

Perception attitude and practice about COVID 19 and Its Vaccine among the low-income urban people in Bangladesh: A qualitative study

*This Thesis is submitted in partial fulfillment of the requirement for the degree of Master of
Public Health*



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Date: 12 February, 2022

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HSC 575: Thesis

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Acknowledgments

At first, I am grateful to my Almighty Allah for blessing me with the patience and knowledge, and the opportunity to learn something new, and for His grace to complete this work successfully.

I am heartily thankful to my thesis supervisor honorable sir Dr. Kamran ul-Baset for his belief in me and pushing me to do better. Without his support and suggestions, this study would not have been possible in the final stage and completion of this study.

I would also like to appreciate Dr. S. M. Raysul Haque, for his continual support and encouragement during the whole period of MPH Course.

I would like to remember with regards dean sir Professor Dr. JMA Hannan, Head of SPH Dr. Nafisa Huq for their kind cooperation and suggestions to accomplish this study. I am also grateful to all of my honorable faculty and adjunct faculty especially Dr. Wasimul Bari of the School of Pharmacy and Public Health, IUB for their pragmatic direction and cooperation.

I would like to thank all the study participants and community leaders for their participation and cooperation. I would also like to thank My icddr'b senior colleagues, Dr. S M Murshid Hassan, Utpal Kumar Mondal, and Md. Fakhar Uddin for their guidance and suggestion, And a special thanks to Shabrina Akter for her valuable contribution.

Lastly, I would like to appreciate my family and friends of MPH program in IUB for their continuous encouragement and support. A special thanks to my academic colleague's SM Tahsin Rahman and Md. Atikul Isam.

Date: 12 February, 2022

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ABSTRACT

Introduction: The World Health Organization has declared COVID-19 disease as a pandemic. Struggles are being made to raise awareness and implementing the vaccine around the world to prevent the spread of this disease. The Socio-economic and cultural context are very essential to understand the failure or success of implementing public health measures. The goal of this study to explore the perception, attitude and practice about COVID 19 and its vaccination among the low-income people's in urban Bangladesh.

Methods: The study was an exploratory qualitative study design. A total of 18 face to face in-depth interviews were conducted with male and female in the low economic status in urban Bangladesh and a total of 10 observations were conducted in the different place of slum area including tea stall, pedestrian of slum street, peoples of daily local market. Thematic analysis strategy was performed to analysed the data.

Result: This study found that, there is a lack of awareness among low-income people about the COVID 19 and its precautionary measures, lockdown strategy created poverty and unemployment and forced them to debt-ridden, creating obstacles to receiving treatment from hospital. Fear of coronaviruses and lockdowns have reduced the number of people receiving treatment from hospitals which created deteriorated condition of the patients and few of them is died. Although there has been widespread publicity around the world for the development and implementation of the COVID 19 vaccine, but the cultural and religious beliefs of low-income people have been created a barrier to receiving vaccination.

Conclusion: low-income people in urban Bangladesh have limited knowledge of the COVID-19 and its vaccination. All the participants are still in a life-threatening situation due to their lack of awareness of health education regarding COVID 19.

Abbreviation

KAP: Knowledge attitude and Practice

COVID 19: Corona Virus Disease 2019

CHW: Community Health worker

WHO: World Health Organization

IEDCR: Institute of Epidemiology Disease Control and Research

NGO: Non-government Organization

BRAC: International NGO

ICDDR, B: International Centre for Diarrheal Disease Research, Bangladesh

Operational definition of terms

Low-Income people: People who involve with Low income-generating activities, such as rickshaw puller, housemaid, lost job due to COVID 19, hawker, tea stall owner, and day labour. Because most of the people in this profession are lives under the low-income status and they are constantly in contact with the general people because of their profession.

COVID 19: Coronavirus is a member of a large virus group. Coronavirus is the cause of common cold, cough and more serious illness or disease. A novel coronavirus (nCoV) is a new strain that has not been previously identified in humans. This new virus was subsequently named the “COVID-19”.

Perception: Perception focuses on how an individual experiences and mental frames living with a disease. This may include both positive and negative illness beliefs that can influence the ability to cope with the disease and to perceive it as manageable or threatening

Vaccine: vaccine is a suspension of weakened, killed, or fragmented microorganisms or toxins or other biological preparation Vaccine is a biological preparation that provides active acquired immunity to a particular infectious disease. A preparation that is used to stimulate the body's immune response against diseases.

Attitude: An attitude describes a set of beliefs or views held about something. The way you think and feel about someone or something. A feeling or way of thinking that affects a person's behaviours.

Chapter-1: Introduction

1.1. Introduction

The world is passing a difficult time for a pandemic. From 1346 BC to 2019, various diseases have been declared pandemic in different countries. Some diseases have been declared pandemic worldwide. The last worldwide pandemic disease is COVID 19 (coronavirus) (1). Coronavirus is a member of a large virus group. Coronavirus is the cause of common cold, cough and more serious illness or disease. A novel coronavirus (nCoV) is a new strain that has not been previously identified in humans. This new virus was subsequently named the “COVID-19” (2). COVID 19 is one of the most pandemic disease in the world. (3,4,5). The first outbreak of COVID 19 was exposed in Wuhan city of China, in December 2019 (6,7,8). The rapid spread of the coronavirus poses a threat to the entire world (9). It is considered one of the most widespread pandemics in the world due to its high transmission and death rate (10). On March 11, 2020, WHO has declared the coronavirus disease is a global pandemic (10, 11, 12). And On 8 March 2020, corona patient has detected for the first time in Bangladesh (13, 14, 15). The coronavirus has spread widely around the world especially it has extensively attacked in the United States, China, Europe, Brazil, and Southeast Asia (16, 17). Coronavirus has so far infected 223 countries in the world (18). The number of registered patients of coronavirus worldwide is 267,865,289 up to 10th December 2021 where as 5,285,888 deaths (19). This ongoing pandemic has threatened the health sector, social life, and education sectors of many countries (20) And also it has threatened the country's economy (17).

This pandemic has also a profound effect on people's income and their behaviours. In developing countries, their fragile economy, education, and health sector severely affected due to could not take the necessary steps in time (21). Many countries already declared lockdown several time and has taken health safety such as wearing face masks and maintaining social distance has made it

mandatory to reducing COVID 19 outbreak. Now there are many drugs are used for treating COVID 19 and vaccine for preventing this disease in the world (22). In Bangladesh mass vaccination has started on 7 Feb 2021 and Among the targeted of 117,856,000 people 66,283,396 has received at least one dose and 42,043,323 has been tow dose of COVID 19 vaccine up to 1st December, 2021 (23). Now every country needs to adopt new knowledge, attitude and practices to control this pandemic (24).

From the beginning, worldwide there were unawareness, rumor's, misinformation, and misconceptions among the general people about COVID 19 (25). After first identifying case in Bangladesh, the number of new patients in the country has been increasing day by day as with the procession of death is increasing with the competitively. As of 9th December, 2021, according to the Institute of Epidemiology, Disease Control and Research (IEDCR), in Bangladesh, there are total of 1578227 people are affected by COVID 19 including 1543165 who recovered and 28016 are death (26). Among the South Asian countries, Bangladesh has become one of the fertile countries in the COVID19 pandemic due to its huge population density (18,27). In order to deal with the outbreak of COVID 19, Bangladesh has faced many challenges to extensive COVID 19 testing, maintain social distance, home quarantine and restrict travel to national and international levels (28, 29). Bangladesh enforced first time nationwide lockdown to control COVID 19 from March 26, 2020 to the May 30, 2020 (26). Instate some of garments, all government and non-government office and educational institution were closed during lockdown period. Due to economic constraints, Bangladesh could not maintain a nationwide lockdown in the first phase. instead of this, they identified three areas as red, yellow, and green zone based on the number of infected cases (30). It has also shown that there is reluctance among the population especially low-

income people, to ignore the lockdown and COVID 19 precautionary measures, such as wearing mask and avoiding crowded place (31).

The perception, attitude and practice of people toward the COVID-19 pandemic play an essential role in its spread or prevention. And a vaccine is the most essential, public health measure and effective approach to save the people from COVID-19 (32). According to world health organization vaccine is the process of extensively considered as a critical way to bring the pandemic under control. Many Drugs companies already developed vaccines for coronavirus (suppose; AstraZeneca, Johnson & Johnson, Moderna, Pfizer, Sinopharm, Sinovac etc) which is now being applied Globally (33). Most of the countries have already started vaccinating against the coronavirus. Vaccines are being distributed, but it is most important to scrutinize the public acceptance of COVID 19 vaccinations (34, 40, 41). Vaccines vary from person to person, occupation, ethnicity, religion, or socio-economic status (35). A research shown that, female and lower income peoples are consistently associated with being less willing to be vaccinated (36). A global survey report of COVID 19 shows that, 48% peoples of their study are reluctance to take the COVID 19 vaccine and they were unsure whether they would have the vaccine (37). It is also thought that there may be a variety of misconceptions and beliefs among the general people about COVID 19 vaccine in Bangladesh. Bangladeshi government started to use the COVID 19 vaccine named Oxford–AstraZeneca from India on 27th January 2021 and a Nurse became the first COVID 19 vaccine recipient in the Bangladesh (38). But there is a large debate about the coronavirus vaccine among the general population of Bangladesh. A number of the Bangladeshi people are hesitating to take the vaccine and some are willing to take the vaccine (39).

So, It is very important for the government and policy makers to know the perception, attitude and practice of Bangladeshi people about COVID 19 vaccine to address all challenges to vaccine distribution. So we need to explore perception, attitude and practice about COVID 19 vaccinations. Qualitative research on low-income people’s knowledge, perception and practice on COVID 19 and its vaccines is limited in Bangladesh, the purpose of this study to find out the reactions among the low-income people on COVID 19 and their perceptions toward the COVID 19 vaccine through qualitative investigation This type of people’s perception, attitude and practice about COVID 19 and its vaccine helped to understand the root level implementation challenges of COVID 19 precautionary measure and vaccination.

Table 1: Top 10 worst affected countries by COVID 19 in the world (up to 16 January 2022)
(43)

#	Country	Total Cases	Total Deaths	Total Recovered	Active Cases	Tot Case s/ 1M pop	Deaths/ 1M pop	Total Tests
	World	328,775,317	5,557,739	267,453,015	55,764,563	42,179	713.0	
1	USA	66,995,533	873,564	43,090,644	23,031,325	200,590	2,616	858,706,919
2	India	37,379,227	486,482	35,227,967	1,664,778	26,682	347	702,448,838
3	Brazil	23,006,952	621,099	21,710,831	675,022	107,065	2,890	63,776,166
4	UK	15,217,280	151,987	11,389,181	3,676,112	222,360	2,221	430,233,640
5	France	14,172,384	126,967	9,019,484	5,025,933	216,385	1,939	211,520,605
6	Russia	10,803,534	321,320	9,858,615	623,599	73,981	2,200	246,400,000
7	Turkey	10,457,164	84,758	9,665,504	706,902	121,968	989	125,029,654
8	Italy	8,706,915	141,104	6,016,954	2,548,857	144,334	2,339	155,797,197
9	Spain	8,093,036	90,759	5,249,372	2,752,905	172,992	1,940	66,213,858
10	Germany	7,991,432	116,268	6,963,700	911,464	94,914	1,381	89,622,218

1.2. Study Objective:

1.2.1. Main Objective

The goal of this study is to explore the perception, and practice about COVID 19 and its vaccine among the low-income urban people's in Bangladesh.

1.2.2. Specific objective

- To explore the existing knowledge and believe about COVID-19
- To identify the practice against COVID 19
- To explore the treatment seeking behaviour during COVID 19

Chapter-2: Methodology of the study

2.1. Study Design

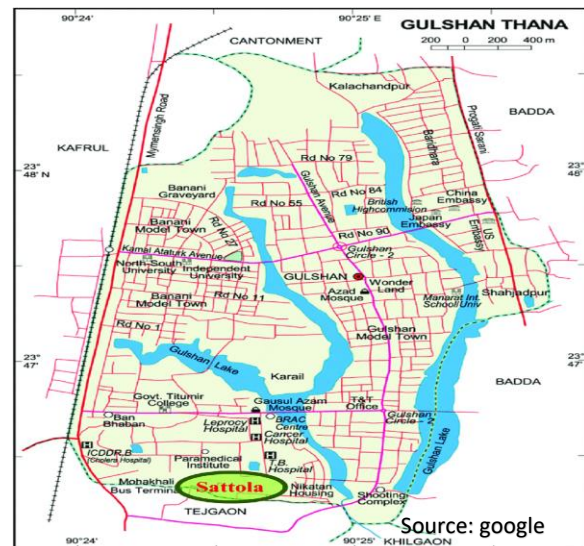
This was a qualitative study design. For Collecting data of this study two qualitative data collection techniques (in-depth interview & participant observation) have been used.

2.1.1. Study site information

The data has been collected from two slum areas of Dhaka City Corporation (Korail and Sattola slum). Both the slum is located in the north city corporation area. These two slums are notable among the big slums of Dhaka due to their location and huge population. These sites were selected purposively based on the low-income people are lives in this area.



Picture 1 Korail slum



Picture 2 Sattola slum

2.1.2. Study participant

For the in-depth investigation, I purposively selected the interview participants considering their occupations and income. I selected the participants who were involved with Low income-generating activities, such as rickshaw pullers, housemaids, who lost their job due to COVID 19,

hawkers, the tea stall owner, and day labor. Because most of the people in this profession are live's under the low-income status and they are constantly in contact with the general people because of their profession.

2.1.3. Data collection period and Time

This exploratory qualitative study was conducted from April to May 2021. Most of the interviews were conducted at the respondent's convenient time. They gave priority to conducting the interview in the evening. Because most of them were busy with their profession during the daytime. But in the evening, they were free and they used to hang out with their friends and neighbors. At first, I would meet with them and take a suitable time for the interview and at the appointed time I conducted the interview.

2.1.4. Dada collection Tools

To gather the data for this study, two qualitative data collection techniques In-Depth interview (IDI) and observation were used. A guideline was developed for data collection. The guideline assisted the interviewer to probe on areas of interest related to the research questions and objectives. The guideline could not be pre-test in the real field due to the pandemic situation but it was reviewed and feedback was addressed several times from my supervisor and icddr'b senior expert colleagues. After finalization of the guideline data collection was started. Other qualitative data collection technique (e g; FGD) was not possible to use for data collection in the study due to COVID 19 pandemic. Besides this, A semi-structure checklist for observation, a smartphone for recording, notebook and a pen for keeping notes are also used for data collection.

2.1.5. Sample selection process

All the samples were selected by using the purposive sample selection technique. A total of 24 participants have been approached in this study for data collection, but it has been possible to conduct the interview with 18 respondents with the male and female of the targeted population. remain 6 were not interested to give interviews due to their busyness. Towards the end of the data collection, the same type of information was coming from each interview, in other word the data were being saturated. This means that the same information was coming again and again from each interview. Consequently, there was no need to collect data for further investigation.

2.1.6. Data collection process

The assistance of community leaders has been taken in both slum areas for data collection. Because it was difficult to identify the targeted people in the community as the researcher was the outsider and for avoiding any type of unexpected troubling situation (political problem, community problem, etc). At first, it has been explained the research objectives and participant selection criteria to them and seeking their assistance to complete the data collection. Then the data collection has been started. Before starting the interview, the study objective has been explained very clearly to the participant and they were asked, were they willing to participate in this study? those who were agreed to participate, only they have been selected as participants in this study.

All the interviews were conducted in Bengali and the interviewer himself performed as a note taker. Due to the pandemic situation of COVID 19, note taker was not taken for fear of spreading coronavirus infection. A noiseless suitable place was selected by the respondent for conducting the interview. Most of the respondents gave priority to conducting the interview in their living room. Before starting the interview, a written consent form was signed by each participant and a

witness sign was received and also informed them about recording. Besides this, the respondent ensured that other people will not be making disturb during the interview. An impression notes and a field observation note has written immediately after completing each of the interview.

I have followed the below structure for collecting data;

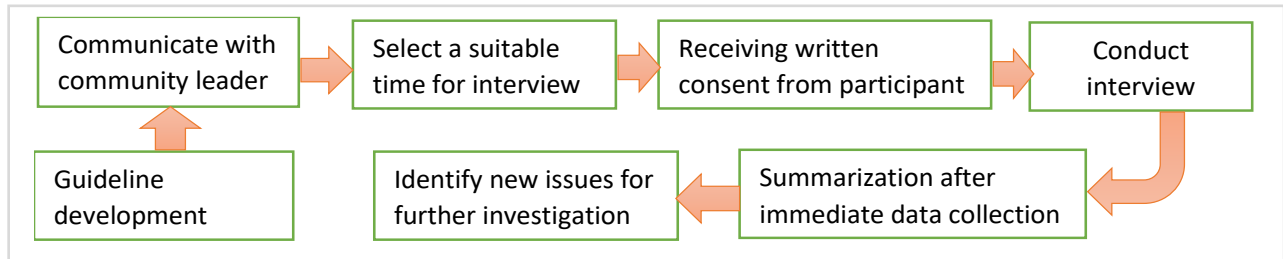


Figure 1 Data collection process



Picture 3: Community level data collection

2.1.7. COVID-19 safety preparation

Though data collection during coronavirus was very risky for the interviewer and the respondent. As the interviewer & respondent have to come to closure during the in-depth interview. So, there was a chance of transmission of the virus from the interviewer to respondent & vice-versa. To avoid this risk, as per the guidelines of WHO, the interview has been conducted by wearing mask & by maintaining social distance (three feet) between the interviewer & the respondent. Both the

interviewer & respondent have sanitized their two hands properly for 30 seconds before taking the interview.



Picture 4: Hand sanitizing before conducting the interview

2.1.8. Data management

After the data collection, a unique ID has given for each interview and impressions note. All the interview has been stored in a separate folder in the laptop and all the Bengali transcriptions are kept in a separate folder with the same ID. Besides this, one copy of data has also been kept in the password-protected pen drive and google drive as a backup due to avoiding any technical problem in the laptop.

2.1.9. Data Analysis Plan

To perform data analysis a thematic data analysis strategy was used. All the interviews were summarized after immediately data collection to identify new issues for further investigations in the next interviews. All interviews were transcribed verbatim from audio to soft copy in Bengali after end of the data collection. For the thematic data analysis, the interviewer read the transcript carefully and performed open coding using a Microsoft Word file through comment box considering the objectives of the study. Open coding helped to generate a final code list. Then

Coded outputs were displayed in a table and careful reading was done followed by data reduction.

The headings of the data display table were theme, sub-theme/code name, raw data, source of data, and interpretation [picture 5].

Theme	Sub-theme/code name	Raw data	Source of data	Interpretation
Perception about COVID 19	Knowledge about corona virus	করনা ভাইরাসের নাম শুনেছি। এটা খুশখুশি কাশ, ঠাণ্ডা, জ্বর মাথা ব্যাথা	MTH-IDI-01-11042021-1	তথ্যদাতারা জানান যে তারা করনা ভাইরাসের নাম শুনেছেন তবে নিজের চোখে দেখেন নাই। তবে তারা করনা ভাইরাসকে বিভিন্ন ভাবে সংগায়িত করেছেন। যেমন: করনা হচ্ছে একটি মারাত্মক সমস্যা ও এটি একটি ভয়াবহ রোগ এবং এটি মানুষকে সংক্রামিত করে, এটি একটি ছোয়াছে রোগ, এটি বাড়লোকদের রোগ। করনা ভাইরাস হল খুশখুশি কাশি, ঠাণ্ডা, জ্বর এবং মাথা ব্যাথা। আবার কেউ বলেছেন করনা ভাইরাস হল
		করনা ভাইরাসের নাম শুনেছি। করনা একটি মারাত্মক সমস্যা। করনাতো খুব ভয়াবহ।	MTH-IDI-03-11042021-1	
		করনাভাইরাস যে আছে এইটা বিশ্বাস করি কিন্তু কখনো দেখিনি। আমি বাস্তবে আমার চোখের সামনে কাউকে মরতেও দেখলাম না এমনকি হইতেও দেখলাম না। মানুষ অনেক বুড়া হইয়া গেছে। তারা হয়ত হার্ড স্টোকে মারা গেছে, কি অনেক বয়স হইছে তাদের অনেক অসুখ হইতে পারে, অনেকের শ্বাস কষ্ট থাকতে পারে, হয়ত এইটা নিয়া লে মারা গেছে। আর মানুষ কয় যে করনা ভাইরাসে মারা গেছে। এখন করনা ভাইরাস কি এইটাতো বুঝিনা।	MTH-IDI-02-11042021-1	

Picture 5: table format for data display and analysis

Then re-read the textual data to identify data patterns, categorized the similar patterns of data into a common thematic area, and cross-checked within different thematic areas. Thus, the main themes were emerged and done triangulation of findings through the use of different types of data (Interviews, impressions notes, field observation notes). Each theme was examined separately and cross-checked with other themes to avoid repeated usages of findings and the interpretation has been completed by data reduction. In the result part, some verbatim has been used to reinforce the interpretation which will give a realistic view and demonstrate diverse views and ideas.

I analyzed data thematically. No software was used to analyze the data, and analysis was done manually. Data were analyzed from rickshaw puller, housemaid, Jobless housewife, hawker, the tea stall owner, and day labor within a common theme. Finally, the data obtained has been interpreted in the result in accordance with the research objectives.

The data was analyzed thematically by the following steps:

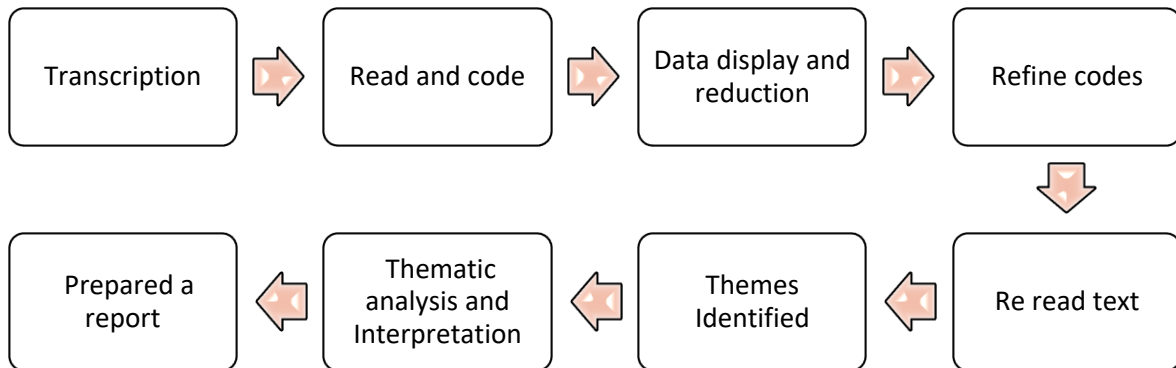


Figure 2 Steps of qualitative data analysis

2.1.10. Ethical issues

Before starting the interview, the participants were informed about the purpose and procedure of the study. Respondents were also informed about the confidentiality of data which received from them; the data obtained from them will not be used for any purpose other than research work and will not be shared with anyone else. And they were also informed of recording the interview. A written Informed consent was obtained from the study participants before conducting interviews.

Chapter-3: Result of the study

Thematic analysis was conducted by researcher. In the analysis the five themes are identified. Themes are supported by sub-theme and verbatim quotes which also identify the role of the participant and the line/s at which the quote can be found in the raw data.

1.2. Participants Characteristics

The study participants were male and female who were involved in lower-level income-generating activities. A total of 18 participants in the analysis. there were 61% male and 39% female. [Figure3].

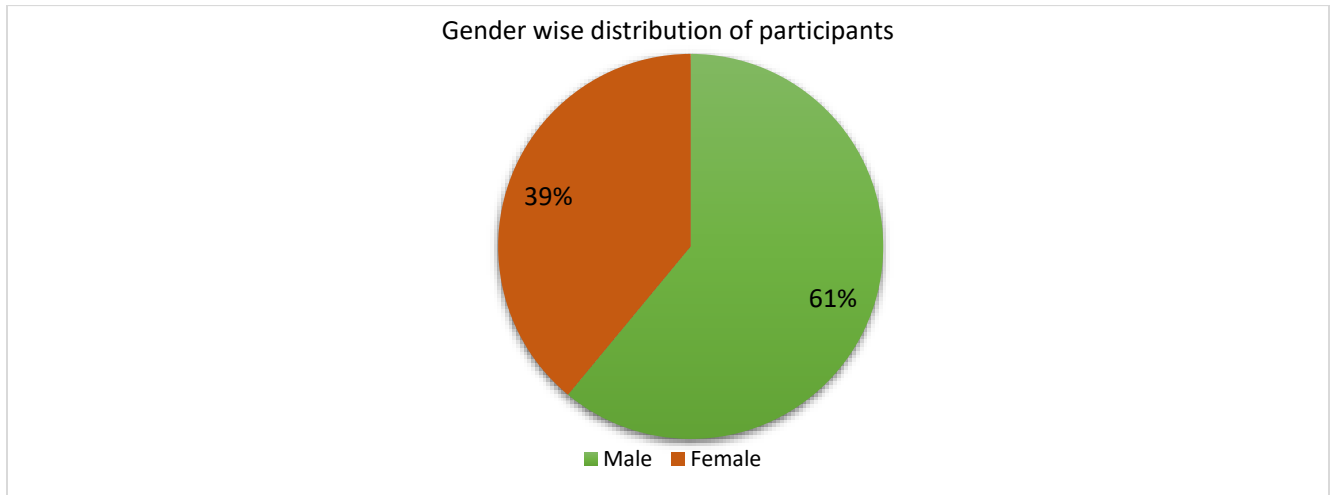


Figure 3 Gender wise distribution of participants

The overall respondents mean age 31.5 years. The Male respondent's mean age is 34.2 where the ranging age is 24 to 47 years. And the female mean age is 27 years, ranging from 19 to 40 years. Most of the study participants age group was 26-30 years and the lowest participation age group was up to 41 years [Figure 4].

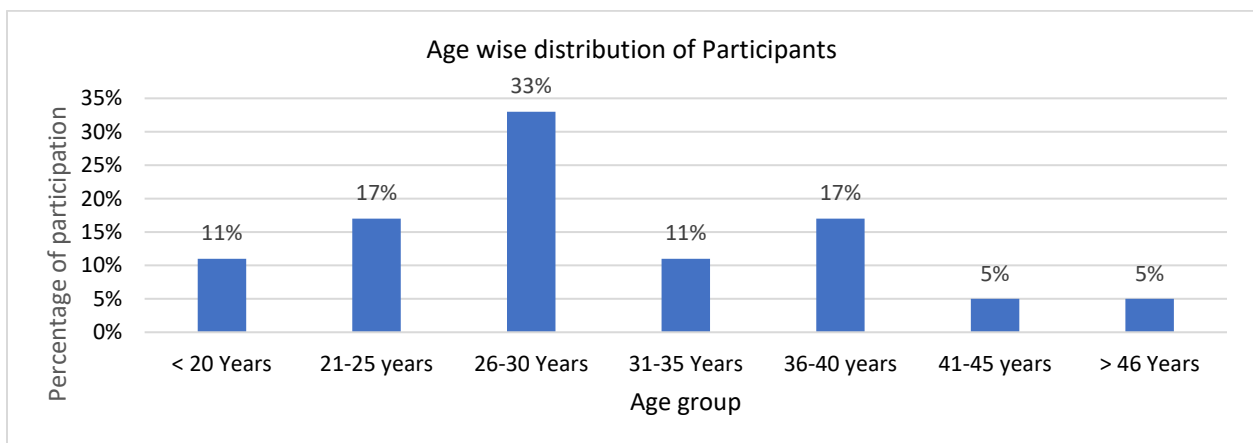


Figure 4: Age distribution of participants

The educational background of the participants are 61% have a primary level of education. There are 17% who have secondary level educational qualifications and 22% are illiterate. [figure 5].

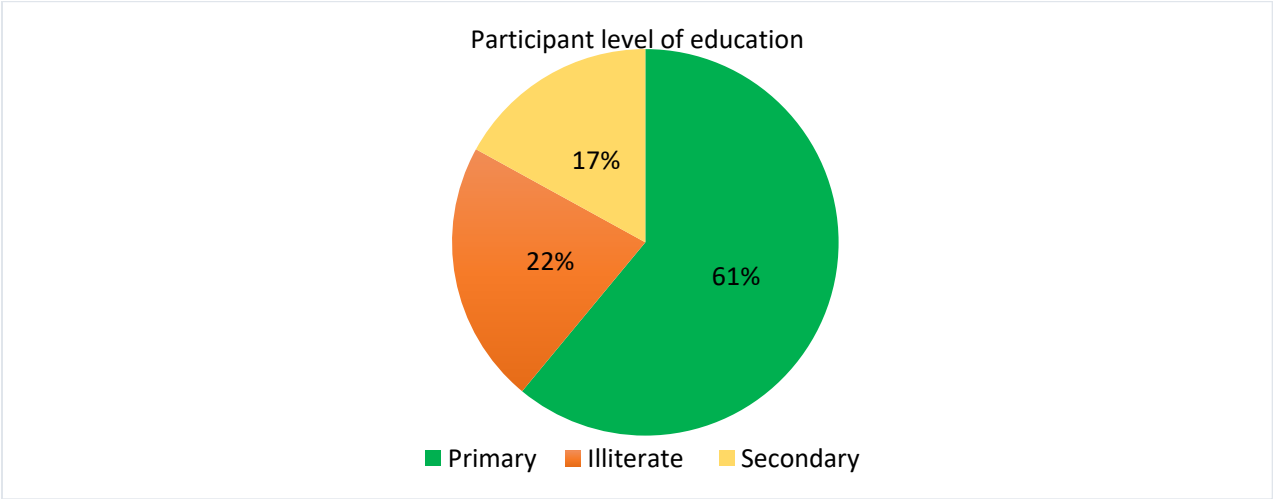


Figure 5: Participants level of education

Among the participants, two occupational group housewife (who lost their job and small businesses during COVID-19) and rickshaw puller are same and high participation in the study (22.0%). and the other participations of occupations were hawker, housemaid, tea stall owners, and day labor as 17.0%, 17.0%, 11.0% and 11.0% respectively [Figure 6].

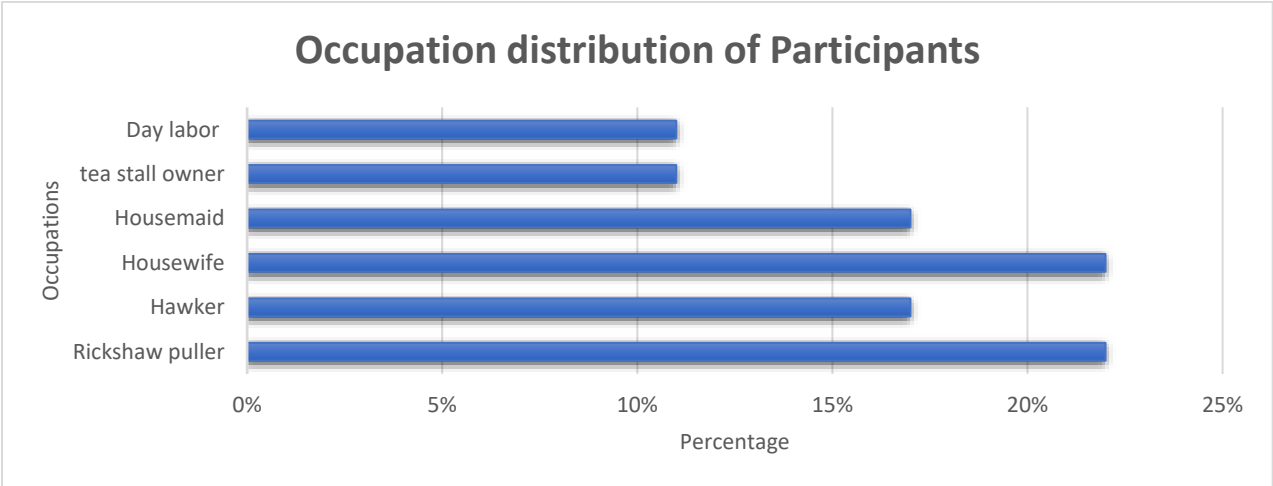


Figure 6: Occupational distribution of participant

All the respondents of this study are lived in the rented house of slum area in Dhaka city. Most of the respondents were live with their families and after started the pandemic of COVID 19, 8 participants have sent their family to the village and they live in Dhaka in the mess due to minimizing their living cost. Most of the respondents, they have only one person of their family member who involves income-generating activities. [Figure 7]

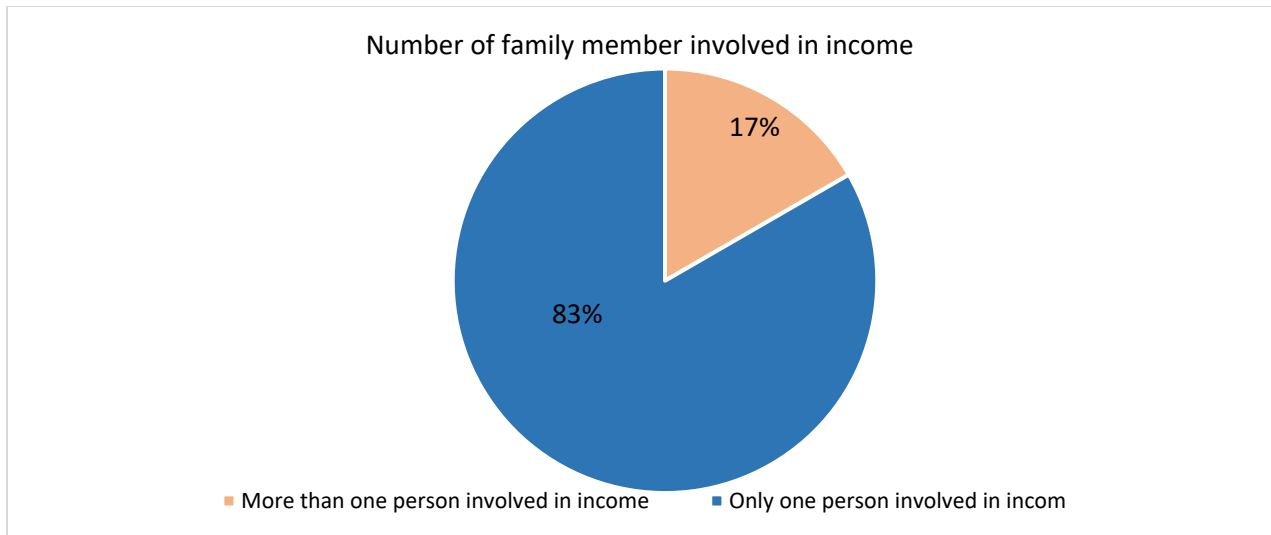


Figure 7: Number of family member involved in income

Table 1 Socio demographic details for participants

Interview ID	Respondent Age (year)	Sex	Education	Occupation		# of Family member	# of family member involves in income	Monthly income (BDT)	Date of interview	Time of conducting interview	Place of conducting interview
				Current	COVID-19 impact on occupation						
MTH-IDI-01-11042021-1	30	Male	Primary	Rickshaw puller		2	1	6000	11.4.2021	6.30 PM	Respondent living room
MTH-IDI-02-13042021-1	30	Female	Illiterate	House mad		2	1	4500	13.4.2021	3.15 PM	Respondent living room
MTH-IDI-03-13042021-1	29	Male	Primary	Rickshaw puller		6	1	6000	13.4.2021	7.00 PM	Respondent living room
MTH-IDI-04-16042021-2	25	Female	Secondary	House wife	job lost	3	2	12000	16.4.2021	11.40 AM	Rickshaw garage
MTH-IDI-05-22042021-1	40	Female	Illiterate	House mad		6	1	6000	22.4.2021	8.20 PM	Respondent living room
MTH-IDI-06-23042021-1	25	Female	Primary	House wife	Business lost	5	2	12000	23.4.2021	12.20 PM	Respondent living room
MTH-IDI-07-23042021-1	20	Female	Secondary	House wife	Business lost	3	1	15000	23.4.2021	5.30 PM	Respondent living room
MTH-IDI-08-30042021-1	19	Female	Primary	House mad		4	2	10,000	30.4.2021	6.0 PM	Respondent living room
MTH-IDI-09-30042021-1	32	Female	Secondary	House wife	job lost	3	1	8500	30.4.2021	7.25 PM	Respondent living room
MTH-IDI-10-07052021-2	30	Male	Primary	Rickshaw puller		4	1	12000	07.5.2021	8.00 PM	Rickshaw garage
MTH-IDI-11-17052021-2	38	Male	Primary	Rickshaw puller		4	1	10000	17.5.2021	7.30 PM	Rickshaw garage
MTH-IDI-12-18052021-2	24	Male	Primary	Hawker		3	1	9800	18.5.2021	2.00 PM	Open field
MTH-IDI-13-18052021-2	45	Male	Primary	Hawker		5	1	8000	18.5.2021	5.15 PM	Tea stall
MTH-IDI-14-21052021-2	40	Male	Illiterate	Hawker		6	1	7000	21.5.2021	3.45 PM	Open field
MTH-IDI-15-21052021-2	35	Male	Primary	Tea stall owner		3	1	5000	21.5.2021	7.30 PM	Respondent living room
MTH-IDI-16-21052021-2	28	Male	Primary	Tea stall owner		4	1	4000	21.5.2021	8.25 PM	Respondent living room
MTH-IDI-17-26052021-2	47	Male	Illiterate	Day labour		5	1	5000	26.5.2021	10.50 PM	Respondent living room
MTH-IDI-18-27052021-1	30	Male	Primary	Day labour		3	1	6000	27.5.2021	8.15 PM	Tea stall

1.3. Knowledge about corona virus

Respondents explained that they heard the name of the Coronavirus but they didn't see it by their eye. They have defined the coronavirus differently. Suppose corona is a serious problem and it's a dangerous disease, it infects people, it is a contagious disease. Coronavirus is whooping cough, coldness, fever, headache. They also think that coronavirus is the way of wearing masks and washing hands and feet three times a day.

Some of the respondents do not believe the coronavirus, because they did not see anyone affected by a coronavirus in their surroundings. So, they think that when people get old then they get infected with various diseases and they die naturally, and people say that the cause of death is coronavirus. According to one of the participants said that;

“I have not seen any people die in front of my eyes and also no one infected by the coronavirus. I think that people can be affected by various diseases when they get aged. they can die by hard stock and many may have died of breathing difficulties. But people say that the reason for dying is the coronavirus. I do not understand this coronavirus”
[IDI-02, Housemaid, Female, Age:30]

Besides this, few of them think coronavirus is a government political game. A few days ago, there was a conflict with the government and *huzur* (religious leader). It may be that the government is giving lockdowns in the name of coronavirus all over the country to stop the conflict so that no clashes can take place. One of the respondents said that

“I don’t understand that the coronavirus is present now or it is a political game. if the government is politicizing this issue then it is a problem. politics means, a few days ago a minister (narendra modi) of India visited our country, the government did a lot of trouble for this minister with the huzur. Now hearing that the government will give lockdown again. So, what is this?” [IDI-03, Rickshaw puller, Male, Age:29].

The Respondent also thinks that coronavirus is not for the poor, it's for the rich. It is the strategy for killing the general people. Because they lost their income, they cannot go to the market and cannot buy food. According to this another participant told that

“...I have not seen any coronavirus patients among the poor. I think there is no such thing as coronavirus. Because coronavirus was not increasing in winter but how the coronavirus increasing in summer? ...It has taken out to kill the general people. Poor’s cannot drive the rickshaw; the sidewalk shop has been removed. People's income has been stopped. Now, how the people will buy food and how they will give the house rent” [IDI-07, Housewife (lost her business during COVID 19), Female, Age: 20].

1.3.1. Reason of COVID 19

Most of the respondents informed that they don’t know the reason for attacking by coronavirus. Those who knows about it, they think that this disease is for the rich people, not for the poor people. Because the rich people embezzlement the rights of the poor, that’s why Allah has given COVID 19 disease to them. They mentioned that, rich people pay less than the fare of the rickshaw to the poor rickshaw puller. And, the big MP ministers eat themselves without giving government

grants to the poor, that's why they are getting more affected by COVID 19. They think that Allah gives all the disease. Allah is always with the poor. Allah has saved the poor people. Because if Allah gives disease to the poor people, they can't do treatment due to lack of money. But there is no shortage of money for the rich people. Regarding that one of the respondents said

“Allah gives the disease. The rich people embezzle the money, without giving the wealth to the poor people. They think that who will be the rich without giving to the poor. That's why they are getting COVID 19. ...Big MP, ministers got corona but the poor who working the footpath or in the dirty garbage. It was not heard that any poor person died due to coronavirus” [IDI-01, Rickshaw puller, Male, Age; 30].

The respondents also think that as many people have lost their vote casting right so corona has come into the country. As many people got hurt, so Allah has given coronavirus. If there is a proper right to give the vote then the COVID 19 will not happen. One Respondent said that

“Now in our country vote casting become finished before going to the vote casting centre. The thing is that we will go to the vote casting center and casting the vote and will remain happy. But after going there, we see that voting has been done before we have reached there. The Govt is in power forcefully. People are unhappy for that reason. So, Allah has given oppression. I believe that those are doing torture, injustice to the people. Allah has given oppression because of those persons. [IDI-3, Rickshaw puller, Male, Age; 29]”

Besides this, the respondents informed that the coronavirus comes to the peoples for the negligence of the people. Such as after hard working all day if the good food is not taken (apple, orange, fish, meat), the body becomes weak and then they will have COVID 19. Moreover, people get cold if they take bath with cold water during extremely hot weather, drink cold water. The diarrhoea will come if the hands are not washed properly after doing work in the nasty environment. The germs will enter into the stomach from the hand through food. Vomiting & body ache will start from diarrhoea. Then will be attacked by corona. Regarding this, one respondent said

“...it is normal that sneezing, coughing, cold can happen to people. We often sit in cold water because of the extreme heat and we may infect cold from there. Now if I say that it is a coronavirus, will it be? If this cold fever will not recover by 10 takas of NAPA (paracetamol) medicine then we have to medicate 20 takas of medicine. If the disease is not cured by this medicine then it should be understood that it is coronavirus. ...And, if we eat food without washing our hand and foot after returning home from outside then the germ enter our stomach and it make's diarrhoea. Then vomiting and body aches started. Then the disease is not improving rather than the condition of the disease deteriorate and the medicine does not work, then it has to understand the patient is affected by coronavirus” [IDI-08, Housemaid, Female, Age; 19].

Respondents Informed that People who work in the garbage all the time but they do not have diarrhoea. Because, since they work in dirt and germs all the time So their bodies have tolerated all these germs. Moreover, People who are more afraid of coronavirus, are more infected by this

disease and those who are not afraid they do not get the coronavirus. According to one of the respondents said,

“Suppose, someone got the COVID 19 but I didn't see him, touch him, and didn't go close to him but I am scared. Because of this fear, even if I stay away, I will be infected by the COVID 19” [IDI-05, Housemaid, Female, Age;40].

A few of the respondents believe that the COVID 19 disease will not happen in the poor because they work hard so they can adapt to any weather. But the rich people do not work hard and they spent most of the time in the air-conditioned room. As a result, their immunity system is weak and they cannot adapt to any adverse environment. That's why they are at higher risk of infected with this disease.

On the other hand, they said as the causes of death of many peoples due to coronavirus in different countries including America, Italy, and India, God has given punishment to the infidels (Christian, Jew, Hindu) for torturing the Muslims. If they did not torture the Muslims then the punishment would not come. Regarding this, one respondent told that

“I think the reason of many people die in the America and India is the God punishment. Allah has given punishment to the Hindus and the Jews because they are torturing the Muslim” [IDI-12, Hawker, Male, Age;24].

1.3.2.Spread of COVID 19

Respondents think that corona is a communicable disease, it spreads to others from the infected person. Such as- if a healthy person comes in contact with an infected person, the germs can spread through the sneezing, coughing of the infected person. According to this one of the respondents said,

“...if someone has corona virus if he goes close or handshake with other people. The corona virus can spread. ...If one is infected with corona in one family & there are more five persons in the family, then they will be affected also” [IDI-16, Tea stall owner, Male, Age; 28]

Besides this the respondents think that, the germ can spread through uncleanliness, money, different products from market. as Another one respondent told that

“This disease spread if people remain uncleaned. Also spread from the money, mobile & various products from market...Because people are come in contact those products regularly” [IDI-09, Housewife (she worked before corona, now she is jobless), Female, Age;32]

Some respondents also informed that, they heard that corona virus spreads from the sneezing, coughing & touching of the people. But they don't know how it spreads to other people from the sneezing, coughing, toughing of the infected person. So, they don't believe that there is a disease called coronavirus. According to one of the respondents said that

“I heard that coronavirus spreads through touch from one person to another. It can transmit at the time of talking of one person. But I don’t know how it spreads from talking & touching. Even I don’t understand. If you have the virus and I am touched by you then the germ can spread. I don’t know how it happens actually. Virus also gives birth. But I don’t believe that corona will spread from handshake” [IDI-10, Rickshaw puller, Male, Age;30].

1.3.3. Sign & symptom of COVID 19 patient

Most of the respondent’s think that there will have coughing, diarrhoea, fever, vomiting, severe headache, throat ache & pain in the different parts of the body if affected with COVID 19. If those few multiple symptoms are visible in one’s body, then it is assumed that he got corona virus. Regarding that one of the respondents said that

“...Corona patient will have diarrhoea, body ache, headache, throat ache, cold & coughing. If such type of multiple symptoms are seen in his body, then it will be understood that he has coronavirus” [IDI-08, Housemaid, Female, Age;19].

One respondent among the participants mentioned that about breathing problem along with other symptoms of Coronavirus. Some of the respondents think that diabetics & high blood pressure are the symptoms of COVID 19 disease. It will be assumed that it is COVID 19 if diabetics & high blood pressure are seen within someone. They have heard about this from radio, television & from the neighbours. Such as one respondent said that

“Now new variant of coronavirus has been identified.... If high blood pressure, diabetics is seen, then it will be understood that he got corona virus. I have heard this TV news & from the local people” [IDI-11, Rickshaw puller, Male, Age;38].

1.3.4. Risk of COVID 19

Most of the respondents think that no members of their family are not at risk during this corona pandemic. Because they are poor people, they earn by hard labour, no symptoms of corona were not seen in any members of their family. They also think that Allah’s mercy has upon them, the blessing of prophet SM & their parents always they have. That’s why they don’t have risk of coronavirus. According to one of the respondents said that

“ Neither of the two members of my family is not at risk by coronavirus. Because we are poor people, we are living by hardship... Allah’s mercy has upon us & prayers of my parents always. Allah will protect us” [IDI-17, Day labour, Male, Age;47]

Another respondent also said that

“ I drive rickshaw all the day but I think that I am not in danger of coronavirus... If I saw that the poor people like us are attacked by this disease then I would think that I am at risk of coronavirus. But this disease has not entered among the rickshaw puller, so we are not at risk. Since the beginning of the pandemic we are driving rickshaw in Dhaka city, but didn’t see the rickshaw pullers to be attacked” [IDI-11, Rickshaw puller, Male, Age;38].

Few of respondents informed that if the family members of their house go out, they always wear mask & wash their hands & mouth with soap after returning home and they maintain social distance. Another respondent thinks that they have to go to work instead of sitting home despite their sickness or weakness. Because if they stay at home without going at work, the neighbours will say that they have got coronavirus. Regarding that one of the respondents said

“if anyone between the two of use get physical weakness, don’t go at work, the nearby people will tell that they have got coronavirus. That’s why they are not coming at work... they will Inform the police to take us away” [IDI-02, Housemaid, Female, Age;30].

Besides this, one respondent think that he is a rickshaw puller. He needs to go outside everyday & have to constantly come in contact with the many people because of their profession. that’s why he is at the highest risk in his family. Another one respondent think that her husband gives the delivery of online products at the doorstep of people’s house. So, he is at the highest risk among the family members of her family. Also, another one respondent informed that as corona affects the old people most. So, her mother-in-law is in the highest risk of her family.

1.3.5. Strategy for avoiding COVID 19

Respondents (who believes in COVID 19) informed that social distance should be maintained to safe ourselves, need to maintain cleanliness, should avoid the contact of infected person and need to wear mask at the time of going outside. The vegetables should be well cooked before eating. Hand & face should be washed properly before eating food. If this rule are maintained, then germ will not entered into the body of the people. So, there will be protection from coronavirus too.

According to one of the respondents said that one housewife (who lost the job during COVID 19) said that

“ we have to maintain the Government rules to protect ourselves from coronavirus, ... we should not go outside, should not go close to the people, should wear mask all the time and should eat well cooked vegetables” [IDI-04, Housewife (she lost her job during COVID 19), Female, Age;25].

Respondents also think that nutrition should be increased in the body to protect from coronavirus. Suppose need to eat fish, meat, vegetable, various fruits more and more. Because calcium will be increased in the body & will remain healthy. So any disease will not attack. Another one respondent said that,

“We need to eat the good food (fish, meat, vegetables) to stay away from coronavirus. Consequently, calcium will increase in the body & body will be healthy. Then the disease will not come” [IDI-07, Housewife (she lost her job during COVID 19), Female, Age;20].

Besides this, the respondents think that they will not get this disease as they have faith on Allah & prophets. According to one of the respondents said that

“Need to keep faith on Allah & prophets. Firstly, Allah then the world. This I believe & do accordingly” [IDI-14, Hawker, Male, Age;40]

1.4. Perception about wearing mask and maintaining social distance

Most of the respondents informed that they heard about wearing mask & maintaining social distance to save them from corona virus. And they try to maintaining this because it is the Govt. rule. They think that if they go outside wearing mask, then the germ of coronavirus will not come into their body through breathing. They also maintain social distance as they think that they don't know who is bearing the virus or not. Virus can't come into their body if they avoid other's contact. Not only wearing mask & maintaining social distance, besides this we should pray to Allah. If Allah gives us the disease, then wearing mask & maintaining social distance will not work. According to one of the respondents said that

“To avoid risk of corona virus mask should be worn, need to be clean, should avoid people's close contact. ...As this is rule, so we wear mask & try to avoid close contact of others when we go outside of home... Only this is not sufficient, need to call Allah. In spite of doing this, there is nothing to do if Allah gives us the disease” [IDI-09, Housewife (job lost during COVID 19), Female, Age;32].

However, few of the respondents think that they don't believe in wearing mask & maintaining social distance to protect corona virus. Virus will come in spite of wearing mask or maintaining social distance if Allah gives us the disease. They wear mask before corona virus so that the dust or bad smell can't come in nose. They don't maintain social distance also. One respondent told that

“Wearing mask is good because dust don’t enter into nose...Only for this reason wearing mask is good. If God gives disease, then no one will be able to save if it is in the mother's womb....I wear mask so that dust, bad smell can’t enter into nose... The passengers don’t want to get in the rickshaw if I don’t wear mask. That’s why I wear mask but not for corona. I don’t believe that corona will not be got if we maintain three feet distance. If Allah gives us the disease then the disease will happen even if it is 100 feet away. So, I think that there is no need of maintaining social distance, it’s better to remain together” [IDI-01, Rickshaw puller, Male, Age;30].

According to this another respondent said that

“the truth is I don’t believe in wearing mask & maintaining social distance. Because I don’t believe that corona will not be got if these are maintained. Because I didn’t see anyone of my relatives or neighbour who got corona virus. So, what’s the benefit for maintaining these?” [IDI-8, Housemaid, Female, Age;19]

1.4.1.Observational findings regarding Practice about wearing mask and maintaining social distance

A total of 10 observations have been done in this area when the interviews were conducted. The duration of the observation was 20 to 30 minutes. I observed their practice regarding wearing mask and maintaining social distance among males, females and children in different settings such as tea stall, street, and market. Observation data have shown that opposite scenario of what they have said in the interview.

Tea stall: I observed that every tea stall was full of people. All the people were male and a few of tea stall owner were female. People were sitting side by side and watching movies on the TV, gossiping with others, smoking cigarettes, and drinking tea. None of them wore masks and did not maintained social distance.

Street: In the streets of the slums, both males and females were gathered and gossiping. None of them wore masks and they stand very close and talk to each other. The social distance between them could not be observed. But in the evening when the garment workers (male and female) came in groups, most of them were wearing masks but there was no social distance between them. It was also observed that many children and adolescent girls were playing in the street and around of their HH, but none of them had mask on their faces and maintaining social distance was not observed among them.

Market place: The market for daily necessities in this area were full of people, among them were women, men and children. Some of buying product and some of them were gossiping. But most of them did not wear masks, and didn't observed social distance between them. Found that a few of people wore mask.

This study also found that the reluctance to wear a mask and maintain social distance has been noticed in most male and female. Those who wear mask, most of them have not been seen the proper use of masks they putted the mask under their chin and Some people keep their noses out even after wearing masks.

I also observed, when a policeman visited in this area, then everyone wears a face mask from their pocket and go to their house by running from the street/market. Because They think that since it is a government law to wear a face mask and maintain social distance, then the government will punish the people if they see them without a face mask and social distance.

1.5. Treatment seeking behavior during COVID-19 period

COVID-19 pandemic has negatively impacted on health seeking behaviour among some of the study participants. Some of the respondents informed that they didn't see or hear ever that their family members or relatives or neighbours became sick after detecting corona. So, they don't know about it that whereas they got any obstruction for getting treatment during corona. According to this one of the respondents said that

“No one from my family members didn't become sick after affected by corona virus since the beginning of corona. I didn't see any sickness among my neighbours. That's why I can't say that whereas anyone faced any challenges to get treatment or not” [IDI-11, Rickshaw puller, Male, Age;38].

But those who became sick among the family members, they faced various problems to take treatment. Such as doctors didn't want to give treatment without corona test for the cancer patients. Doctors misbehaved with the patients. The pharmacy shopkeeper used to shut down their pharmacy. They couldn't take the patients into the hospital because of the army patrol in the road. Consequently, some patients died, not for getting treatment timely. Some patients recovered slowly. One of the respondent said that

“My father's had cancer during corona. But we couldn't take him to the hospital in fear of corona... After communicating with hospital, doctor said that firstly corona test should be done, then treatment will be provided. We are poor people, so we couldn't do the corona test for the lack of money. So, my father's condition was deteriorating day by day. Then

the nearby people said that my father got corona. But actually, my father didn't get corona. Then he died after few days" [IDI-03, Rickshaw puller, Male, Age;29].

According to this another respondent said,

"we didn't get treatment from doctors due to corona virus. Doctors didn't show that much respect to us, that people show to dogs. They rebuke us when we go close to them. As they misbehaved with us, so we don't go to them. We recovered by the grace of Allah" [IDI-09, Housewife, Female, Age;32].

Besides this one respondent informed that, his mother had died by jaundice without any treatment during coronavirus. Because there was some miking in the locality that police caught the sick patients suspecting corona virus. That's why couldn't admit into the hospital in due time. Though he was taken to the hospital later on. But needed to take treatment keeping her at home due to the insufficiency of doctors & not keeping them admitted into the hospital. They were also stigmatized to the neighbors after affected by Jaundice. So, neighbors didn't come to their house & did less communicate with them as they thought that his mother is affected by corona. Such as one participant said,

" My mother died from Jaundice... We couldn't to treatment of my mother due to corona. Because the polices would take the patients, suspecting corona. So, we didn't take my mother outside from the house in fear of police... Also, there was no benefit taking into the hospital as there was no doctors, they didn't keep admitted. They prescribed the medicine but it didn't

work. ...Then the neighbor people didn't come to our house as they thought that my mother had coronavirus. They suspected us. So, I always carried my mother's Jaundice & COVID 19 report as people didn't believe" [IDI-10, Rickshaw puller, Male, Age;30].

1.6. Economic factor

1.6.1. Loss of income during COVID 19 Period

There is a huge impact on the earning sources of the participants due to coronavirus. Such as some scopes of income source have been declined. Such as the income of rickshaw puller has decrease, scope of daily labour, the work of the housemaid has been decreased. Some shops nearby of the roadside have been shut down. Salary has been decreased of the low paid service holders; job loss & the temporary food courts have been shut down. So, they were looser to fulfil their household demand. Like they couldn't buy their necessary groceries, couldn't do treatment of the sick family members and they became indebted. According to this one of the respondents said that,

"now if we drive rickshaw, some day we can earn or some days not. Before this time we could do others work like mason but now this one is off too. Before corona I could earn 1200/= tk per day by rickshaw pulling. Now the income is 200-250/= from rickshaw pulling" [IDI-01, Rickshaw puller, Male, Age;30].

Another one respondent said about the treatment of patient that

'my father was sick during corona.... We could take him to the hospital. But the doctor said that first he should do corona test, then they will provide treatment. We told that, as we are

poor people, so corona test is an additional expense for us. How can we manage that money? We could do the test that time. ...After some days, my father died” [IDI-03, Rickshaw puller, Male, Age;29].

Beside this, one respondent also told about the loss of her small business due to corona. She told that

“I had a hotel. There was stock of fish and meat in the freeze for hotel. I used to serve food to the works as per monthly contact. They paid the money at the end of the month. ...As lockdown was given in the country due to coronavirus, so I had to shut down the hotel. Most of the workers went to home not paying the money. At that time, I didn't get the money from nobody. So, I had a great loss. I couldn't run my hotel due to lack of money” [IDI-09, Housewife (she lost her small business during COVID 19), Female, Age;32].

1.6.2.Coping strategy/ practice of against loss of income

The financial crisis due to coronavirus has been affected the normal life of the participants. They have adopted various ways against this financial loss. Like some of them has taken loan from the relatives, some of them have sold their domestic animals like goats, some of them are living in the mess by sending their family (wife, children) to the village. Some of them have rented low cost house in the slum from the high cost house. But all the participants informed that they had declined the cost of their food. Like they were used to eat fish or meat 4-5 times per week. But after COVID 19 they are hardly eating fish or meat in a week or passing the day with vegetable, lentils & mashed potatoes. According to one of the respondents said that,

“...Now it needs TK100 to TK130 to buy 2 KG rice, the price of vegetables is higher. If we earn 200 hundred takas, it costs to buy the groceries.... That’s why, now we do less shopping. Before we used to eat fish or meat five to six times per week. Now we are eating one or two times in a week, sometimes not. Mostly we eat now mashed potato and lentil”
[IDI-01, Rickshaw puller, Male, Age; 30]

. Another one respondent said that,

“We don’t earn now like before. We earned by rickshaw pulling. Now how can we earn if the people don’t come outside... In this corona time I have sent my family in the village, now staying in the mess for saving house rent... Sold the five goats of my village house to run the family. Now this is the condition that, have to sell the cow which I have” [IDI-03, Rickshaw puller, Male, Age;29].

Besides this, A respondent who ran a hotel before COVID 19, now she is jobless told that

“My hotel has been shut down... I couldn’t run my family. Then I borrowed twenty thousand taka from my brother-in-law. Thus, I ran my family & paid the house rent. Still my shop rent is unpaid, couldn’t paid this yet. Also, can’t buy the groceries like before. All are bound to eat less now” [IDI-07, Housewife, Female, Age;20].

1.7. Perception about COVID-19 vaccination

Respondents informed that they knew about vaccination of coronavirus from television & the neighbours. But they don't know about the effectiveness of the vaccine. They think that as they are not vaccinated yet, so they can't tell about the effectiveness of the vaccine. Some of the participants think that as the vaccine comes from many researches and already it has been applied in many countries. So it might be protective against coronavirus. Regarding this one of the respondents said that

“The vaccine can be good as the renowned scientists have made this vaccine after doing research. So, this vaccine might be good” [IDI-09, Housewife (job lost), Female, Age;32].

Besides this the respondents think that the vaccine should not be given only to the aged people but also given to the people of all ages. Because disease doesn't come by considering the age. Any time any person can be affected by the disease. And, few of them think that as the aged people have less longevity, so the vaccine should be given to the young and children instead of aged person. As the old people will die within short time normally. Regarding this, one respondent said that

“If the vaccine is effective, so it's not needed for the people of all ages. Those are already 70-80 years, they have less longevity, it will be same whether they are given the vaccine or not. As he has less longevity, so he will die within short time. I think vaccine should be given those who are 30-35 years old or to the children” [IDI-01, Rickshaw puller, Male, Age;30]

But some of the respondents did negative comment regarding the vaccine of coronavirus. Such as they don't believe that vaccine is the only way to prevent corona virus. Because they think that to give disease and to cure them is in the hand of Allah. There is no impact of vaccine here. According to one of the respondents said

“vaccine is not important to protect from coronavirus. Because only Allah is capable to protect from the disease. If Allah gives us disease, vaccine can't save us” [IDI-17, Day labour, Male, Age;47].

Beside this, the respondents also think that the corona virus vaccine is the trap to the death of the people. Because the vaccine is given only to the aged people those who has less lifetime. They are not giving vaccine to any young people. Regarding that one respondent said that

“Many people are not taking corona vaccine due to their fear. Because people will die after three months if they take this vaccine.... Vaccine is only giving to our locality who are seventy years old. They have less lifetime now. They are not giving to the vaccine the children and the people like our ages”. [IDI-18, Day labour, Male, Age;30]

1.7.1.Willingness to receive COVID 19 vaccination

Most of the respondents think that if the vaccine becomes available in their area, they will not take vaccine. They didn't hear anything about coronavirus among their ancestors. So, they will not have, healthy person doesn't need vaccine. Allah is always with the poor people; they have full

faith on Allah. Allah is capable for giving the disease to the people. So, Allah will save them if they don't become vaccinated even. Regarding that one respondent said

“if the COVID 19 vaccine becomes available in our area and can take easily. Still I will not take vaccine. I am doing good without it. ...I believe that Allah will save me. Because Allah is the owner of all the things. When Allah gives us in the earth, He managed the rizik (food) for us. ...I believe on Allah that, Allah will not make me death with disease as long as I will live” [IDI-02, Housemaid, Female, Age;30].

Besides this another respondent said about the reason of not taking vaccine. The respondent said

“If the COVID 19 vaccine becomes available, I will not take the vaccine. Because I haven't seen or heard that my father, any of my uncles, grandfathers or relatives died due to coronavirus. So why will I take injection (corona vaccine) without knowing about it. ...Even I am not talking about it, many people are saying that Govt. is giving vaccine to the people to decrease population of the country. Because people will die after three months if they are given the vaccine. So, I will not take this vaccine out of this fear” [IDI-16, Tea stall owner, Male, Age;28].

But others participants think that they are eager to take COVID 19 vaccine if this is available to their locality. Because the vaccine has been developed to the welfare of the people. Otherwise Govt. will not give this vaccine to the people. Vaccine can remain them safe and will not attack corona virus. According to one of respondent said,

“If the coronavirus vaccine is available in our country, then I am eager to take this vaccine. Because we can save ourselves if we take this vaccine” [IDI-09, Housewife (job lost), Female, Age;32].

A few of the respondents think that if most of the people of their locality take vaccine, then they will take the vaccine too. If the others people don't face any problem, they will not face too.

1.7.2.Perception about wearing mask and social distance after receiving vaccination

A few of the respondents believe that they don't need to wear mask and maintain social distance after taking COVID 19 vaccine. As they have taken vaccine to be safe from the disease, so the vaccine will protect them if the mask is not worn. One respondent told that,

“I think there is no need to wear mask if the vaccine is taken. Because the vaccine has been taken to be safe from the disease. Then there is no need to wear mask or maintain social distance” [IDI-06, Housewife (Business lost) Female, Age;25].

Besides this, others respondents think that there is need to wear mask or maintain social distance in spite of taking COVID 19 vaccine. Because there is need to wear mask in the face or maintain social distance for their own safety. Regarding that one respondent said that

“...Mask should be worn even after taking vaccine. There is no assurance that we will be safe after taking vaccine. ...To be conscious or save ourselves is needed for all the time. We can’t neglect this disease as long as this disease sustains in our world. ...I think that to wear mask or maintain social distance is needed even after taking vaccine” [IDI-09, Housewife (job lost during COVID 19), Female, Age;32].

Chapter-4: Discussion

1.8. Discussion

This study evaluated the Perception, attitude and practice regarding COVID-19 and its vaccine among the low-income urban people in Bangladesh. COVID 19 infection is spreading very quickly among the larger population in Bangladesh. In this situation, people with low incomes in Dhaka Bangladesh, are in the most vulnerable condition. Therefore, this study aimed to qualitative investigation to explore their knowledge, perception, and practice toward COVID 19 among the low-income people at Dhaka city in Bangladesh. We drew on the interview with low-income people who lives' in Dhaka and involved in low-income occupations. We also conducted interview with housewife (same economic status) who lost her job/small business during COVID 19 for knowing the different perception and behavior. Similarly, another quantitative study knowledge attitude and practice (KAP) was conducted among the low-income peoples in the slum dwellers at Dhaka (3). Our study found that all of the participants already known and heard the name of COVID-19 disease. Because the city corporation has campaigned through miking, the TV channels has broadcasted on COVID 19 update news repeatedly, and from family, friends & neighbors. In Bangladesh a KAP study also found similar findings (6). Similar findings also found in other studies among Chinese and Pakistani people.

We found most of the participants have inadequate knowledge about the COVID 19, suppose they don't know accurately the reason, signs & symptoms of COVID 19. Participants explained many things regarding the reason and signs & symptoms of the COVID 19 which are irrelevant. Participants also had inadequate knowledge about spread and risk of COVID 19. Those findings are not surprising because the low-income people are live in a slum and they are marginalized people of the society with little education and low economic status. we found similar findings in another study in Bangladesh (3). We found, a substantial number of sociodemographic factors

significantly affect participant's knowledge and behavior such as education levels and occupation. Comparatively better educated and employed people can learn by reading a poster about COVID 19 and daily newspaper which is not possible with less educated people. And those who were employed and involved in the business, they learned through discussions with their colleagues and customers. The findings show that among the Low-income people who have been involved in a job or small business and have comparatively better education they have better knowledge about COVID 19 and preventive methods better than the day laborers or those involved in such occupations and have lower education. These findings correspond with the findings of a nationwide online survey study in Bangladesh (10).

Maintaining social distance and wearing face masks is a very important and effective strategy to counter the rapid growth of COVID-19. The study found that, most of the participants talked about wearing facemask and maintaining social distance to stay away from COVID 19. But they do not maintain this practice. we observed that people were gathering in the market, tea stall and street without wearing face mask and maintaining social distance. Participants were not agreed with the concept of precautionary measure of COVID 19 because of their religious believe and experience. They think's God is the owner of giving and curing the diseases, and they do not have any experience about COVID 19 among their relatives and neighbor. And the other things are all participants in the study lived in slums. They shared communal water sources, kitchens, toilets. Lack of education and less of income make them most vulnerable to COVID 19. They have lack of health education about COVID 19. Similar findings found in another KAP study in Bangladesh (3). The health system level is very weak in this area. Some of NGOs health workers/CHW work here for their various health issues. But no one works with COVID 19. Maintaining social distance was very difficult in densely populated area such as urban slum in Bangladesh, where a significant

number of people live in one room under one roof along with extended families. A qualitative study among the Pakistani people founds similar findings (5).

The number of patient's treatment seeking from the hospital has decreased in Bangladesh due to the COVID 19 pandemic and lockdown. We found that, low-income people in urban Bangladesh could not been able to receive the right treatment for their sick family members at the right time due to COVID 19 pandemic. During pandemic situation the required doctor were unavailable in the hospital and privet clinic, a decrease in public transport available, the COVID 19 test was mandatory before any treatment at the hospital which find expensive to low-income people, and most of the drug stores were closed. A cross-sectional telephone survey of Addis Ababa, Ethiopia found the similar findings in their studies (6). Patients who have to go to the hospital for regular follow-up they also have stopped their follow-up due to fear of coronavirus. These findings are consistent with a cross-sectional study of Ethiopia. (6). We also found that the low-income community has some misinformation as like from the beginning of the pandemic they did not seek treatment at the hospital for fear of police because in that situation if anyone come out of their home then the police would arrest them, and if anyone in the community got sick with any kind of illness then the police will take them. Which coincides with a study of Nigeria and they showed that the COVID-19 pandemic has continued to ravage the world since November 2019 and this has created a panic and fear to the people to the extent that it has affected the health seeking behavior of population (7).

This study finds out the economic effects of the COVID-19 pandemic on low-income people in urban Bangladesh, and their strategies to cope with declining incomes. Study result suggests that COVID 19 has reduced the income of all participants. Among the participants Some of them have lost their businesses, some have lost their jobs, rickshaw pullers have lost income due to lack of

passengers, and day laborers have lost scope of their work. A similar finding was found among low income people in rural Kenya (20). Another multicounty study Conducted by BRAC international, 2020 found that 47 percent of participants in Myanmar to 93 percent in Liberia reporting that their income ‘decreased a lot’, or ‘completely stopped’. This study also showed that those who were involved in small business and those who were engaged in casual work they have biggest financial losses which coincides with the findings of our study (42). We found the reason of their loss of income are layoffs in private companies due to lockdowns, reduction of workers' salaries according to their profits, closure of all types of government and Privet institution and people staying at home have reduced the income of rickshaw pullers. And the income of all types of traders has decreased due to people not come out of their homes.

However, they have adopted different strategies to survive in this unfavorable economic situation. We found that the participants coping up the economic loss by different way. Suppose, some participants borrowed money from close relatives to paying house rent and fulfill daily expenditure, some of them have sold their livestock (cow & goat) in their village homes to bearing treatment cost of sick family member and supply food to the family. Among the participant 44% of respondent sent their family member to the village home due to reducing the leaving cost (house rent and daily expenditure cost). Because after stated the pandemic situation the low-income people were not able to bear the family expenditure cost with their low income in Dhaka. However, almost all the participants reported that due to their low income, they have reduced the cost of purchasing daily food, suppose, instead of eating fish and meat, they are eating vegetables, spinach and lentils. which can impact on their nutritional status.

Vaccines have long been regarded as one of the best achievements in the health sector worldwide. But there are different perceptions of people around the world about vaccines. Our study found

that there are different reactions among the participants regarding the COVID 19 vaccine. Some of the participants said the vaccine is good and some have opposed it. Participants those who are comparatively higher educated and have experience on employment think that the Vaccine is effective due to vaccines are the result of experiments by many scientists. And they are willing to take COVID 19 vaccine if the vaccine is available in their locality. This finding is similar to a Western Europe study, they showed 59% participant believed vaccines is safe (40). An African study found that 79% people vaccinated against COVID-19 and they believe it safe and effective (41). In this study, we found education and employment have made them interested to getting vaccinated. A few of participants believe that vaccine is the way of kill people that's why only aged people are vaccinated. Some of participants don't belief COVID 19 vaccine because they are comparatively less educated and religious factor influenced them. Suppose they think that, GOD is the owner of all disease, GOD can give the disease and also rescue. So, vaccine has no power to recover the illness if GOD don't want. On the Other hand, some of the participants believe they never saw to take vaccine against any disease to their relatives and ancestors. And their ancestor and relatives always influenced them for not taking COVID 19 vaccine. So, they are not interested to take the vaccine if the vaccine is available in their locality. They think GOD will not give the disease COVID 19 to poor due to they work hard. The reason of those findings is unawareness, superstition. Beliefs, attitudes about health and prevention. We found the similar findings in the article on Vaccine hesitancy (41).

4.1.2. Strengths and Limitations

This study is one of the few qualitative studies in Bangladesh that were conducted to evaluate the perception, of low-income urban people regarding COVID-19. As the study was conducted during lockdown, and face to face interview were conducted for exploring in-depth information regarding COVID 19 and its vaccine. Due to pandemic situation other qualitative data collection techniques were not possible to conduct for triangulation the data.

4.1.3. Conclusion and Recommendation

Findings from this study stated that low-income people in urban Bangladesh have limited knowledge of the COVID-19 and its vaccination. They have shown positive and negative attitudes and practices toward COVID-19 and vaccination. Those who shown the positive attitude and practice these are not satisfactory. All the participants are still in a life-threatening situation due to their lack of awareness of health education regarding COVID 19, belief in religion and culture, belonging in low-income status, and their cramped and unhealthy housing condition. Where their unrealistic perception and preventive practices of COVID 19 such as wearing mask and maintaining social distancing are impossible. Furthermore, the misconceptions regarding COVID 19 vaccination is another matter of concern. The urban low-income people's urgently need to be provided with culturally sensitive health education about COVID 19, as well as government relief. And there is needed to more awareness about the COVID 19 preventive methods.

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Chapter-5: Annexures

5.1. Guideline_ English

Demographic information

Name, age, education, sex, occupation, marital status, Number of HH member, HH monthly income

Perception about corona virous

1. What do you know about coronavirus? What are the symptom? Please see in detail; (e.g; Dry cough, fever, rash, runny nose, sneezing, diarrhoea, nausea, headache, cold, shortness of breath / difficulty breathing) what are the reason of coronavirus?
2. How does coronavirus spread? (e.g.; Handshake with infected person, touch of infected person, close contact of infected person, through blood, Don't wash hand after back to the toilet and touching germ infected place, touching the mouth, sneezing, and eating \contaminated food), what more [probe; religion or belief related issues]
3. Do you think that you or any of your family member are at risk of coronavirus? If yes/NO, why? Who is the most at risk in your family member? Why?

Perception about wearing mask and maintaining social distance

4. What do you think about, what kind of precautions need to be taken to avoid the risk of coronavirus? Do you ever hear about the wearing facial mask and social distance? What is your opinion about this? Do you maintain this? Yes/No, why?

Treatment seeking behaviour during COVID-19 period

5. Did you or any of your family member get any kind of illness after the start of coronavirus? If yes, then what did you do? Is there any problem to take treatment due to the effect of COVID 19 in the whole country? If yes, what the problem did you faced? What did you do? How did your neighbours treat you during your illness? [Probe: Stigma/ Stigmatize]
6. If you haven't had an illness, do you know of anyone who has faced problems to getting treatment for disease during COVID 19? [Please detail]

Economic factor: Loss of income and coping strategy

7. Is there any change in your income due to COVID 19? Yes / No, how? [Please details]
8. If the income was decreased or stopped, then what did you do?

Perception about COVID-19 vaccination

9. What are your thoughts on vaccination? Have you ever heard of a vaccination? If yes, what kind of vaccine and how did you hear it? What is your opinion about all these vaccines? If you do not heard of any kind of vaccine, than why? [Probe: Whether he/she knows about any type of vaccine, how do you know about vaccines? what are his/her opinion on the effectiveness of the vaccine?, etc]
10. Have you ever heard of the COVID 19 vaccine? If yes, ask where he heard about this vaccine, through whom he heard it, how he heard it, the process of getting vaccinated
11. What do you think about the COVID 19 vaccine: [Learn more: good / bad, effective / ineffective, why?
12. Do you think vaccines are an effective way to protect against the COVID 19? What age group do you think vaccines are effective for? Why? Do you think people of all ages need vaccines? If so, why? If not, why not? If so, how will it be possible?
13. Would you be interested in getting vaccinated for yourself or any of your family member? Yes / No, why? [Please details: side effect, price, process of getting vaccine, Vaccine availability etc]
14. Is it necessary to wear mask or maintain social distance after vaccination? What do you think? If Yes / No, why?
15. What do you think should be done by you and the government to protect us all from Corona virus?

5.2. Guideline_ Bengali

Demographic information

১. তথ্যদাতার নাম, বয়স, শিক্ষা, লিঙ্গ, পেশা, বৈবাহিত অবস্থা, পরিবারের সদস্য সংখ্যা, পরিবারের মাসিক আয়।

Perception about corona virous

২. করোনা ভাইরাস সম্পর্কে আপনি কি জানেন? এর লক্ষণগুলি কী কী? (যেমন: শুকনো কাশি, জ্বর, ফুসকুড়ি/ র্যাশ, সর্দি, হাঁচি, পেট খারাপ, ডায়রিয়া, বমিভাব, মাথাব্যথা, ঠান্ডা, শ্বাসকষ্ট / শ্বাস নিতে কষ্ট হওয়া)। করোনাভাইরাস হওয়ার কারণ। (
৩. করোনাভাইরাস কীভাবে ছড়ায়? (যেমন: সংক্রমিত ব্যক্তির সাথে হাত মিলানো, সংক্রমিত ব্যক্তিকে -পর্শ করা, কোনও যোগাযোগ /মেলামেশা/ -পর্শ না করেও সংক্রমিত ব্যক্তির নিকটবর্তী হওয়ার মাধ্যমে, রক্তের মাধ্যমে, ল্যাট্রিন ব্যবহারের পরে হাত না ধোয়া, জীবাণুর সংক্রমণ হয়েছে এমন স্থান -পর্শ করার পরে হাত না ধোয়া, নিজের মুখ -পর্শ করা, হাঁচি, দূষিত খাবার খাওয়া) এর বাইরে আর কিছুর [প্রোবকরন: ধর্মীয় বা বিশ্বাস সম্পর্কিত কোন কারণ বলেন কিনা]
৪. আপনি কি মনে করেন যে আপনার পরিবারটি বা পরিবারের কেউ করোনাভাইরাস হওয়ার ঝুঁকিতে থাকতে পারে? যদি হ্যাঁ, কেন? যদি না হয়, তবে কেন নয়? পরিবারে সবচেয়ে কে বেশি রিস্কে আছে বলে আপনি মনে করেন?

Perception about wearing mask and maintaining social distance

৫. করোনা ভাইরাসের ঝুঁকি এড়াতে কি ধরনের সতর্কতা অবলম্বন করা প্রয়োজন বলে আপনি মনে করেন? আপনি কি মুখে মাস্ক পড়া বা সামাজিক দূরত্বের কথা শুনেছেন? হ্যাঁ হলে কি শুনেছেন? বিষয়ে আপনার মতমত কি? আপনি কি তা মেনে চলেন? হ্যাঁ / না হলে কেন?

Treatment seeking behaviour during COVID-19 period

৬. করোনাভাইরাস শুরু হওয়ার পর আপনি বা আপনার পরিবারের যেকোন সদস্য কি কোন ধরনের অসুস্থতায় আক্রান্ত হয়েছিলেন? যদি হ্যাঁ হয় তখন কি করেছেন? সারাদেশে করোনার প্রভাবের কারণে চিকিৎসা নিতে কোন ধরনের সমস্যা হয়েছে কিনা? হলে কি সমস্যা? তখন কি করেছেন? আপনার অসুস্থতার সময় প্রতিবেশিরা আপনার সাথে কি ধরনের আচরণ করেছিল? [বিস্তারিত জানুন: স্টিগমা/ স্টিগমাটাইজ]
৭. যদি অসুস্থতায় আক্রান্ত না হন তাহলে আপনার জানামতে কেউ কি করোনার সময় অসুস্থতায় আক্রান্ত হয়ে চিকিৎসা নিতে সমস্যার সম্মুখীন হয়েছে? [বিস্তারিত জানুন]

Economic factor: Loss of income and coping strategy

৮. করোনাভাইরাসের প্রভাবে আপনার আয়ের ক্ষেত্রে কোন ধরনের পরিবর্তন আসছে কি? হ্যাঁ/ না হলে কিভাবে?
[বিস্তারিত জানুন]
৯. যদি আয় কমে যায় বা ইনকাম বন্ধ হয়ে যায় তখন কিভাবে আপনি কি করেছেন?

Perception about COVID-19 vaccination

১০. টিকা সম্পর্কে আপনার ধারণা কি? আপনি কি কখনো কোন ধরনের টিকার নাম শুনেছেন? হ্যাঁ হলে কি কি ধরনের টিকা এবং কিভাবে শুনেছেন? এসকল টিকা সম্পর্কে আপনার ধারণা কি? যদি না জেনে থাকেন তাহলে কেন শুনে নাই? [প্রোব]: [যেকোন ধরনের টিকা সম্পর্কে তিনি জানেন কিনা, কোন মাধ্যমে তিনি জেনেছেন, টিকার কার্যকারিতা সম্পর্কে তার ধারণা, ইত্যাদি]
১১. আপনি কি কখনো করোনা ভাইরাসের টিকার নাম শুনেছেন? যদি হ্যাঁ হয় তাহলে জিজ্ঞাসা করুন এই টিকার কথা তিনি কোথায় শুনেছেন, কার মাধ্যমে শুনেছেন, কিভাবে শুনেছেন, টিকা গ্রহণের প্রসেস,]
১২. করোনাভাইরাসের টিকা সম্পর্কে আপনার ধারণা কি: [বিস্তারিত জানুন: ভাল/ খারাপ, কার্যকর /অকার্যকর, কেন?]
১৩. আপনি কি মনে করেন করোনা ভাইরাস থেকে রক্ষা পাওয়ার জন্য টিকা একটি কার্যক্রমের মাধ্যম? কোন বয়সের মানুষদের জন্য টিকা একটি কার্যক্রমের মাধ্যম বলে আপনি মনে করেন? কেন? আপনি কি মনে করেন সব বয়সের মানুষদের জন্য টিকা প্রয়োজন? হলে কেন? না হলে কেন? হলে কিভাবে তা সম্ভব হবে?
১৪. আপনি বা আপনার পরিবারের যেকোন সদস্যদের জন্য কি আপনি টিকা নেওয়ার ক্ষেত্রে আগ্রহী হবেন? হ্যাঁ / না হলে কেন? [বিস্তারিত জানুন: সাইড ইফেক্ট, দাম, টিকা নেওয়ার প্রসেস, টিকার সহজলভ্যতা ইত্যাদি]
১৫. টিকা নিলে- মাস্ক পরা অথবা সামাজিক দূরত্ব বজায় রাখার প্রয়োজন আছে কি? হ্যাঁ/না হলে কেন?
১৬. করোনাভাইরাস থেকে আমাদের সকলকে সুরক্ষা রাখতে আপনার পক্ষ থেকে এবং সরকারের পক্ষ থেকে কি ধরনের পদক্ষেপ নেওয়া উচিত বলে আপনি মনে করেন?

5.3. Consent form _ English

Thesis Title: Perceptions, Attitude and Practice on COVID 19 and it's Vaccine among the low-income urban people in Bangladesh: A qualitative study

Principal Researcher: Md. Aminul Islam

Institution: Independent University of Bangladesh (IUB)

Purpose of the research

Assalamualaikum /Adab; I am (_____) and I am a master's student of the public health department in the independent university of Bangladesh. I am doing this research work for completing my academic thesis program. **At** present, the incidence of coronavirus is increasing day by day. Many researches have shown that the risk of coronavirus is increasing day by day for not complying the health safety (wearing a facial mask, maintaining social distance, and washing hands with soap after **some time**). The research has also shown that it is possible to control the outbreak of coronavirus by maintaining health safety and vaccination. I will conduct a research study among low-income people for knowing their perception, attitude, and practice about coronavirus. In this study, low-income people will be included through the interview for knowing their perception about coronavirus, knowledge about the health safety of coronavirus prevention, their economic loss, and perception about vaccine of coronavirus

Why invited to participate in the study?

I am inviting you to enroll in the study because you are involved in low-income occupations, such as rickshaw puller/housemaid/hawker/day labor/ tea stall owner/jobless. So you are purposively selected as I feel that your perception, attitude, and practice can contribute much to my understanding and knowledge of COVID 19 and its Prevention.

What is expected from the participants of the research study?

If you agree to my proposal of enrolling in this study, I will ask to know your answer about coronavirus, reason, and infections of coronavirus, preventive methods and health safety, and coronavirus vaccination. The whole process of the interview will take approximately 30-40 minutes. It is not necessary to answer all the questions. You can change your mind at any time. You can withdraw at any time for any reason. If you agree to participate in the study, I will audio-record your interview by mobile phone to assist later in fully writing up the information.

Risk and benefits

You will not face any risk due to participation in the study. There is no direct benefit to you for participation in this study. In talking to us, it will help to a better understanding of the risk of COVID 19 among low-income people.

Privacy, anonymity, and confidentiality

I ensured you that, will never use your name or personal information when we write reports or present the results to others. Only you and the study team will know your answers to questions and the information you provide. Your information will be used only for study purposes and I will never use your name anywhere even in the study report.

Future use of information:

The information I collect will be used in another research in the future. I will keep your information private and confidential for future use.

Right not to participate and withdraw

Your participation in the study is voluntary, and you have the sole authority to decide for or against your participation. You would also be able to withdraw your participation at any time during the study without showing any cause. Refusal to take part in or withdrawal from the study would have no negative impact on taking service from me or IUB in the future. During the interview, you can refuse to answer any question if you feel uncomfortable.

Principal of Compensation

There is no cost to your participation in this study. There is no compensation for your participation in this study as well.

Answering your questions/ Contact persons

If you have any questions you can ask me any time. If you have additional questions about this research, you may contact me later time. My phone number is 01842080593.

If you have questions about your rights as a participant in a research study, you may contact or meet personally at the following address: School of the public health department, Independent university of Bangladesh, Basundhora residential area, Dhaka, Or my supervisor Mr. Kamran ul Baset, Associate professor. Mobile: 01713-158455.

If you agree to my proposal of enrolling you in my study, please indicate that by putting your signature or your left thumb impression at the specified space below

Thank you for your cooperation

Signature or left thumb impression of participant

Date

signature or left thumb impression of the witness

Date

Signature of the researcher

Date

5.4. Consent form_ Bengali

সম্মতিপত্র

Thesis Title: Perceptions, Attitude and Practice on COVID 19 and it's Vaccine among the low-income urban people in Bangladesh: A qualitative study

Principal Researcher: Md. Aminul Islam

Institution: Independent University of Bangladesh (IUB)

গবেষণার উদ্দেশ্য:

আস্পালামুআলাইকুম/ নমস্কার। আমার নাম (-----) এবং আমি ঢাকা ইন্ডিপেন্ডেন্ট ইউনিভার্সিটি অব বাংলাদেশ (আইইউবি) এর জনস্বাস্থ্য বিভাগের মাস্টার্সের একজন ছাত্র। উক্ত গবেষণা কর্মটি আমি আমার মাস্টার্সের থিসিস সম্পূর্ণ করার নিমিত্তে পরিচালনা করছি। বর্তমানে বিশ্বব্যাপি করনা ভাইরাসের প্রকোপ বেড়েই চলেছে। গবেষণায় দেখা গেছে স্বাস্থ্যবিধি (নাক ও মুখে মাস্ক পরিধান করা, সামাজিক দূরত্ব বজায় রাখা এবং কিছুক্ষন পরপর সাবান দিয়ে হাত ধোয়া) না মানার কারনে করোনা ভাইরাসে আক্রান্ত হওয়ার ঝুঁকি দিন দিন বেড়ে যাচ্ছে। গবেষণায় আরও বলা হয়েছে যে যদি সঠিক নিয়মে স্বাস্থ্যবিধি মেনে চলা যায় এবং এর টিকা গ্রহন করা যায় তাহলে করনা ভাইরাস নিয়ন্ত্রন করা সম্ভব। আমি করনা ভাইরাস সম্পর্কে নিম্ন আয়ের মানুষের ধারণা ও তাদের চর্চা সম্পর্কে জানার জন্য উক্ত গবেষণা কর্মটি পরিচালনা করব। এই গবেষণায় করনা ভাইরাস ও এর কারন সম্পর্কে নিম্ন আয়ের মানুষের ধারণা, করনা ভাইরাস প্রতিরোধে এর স্বাস্থ্যবিধি সম্পর্কে তাদের জ্ঞান, তাদের অর্থনৈতিক ক্ষতি এবং করনা ভাইরাসের টিকা সম্পর্কে জানার জন্য সম্প্রদায়ের নিম্ন আয়ের লোকদের সাক্ষাৎকারে অন্তর্ভুক্ত করা হবে।

আমরা কেন আপনাকে এই গবেষণায় অংশগ্রহনে আমন্ত্রন জানাচ্ছি?

আপনাকে এই গবেষণায় (সাক্ষাৎকারে) অংশগ্রহন করতে বলা হচ্ছে কারণ আপনি শহরে নিম্ন আয়ের পেশার সাথে জড়িত (রিিক্সচালক/ গৃহপরিচারিকা/ হকার)। সুতরাং আমি আপনাকে উদ্দেশ্যমূলক ভাবে নিরবাচন করেছি কারণ আমি মনে করি যে দৃষ্টিভঙ্গি, বিশ্বাস এবং চরচা করোনাভাইরাস এর বিস্তার এবং এর প্রতিরোধের বিষয়ে বুঝতে সহায়তা করবে।

গবেষণায় অংশগ্রহনকারীর কাছে প্রত্যাশা কী?

যদি আপনি এই গবেষণায় অংশগ্রহনের জন্য সম্মত হন তাহলে আমি আপনাকে করনা ভাইরাস, এর কারন ও সংক্রামন, করনা ভাইরাস প্রতিরোধে স্বাস্থ্যবিধি, করনা ভাইরাসের প্রভাব এবং এর টিকা সম্পর্কে কিছু প্রশ্নের উত্তরের জন্য জিজ্ঞাসা করব। সাক্ষাৎকারটি নিতে আনুমানিক ৩০-৪০ মিনিট সময় লাগবে। আপনাকে সকল প্রশ্নের উত্তর দিতেই হবে এমন নয়, এবং আপনি যেকোন সময় চাইলে সাক্ষাৎকারটি বন্ধ করে চলে যেতে পারেন। আপনার সাথে সাক্ষাৎকার চলাকালিন সময়ে আপনার গুরুত্বপূর্ণ প্রত্যেকটি কথা আমার মনে রাখা অথবা সল্প সময়ে কাগজে লিপিবদ্ধ করা সম্ভব নয় তাই একটি অডিও রেকর্ডার মোবাইলের মাধ্যমে আমাদের আলোচনাটি রেকর্ড করব।

ঝুঁকি এবং সুবিধাদি:

এই গবেষণায় অংশগ্রহণের জন্য আপনার কোন ধরনের ঝুঁকির সম্ভাবনা কম। এই গবেষণায় অংশগ্রহণের জন্য আপনার সরাসরি/ তাত্ক্ষনিক কোন সুবিধা নেই। তবে আপনার দেওয়া তথ্য বাংলাদেশে নিম্নে আয়ের মানুষের করণা ভাইরাসের ঝুঁকি সম্পর্কে আমাদের ভালভাবে বুঝতে সহায়তা করবে।

নিজস্বতা, গোপনীয়তা ও বিশ্বাসযোগ্যতা:

আমি আপনাকে আশ্বাস্য করছি যে আমি আপনার পরিচয় সনাক্তকারী তথ্যের গোপনীয়তা এবং নামহীনতা কঠোর ভাবে বজায় রাখব। আপনার তথ্যগুলো শুধুমাত্র গবেষণার কাজেই ব্যবহার করব এবং আমি কোথাও কখনও আপনার নাম প্রকাশ করব না।

ভবিষ্যতে তথ্যের ব্যবহার:

এই গবেষণায় সংগৃহিত তথ্য প্রয়োজনে অন্যান্য গবেষণার কাজে ব্যবহৃত হতে পারে, কিন্তু তথ্যের গোপনীয়তা ও নিজেস্বতা কঠোরভাবে রক্ষা করা হবে।

অংশগ্রহণ না করা এবং প্রত্যাহার করার অধিকার:

এই গবেষণায় আপনার অংশগ্রহণ সেচ্ছাসেবী, এবং গবেষণা কার্যক্রমে অংশগ্রহণ করা বা না করার সিদ্ধান্ত সম্পূর্ণ আপনার। আপনি না চাইলে যে কোন প্রশ্নের উত্তর নাও দিতে পারেন। গবেষণায় অংশগ্রহণ করলেও এই গবেষণা কার্যক্রম চলাকালীন যেকোন সময় আপনি নিজেকে প্রত্যাহার করতে পারবেন। এর জন্য আপনাকে কোন কারণ দর্শাতে হবে না। গবেষণায় অংশগ্রহণ থেকে প্রত্যাহান আপনাকে কোন ক্ষতির কারণ হবেনা।

ক্ষতি পূরণ:

এই গবেষণায় অংশগ্রহণের জন্য আপনার কোন অর্থনৈতিক খরচ/ব্যয় করতে হবেনা একই ভাবে এই গবেষণায় অংশগ্রহণের জন্য আমি আপনাকে কোন টাকা পয়সা দিবনা।

যোগাযোগ:

আপনার কোন প্রশ্ন থাকলে যেকোন সময় আপনি আমাকে জিজ্ঞাসা করতে পারেন। এছাড়াও আমি চলে যাওয়ার পরেও যদি আপনার কোন প্রশ্ন থাকে তাহলে আপনি আমার ফোন নাম্বারে ফোন করতে পারবেন। আমার ফোন নাম্বার হল ০১৮৪২০৮০৫৯৩।

যদি গবেষণায় অংশগ্রহণকারী হিসাবে আপনার কোন প্রশ্ন থাকে তাহলে আপনি এই ঠিকানায় যোগাযোগ করতে পারেন: পাবলিক হেলথ বিভাগ, ইনডিপেন্ডেন্ট ইউনিভার্সিটি অব বাংলাদেশ, বসুন্ধরা আবাসিক এলাকা, ঢাকা। অথবা আমার সুপারভাইজার জনাব, কামরান আল বাছিত, ফেকাল্টি, আইইউবি, মোবাইল-০১৭১৩-১৫৮৪৫৫

আপনি যদি আমার এই গবেষণায় অংশগ্রহণ করতে আগ্রহী হন তাহলে নিম্নের নির্ধারিত স্থানে স্বাক্ষর অথবা বাম হাতের বৃদ্ধাঙ্গুলীর ছাপ দিন।

আপনারা সহযোগিতার জন্য ধন্যবাদ।

উত্তরদাতার স্বাক্ষর/ বাম বৃদ্ধাআঙ্গুলীর ছাপ

তারিখ

স্বাক্ষীর স্বাক্ষর/বাম বৃদ্ধাআঙ্গুলীর ছাপ

তারিখ

গবেষকের স্বাক্ষর

তারিখ