

COVID-19: Perceptions and Awareness among Women in Bangladesh

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Abstract: The present study aims to get the perceptions, notion, and level of knowledge of women in Bangladesh regarding COVID-19 and also to know their cognizance on how they prepare themselves or what kind of initiative they are taking to protect their family as well as themselves, as female are the true manager, caretaker of a family in terms of Bangladesh. To control the spread of COVID-19, we should start from the family and that will energize the state apparatus to deal with the situation more effectively. COVID-19, the ongoing pandemic ruling over the world caused by severe acute respiratory syndrome coronavirus2 (SARS-CoV-2) has changed the traditional look of the world. Most of the world's states including the world's most powerful countries have been stifled by the pandemic. Bangladesh is no exception. Corresponding the diversity of the situation, the study found that most of the women in Bangladesh except some gnostic portion don't have the tangible supposition of the pandemic and in response to the COVID-19 what to do for being safe. Even they don't have any strength of will to know what is going on around the world. In this study, 70 respondents were selected conveniently for conducting a sample survey to represent all the classes regardless of education, work, and economy. Common status among the respondents were married. By using quantitative research methodology, a self-administered questionnaire was used to conduct the study. To validate the quantitative data qualitative approach applied to take some opinions through mobile interview. At present, the only way to get rid of this epidemic is through state initiative as well as every citizen to walk consciously from his/her position as there are currently no drugs or vaccines licensed for the treatment or prevention of COVID-19. Findings led to the conclusion that if the initiative can be taken to give a proper idea of COVID-19 among the women in Bangladesh they can contribute to the government for minimizing the spread of COVID-19 by controlling their family and assisting family members.

Keywords: COVID-19, Women, Perception, Awareness, Bangladesh.

Introduction

Despite the social, cultural and structural barriers, women have made considerable gains since Bangladesh became independent in 1971. The nature of progress made by women is uneven and some gender inequalities remain persistent (Nazneen S, 2017). Women, in custom and practices remained subordinate to men in all aspect of their lives. Still women live remain centered on their traditional roles, and has limited access to education, health care services etc. (Laura A J. Sloss and Ahmed Munier, 1991). Bangladeshi society is categorized as classic patriarchy and structures are more favorable for men. Whilst lifesaving, the COVID-19 lockdown is disproportionately impacting women as existing gender inequalities are exacerbating gender-based disparities between women, men, girls and boys in terms of access to information, resources to cope with the pandemic, and its socio-economic impact (UN Women, 2020).

During December 2019, a novel coronavirus (2019-nCov) emerged in China, which posed an International Public Health Emergency in a couple of weeks, and very recently attained the position of a very high-risk category by World Health Organization (WHO). According to Nature, the spread of coronavirus disease 2019 (COVID-19) is becoming unstoppable and has already reached the necessary epidemiological criteria for it to be declared a pandemic (Remuzzi, G., 2020). Though the whole world put efforts to understand COVID-19, many issues remain unclear. As of 07 May 2020, 3 679 499 Confirmed cases, 254 199 Confirmed deaths, and 215 Countries, areas, or territories with cases (WHO, 2020) reported. After its initial emergence in Wuhan, China,

during December month of the year 2019, On 30 January 2020, the World Health Organization (WHO) declared that COVID-19 outbreak as the sixth public health emergency of international concern (Dey, S.K., et.al.2020). On March 11, 2020 Director-General WHO declared COVID-19 situation a pandemic (Khilnani, G.C., Jain, N. and Sahu, R.S., 2020). According to WHO (2020), COVID-19 is an infectious disease caused by the most recently discovered coronavirus. Symptoms may appear 2-14 days after exposure to the virus. Since currently there are no approved treatments for this infection, prevention is crucial. Isolation of confirmed or suspected cases with mild illness at home is recommended. Isolation separates sick people with a contagious disease from people who are not sick (CDC, 2020).

Like every state Bangladesh is looking for a way out of this disaster/catastrophe through the maximum use of its power to minimize the exacerbated negative impact of COVID-19. The country confirmed the first COVID-19 case in its territory on March 8, though many experts speculated that nCoV-2 may have entered the country earlier than that but had not been detected due to inadequate monitoring (Anwar, S.et al., 2020). As of first June 2020, there are confirmed cases -49534, death- 672, total recovered-10597 (Official Updates Coronavirus, 2020).

Rumor's, wrong information about the new coronavirus COVID-19, including false cures and how the disease is spread, has been described as an 'info-demic' by the WHO Director-General. They can be as harmful as the virus itself. Bangladeshi people specially women regardless of age, education, profession, economic class grasp this type of information quickly and spread it also. Generally, women in Bangladesh has limited access and ability to make them aware with flowless proper information. Though the government of Bangladesh ordered strict surveillance on this issue. Outward inferiority can be the potential reason behind this or lack of access to information, lack of will to know, illiteracy, and so on.

The government of Bangladesh trying its best to deal with this epidemic but can't succeed as per the expectation as to save the economy and people with hardcore poverty those who lead their life hand to mouth. At this stage, we all must play a conscious role from our position, thinking about the uncertain future. Every person on this earth has a responsibility to be vigilant and be aware of this disease which includes the symptoms and foci where the disease is more prevalent. Public health measures cannot be implemented without the cooperation of all people in society (Khilnani, G.C., 2020). About half a portion of the population is female in the country. They are the real caregiver, manager in the family in real sense for all the members of the family including the vulnerable part. In every family, if the female comes forward with the proper initiative to deal with the situation to protect her family as well as herself it could be a great success along with the government initiative. Imparting knowledge is a first step toward changing behavior and following similar step awareness developed. Due to the COVID-19 and lockdown, School closure, Work From home, Social distancing create overburden work for women, thus they could not get opportunity to be informed.

Results from the mobile phone survey conducted by UN Women confirmed that social media and the internet were dominating media for women to access information in Bangladesh, followed by radio, television, newspapers. However, female also relying much more on family members and neighbors/ friends/ relatives compared to male (UN Women, 2020). Women have limited means or time to access information directly compared to men. For that they should made aware with situation demanded strategy and get proper perception about this situation. This study's objective is to know the perceptions and awareness of women in Bangladesh to deal with the unpredictable situation of COVID-19.

Rationale

Women represent almost half of the population of Bangladesh and can be acknowledged as the "other-half" of the nation. Bangladesh is known as a predominantly male-dominated society with traditional and religious beliefs that restrict women's mobility and participation in economic and social activities (Bose et al., 2009). Women are a dis-advanced section in Bangladesh. Activities done mostly by women at the household level are quasi-economic and are not valued in household and national income accounting. Examples are food processing

and meal preparation, childcare, healthcare, washing and cleaning utensils and clothes, entertaining guests, and teaching children. These are referred to as domestic activities (Bose et al., 2009). In the family setting, they are the real caregiver in Bangladesh. Today the whole world passing a disaster like the situation with a lot of risk, vulnerability, uncertainty. In this situation along with the government, we all must play our role to combat COVID-19.

It is popularly said that "prevention is better than cure." Prevention of COVID-19 should be the prime strategy to restrict this deadly disease from a further outbreak in Bangladesh. Although complete elimination of COVID-19 outbreak seems impossible, several key measures could reduce the possible transmission of SARS-CoV-2 by avoiding the contact opportunities (Alam et al., 2020).

Bangladesh is one of the most vulnerable countries due to high population density (170 million people in 147,000 sq.km), poor health care systems (specially for women), and a weak economy. The rapid spread of the COVID-19, Bangladesh's economy has already started to avalanche. While the richest, developed and the most powerful countries of the world have been struggling to fight against the COVID-19, failing to provide the necessary support and medical treatment to their patients. It is a now worrying question about the ability of Bangladesh to deal with the pandemic COVID-19 though Bangladesh's government is trying to follow the instruction and making people understand the gruesomeness of COVID-19. If every family maintains their safety, then it would be easier to fight with the pandemic. In this question, the female portion of every family can play a time-demanded role. The utmost care can be ensured by a woman. The female portion can help their family members especially dependent portion like child, aged to follow and maintain the guided precautions like random hand washing, way of maintaining distance, way of coughing, sneezing, cleanliness. Making the children used to have healthy food that boosts up their immune power. As schools and other educational institutes are closed, at this time child become more restless and bored as they can't go outside and can't participate in any recreational activity. In this time, they should care sensitively in a guided way and that is the inevitable role of women in the family. The aged person with long term illness and fragile health should be cared for properly with proper food supply, good hygiene practice, and mental health care. Women can make the time easy, stress less, productive, and safe for their family members, can set rules and make bound to follow them also.

To secure the family properly women should know thoroughly about the detail of COVID-19, its history, its pattern, risk, symptom, its gruesomeness, potential threats, way of spreading, way of prevention, dealing procedure with a patient, possible initiative to take care of the child and aged people of the family. Without knowing the pandemic in detail, they can't perform properly and can't minimize the threats for her and her family. Moreover, they should aware about the pandemic properly and should have a clear perception about the virus and its deadly impact. In Bangladesh female are reluctant to be informative as the society make them like this from the beginning of the civilization by establishing gender inequality. Though as a conscious citizen they have a lot to do in this crucial moment but without proper understanding and strong will of doing good it's quite impossible.

This study aims to know the perception of women regarding COVID-19 and to dig out information about their preparedness, awareness of dealing with this disaster. It's a time demanding study as Bangladesh can't fight back without its half portion of people unwinking. This study will help the policymakers to take proper initiative to make people informed so that they can abide by the rules. Though the government take the different initiative to disseminate information about the pandemic but more organized, target group-oriented steps should need to take to tackle the disaster. When everybody will be well acquainted with the problem then they can make it possible for the government to succeed to combat the pandemic and thus it's important to know the perception and awareness level of women regarding COVID -19. The unavailability of proper information can make any disaster more furious and devastating.

Key concepts

COVID-19 is a disease caused by a new strain of coronavirus. 'CO' stands for corona, 'VI' for the virus and 'D' for the disease. Formerly, this disease was referred to as '2019 novel coronavirus' or '2019-nCoV'. The COVID-19 virus is a new virus linked to the same family of viruses as Severe Acute Respiratory Syndrome (SARS) and some types of a common cold (Bender, 2020). The first case of a COVID-19 patient was detected in Bangladesh on March 8, 2020 (Talukdar, et al., 2020). The coronavirus disease 2019 (COVID-19) pandemic is evolving rapidly as an overwhelming burden on human health and health systems of many countries includes low resource countries like Bangladesh (Thomas, Z., 2020).

In this study, the term women use for those female portions of the society who occupy a family with stereotype responsibility regardless of age, class, education, and profession.

Regarding perception, the perceptual system recreates the surrounding environment in the brain based on information provided from the senses: vision, hearing, smell, taste, and touch. Therefore, perception provides the experience of the environment and is a means to act according to what is occurring in the environment (Gerds, J.V., 2013). Perception indicates the way that an individual think about something and generate an idea about what it is like with one's natural ability. In this study, it's very crucial to know the perception of women regarding COVID-19. Perception form through a flow of information and the ability to access the information to develop an idea with the use of sights. False information develops fake perception and that is harmful to society. Education, the environment of upbringing, value, culture, self-concept, character traits play an important role to develop one's perception. A catastrophe like an event needs a clear perception to be effectuated perfectly.

Awareness is knowledge and understanding that something is happening or exists (Merriam-Webster. 1828). Awareness is an aspect of becoming more conscious. It is advised to share awareness programs through social networking sites and platforms and follow intense epidemiological surveillance so that any new case (symptomatic and asymptomatic both) of COVID-19 can be notified (Rodriguez-Morales et al., 2020). Women should be the target group for developing awareness.

Bangladesh, the country of South Asia, located in the delta of the Padma (Ganges [Ganga]) and Jamuna (Brahmaputra) rivers in the north-eastern part of the Indian subcontinent. The riverine country of Bangladesh ("Land of the Bengals") is one of the most densely populated countries in the world, and its people are predominantly Muslim (Tinker. and Husain, S. S., 2020). Present study Bangladesh refers to the areas from which data has been collected.

Response of Bangladesh to deal with COVID-19

From the beginning of the COVID-19 pandemic on last December in China, Bangladesh got a long preparatory time to get prepared as the first confirmed case was found in early March. Despite different vilification regarding different measures, the government has taken steps with enough sincerity to handle the situation caused by the invisible power COVID-19. The new coronavirus has forced countries around the world to adopt measures such as flight bans, mandatory lockdowns, and social distancing to prevent the pandemic from spreading (Mahmud, F.,2020). Bangladesh Lockdowns were soon initiated in a bid to halt the spread of the virus. To meet the incipient challenge the government rolled out its assistance package to minimize the trade impact of the Covid-19 crisis, added another package for the agricultural sector, declared some small programs such as free food distribution, greater open market sale of rice and sanction money for helping those who lost livelihood (Taslim, M.A., 2020). The thermal scanner has been installed in the international airport; the government has formed different kinds of committees to monitor the situation all over the country. Ministry of Health and Family Welfare prepared 400 beds in different hospitals in each divisional city, 100 beds in district-level, and 50 beds in Upazila-level healthcare facilities to take care of coronavirus-infected patients. Doctors and nurses are also being trained [on the Covid-19 treatment], and necessary kits such as masks, hand wash, and sterilizers are also being provided by the government (Mamun, S., 2020). Bangladesh first declared a national

holiday from March 26 to April 4 while the country confirmed the first coronavirus death on March 18, ten days after the detection of the first three COVID-19 cases, extend the nationwide shutdown for the seventh time as the country on 13 May reported an alarming rise of COVID-19 cases with 1,162 new positive cases and 19 fatalities, the highest coronavirus deaths in a single day in the country (Rahman, A., 2020). The police and other security forces have been deployed to ensure that people do not move out of their homes and that masks are used by citizens. From 17th March educational institutions have been closed for ensuring the safety of students and their families and still closed. To continue the school education of the children, the government has arranged to take classes through Television. Army has been assisting district administration to maintain social distancing and increasing consciousness among general people. Returned migrants are under strict control to follow home quarantine. Out of all measures, WHO (2020) is urging for two important social measures to be taken countrywide; social distancing and self-isolation; and lockdown. Bangladesh's government has initiated social distancing since late March arguing that this method can contain the outbreak of COVID-19, expand testing capacity but the current rate of testing put the country among the lowest COVID-19 testing countries. However, it was also claimed that Bangladesh's existing healthcare infrastructure is not very strong as per the WHO guidelines and in case of community spread, the Bangladesh government may find it difficult to manage the spread in light with the predicted statistics. All these steps were taken in the hope of flattening the curve of infected cases and to limit the exponential growth of the patients in Bangladesh (Rahaman Khan & Hossain, 2020). Even after taking such measures, the infection rate in Bangladesh is on the rise and remains in the lowest position in the sense of testing. But to keep the wheel of the country's economy moving, it is not possible to keep the lockdown for more time. In such a situation, there is no alternative but to raise awareness for personal protection to flat the curve of infection.

Objectives

The objectives of the research summaries what is to be achieved by the study. In this study objectives are-

- To comprehend the understanding of COVID-19 among women in Bangladesh.
- To investigate the level of awareness among women to counteract the pandemic.
- To unveil the steps taken by the women to ascertain the safety of themselves and their families.

Methodology

The study mainly reported through a quantitative investigation. However, qualitative approach is used to supplement the validity of quantitative data. Quantitative research is typically considered to be the more "scientific" approach for doing social science. The study conducted through a sample survey method. A sample survey is a method for collecting data from or about the members of a population so that inferences about the entire population can be obtained from a subset, or sample, of the population members (Culyer, A.J., 2014). In this study, respondents were selected by using convenient sampling techniques. Dhaka and Rajshahi division were selected purposively as study area. 70 (Seventy) respondents were selected through convenient sampling techniques from selected study area. Though all respondents were married women who occupy a family and that was the common traits among them but by profession, age, the economic and social status they are from a different class or belongs to different branches of society. Respondents were University teachers, College and Primary School teachers, Government officers, Housewife (Educated and Illiterate). To get a representative outcome, here different groups of respondents were chosen. For gathering primary data, a self-administered questionnaire was used here. As survey was carried during lockdown of Bangladesh and as the researcher was staying outside of the country, so data were collected through volunteers who live on the stated divisions and using online platform. For qualitative information mobile phone was used to collect data for taking interview in some issue to support quantitative data. For secondary data books, personal sources, journals, newspapers, websites, government records, etc. were used. Secondary data helps to create a logical ground for the researcher. In this article, data were analyzed using some statistical representation using frequency distribution but presented descriptively.

Findings and Discussion

There is no doubt COVID-19 is a new situation for the world and the biggest threat to humanity in the last one century (Khilnani, G.C., Jain, N. and Sahu, R.S.,2020). Bangladesh is one of the most vulnerable countries due to high population density (170 million people in 147,000 sq.km), poor health care systems, and a weak economy. Although the scarcity of test kits and lack of awareness from the general public certainly contributed to the crisis, Bangladesh is one of the few countries which had more than two months to prepare for the COVID-19 crisis. It could have been both aware and prepared, because of its close business ties with China (Huq & Biswas, 2020).

For any country, the role and position of women are usually influenced by cultural norms and beliefs. In most societies, their roles are different from their male counterparts. Bangladeshi women are not an exception to this, as “classist patriarchy” is practiced in this country (Kabeer, 1988). Adult women in developing countries are typically less well educated than men and plugged into information networks. There should, therefore, be special efforts made to reach them with information about COVID-19 (stages of disease, symptoms, what to do if sick), and its prevention (handwashing, wearing masks, isolating). Often in our societies it is the most vulnerable and marginalized populations who suffer the greatest due to limited access to information. This is particularly true for women.

Women do not access information as easily or as frequently as men (The Charter Center,2016). Women may be disadvantaged in access to critical information due to lower education levels, exclusion from male networks/power structures, and societal limitations on women's mobility (Smart et al., n.d.). long-standing obstacles such as, overwhelming household responsibilities, cultural mora, and immobility all have played a role in creating gender asymmetries in the exercise of the right to information (The Charter Center,2016). For these reason in any disaster women suffered a lot than men.

Women are bearing the brunt of increases in unpaid care work. In Bangladesh, pre-COVID-19, women on average performed 3.43 times more unpaid domestic care work than men (BBS Gender Statistics 2018). The closure of schools and the entire family staying at home has further exacerbated the burden of unpaid care work on women, who now must absorb the additional work of constant family care duties (UN Women,2020). There is a strong relationship between clear perception development and flowless accurate information and access to the information. Over burden of work making constraints to women to get proper information, hindering awareness and creating obstruction to adopt preventive measure as well.

Table 1: Socio- Demographic information of the respondents (N=70)

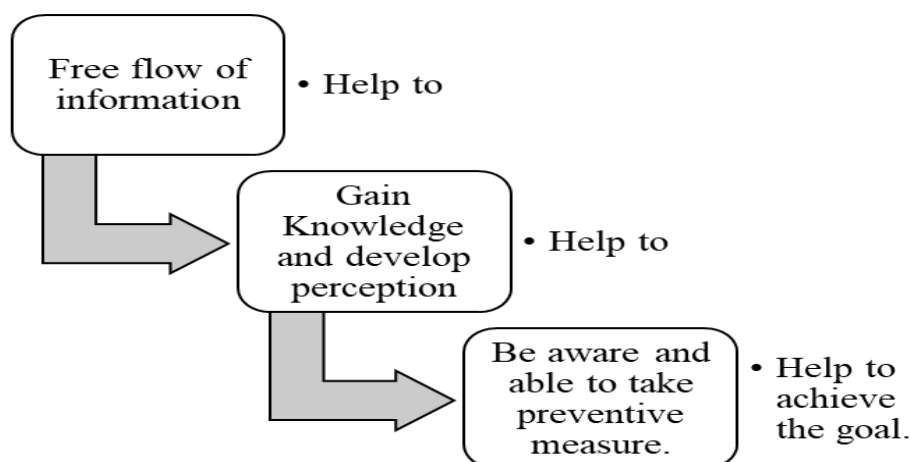
Socio-Demographic information	Frequency (N=70)	Percentage (%)
Age(year)		
20-30 years	10	14.29%
30-40 years	34	48.57%
40-50 years	20	28.57%
50-60 years	6	8.57%

Education		
Primary	5	7.14%
Secondary	35	50%
Graduate	10	14.29%
Postgraduate	20	28.57%
Profession		
Housewife	37	52.9%
Job	33	47.1%

In this study, seventy (70) respondents were chosen using convenient sampling techniques. (48.57%) of respondents belongs to the age range 30-40 and (28.57%) belong to the 40-50 age range. Regarding education 50% of respondents were completed secondary levels of education, 28.47% were post graduate and rest were literate. Education level, the profession is highly related to perception development, awareness building, and obviously ability to grasp the right information at the right time. Among the respondents, 47.1% were involved in a different type of job and 52.9% were housewife but each category must perform their respective imposed duty to their family.

Knowledge about COVID-19

The accelerating spread of the COVID-19 and its outcomes around the world has led people to fear, panic, concern, and anxiety (Ahorsu et al., 2020). As COVID-19 is a burning issue around the world, respondents were asked whether they know anything about COVID-19 or not. 100% respondent answered they know about COVID-19. From them, 85.7% of respondents knew it's a viral contagious disease but 14.3% don't know anything identical related to COVID-19 but listened to the name only. Though it's very important to ensure that all people will know appropriate information about COVID-19 which will help to minimize the losses. When they get to know properly about the disease, can take preventive measure for them and their family.



According to the gathered information, 38.6% of respondents managed to know about COVID-19 in January 2020, 28.6% in December 2019, 20% in February 2020, and 12.9% in March 2020, when Coronavirus infection started in Bangladesh. It is predictable from the data that women in Bangladesh have less access to information

and have less interest to get the access of information. About 55% of respondents knew from where the disease originated about 30% don't know and rest were knowing wrong. Those who knew, they managed to know by television (53%), internet print media, and through family, friends.

It is important to know the nature and location of its previous movement in dealing with any disasters which help in preparing in advance. 45% knew the number of countries infected with COVID-19, from 87.5% was educated and 12.5% were moderate literate. 54.3% did not know the actual number where 23.7% were educated. 51.4% had no idea or did not know the number of people around the world infected with COVID-19, even about 40% respondent did not know the number of people died of COVID-19. If all people manage to know the devastating impact of COVID-19 throughout the world it will make them more conscious to keep them and their surroundings safe and that is much needed now as Bangladesh has not enough capacity to deal with many cases with its limited strength.

54.3% of respondents did not know how many people infected with COVID-19 in Bangladesh, they either know the number is much higher or lower because of false information spread all over the country. Both are not good for society as if they know a higher number it creates extra panic and if less it will make people more reluctant. Even more than 60% of respondents did not know how many people we have lost for COVID-19 so far.

About 50% of respondents knew the number of districts of Bangladesh infected with COVID-19, rest did not know the number, but some had a partial idea. For risk reduction, it's important to identify the risky zone or area but from the data, it is found that about 37% did not know which area was riskier. Even 20% did not know that the viral infection has no age limit. Older people are at highest risk from COVID-19, Some of the reasons older people are greatly impacted by COVID-19 include the physiological changes associated with aging, decreased immune function and multimorbidity which expose older adults to be more susceptible to the infection itself and make them more likely to suffer severely from COVID-19 disease and more serious complications(WHO,2020).

Some policies termed as “isolation”, “quarantine”, “lock-down” and “social distancing” would give a stunning direction to control the epidemic outbreak. To abate the high-level transmission Bangladesh government has taken different measures. To ensure the social distancing declared a general holiday as if people will be confined themselves at home.100% respondent knew the motive of the government behind this initiative. 92.9% feedback came in favor of social distancing that could lessen the rate of infection and others thought taking precautions is the best way to take. Quarantine is intended for anyone who believes they have been exposed to COVID-19 and is required to be home quarantined to prevent community transmission (WHO,2020). 78.6% of women knew what home quarantine is but among them a big portion had no idea for whom, why, and how this policy will be applied and what should be done in a quarantine period. If a potential person to be infected could not maintain the right measures in quarantine time, it can be a threat to others.

To get a proper guideline to handle the threat everybody should know the information about where they can get assistance properly and how they can avail the facility easily. As of 31 May 2020, in Bangladesh 52 lab around the country operating coronavirus test (Official Updates Coronavirus,2020). But the matter of concern that only 28.6% knew where they can be tested or treated. In Bangladesh women have little access to take any decision in their family and also women have accepted this truth and their perception is as they have no power to take any initiative so it's the man who should know where to get the assistance in any required situation. Women, in custom and practice, remained subordinate to men in almost all aspects of their lives.

From the very beginning, the Bangladesh government taking preventive and protective policy amid affordability. 68.6% of women roughly knew the government initiative but their opinion is only taking measures is not enough to combat the transmission rather more emphasis needs to be placed on the implementation of the steps taken.

Symptom

The headache, fever, cough, and sore throat are among the symptoms of COVID-19 as far as information is available. Bangladesh is a country of multiple seasons and that almost every season symptom like normal flu is observed in Bangladesh every year and its prevalence is usually higher during the May-July period. Thus, it can be difficult for people to differentiate between symptoms of COVID-19 and common flu which is normally ignored to take into consideration especially among women. There is a lack of clarity on how to identify infection. 92% of respondents know the symptoms of the virus as this is quite like normal flu. So, they are getting panicked with normal flu and other hand ignore the symptom thinking normal flu. They are in dual situation.

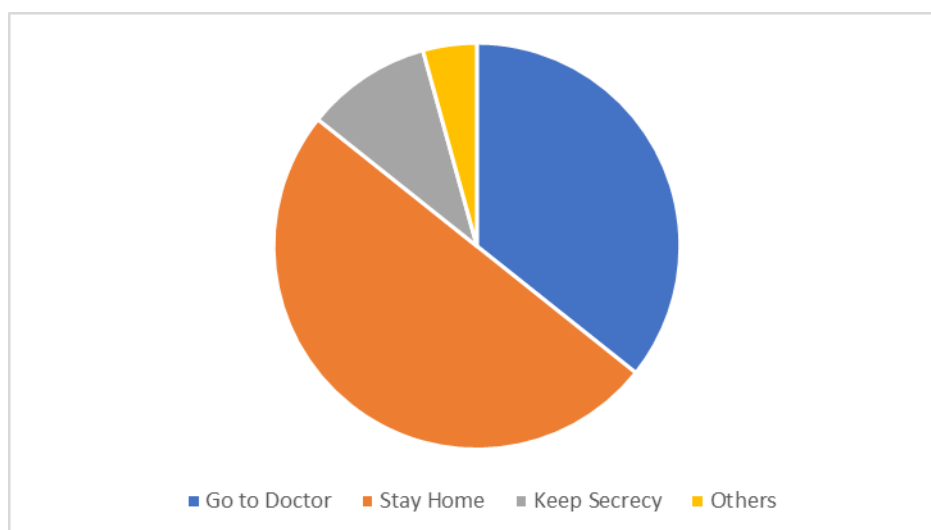


Chart 1: Steps to be taken if symptom develop

If a person develops any symptoms of COVID-19, they should follow the steps below to stay safe and help protect others from the virus. Once a person begins to suspect that they may have COVID-19, they should: Self-isolate, seek medical help if needed, Practice self-care, Practice proper hand hygiene (Leonard, J.,2020). About 36% of respondents thought they should go to the doctor if symptoms develop to anyone and about 50% answered to be isolated. They don't have exact information about what to do. Those who answered to be isolated or Stay home, they don't know clearly what they should follow being in home.

Transmission

Essential knowledge about transmission and prevention is widely communicated to the community by all stakeholders, however, some messages could be misleading (Bikbov & Bikbov, 2020). Publicly shared knowledge makes people aware. Due to apathy and lack of awareness, the virus has considerable potential to spread widely (Abdul & Mursheda, 2020). In Bangladesh, Importantly, when focus is placed on a woman's ability to fully and effectively exercise her fundamental right to information, the considerable gender asymmetries become apparent (The Charter Center,2016) but proper information is must for creating awareness.

About 85.7% of respondents had an indistinct idea about the way of virus transmission. All of them had information but not clear. In this pandemic, every single information is important to deal with the inscrutable problem. 98.6% knew the way how the virus entered and that is through the people come from infected countries. Awareness is changing the way we perceive natural disasters. Raising awareness is about changing people's hearts and minds (Vidili, M.,2018). Previous study shows that in Bangladesh, during disaster, women are left behind to leave in cases of emergency because they lack knowledge, mobility and resources. Weather forecasting information networks or early warning systems often do not consider women; thus, they are less able

to minimize risks. It showed that lack of access to information hindered their awareness and clear perception regarding risk. It exacerbates the vulnerability of women.

Source of Information

71.4% of women did not know what the reliable source of information is regarding COVID-19. Without a genuine source, rumors get severity easily and that helps to get stressed, panicked. Overstress hindered the capacity of taking the right decision in the time of necessity. All are well known that the world will not get back to the previous state, thus everybody should try to tackle the present smoothly and get prepared to repair the harm in the future.

Table 2: Sources of Information

Sources	Frequency	Percentage
TV	50	71.42%
Internet	10	14.29%
Print Media	3	4.29%
Through Familiar People	7	10%

When the respondents were asked the sources of knowledge about COVID-19, as it's a new topic to all, 71.4% were used television as predominantly the primary sources of information, 21.4% internet and rest were used multiple sources of information. In Bangladesh television is the most accessible source of information all over the country but the internet and other sources are not accessible to all especially to the women. Government uses the electronic media the most to disseminate the information to the people which is not only the way to be informed.

As the number of persons with COVID-19 and death is increasing there is a potential of heightened mass panic, stress, and discrimination in coming days which can be predicted from recent protests in different parts of the country, the spread of rumors and falsehoods, non-scientific information and growing discrimination towards a certain group of population and professionals. One of the prime reasons behind stigma and discrimination about COVID-19 in Bangladesh is little knowledge of the novel coronavirus. This is amalgamated by a large amount of fake news and false information all over the globe (Thomas 2020). In Bangladesh, women are mostly influenced by rumors and falsehood than men. The reason behind this is less access to information, their traditional role confined in the home, society's patriarchal tendency, and so on. In any pandemic and disaster, women face the hardest hit due to their status in the family, in the society, and due to their role to the family.

Worldwide reaction to the threat has generally increased the perception of the severity of the illness. However, there is a widespread lack of clarity on specifics related to the illness. When public easily understand the risk and response initiatives in crisis communicated timely through trusted and accessible channels with the availability of necessary services, people are apprehended with suggested health, hygiene or social practices includes making informed choices, protecting themselves by approaches like physical distancing (Glik,2007; WHO, 2018). The WHO has already labeled the spread of fake news on this outbreak as infodemic and speculated that manipulated and non-scientific information is spreading faster than the virus (Thomas 2020). In Bangladesh some NGOs have taken initiative to disseminate information through mobile SMS related to symptom, transmission, prevention and related information. But they are not succeed as in our daily life women has to get engaged with lot of responsibilities ,so they can't manage time to check the SMS and also in a day we got different type of promotional and unnecessary SMS which are ignored naturally.

Preventive measures

Social distancing also called "physical distancing," means keeping space between yourself and other people outside of your home. Spread happens when an infected person coughs, sneezes, or talks, and droplets from their mouth or nose are launched into the air and land in the mouths or noses of people nearby. The droplets can also be inhaled into the lungs. Recent studies indicate that people who are infected but do not have symptoms likely also play a role in the spread of COVID-19. It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their mouth, nose, or eyes. Social distancing helps limit opportunities to encounter contaminated surfaces and infected people outside the home (CDC,2020).

To reduce the chances of being infected or spreading COVID-19 one should take some simple precautions: Regularly and thoroughly hands cleaning with an alcohol-based hand rub or wash them with soap and water, maintaining at least 1 meter (3 feet) distance, avoiding going to crowded places, avoiding touching eyes, nose and mouth, making sure you to follow good respiratory hygiene, staying home and self-isolate even with minor symptoms such as cough, headache, mild fever, until recovery, keeping up to date on the latest information from trusted sources, such as WHO or your local and national health authorities (WHO,2020).

Along with the government, it's time to act responsibly. About 64% of women emphasize maintaining family hygiene, adopting new food habits to boost up immunity but rest are not taking any measures to secure themselves as well as their family. In reality of Bangladeshi society, women are the caregiver if any member of the family gets sick or infected it's the female of that family who has to take care of that infected one, so the potential chance of being infected is quite high for women in the family. It's inevitable to take preventive measures to be safe. For that they should informed with proper preventive measure also.

This study found that almost every respondent concerned about the adverse consequences of the pandemic. 74.3% mentioned they took some sort of steps to protect themselves and their family. But the steps they took did not seem adequate. 25.7% did not take any steps to be or keep safe. Because of an adverse stressful situation, 54.3% of respondents have experienced changes in mental health, 24.3% did not identify any change and 21.4% did not know what mental health is. Those who felt changes in their mental health, as the reason behind the change the reported insecure future economic condition, confinement in the home, tension about uncertainty, worldwide detriment so on.

It is difficult for children to conceal their behavior, and it is difficult for parents as well to manage their anxiety levels. During the crisis period when social distancing and refrained outdoor activities have brought our children into a knotty situation, it is necessary that we understand their fears and myths, try to resolve their concerns in a polite way and strengthen their minds (Saxena, R, and Saxena, S.K.,2020). 48.6% of mothers had no idea about the way to handle their child more sensibly in the pandemic. The rest of the respondents knew but did not have a proper idea. They are trying to give more time to their children, taking care of their nutrition, their hygiene. Moreover, children learn and habituate with what their mother makes them learn. To make the children used with new etiquette, hygiene practices every mother should know them first.

Well-being measures

Violence against women and children is on the rise in Bangladesh amid the COVID-19 lockdown, according to reports. Experts say a lack of social activities and financial pressures are increasing rifts within families (Islam, A.,2020). Not only Bangladesh but it's the picture of the whole world. Times of economic uncertainty, civil unrest, and disaster is linked to a myriad of risk factors for increased violence against women and children (VAW/C). Pandemics are no exception (Fraser, 2020; Palermo and Peterman, 2011). Everybody is going through pressure, so at this time extra care is needed to keep the family relationship rhythmic and to prevents domestic violence. 57.1% giving some extra effort to maintain sound family relationships. For economic security only 41.4% saving money by the cut of extra expenses. The rest of them are apathetic in this regard.

Conclusion and Recommendation

Disasters are great educator. At present, there is no real idea about how long the COVID-19 situation will persist, how long people's lives will be disrupted. I argued at the beginning of the article that Governments will not be able to minimize both deaths from coronavirus disease 2019 (COVID-19) and the economic impact of viral spread. The findings that I have presented that is this study found a gap of knowledge regarding symptoms, transmission, prevention, the real threat especially among women. Their perception developed far away from the real scenario. 92% respondent mixed the symptom with normal flu as it is quite similar, so easily panicked. Most of them has no distinct knowledge about transmission due to the spreading of bifurcated information through different sources. Regarding prevention they comprehend different thinking not unified. Reasons behind this is lack of proper information, lack of proper publicity, failure to identify targeted people and failure to create feelings about the severity of the virus. The study found a lack of will among the respondents to know the reality around the world, but they want to make their time more comfortable. For now, this study is important because this is not the time to perform a stereotype-imposed role but to act smartly, sensibly, responsibly. They don't have proper information about the vulnerability and vulnerable portion whom they deal with. Bangladesh's government has taken the multi-dimensional initiative already including sending SMS through mobile, publicity through media and so on. But without individual endeavor, this situation can't be tackled. To date there are lot of literature on different aspect related to COVID-19 but not in gendered lens. As a result of conducting this research I propose that Information dissemination should be target group oriented, purpose of dissemination of information should develop awareness as well as to help for getting clear perception regarding the pandemic, multivariate way should use to reach information to all like voice messages to target people, gender dimension should emphasize, campaign should operate repeatedly, Women and girls' voices should be included to inform a gender-targeted response. It is therefore essential to undertake a gendered impact analysis of COVID-19. More attention should be given to disseminate more gender targeted messages focusing on psychosocial support for women. It would be helpful to pursue further research about, finding a fruitful way to make women properly aware about COVID-19 and its future scenario so that they can act responsibly with active participation. If policy makers take this study seriously then next time, they can be well prepared to tackle any disaster like COVID-19 through policy formulation. This is too unfortunate that when the whole world fighting with an invisible strength, there our female is far away from reality. So, to robust individual protection, to reactivate the female portion of the country, correct their perceptions and to make them aware need to look at some more point.

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