



PHOTO: PALASH KHAN\_www.thedailystar.ne

## Awareness and knowledge about COVID-19 during the early onslaught of the pandemic

The novel coronavirus disease (COVID-19) has affected almost all countries of the world by March 2020. The World Health Organization declared COVID-19 as a pandemic and a global emergency. Like other South Asian countries, the number of COVID-19 cases is rising every day since the detection of the first case on March 8, 2020. As of April 16, 2020, Bangladesh had 1,572 confirmed COVID-19 cases and 60 deaths. Considering the high infectivity of SARS-CoV-2, the virus responsible for COVID-19, the Government of Bangladesh has taken several steps to halt the spread of COVID-19. However, the successful implementation of these measures, to a great extent, depends on the awareness, knowledge and perception of people about the disease, its mode of transmission, and potential preventive measures.

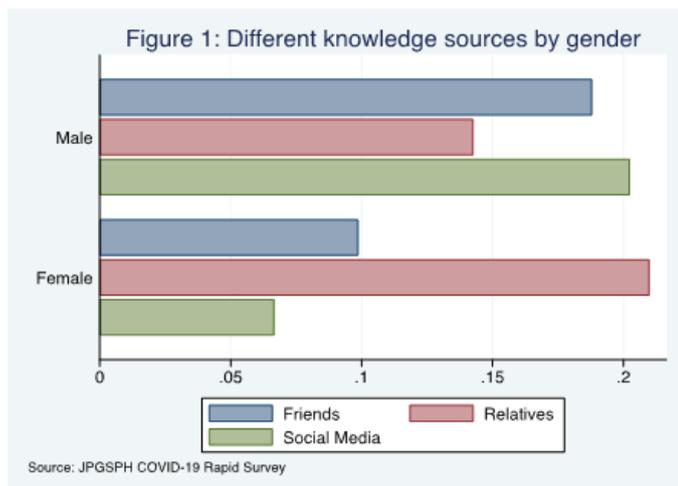
BRAC James P Grant School of Public Health (JPGSPH), therefore, has taken the initiative to conduct a rapid survey to understand people's awareness and knowledge on these issues. The JPGSPH has implemented numerous public health studies on various topics, and the rapid survey took advantage of using those studies to select the study respondents. In the first phase of the rapid survey, we randomly selected respondents from there different studies conducted by the school in the recent past: Ready-Made Garments (RMG) study, Bhashantek study, and National Nutrition

Surveillance (NNS) study. While conducted our initial studies, we collected respondents' phone numbers, which allowed us to communicate to the randomly selected respondents for this survey. The first phase of the survey started on April 6, 2020, and by April 13, 2020, 1309 respondents were interviewed from urban, rural, and slum areas over the phone. The duration of the interview, on average, was 45 minutes, and informed verbal consent was taken from each respondent prior to the interview. This process will continue to ensure multiple phases of data collection and this will allow a dynamic description of different aspects of the households' experiences in the context of an ongoing pandemic.

A total of 1,309 respondents were interviewed among them, 69% of the respondents were men, and 31% of the respondents were women. This reflects the original sample frames, particularly targeting young men from the slums from original survey. Besides, 64% of the respondents were from urban, and 36% of the respondents were from rural areas. One in every ten people reported that they changed their household location after the initial survey they participated in. Over the last month, nearly 23% of the respondents reported people moving to their communities or neighborhoods from Dhaka. On the other hand, about 9% of the

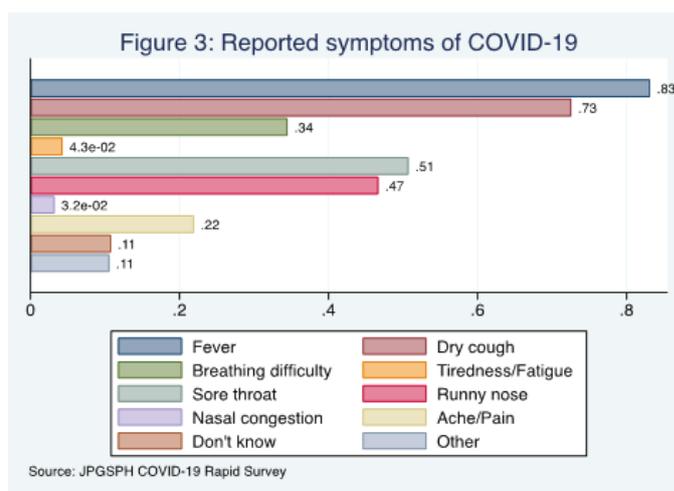
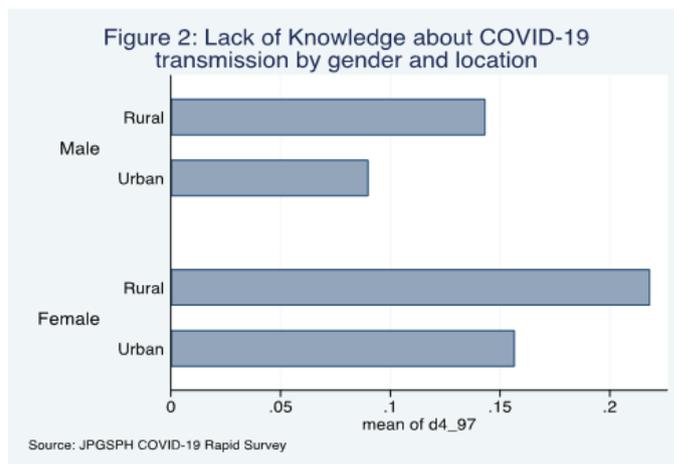
respondents reported the influx of foreign immigrants in their neighborhood over the past month.

Almost all the respondents reported that they (99.6%) heard about COVID-19 or Corona virus, and more than two-thirds of them came to know about it through television (78%). However, there was a difference in the source of information between men and women. Other than television, male respondents are more likely to social media compared to female respondents and also more likely to report friends as a source of information about this pandemic. Relatives are more likely to be mentioned as a source of information by women compared to men in our sample.



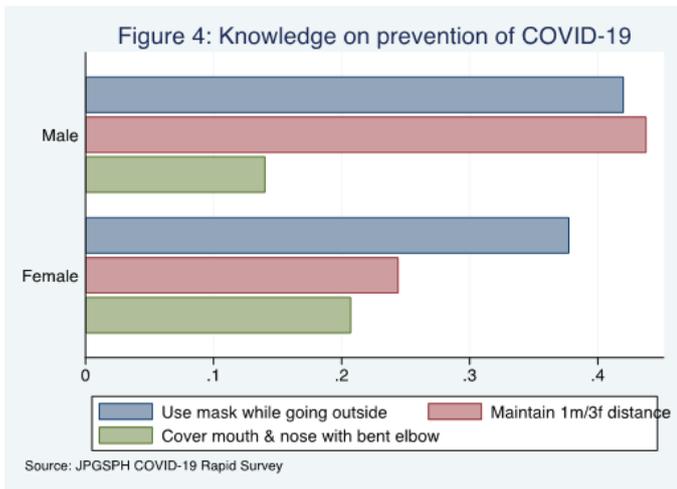
Though a majority of the respondents revealed that COVID-19 spreads from infected individuals to healthy individuals (82%), some of the respondents could not mention any mode of transmission of the disease (13%). Women and rural respondents were less aware of the routes of transmission of the disease than men and urban respondents. Moreover, respondents from rural areas had less knowledge about the mode of transmission of the disease than urban respondents (17% vs. 10%). Lack of knowledge about transmission of COVID-19 was more prevalent among rural men than urban men. A similar pattern was observed among women where lack of knowledge was more prevalent among rural women compared to urban women. All in all, the rural women seem to have the least knowledge about the disease. Given the COVID-19 may well spread to the rural communities in the future, awareness campaigns need to be more attentive to reach such populations who are less likely to know and be aware of the process of transmission.

In case of knowing about the COVID-19 symptoms, about 83% and 73% of the respondents stated fever and dry cough as the symptoms of COVID-19, whereas 11% of the participants did not report any symptoms. A higher proportion of urban respondents could mention common symptoms than their rural counterparts. Women were more unaware of any symptoms than men (13% as oppose to 10%). A higher proportion of rural respondents than urban did not know about the symptoms (18% vs. 7%).



The respondents generally identified the elderly, and people with asthma to be more vulnerable to COVID-19. However, the respondents also mentioned children and middle-aged people (35-60 years) to be more prone to the disease, where morbidity is lower among children. Near about 18% of the respondents had no idea about who is vulnerable to the disease. A higher proportion of women and rural respondents could not mention who were more vulnerable to COVID-19 than their male and urban counterparts respectively.

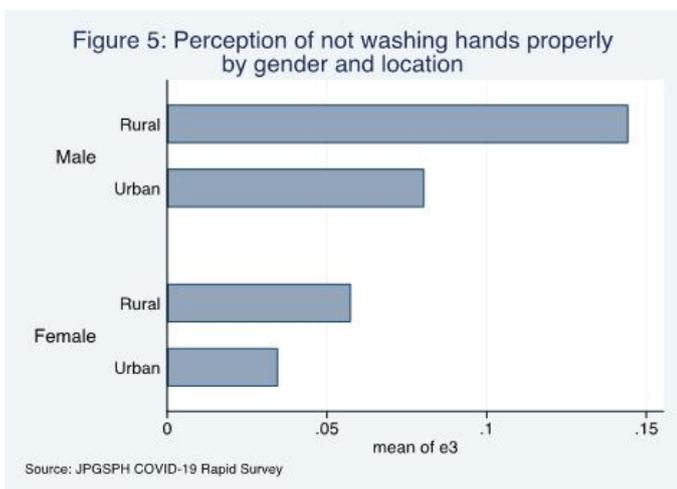
Frequently and thoroughly washing hands (74%), staying at home (61%), wearing masks while going out (40%), and maintaining at least one-meter or three-feet distance to other people (39%) were reported as the ways for successful prevention of COVID-19. While we asked about the prevention of COVID-19, other than washing hands and staying at home, a discrepancy in response pattern was observed for men and women. Men reported more about the use of masks while going outside, maintain one-meter or three-feet distance from other people. On the other hand, women reported more that covering mouth and nose with a bent elbow while coughing or sneezing can stop the disease transmission.



Almost all the respondents (91%) reported that their family members had no symptoms like fever, dry cough, runny nose, sore throat, and difficulty in breathing. However, a small proportion of the respondents reported that any of the family members was suffering from fever (2%) and dry cough (3%). Among those who had any of the COVID-19 related symptoms, 28% did nothing, 17% went to the pharmacy, and 10% were staying at home.

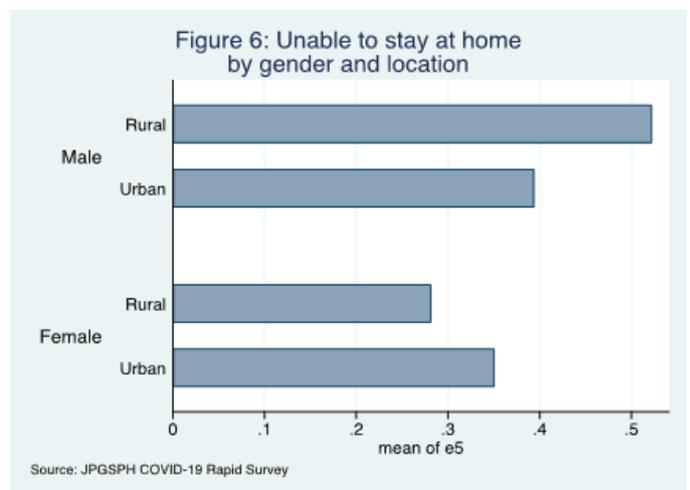
A majority of the respondents adopted handwashing practices (86%), staying at home (70%), and wearing masks while going out (56%) to prevent COVID-19. Almost all the respondents (96%) stated that they used water and soap to wash their hands. About 49% of the respondents reported that they wash their hands for 20 seconds.

Nine out of ten respondents reported that they could properly wash their hands. Among those who could not, the proportion of men was more than women. A higher proportion of rural men compared to urban reported that they could not wash their hands properly. A similar pattern was observed for women.



When asked about the reasons for not washing hands properly, a lack of knowledge about proper handwashing (44%) was reported as the primary cause. Some of the respondents also reported that they could not afford to buy soap to wash their hands. More than half of the respondents reported that other families and households were also washing their hands properly.

A majority of the respondents (60%) reported that they were able to maintain social isolation by staying home. However, about 40% of respondents stated that they could not stay home. More men than women reported that they could not stay at home to avoid the infection (14% as oppose to 5%). While we segregated our data according to gender and location, we found that a higher proportion of rural men were unable to stay at home compared to urban men. On the other hand, an opposite scenario was observed in case of women. Most of the respondents reported frequent shopping as the primary reason for not being able to stay at home.



Some respondents reported that they shared their kitchens (20.4%), bathroom/toilet facilities (29.8%), and water sources (39.9%) with people from other families or houses.

More than half the respondents did not know (60%) the national hotline numbers for help related to COVID-19. Among them, the proportion of women was more than men. Most of the respondents cited 333 as the hotline line number for help related to COVID-19.

There are important policy implications based on our understanding of the disease related awareness and knowledge of the respondents.

- There are discrepancies among different types of respondents in terms of knowledge of the disease, particularly its mode of transmission. Rural women particularly lack knowledge. Similar groups should be identified and addressed in any knowledge campaigns.
- Different groups of people rely on different sources. TV seems to be the only common and widely used medium, hence, it should continue to play its parts in

public interest announcements and awareness building. Apart from that social media and internet reach men more than women which can have implications on who can be targeted more through such channel.

- There is still a dearth of knowledge about social isolation and what it means. The prescribed one meter or three feet distance to be maintain in any gathering is not understood or even known. In the coming weeks, the pandemic runs the risk of becoming more widespread than it needs to be because of dearth of such knowledge and recognition.
- People possibly underreported the COVID-19 related symptoms. Those who did mostly resorted to doing nothing or going to informal providers. This can also accentuate the spreading of the disease.
- People typically find it difficult to stay home and shopping is one of the primary reasons they need to travel. Government and NGOs should embed this in their safety-net delivery design and “home delivery” of in-kind support (say, food items) should be seriously considered, even at the expense of high operational cost.
- Majority of the respondents did not know about the hotline, either IECDR (333) or government’s other hotline numbers. Given the urgency of seeking care in the context of COVID-19 pandemic, the hotline numbers should be further promoted.

For further information,  
please contact

**ATONU RABBANI**

Associate Scientist  
BRAC James P Grant School of Public Health,  
BRAC University

Email: [atonu.rabbani@bracu.ac.bd](mailto:atonu.rabbani@bracu.ac.bd)

This survey was conducted by BRAC  
JPGSPH's larger research team.