adversely impacted the economy and job sector (The Indian Express, 2020). Loss of income and the fear of being unemployed deteriorated mental health among different professionals in Bangladesh (Ahmed et al., 2020).

Nearly a million Readymade Garments (RMG) workers lost their employments during the pandemic (Balland, 2020). Since the hospitals, drug stores, banks, and other essential services were out of restriction (Frayer, 2020; Fair Wear, 2020), it increased the workload to specific occupational groups (doctors and other health professionals, public servants, and other support service providers) and accordingly bear the high-risk of COVID-19 infection (The Financial Express, 2020). The death of colleagues created extreme nervousness, stress, and trauma among health professionals. Due to the sine die of educational institutions, many students who were engaged in part-time earnings, including private tuition, lost their incomes that caused financial crises. This situation is contributing to the high percentage of depression and anxiety among university students in Bangladeshi (Islam et al., 2020a, 2020b).

5.2.6 | The reluctance of people in maintaining health rules and regulations

At the initial stage of the outbreak of the virus, the government initiated restricted measures but it failed to control the rapid spread (UNB, 2020a). People had wrong perceptions regarding the coronavirus disease and its treatment, such as the virus did not exist or may not be lethal as the scientists spelled out, and tendency to seek a cure by the quacks (The Daily Star, 2021). What is more, they were reluctant to follow the safety norms, including maintaining physical distancing, wearing face masks even at the height of COVID-19 infection (Sourav, 2020). Consequently, very recently, the government of Bangladesh announced the slogan of "no mask, no service" to control the second wave (Xinhuanet, 2020). This policy is imposed on all offices in the country to reduce the spread as the people need to frequently visit different public and private offices for various purposes. Unfortunately, people are roaming different public places, including shopping malls, bus, and train stations, without wearing a mask (The Financial Express, 2020a). Most alarming is that people do not go for medical examination until they face a severe health problem, and it is particularly occurring for the fear of social harassment (Shonchay, 2020). Such freedom of movement amid the crisis, disobeying health and safety norms, may spell a potential health hazard in this country.

5.2.7 | Poverty, hunger, and lack of social safety nets

The devastating effects of lockdown, such as poverty and hunger among the middle and lower-income people, were documented. Socio-economic insecurity and psychological breakdown are overwhelmed among people (Bodrud-Doza et al., 2020). Bangladesh, as a low-income country, is facing this challenge, and the poor- and the middle-class families are in big trouble with this distressing economic impact. Women,



children, elderly people, and other disadvantaged groups are more susceptible to the probable poverty risk. It is reported that about 7 million slum dwellers are facing a drastic economic shortage for the increasing price and detachment of daily labor (Hasan, 2020a,2020b). The heightened financial crisis and the scarcity of food are escalating stress among people (Islam et al., 2020a,2020b; UNDP, 2020). Insufficient social safety net programs and mismanagement of disaster reliefs refrain many people from receiving social assistance for which poor and ultra-poor are being deprived (Prothomalo, 2020).

5.2.8 | Rumor and social stigmatization

Spending huge time on social media for staying at home during the lockdown, the youth acquired a plethora of information. Updates about the virus (i.e., infection rate and death rate) are available on the Internet. Thus, social media is one of the key sources of COVID-19 information (Bao et al., 2020). Most of the time, this information is not authentic, and consequently, it leads to stress and anxiousness among people. Rumor and fake news related to coronavirus in Bangladesh are also prevalent (Khan, 2020). On the one hand, people do not verify the authenticity of these reports; on the other hand, some reliable sources circulate some news, which is not correct or partially correct. Such kinds of hearsays shape the behaviors of the people and force them into ineffectual non-pharmacological interventions to defeat coronavirus.

5.2.9 | Stigmatizing of the infected patients and their families

Fear, hatred, and stigmatization against the COVID-19 patients are widespread in Bangladesh amid the COVID-19 outbreak. Additionally, it is generating emotional protest against the welfare activities related to the COVID-19 treatment, such as the construction of hospitals (Mahmud & Islam, 2020a,2020b). A female doctor received an ultimatum to leave the apartment from her neighbors as she was working in the Dhaka Medical College Hospital. She was stigmatized as the neighbors suspected her as a potential COVID-19 spreader (Kamal, 2020). Fear and stigma of COVID-19 in Bangladesh are highly reported from the very first of its outbreak in this country. A woman had a fever, shortness of breath, and sore throat, symptoms similar to the COVID-19. Her family members suspected that she had the virus, and she had been allegedly dumped in the jungle by them (Bdnews24, 2020). Also, people are obstructing and showing reluctance about the burial of the dead bodies died by coronavirus symptoms. A garment worker died by the coronavirus, but the villages did not allow her family to bury the dead body in the village, though the WHO declared that coronavirus could not survive in the dead body for more than three hours (Jahangir, 2020).

5.3 | Consequences of stress and trauma on livelihood, health, and well-being

5.3.1 | Low-work efficiency

The altered workloads, roles, and responsibilities during the COVID-19 pandemic caused stress in the workspace (WECHU, 2020). Due to the reduced working hours, being absent from work, or joblessness faced by the workforce, the efficiency in the workplace has been reduced. In Bangladesh, the lockdown made a change in the work speed and caused low-work efficiency as emotional exhaustion and pressure, facing the risk of getting infected, lack of sleep detrimentally impacted the performance of the employees (Relief Web, 2020). Therefore, the productivity and the work efficiency in different sphere of this country have been reduced.

5.3.2 | Family violence

The COVID-19 pandemic is troubling different groups of people by creating various socio-economic consequences. The safest place, home, is being unsafe for some women who are suffering differently from the social distancing and home quarantine. The cases of domestic violence are increasing because of this crisis; moreover, the victims are unable to go out to seek necessary help. Domestic violence results in many physical and psychological consequences (Jahid, 2020).

On April 15, a Bangladeshi man murdered his wife on Facebook live and surrendered in the local police station. The brutal incident shocked people, and it took place amid the COVID-19 lockdown. The activists stated that the lockdown made the women and children more vulnerable. A coordinator from an NGO claimed that the increasing lockdown is making people frustrated due to the lack of social interaction and economic crisis (Islam, 2020a,2020b).



5.3.3 | Suicide

Along with physical complexities, the psychological breakdown is also prevalent due to isolation, social distancing, and quarantine, which lead to sadness, fear, anger, frustration, helplessness, loneliness, nervousness, and annoyance. When the situation turns into a worsening condition, suicidal behaviors are also grasped at that time (Ahorsu et al., 2020; Mamun & Griffiths, 2020; Mamun et al., 2020a; Xiang et al., 2020). For the case of coronavirus in Bangladesh, the first suicide case was recorded on March 25, 2020, since then, several news on self-harm were reported. A man in Cumilla committed suicide being scolded by the neighbors. They suspected him as a COVID-19 patient though the test result was negative that came out after his death. (Somoynews, 2020). A poverty-stricken man committed suicide because of food shortages for his family members (The Business Standard, 2020a). A police constable committed suicide by jumping from a high altitude after having coronavirus symptoms; later, his test result came out negative (The Daily Star, 2020).

6 | RECOMMENDATIONS TO COMBAT STRESS AND TRAUMA

The COVID-19 pandemic is unfavorably troubling the physical and mental well-being of people. The Government and non-government organizations need to take prompt initiatives to combat the consequences of the virus. The COVID-19-positive individuals, survivors, their families, and vulnerable groups should be paid attention to avoid mental catastrophe in this global crisis (Uddin et al., 2020; WHO, 2020a). Raising awareness among people about health and safety norms is one of the main tools during this outbreak, as it will help to reduce the spread and the level of death instigated by the virus (Ali & Bhatti, 2020). People are reluctant to follow the health guidelines though they are supposed to pay a high price for their negligence. Individual and community counseling is inevitable to change the behavior of community people. Bereavement counseling can reduce the trauma of family members. In the time of a crisis, it is important to ensure a clear understanding of the tasks, responsibilities, and way of undertaking the measures of the respective management committee (Muth, 2020). Therefore, coordinating the COVID-19 management committee consulting with the public health experts and policymakers to make efficient decisions will bring positive outcomes in fighting the virus. As the country lacks necessary medical equipment, supplying the required amount of PPE and disinfectants in all healthcare centers is a prerequisite to increase self-confidence among health professionals. Moreover, healthcare professionals are to bring under compensation packages. In addition, medical wastes should be properly disposed of to reduce infection among medical personnel, and the people who are engaged in waste management (Rahman et al., 2020).

The arrangement of a sufficient amount of ventilators and ICUs for treating the patients will help the medical workers to recover patients from serious conditions (Maswood, 2020). Besides, to identify the infected patients, the authority should increase the number of tests and provide the test results quickly (Tithila, 2020). Monitoring over social media to prevent the spread of fake news related to the COVID-19 (UNESCO, 2020) will help people in avoiding stress and traumatic events. As the pandemic fashioned economic crisis in the country, providing financial support to the workers, employers, marginal groups, and refugees will prevent poverty and hunger (Anwar et al., 2020). Moreover, throughout this difficult time, the employee can arrange video conferences with the employees, and thus, they can be connected with their co-workers (Panther, 2020). Therefore, a coordinated efforts of all stakeholders can reinstate the sound mental health and wellbeing of people in the context of deadly COVID-19 pandemic in Bangladesh (Figure 4).

7 | CONCLUSION

The COVID-19 pandemic has changed the usual routine of people instigating various mental conditions across the country. This study examined the causes and consequences of psychosocial stress and trauma during the COVID-19 pandemic and the impact on psychological well-being of the most exposed groups who are more likely to develop post-traumatic stress disorder, anxiety, depression, and other symptoms of distress.

Lockdown, social distancing, and shutting down economic actives have generated many socio-economic and mental problems among people. It has some undesirable impressions on people's lives, such as suicidality, domestic violence, and low-work efficiency. Thus, stress and trauma is highly prevalent, which is a great challenge for the country. Therefore, the spread of the virus and the rate of death should be minimized to reduce the mental tautness of people. The government and other non-government organizations can play a vigorous role in ensuring the sound mental health of people by implementing appropriate policies conferring with public health experts, psychologists, social workers, and policymakers. In this regard, civil society and the state can be the potential differentiators in reducing the infection and death rate by increasing awareness, advocating for sufficient medical care, coordinating the COVID-19 management committee properly. However, psychosocial and bereavement counseling can better help those who experienced stress and traumatic shocks resulting from the COVID-19. Therefore, the sound mental health of an individual is crucial to fight the pandemic.

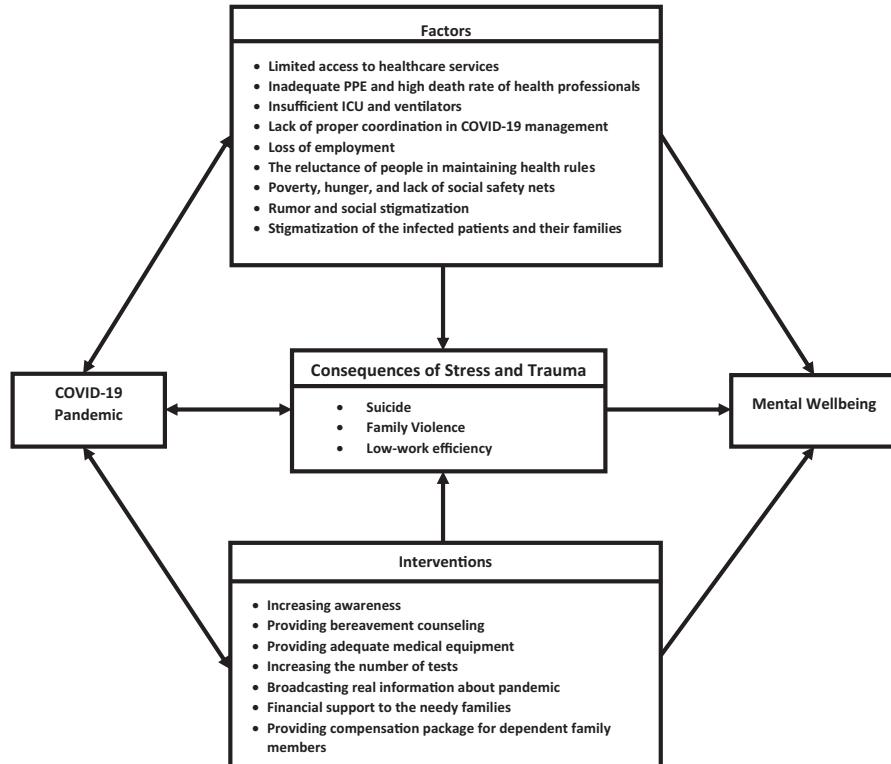


FIGURE 4 Combating stress and trauma

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CONFLICT OF INTERESTS

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