Psychological status of mass people in the capital city of Bangladesh during COVID-19: Do home quarantine challenges matter?

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Abstract
This study aimed to identify the impact of home quarantine challenges on the psychological status of mass people during Coronavirus Disease (COVID-19) in the capital city (Dhaka) of Bangladesh. A highly organized questionnaire was created in “Google Form” and given to respondents at random via multiple social media sites, including WhatsApp, LinkedIn, and Messenger. However, a sample size of 208 people was taken and analysis was carried out using Statistical Package for the Social Sciences and Analysis of a Moment Structures software. Analysis showed that home quarantine challenges are positively related to the psychological status and home quarantine challenges have a significant impact on psychological status during COVID-19. In Bangladesh, the major challenges to home quarantine are lack of consciousness, lack of medical support, and the possibility of losing their current jobs. This study provides insight into the challenges of home quarantine and the psychological status of Bangladeshi people. The findings may be helpful for policymakers in identifying necessary measures to overcome these challenges. Only Dhaka division was taken out of seven divisions in Bangladesh to conduct this study, which might be difficult to generalize the findings of this study. Thus, in the future, it is suggested that more respondents from other divisions need to be covered.
1 | BACKGROUND OF THE STUDY

In January 2020, the World Health Organization (WHO) declared the novel coronavirus (COVID-19) to be the world’s sixth public health catastrophe (Rahaman et al., 2021; Ripon et al., 2020; WHO, 2020b). COVID-19 was formally declared a global pandemic by WHO on March 11, 2020. (Ripon et al., 2020; WHO, 2020c). The first cases of COVID-19 in Bangladesh were discovered on March 4, 2020 and three people were infected on March 7, 2020, according to the Institute of Epidemiology, Disease Control and Research (IEDCR) (IEDCR, 2020; Rahaman et al., 2020). Individuals who are suspected or known to be infected must isolate themselves from society for 14 days as home quarantine (HQ) or self-isolation (CDC, 2017). In reality, isolation and quarantine have different meanings, but both involve being isolated from their loved ones, regular activities, and routines to protect themselves from infection. The psychological impacts of quarantine and isolation were exacerbated by the adverse effects of decreased physical activity and nutritional alterations (Füzéki et al., 2020). As of October 2021, in Bangladesh, COVID-19 infected people were 1,559,452, the isolated or quarantined people were 382,160, and 27,614 people were dead (IEDCR, 2020).

A research of quarantined and isolated people with severe acute respiratory syndrome (SARS) and H1N1 exhibited posttraumatic stress symptoms, confusion, and fury. Longer quarantines, virus fears, frustration, boredom, insufficient supplies, a lack of information, financial loss, and shame were all factors that contributed to the stress (Brooks et al., 2020). Besides, fear and anxiety are common psychological issues due to the COVID-19 pandemic (Bao et al., 2020; Ripon et al., 2020; Z. Xu et al., 2020). Earlier researchers stated that Anxiety, depression, panic attacks, somatic symptoms, and posttraumatic stress disorder (PTSD) were known to cause delirium, psychosis, and even suicide (Ripon et al., 2020; Tang et al., 2020). People who have been quarantined may have experienced feelings of guilt, humiliation, or stigma. Increased levels of mental illness were expected to be related to an increased risk of PTSD and depressive symptoms in those who had been in quarantine for long periods (Ho et al., 2020; Ripon et al., 2020). In Bangladesh, suicides have occurred due to stigma and depression (Ripon et al., 2020; DhakaTribune, 2020). The psychological status (PS) of those who maintain home quarantined is impacted unfavorably. From the previous quantitative studies, the most common symptoms associated with quarantine are depression, loneliness, stress, insomnia, irritation, low mood, anger, and emotional disturbance (Liu et al., 2012; Marjanovic et al., 2007; Mihashi et al., 2009; Yoon et al., 2016).

With a population density of 1115 persons/km², Bangladesh is the densest country in Southern Asia (Chowdhury, 2020). COVID-19 infections have increased, according to public health experts, because Bangladeshis are not following medical and official recommendations and are not maintaining HQ. According to one of the former World Health Organization experts, the people of Bangladesh are considerably more unconscious and still have close relationships with one another. In such a case, ensuring the HQ in Bangladesh is tough is essential (New age, 2020). Apathy toward HQ in Bangladesh may be related to a lack of understanding about the impact of COVID-19, reduced income and facing the scarcity of food. Over the past several years, few studies have been conducted focusing on the psychological consequences of quarantined and nonquarantined people (Jassim et al., 2021; Liu et al., 2012; Sprang & Silman, 2013; Wu et al., 2009; Yoon et al., 2016). But, in Bangladesh, less attention has been given to these burning issues. As social science researchers, we want to focus our attention on two essential issues: CH (external circumstances) and PS of the people (personal beliefs). As a result, we incorporated cognitive theories into our research, emphasizing the relevance of personal beliefs (psychological state) and cognitive processes as primary drivers of behavior, which currently dominate social psychology (CH).
cognitive perspectives of social psychologists, on the contrary, typically clash with the cognitive models of experimental psychology (Manis, 1977). This study is more focused on social psychology than on experimental psychology. For one reason, cognitive and social psychologists are attracted by the major inferences and generalizations that we can make based on our past and current experiences. Finally, based on the assumptions of cognitive theory as a social psychology perspective, this study aimed to examine the relationship between HQ difficulties and the psychological state of people in Bangladesh's capital city.

In the first half of the background, we talked about COVID-19's global experience including Bangladesh perspectives. On the contrary, the second half looks at Bangladesh's HQ challenges as well as the mass people's PS. In the third paragraph, we also focused on identifying the research gap and establishing objectives with theoretical assumptions to close the gap—however, the methods section of this study comes next.

2 | METHODOLOGY

2.1 | Research design and selection of the subject

We generated a well-structured questionnaire in “Google Form” and randomly distributed it to respondents in Dhaka, Bangladesh's capital city (Dhaka). Since the outbreak began in Bangladesh in March of last year, the densely populated city of Dhaka has been a hotbed for infections. From the starting point of COVID-19 in Bangladesh, the infection rate in the capital city was very high, this high rate of increasing patients from this division was one of the main factors for selecting the respondents. Even, recently, it has suddenly increased to 28.23%, up from 3.45% in the month of July 2021 (Dhaka Tribune, 2021). However, after the discussion with the coauthor of this paper, it was decided that during this situation (COVID-19), physically, it is not possible to meet the respondents to distribute the questionnaire. Thus, a structured “Google Form” was prepared with written consent, including the fundamental objective, and sent randomly to the respondents through different electronic media such as WhatsApp, LinkedIn, and Facebook. A condition was given in the questionnaire that you are requested to fill up the questionnaire if you have experience with HQ. Besides, 2 weeks were given to complete the questionnaire. However, 215 respondents completed the survey, but due to outliers (7), we finally took 208 respondents as our sample size. As covariance-based structural equation modeling (CB-SEM) has been used in this study; thus, we did not use a power calculation Table to identify a suitable sample size. According to (Hair et al., 2006, 2017), 150–400 respondents are the best sample for researching if CB-SEM is being adopted. As our sample size is 208, which is sufficient to carry out research.

2.2 | Participants

In this study, 71.15% of respondents are male while female respondents are 28.85%. The respondent may seem to have been chosen with bias. One of the most effective approaches researchers may use to prevent sampling bias is simple random sampling, which involves selecting samples at random. This means that every member of the population has an equal chance of being chosen for the sample (Martínez-Mesa et al., 2016). We used the “Google form” and distributed it to respondents at random, WhatsApp, LinkedIn, and Facebook. The majority of those surveyed worked in a number of occupations (over 90%; see Table 1). Bangladesh, on the contrary, has a female employment rate of 36.26% (ILO, 2020). As a result, female respondents are lower than male respondents. 43.26% have a master's degree, while 26.44% have a bachelor's degree, according to the level of education. A bachelor's or master's degree is the minimum qualification for good private or public jobs in Bangladesh. In the job market, a master's degree carries more weight. As a consequence, the proportion of respondents with a master's degree is higher in this sample. In addition, 74.52% of those respondents are married, while 25.48% are unmarried. The
majority of those who responded (47.12%) are over the age of 41. Finally, in terms of occupation, the private sector employs are 85%.

### Table 1: Demographic details

| Respondents’ characteristics | Frequency | Percentage |
|------------------------------|-----------|------------|
| **Gender**                   |           |            |
| Male                         | 148       | 71.15      |
| Female                       | 60        | 28.85      |
| **Age (years)**              |           |            |
| 20–30                        | 30        | 14.42      |
| 31–40                        | 80        | 38.46      |
| 41–above                     | 98        | 47.12      |
| **Marital status**           |           |            |
| Married                      | 155       | 74.52      |
| Unmarried                    | 53        | 25.48      |
| **Level of education**       |           |            |
| Less than high school        | 15        | 7.23       |
| High school                  | 30        | 14.42      |
| Bachelor                     | 55        | 26.44      |
| Masters                      | 90        | 43.26      |
| Others                       | 18        | 8.65       |
| **Occupation**               |           |            |
| Housewife                    | 5         | 2.4        |
| Student                      | 9         | 4.72       |
| Private job                  | 177       | 85         |
| Public job                   | 13        | 5.83       |
| Others                       | 4         | 2.05       |

Source: Online survey, 2020.

2.3 | Questionnaire’s pattern and pilot study

Our survey was broken down into three sections. We asked five demographic questions in the first part of the survey. Following the demography section, a mandatory question was asked, “Do you have any knowledge of home quarantine?” to proceed to the next section of the questionnaire. If you answered yes, you must complete the remaining sections. After that challenges of HQ (CH)-related questions (7) were asked. Finally, PS-related items (7) were asked. Except for demographic information, other responses were collected using the “5-item Likert-type scale”. However, the questionnaire was sent to the 50 respondents as a pilot study to check the appropriateness of the selection of these items. Yet, it was found that the reliability value of CH-related items was 0.735 and of PS-related items was 0.755, which confirms a good consistency of data. These reliability values have shown in Table 2.
TABLE 2  Reliability values

| List of the items | Sources | Reliability |
|-------------------|---------|-------------|
|                   |         | Pilot study | Actual    |
| Always keep myself in stress | 0.755   | 0.824       |
| I am always depressed and feeling anxiety |         |             |
| I cannot concentrate on my regular activities |         |             |
| PS | I am feeling now fear and stigma | Brooks et al. (2020) | 0.735 | 0.821 |
| I am frustrated and feeling boredom |         |             |
| Always keep myself in fear of infection |         |             |
| I am always feeling nervous |         |             |
| CH | Lack of basic supports from the government | 0.735 | 0.821 |
| People are not conscious about home quarantine (HQ) |         |             |
| Possibility to lose current job |         |             |
| Lack of medical support |         |             |
| Lack of financial support from the working place |         |             |
| Excessive time period (14 days) |         |             |
| Lack of adequate information about HQ |         |             |

2.4  |  Measures

2.4.1  |  PS

In this study, the seven items of PS were taken based on (Brooks et al., 2020) and considered the dependent variable. The details of the items selection with literature have shown in Table 2. However, in the current study, the $\alpha$ coefficient for PS was 0.824 (see Table 2).

2.4.2  |  CH

In this study, the seven items of CH were taken based on the work of (Brooks et al., 2020) and considered as an independent variable. The details of the items selection with literature have shown in Table 2. However, in the current study, the $\alpha$ coefficient for CH was 0.821 (see Table 2).

2.5  |  Ethical consideration

We included a consent form at the start of the questionnaire. In that consent form, the authors state that all data collected would be utilized solely for this study. It was also stated that all information will be kept confidential. Besides, the coauthor of this paper collected a data collection permission letter from the deputy registrar of his university (Data collection permission code: MU/BA/1667 and data collection permission date: April 9, 2020).
3 | RESULTS AND FINDINGS

Both SPSS-22 Version and CB-SEM using AMOS software have been used to complete the analysis procedure. However, to check the normality, outliers and multicollinearity are the preconditions to use AMOS software. Though the values Skewness and Kurtosis, which were less than (+−3), it indicated that data were normally distributed. Malhanobis and Cook’s distance has been used to check the outliers and seven outliers were found and deleted those responses. The values of variance inflation factor (VIF) and tolerance, proved that there was no multicollinearity problem.

Thus, in the first stage, we have done the confirmatory factor analysis (CFA) using AMOS to confirm our selected items concerning the research variables. In the second stage, based on the confirmed items, we calculated the respondents' percentage using descriptive analysis. Finally, the structural measurement model has been shown to determine the impact CH on PS during COVID-19.

3.1 | CFA

The construct validity of the questionnaire was assessed using CFA. This approach is appropriate when the items of the questionnaire have already been used by other researchers (Prudon, 2015). If we critically analyze the above Table 3 it is found that, initially, for CH, the items were seven (7). But, following the Modification Indices (MI) of AMOS output, we have deleted three items (item no 1, 3, and 7) for CH and three items PS to get a good fit of the measurement model. After completing the deletion of those items from our research variables, the fit indices of CH and PS are shown below.

According to Awang, et al. (2012), the acceptance values are for root-mean-square error of approximation (RMSEA) (≤0.08), goodness-of-fit index (GFI), comparative fit index (CFI), normed fit index (NFI) (>0.90), and χ²/df (≤5). The table shows that both of the variables (CH and PS) have fulfilled the acceptance criteria to prepare for the measurement model. However, the measurement model is given below.

From Table 4, initially, the reliability (α) was for CH (0.821) and for PS (0.824). After completing the CFA, the values of construct reliability of the CH (0.822) and PS (0.825) have slightly increased. For checking the

| Name of Index | Challenges of home quarantine after CFA | Psychological status after CFA | Level of acceptance |
|---------------|--------------------------------------|-------------------------------|---------------------|
| Root-mean-square error of approximation | 0.080 | 0.074 | ≤0.08 |
| Goodness-of-fit index | 0.964 | 0.979 | >0.90 |
| Comparative fit index | 0.975 | 0.968 | >90 |
| Normed fit index | 0.958 | 2.86 | >90 |
| χ²/df | 2.34 | 0.074 | ≤5 |

| TABLE 4 | Measures of reliability and validity |
|-----------------|-----------------|-----------------|------------------|
|               | OI   | α       | UI   | Construct reliability | Average variance extracted | Discriminant validity |
| Psychological status | 7   | 0.824 | 4    | 0.825          | 0.5                   | Correlation between a pair of the latent exogenous constructs was less than 0.90 |
| Challenges of home quarantine | 7   | 0.821 | 4    | 0.822          | 0.31                  |                         |

Abbreviations: OI, observed indicators; UI, un-observed indicators.
construct validity, we have used average variance extracted (AVE). If the value is at least equal to or more than 0.50, then it is acceptable for further analyses. In this study, the values of AVE are for CH (0.51) and PS (0.31). Finally, for discriminant validity, we have checked the correlation between the variables and found the value (0.31) is less than 0.90. It indicates, there is also no discriminant problem.

3.2 Measurement model

Usually, the CB-SEM method has two elements (inner and outer models) to evaluate and test the measurement model and the structural model. Inner model represents the structural path between the main constructs in a model while the outer model describes the relationships between the measurement model and associated indicator variables (Mohamad et al., 2019). In this study, the measurement model has been used to check the model fit, discriminant validity Figure 1.

The measurement model (Figure 1 and Table 5) has fulfilled the acceptance criteria of fit indices, that is, RMSEA (0.068), GFI, CFI, NFI (0.927, 0.957, and 0.917) and \( \chi^2/df \) (1.94). Thus, we can go for a structural model. Before running the structural model, we saw the response rate as a percentile (shown in Table 4) of the respondents and

![Measurement model diagram](image)

**Figure 1** Measurement model

| Name of index                                           | Calculated values | Level of acceptance |
|---------------------------------------------------------|-------------------|---------------------|
| Root-mean-square error of approximation                 | 0.068             | ≤0.08               |
| Goodness-of-fit index                                   | 0.927             | >0.90               |
| Comparative fit index                                   | 0.957             | >90                 |
| Normed fit index                                        | 0.917             | >90                 |
| \( \chi^2/df \)                                         | 1.94              | ≤5                  |
ranked them based on the research variables' highest response rate. Now, based on the confirmed items, we calculated the percentage of the respondents under descriptive analysis.

On the basis of the percentile values (see Table 6), the most crucial CH in Bangladesh is "people are not conscious about home quarantine (92%)." And the second challenge is "lack of medical supports (91.6%) after following the possibility of losing a current job (89.1). However, in terms of PS, the maximum (77.3%) respondents feel stress. In addition, 77.2% of people feel fear and stigma and 74.2% of people cannot concentrate on their regular activities during the HQ period in Bangladesh.

### 3.3 Correlations

Correlation analysis was used to discover the internal relationship between the study variables. The following are the correlation coefficients:

Table 7 shows CH ($r = 0.25^{**}$) is positively related to PS and the value is significant. This result indicates that if the intensity of the CH increased, that would be the cause to increase the level of stress, fear, stigma, depression, and frustration. However, if we focus on the relationship among the demographic variables with both CH and PS, it was found only occupation showed a significant positive relation with both research variables ($r = 0.080^{* *}$ and $0.07^{**}$).

#### TABLE 6 Respondents' opinion

| Items                                      | Strongly disagree (%) | Disagree (%) | Neutral (%) | Agree (%) | Strongly agree (%) | Total agreement (%) | Rank |
|--------------------------------------------|-----------------------|--------------|-------------|-----------|-------------------|----------------------|------|
| Psychological status                       |                       |              |             |           |                   |                      |      |
| Always keep myself in stress               | 1.5                   | 5.9          | 15.3        | 44.6      | 32.7              | 77.3                 | 1    |
| I am always depressed and feeling anxiety  | 4.0                   | 15.3         | 21.8        | 47.0      | 11.9              | 58.9                 | 5    |
| I cannot concentrate my regular activities | 2.5                   | 8.9          | 14.4        | 47.5      | 26.7              | 74.2                 | 3    |
| I am feeling now fear and stigma           | 2.5                   | 5.9          | 14.4        | 36.6      | 40.6              | 77.2                 | 2    |
| I am frustrated and feeling boredom        | 2.0                   | 11.4         | 16.3        | 49.0      | 21.3              | 70.3                 | 4    |
| Challenges of home quarantine              |                       |              |             |           |                   |                      |      |
| Lack of basic supports from the government | 2.0                   | 7.4          | 21.3        | 40.1      | 29.2              | 69.3                 | 6    |
| People are not conscious about home quarantine | 3.0                   | 1.0          | 4.0         | 36.6      | 55.4              | 92                   | 1    |
| Possibility to lose current job            | 2.0                   | 2.5          | 6.4         | 38.1      | 51.0              | 89.1                 | 2    |
| Lack of medical support                    | 2.0                   | 1.5          | 5.0         | 33.2      | 58.4              | 91.6                 | 3    |
| Lack of financial support from the working place | 2.0                   | 4.0          | 5.4         | 39.1      | 49.5              | 88.6                 | 4    |
| Excessive time period (14 days)            | 41.6                  | 38.6         | 13.9        | 3.5       | 2.5               | 80.2                 | 5    |
Specifically, the structural model (Figure 2) and Table 8 indicate that CH has a significant effect (β = 0.31, p < 0.00) on the PS during COVID-19. It means that if the CH increased, that would be the cause to increase the level of stress, fear, stigma, depression, and frustration.

4 | DISCUSSION OF THE MAJOR FINDINGS

We aimed to investigate the effect of the CH on the PS of the people who are from the capital city in Bangladesh (Dhaka). However, we have discussed our findings in three parts. In the first part, the respondents’ perceptions in relation to the CH will be addressed. After that, we will discuss the PS, and finally, the impact of CH on PS will be discussed.
However, the first finding of our research is that the most critical CH in Bangladesh is “people are not conscious about home quarantine.” This statement is consistent with the statement given by one of the ex-advisors of the World Health Organization (New age, 2020). He also stated in his report that Bangladeshi people not only unconscious but also they are reluctant to maintain the guidelines of HQ, and in this situation, it is somehow impossible to ensure the HQ in Bangladesh. The second challenge is “lack of medical supports. This finding is similar to a report published in a newspaper (New age, 2020). It stated that general people are not getting appropriate medical supports from the medical though most of the renowned public and private medicals are situated in the capital city of Bangladesh. Even till April 2020, 273 doctors are infected in COVID-19. So, they are also afraid to give proper support to the patients. This pandemic has brought to light the inadequacy of healthcare systems in some underdeveloped nations, particularly Bangladesh, plagued by corruption. With a population density of 1115 persons/km² and 21.8% of the population living in poverty (Chowdhury, 2020), it is one of the world’s most densely inhabited countries. Bangladesh’s healthcare system is dependable, sensitive, and compassionate, but it has proved time and time again that it is incapable of providing primary health care to the general population (Mohiuddin, 2019). Furthermore, medical facilities are concentrated in cities, resulting in a healthcare shortage in rural areas (Mohiuddin, 2019). In this context, the COVID-19 pandemic demonstrates a variety of flaws in the healthcare system, which can be stated as follows: Inadequate healthcare infrastructure, poor governance, and a lack of public health communication are all contributing issues (Al-Zaman, 2020). The third challenge is the possibility of losing the current job (89.1). This is an exciting finding; the possible explanation for this finding is that, in this study, 85% of respondents were from private jobholders. In Bangladesh, the job security of the private sector is not actually high. So, the respondents of this study might fear losing their current job. Another important CH is not getting appropriate supports from the Government. One possible reason behind this challenge is a highly populated city. So, it is very difficult for the Government to provide basic supports to all levels of people.

Now the second finding that is relating to the PS of the respondents. Maximum (77.3%) respondents fell under stress. This finding is consistent with the finding of earlier researchers (Dutheil et al., 2021; Hossain et al., 2020; Qiu et al., 2020; Rahman & Rahaman, 2021; Wang et al., 2021). In addition, a report showed that out of the 98 quarantined, 27 (28%) of the parents needed to diagnose their stress level and found psychological disorders compared to the 6% nonquarantined parents (17 of 299) (Sprang & Silman, 2013). Another study showed that 60% of the quarantined people suffered high stress, where the low-stress rate was comparatively shorter by 15% (63 of 424) (Liu et al., 2012). One more finding of this study is that 77.2% of people feel fear and stigma and 74.2% cannot concentrate on their regular activities during the HQ period in Bangladesh. This finding is also consistent with the earlier findings of several researchers (Viladrich, 2021; J. Xu et al., 2021). Besides, a study in which 1078 were in HQ during SARS-25. The report stated that 230 (20%) studies found anger, 18% reported sadness and nervousness, and 101 (10%) found guilty. Besides these studies, participants have expressed concerns about their own safety as well as the safety of others (Desclaux et al., 2017; Jeong et al., 2016; Sprang & Silman, 2013; Taylor et al., 2008; Wang et al., 2011; Wester & Giesecke, 2019), especially for family members who are not subjected to the quarantine. However, one reason for getting our high response rate is that we consider the item “fear and stigma” under the same questions, but earlier researchers put these two items separately.

The last part of the finding of this study is that CH and PS are positively correlated ($r = 0.25**$) and it has a significant impact ($8 = 0.31$, $p < 0.00$) on PS during COVID-19 in the capital city in Bangladesh. It indicates that if the CH increased, that would be the cause to increase the level of stress, fear, stigma, depression, and frustration. Even when someone is highly discouraged during HQ, they commit suicide Barbisch, et al. (2015). Besides, occupation was significantly related to CH and PS ($r = 0.080**$ and $0.07**$). One of the justifications of this finding is that most of our respondents (85%) are from the private sector. In Bangladesh, some private sector (banking organizations) employees had to go to their offices to continue their jobs. So, the employees had to face CH, and their PS was not good. As this finding is unique, it is impossible to show consistency with other findings. But, it is realized from this finding that reducing the CH will positively influence the PS or reduce the level of stress, fear, stigma, depression,
and frustration. So, in the conclusion of this study, we have proposed some suggestions to overcome these challenges.

5 | STRENGTHS AND CONTRIBUTIONS OF THIS STUDY

So far, our knowledge, related to the CH and the PS during COVID-19, was given less attention to research in Bangladesh. But, due to HQ, people's PS might have gone down with confinement, break down in routine, reduced social and holistic communication with others, extreme boredom, self-isolation, frustration, and so forth, distress the individual. Individual comprehension, positive attitudes, and behaviors of proposed precautionary and preventive health guidelines are critical in a resource-constrained culture like Bangladesh in averting the vicious community transmission of COVID-19. Concerning the findings of this study, policymakers in Bangladesh, such as the health ministry and IEDCR, will have the opportunity to learn about the CH based on the findings and recommendations of this study. And hopefully, the authorities will be able to take the necessary measures based on our recommendations.

6 | CONCLUSIONS WITH RECOMMENDATIONS

The purpose of this study was to determine how CH affected people's PS during the COVID-19 outbreak in Dhaka, Bangladesh's capital city. According to the data, HQ difficulties are positively connected with PS and substantially impact PS during COVID-19. In Bangladesh, the biggest barriers to HQ are a lack of information, a lack of medical support, and the risk of losing their current jobs. On the contrary, the structural model demonstrated that as the number of HQ difficulties grew, so did stress, dread, stigma, despair, and frustration. As a result, the authors proposed some recommendations, which they feel may help to relieve the concerns of HQ in Bangladesh's capital city during COVID-19.

(a) Unconscious about the HQ is the most important challenge, so the Government should introduce user-friendly policies and guidelines for the general people, which can help make them conscious. For example, a short film in relation to the advantages of HQ with some celebrity people can be broadcast. So, people can be motivated to maintain the guidelines of HQ.

(b) Lack of medical support is another CH, so, the higher authority of the medical sector (health ministry) should monitor these supports for the general people. In addition, the Government can declare some motivational packages for the concerned doctors, nurses, and supporting staff, so that they can be motivated to provide the proper medical supports to the general people.

(c) Possibility to lose the current jobs or works is another CH. Earlier, in this paper, maximum respondents are from private sectors, so the Government of Bangladesh can create a force to the private sector owner that during the COVID-19 pandemic, nobody is allowed to lay off their existing employees.

(d) Finally, to improve the PS (free from stress, fear, stigma, and frustration, and so on) to keep connecting with relatives, friends are important. So, during HQ, one should confirm his or her daily necessities like mobile, charger, laptops, adapter, goggles, pillow, etc. Using and activating the social network can reduce anxiety, stress, and frustration. For example, the Malaysian Government has declared from April 2020 that every Malaysian SIM card user will receive free 1 Gigabyte data during COVID-19 to maintain excellent communication with each other (The Star, 2020). The telecommunication sector of Bangladesh can also provide some special offers for their customers.
WAY TO FUTURE RESEARCH

First, only one division (Dhaka) has been taken as a research area, which makes it difficult to generalize the findings of this study. Thus, in the future, it is suggested to cover more respondents from the other divisions. The second and final limitation is the usages of only a quantitative method for data analysis. It is suggested to use either qualitative or mixed methods to get a clear finding in the future.

CONFLICT OF INTERESTS

The authors declare that there are no conflict of interests.

AUTHOR CONTRIBUTIONS

Md. Mizanur Rahman: Conceptualization, methodology, data collection, analysis, and referencing. Md. Saidur Rahaman: Discussions, editing, and proofreading the manuscript to improve the quality.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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