**PROPOSAL**

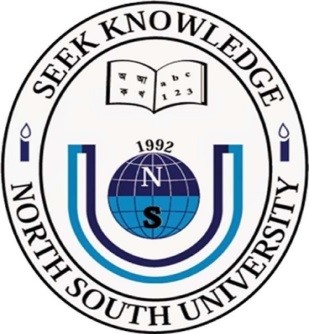
**ON**

**Mental health status of married women during COVID-19 pandemic in Bangladesh: A cross-sectional study**

**This proposal is prepared for partial fulfillment of the requirements of the Master of Public Health (MPH) Degree of North South University, Dhaka, Bangladesh**

**Name:**

**ID:**

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**MASTER OF PUBLIC HEALTH PROGRAM**

**DEPARTMENT OF PUBLIC HEALTH**

**SCHOOL OF HEALTH & LIFE SCIENCES**

**NORTH SOUTH UNIVERSITY**

**BASHUNDHARA, DHAKA**

**BANGLADESH**

**2022**

**The proposal Entitled**

**Mental health status of married women during COVID-19 pandemic in Bangladesh: A cross-sectional study**

This proposal is submitted to the Department of Public Health, North South University for the partial fulfillment of the requirements of the Master of Public Health (MPH) degree

Dated: ………....………...….…….…….................

**Name:**

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**DEPARTMENT OF PUBLIC HEALTH**

**MASTER OF PUBLIC HEALTH**

We, the members of proposal defense committee certify that we have carefully read the proposal and recommended to the Dean for approval of proposal entitled.

**Mental health status of married women during COVID-19 pandemic in Bangladesh: A cross-sectional study**

Submitted by ……….**, Student’s ID: ……….**for partial fulfillment of the requirements of Master of Public Health (MPH) degree

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Last but not the least, all the credit goes to my parents who never stopped believing in me.

**Executive summary**

The global pandemic caused by the novel coronavirus (COVID-19) has now spread over most of the countries of the world and caused not only a substantial medical health burden but causes a challenge to psychological resilience. Evidence-based ways to reduce negative psychological effects and mental symptoms during the pandemic will require relevant studies.

To curb this situation, we have designed cross-sectional research to explore the psychological effect of COVID-19 through studying the psychological responses and its associated factors among married Bangladeshi women. The study will be conducted through face-to-face interviews all around the country upon 382 patients where demographic details of the patient, along with other histories; and the information about his/her psychological status due to the COVID-19 pandemic, will be documented. Married women aged between 18 to 50 years and without any prior mental illnesses will be included in this study.

Study data will be analyzed, maintaining standard analytical procedures. All the procedures will be conducted following the ethical guidelines of the IRB. The primary outcome of this study is to understand the levels of stress, anxiety and depression during the COVID-19 outbreak among married women, which will further augment us to orchestrate healthcare policy towards fighting this global pandemic more competently.

Eventually, this study will guide us as an essential benchmark for diagnosing individuals at greater risk of experiencing psychic problems and will help tailor cognitive interventions to reduce psychological effects during the outbreak of COVID-19.

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**ABBREVIATIONS**

**WHO:** World Health Organization

**COVID-19:** Coronavirus Disease 2019

**SARS:** Severe Acute Respiratory Syndrome

**SARS-CoV-2:** Severe Acute Respiratory Syndrome Coronavirus 2

**SDG:** Sustainable Developmental Goal

**DSM-5:** Diagnostic and Statistical Manual of Mental Disorders

**PTSD:** post-traumatic stress disorder

**APA:** American Psychological Association

**CHAPTER I**

**INTRODUCTION**

* 1. **Introduction**

The ongoing pandemic named COVID-19 (Coronavirus Disease 2019) which is caused by SARS-CoV-2 emerged in Wuhan city, Hubei province, China in late 2019 and since then it has spread worldwide rapidly (1). The World Health Organization declared this outbreak as a Public Health Emergency of International Concern as SARS-CoV-2 is highly infectious with tremendous transmission capacity and has spread to more than 215 countries or territories (2). The first confirmed case of COVID-19 in Bangladesh was detected in March 2020 and since then the number of cases and deaths has been rising exponentially. Currently, Bangladesh is one of the most affected countries with over 15 lacs cases and twenty-seven thousand deaths all over the country (3).

Since there is no effective therapeutic intervention against this deadly virus, maintaining personal hygiene, maintaining social distance and isolation or quarantine of the infected or suspected individuals are the current mainstay to limit the transmission (4). Perceiving the high transmission capability of this virus, the governments of many countries have taken containment measures including locking down cities, sealing off all ports, strict maintenance of social mobilization etc. With no exception, the government of Bangladesh is forced to imply lockdown measures in the name of general vacation all over the country for several terms and afterwards, decided to impose shut down policy at selective zones of the country high in COVID-19 patient number.

This pandemic situation is creating havoc on health and the economy worldwide as well as having a detrimental effect on mental health (5). Not only the quarantined or isolated people but also the healthy people are suffering from variable forms of psychological distress due to the ongoing pandemic (6). A study performed in China reported that 35 out of 100 individuals showed psychological distress during the COVID-19 pandemic (1). In another study done in Italy, 16.5% of respondents reported moderate to severe depressive symptoms, 28.8% moderate to severe anxiety symptoms and 8.1% of them reported moderate to severe stress levels (6). In contrast to China and Italy, a study done in Bangladesh has shown a higher prevalence of stress, anxiety and depression with 59.7%, 33.7% and 57.9% respective percentages (7). Furthermore, many of these studies suggested that females are more prone to suffer psychological distress than their male counterparts (8). As people are encouraged to stay at home the likelihood that the women are exposed to abuse has dramatically increased because family members spend more time in close contact and have to cope with potential economic loss (9). In Bangladesh, this scenario is expected to be more severe due to lack of diagnostic and treatment facilities, proper outbreak management strategy, lack of reliable information and inadequate social awareness.

In this research, we aim to assess the mental health status and associated factors among married women in Bangladesh; during this COVID-19 pandemic, which could play a key role in tailoring more effective and specific intervention and guiding policy-making to safeguard the mental health condition of this significant population.

**1.2 Justification of the study**

Married women, in general, are responsible for the overall wellbeing of their family and in many cases important wage earners. Apart from the fear of infection, social stigma, concern over the health of family and relatives, financial instability and frustrations several other factors contribute to the stressful condition in this pandemic situation. As in most of the households, the helping hands are dismissed from their work during this pandemic, women have to do an increased amount of care work. The mental health of women has a profound effect on their well-being and also on their children but access to mental support from family and friends or other professional services has become limited due to the COVID-19 situation. This is high time to address the psychological distresses suffered by the women and associated factors during this months-long pandemic. Till now, there is no such study has been conducted on assessing the psychological impact of the COVID-19 outbreak on females of Bangladesh. Therefore, we are proposing this study to assess the mental health status and its associated factors among married women of Bangladesh.

**1.3 Operational Definitions**

**Depression:**

According to the WHO, “Depression is a common mental disorder, characterized by sadness, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, feelings of tiredness and poor concentration” (10). It can be prolonged enduring or repetitive and in this way prevents ordinary working of life, within the most serious cases possibly driving to suicide.

**Anxiety:**

According to APA, “Anxiety is an emotion characterized by feelings of tension, worried thoughts and physical changes like increased blood pressure. People with anxiety disorders usually have recurring intrusive thoughts or concerns. They may avoid certain situations out of worry” (11).

**Stress:**

Stress can be defined as, “Any type of change that causes physical, emotional, or psychological strain. It is our body’s response to anything that requires attention or action (12).” Stress is often triggered when we experience something new, unexpected or that threatens our sense of self, or when we feel we have little control over a situation (13).

**1.4 Research Question:**

1. What is the prevalence of depression, anxiety and stress among married women during the COVID-19 pandemic in Bangladesh?
2. What are the associated factors of psychological distress among married women during the COVID-19 pandemic in Bangladesh?

**CHAPTER II**

**LITERATURE REVIEW**

**Nowadays, mental health is one of the most neglected topics of our health system. Most of the time, our health system encircles in fulfilling the basic needs to ails our physical health. Besides, we are so much into managing physical health that sometimes we forgot to acknowledge the importance of our psychological environment. However, positive mental health helps a person understand his/her values, overcome the stresses of life, and contribute productively to the community. So, if we want to be in a healthy state, it is necessary to ensure that physical and mental heaths are equally taken care of. If we can do that, then we could contribute our maximum potential for the betterment of our society.**

**The state of mind of someone performing at a sufficient degree of emotional and behavioural adjustment is known as mental wellbeing. According to WHO, "Mental health is a state of well-being in which every individual realizes his or her potential, can cope with the normal stresses of life, can work productively and fruitfully, and can make a contribution to her or his community." (14)**

**Mental illnesses are certain psychic states that obliterate mental processes and behaviours, harmful for the individuals and society, causing functional disabilities, against the social morale and sustain for a certain period. Mental disorders are linked with difficulties and agony prevalent in our sociocultural day-to-day lives (15).**

**Many people worldwide are struggling with their psychic condition but fear disclosing it to others. Nevertheless, it is just a usual condition like any other medical comorbidity. Moreover, such conditions can also be treated. Ample of research is currently ongoing to understand our brains' work process and manage people with psychological problems. Mental illness has no age, gender or sexuality, region, money, social class, nationality, religious doctrine, background, or other components of cultural identification; it can impact anyone. While mental illness can strike at any age due to our surrounding environment, the average time showing the symptoms is within 30-45 years of age. Mental diseases range from mild to severe. Some, like specific phobias, are moderate and only have a minor impact on daily life, where other psychological issues are so severe that they may necessitate hospitalization.**

**Common psychological outcomes:**

**According to the DSM-5, the most prevalent mental illness traits are-**

* **Mood disorders (Depression)**
* **Anxiety disorders**
* **Personality disorders**
* **Schizophrenia**
* **PTSD**
* **And substance abuse disorders**

The recent global pandemic is driven by the novel coronavirus (COVID-19), a fast-spreading respiratory infection caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), which emerged in the city of Wuhan, China, in December 2019 (16–18) and has now spread over most of the countries of the world. As per the WHO statistics, the COVID-19 epidemic is claiming lives, interrupting economies, and jeopardizing recent health advancements and efforts toward achieving SDG goals. In the absence of any specific or targeted therapy, stringent public measures such as maintaining personal hygiene, social distancing, quarantine or isolation of infected or suspected individuals, locking down cities are the current mainstays to curtail the spread of this deadly virus **(4,16).** Like others, the Government of Bangladesh was also compelled to enforce lockdown throughout the country initially. Later the government shifted to shutting down selective zones where COVID-19 cases had been detected in high numbers as a measure of containment (19).Since it was a new virus and the mode or rate of transmission was unknown, a flurry of speculation triggered confusion among the mass population. The absence of a definitive treatment further dampened the situation with menace. COVID-19 not only put people's health at risk, but it also caused a lot of stress and had an impact on their mental health. The stress response prompted by such public fitness activities is commonly manifested as anxiety and depression. Moreover, the presence of continuous stress further turned this situation into a hideous form.

Moreover, this outbreak has a catastrophic impact on the economy, and the terror of this pandemic has had a detrimental effect on mental health like other infectious disease outbreaks (5,20). Moreover, the feeling of being trapped at home described as 'Pandemic-induced Claustrophobia' has resulted in erratic behaviour among all individuals (5). Along with quarantined or isolated people, healthy individuals also suffered from mental health issues (17,18,21–23). A recent review revealed numerous psychological and emotional outcomes, including stress, anxiety, depression, fear, confusion, frustration, boredom that persisted post-quarantine. Many studies suggested that hospitalized patients were prone to develop psychic problems and be affected by stressful events than the healthier population during this pandemic (24)**.**

A study performed in China reported that 35 out of 100 individuals showed the features of depression and anxiety during the COVID-19 situation (18)**.** In another study conducted in the Italian population reported that the prevalence of moderate to severe depression, anxiety and stress symptoms among the study population was around 16.5%, 28.8% and 8.1% respectively (6)**.** According to Zhang J. et al., the prevalence of moderate to severe depression was found 31 % and 34% among the hospitalized COVID-19 affected individuals and the general population, whereas 57% and 23% of hospitalized and the general population were suffering from anxiety, respectively. Bangladesh is particularly vulnerable to this COVID-19 situation due to having one of the world's highest population densities, lack of knowledge regarding personal hygiene and reluctance among people to practice it, and poor socio-economic conditions. Compared to China and Italy, a study in Bangladesh showed a higher prevalence of stress, anxiety, and depression among the general population (59.7%, 33.7%, and 57.9%, respectively) which is supposedly due to fear of getting sick, financial constraints (fear of unemployment or significant deduction in wages) and inability to avoid venturing out for essential items (25).

Hu y et al. 2020 studied 85 cases of COVID-19 infected patients in Tongji Hospital, China. They tried to investigate the determinants related to psychological distress among the infected COVID-19 patients. The male-female ratio among the study participants was almost equal (M: 50.5; F: 49.5). The factors associated with provoking their psychological state were gender and inflammatory markers in their blood. The self-perceived illness severity was also associated with the presence of depression and anxiety among the study participants (26).

A study conducted by Kong X et al. 2020 on 144 patients in Houshenshan Hospital, China, revealed that depression and anxiety scores were significantly higher among the patients aged over 50 years with poor education. Furthermore, he found that lower oxygen saturation was associated with higher anxiety scores where the patients who got less social support were prone to depression. From the study, he suggested that middle-aged female patients with lower oxygen levels were found to be more anxious than their infected male COVID-19 counterparts. In addition, he concluded that for depression, age, numbers of the family members infected with SARS-CoV-2, and presence of social support during the pandemic were found to be associated with higher depression (27).

 A study performed on the Iranian population reported that around 97.2% and 99% of hospitalized COVID-19 infected patients suffered from various levels of depression and anxiety. Nevertheless, Zandifar A et al. 2020 found no noteworthy connection between age and gender with anxiety and depression. However, a significant association was found between education and patients' occupation with depression. Zandifar revealed that diploma and literate persons were the sufferers of the depressive symptoms than the lower educated group. He showed that married patients were suffering from more anxiety than single or unmarried patients (28).

Ma YF et al. 2020 studied 770 patients of five designated hospitals of Hubei province to find out the triggering factors of depression among the hospitalized patients. This study was also cross-sectional. We understood that the male gender was 47% less likely to have depression than the female participants from that study. However, the patients who had at least one family member infected with COVID-19 had 1.5 times higher chances to be depressed than the patients who did not have any. Ma YF et al. also found a significant link between the intensity of the COVID-19 infection and depression. Lastly, ANOVA analysis of that study disclosed that depression was responsible for lowering the quality of life of the affected hospitalized patients (29).

Guo Q et al. 2020 performed an exciting study upon 206 quarantined patients of China to observe the immediate psychological distress and its correlation with peripheral inflammation. He conducted that study with a mixed-method approach where he found gender and increased inflammatory markers such as CRP were significantly correlated with raising depression and anxiety among the study participants. From the qualitative approach, he deduced that loneliness, lack of family support, fear, guilt, social stigma, helplessness during illness, and uncertainty of the disease progression were primarily responsible for augmenting depression and anxiety among the patients (30).

Dorman-Ilan S et al. 2020 surveyed 90 COVID-19 affected patients and 125 of their relatives to estimate the level of anxiety and depression among the affected Israeli population. He found the prevalence of depression was lower in both patients and their relatives, where the level of anxiety was reported much higher among the same groups. In contrast to the older, younger relatives were found less anxious. Further, regression analysis divulged that females were more prone to be anxious than the male isolated patients. Being isolated was the main reason to be anxious among the patients, whereas lack of protection was the prime reason for the relatives (31).

A Bangladeshi study by Khan AH et al. 2020 explored the psychical consequences of COVID-19 on home-quarantined college and university students. The author found that around 47% and 33% of students were suffering from mild to severe depression and anxiety due to the pandemic situation. The fear of getting infected, economic insolvency, sedentary lifestyle, the inadequacy of food supply, lack of leisure activity were significantly associated with increasing these psychological outcomes among the study participants (32).

Another study performed on the 1210 Chinese population by Cuiyan wang reported that gender, educational status, presence of COVID-19 features, poor health conditions, and co-morbidities were remarkably interrelated in increasing depression and anxiety among the general population. On the other hand, up-to-date knowledge regarding COVID-19 and frequent use of protective measures (such as face masks, hand sanitizing) helped lower mental distress among the same cohort (33).

A nationwide study of the Italian population during the COVID-19 pandemic depicted that the quarantined population went through a high percentage of psychological distress than the general population. Mazza C et al. 2020 reported around 16.5% and 28.8% Italian population had moderate to severe depression and anxiety due to the COVID-19 pandemic. From that study, we came to know that gender, having under-five children in the family, neighbours/acquaintances infected by COVID-19, presence of active stress, and co-morbidities were associated with increased psychological distress among the study population (6).

A survey done in Qatar among the perinatal women found a high prevalence of anxiety (34.4%) and depression (39.2%) which is much higher than the pre-pandemic data. It is also stated that this condition is not affected by occupation, previous mental health problems or pregnancy complications (34).

In Tunisia, a study done on 751 women reported that anxiety, depression and stress were found among 85% of them, where more than half of them had extremely severe symptoms. Facebook addiction was found to be significantly associated with all three symptoms (35).

Mental health assessment among Karachi women revealed that 21.9% of women were suffering from severe anxiety, whereas for severe depression the number was 17.8%. A significant number of the population (37.7%) reported self-destructive thoughts at least one time or another. Surprisingly 65.5% of them were not diagnosed with any mental illnesses previously (36).

Upon reviewing those studies, we can deduce that, without proper mental health management, physical management cannot, let alone gain the utmost functioning of the women's wellbeing. So we all have to formulate an integrated management plan to overcome this deadly virus by treating it both physically and psychologically.

**CHAPTER III**

**RESEARCH METHODOLOGY**

**3.1 Study Objectives**

**3.1.1 General Objective**

To describe the mental health status and associated factors among married women in Bangladesh

**3.1.2 Specific objective:**

1. To find out the association between sociodemographic factors with mental health status of women in Bangladesh.
2. To measure the association between home quarantine related activities and mental health status of married women in Bangladesh.
3. To examine the association between COVID-19 related stressors and mental health status of married women in Bangladesh.

**3.2 Conceptual Framework**

**Independent Variables**

**Dependent Variables**

**Socio-demographic variables:**

* **Age**
* **District**
* **Residence**
* **Occupation**
* **Level of education**
* **Marital status**
* **Number of children**
* **Pregnancy status**
* **Type of family**
* **Financial condition of the family**
* **Comorbidity**

**Outcome variables:**

* **Depression**
* **Anxiety**
* **Stress**

**Home quarantine activities**

* **Helping hand for household chores**
* **Family members aiding in household chores**
* **Change in residence during COVID-19 period**
* **Social distancing status**
* **Use of social media during COVID-19** **period**

**COVID-19 related stressors**

* **Concern about family**
* **History of COVID-19 infection**
* **Change in job responsibility**
* **Aid for financial and social security**
* **Quarantine status**
* **Number of times leaving domicile each day**
* **Family member got infected**
* **Family members/ relatives died by COVID-19**
* **History of mental illness**
* **Reliability of COVID-19 related information**
* **Tendency to know COVID-19 related information**

S

**3.3 Study Design**

**3.3 Study design:**

A cross-sectional study will be conducted

**3.4 Target Population**

Target population of this study will be the married women of Bangladesh

**3.5 Study Site & Area**

Study site will be whole Bangladesh

**3.6 Study Period**

September 2021 to December 2021 (3 months)

**3.7 Sample Size**

Till now there is no study on psychological distresses faced by married women during this COVID-19 pandemic situation here in Bangladesh although few studies have been done on general populations. After reviewing them we assume the prevalence of psychological distress is 59% (7) to compute the sample size using the following formula:



Ƞ =

n = 371.71 = 372

**3.8 Inclusion criteria:**

1. Married women of the age between 18 to 50 years.
2. Married women living with family residing in Bangladesh during the COVID-19 pandemic.

**3.9 Exclusion criteria:**

* Women who are pregnant during the COVID-19 pandemic.
* Women who are divorced widowed or separated before the pandemic has started.
* Diagnosed cases of major depressive disorder, bipolar mood disorder, schizophrenia and other major psychological disorders and under medication.
  1. **Sampling method:**

Convenientsampling technique will be applied for this study

**3.11 Data collection tools:**

Semi-structured questionnaire will be used to collect data for this study

**3.12 Data management & analysis plan:**

Statistical analysis will be performed using SPSS V25. Demographic characteristics will be described as median (interquartile range, IQR) for the continuous variables and frequency for the categorical variables. We will conduct a Chi-square test to analyze the association between different responses and mental health outcomes. We will perform binary logistic regression to calculate the odds ratios (ORs) and the corresponding 95% confidence intervals (95% CIs) to analyze the univariate associations between sociodemographic characteristics, home quarantine activities, COVID-19 stressors, and mental health outcomes. To perform the analysis, we will estimate our cut-off value for the depression; anxiety and stress subscale were ≥10, ≥7, and ≥11, respectively, as evidence of depression, anxiety, and stress. All tests will be two-sided, and p<0.05 will be regarded as statistically significant.

**3.13 Quality Control & Quality Assurance**

The following measures will be adapted for quality control and assurance.

* A standard research protocol of the Department of Public Health, North South University will be implemented.
* Regular help and guidance will be taken from the Supervisor and Co-Supervisor(s).
* The Field Supervisor (FS) will oversee and monitor all field activities.
* The designed questionnaire will be pretested or piloted, translated, and simplified.
* The data will be checked and rechecked for validity and reliability. The supervisor will recheck at least 5% of the collected data to monitor the data quality.
* Manipulation of data will be strictly prohibited. The data will be closely monitored, maintained confidentially, and stored on a password-protected device. However, only the research team will have access to the data.
* The data should be inspected manually to assure the data accuracy during coding and cleaning,
* The researchers will perform the data collection, analysis, and report writing.

**3.14 Ethical consideration:**

* Ethical clearance will be obtained from the Institutional Review Board (IRB)/Ethical Review Committee (ERC)/the Department of Public Health, North South University, with the Department Chair's signature for this study.
* The authorities of the respective study sites will be approached for permission to proceed with the data collection.
* Each participant will be briefed about the study's objectives before data collection. We will ensure the privacy and confidentiality of the participants.
* Informed written/verbal consent will be attained before the data collection.
* Since participation in this study will be voluntary, the participants can withdraw from the interview at any moment.
* Confidentiality of the information given by the participant will be preserved.
* The moral principles set down in the 1964 Declaration of Helsinki and its last changes will be observed.

**3.15 Expected Outcome:**

By dint of this study, the magnitude of depressive and anxiety symptoms and stress levels among married women in Bangladesh will be assessed. Besides, the sociodemographic and financial factors which can affect the mental status during the pandemic will be evaluated. Moreover, the prevalence of emotional abuse inflicted on married women by their husbands will be determined through this survey. All of these will help to point out the potential contributing factors of psychological distress among the target population. Finally, based upon the outcome of this study necessary policy can be constructed to safeguard the mental health of married women of reproductive age which is crucial to fight the pandemic by all means.

* 1. **Work plan:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Activities | May - June  2020 | June - July  2020 | July - August  2020 | August - September 2020 | September - October 2020 | October - November 2020 | November - December 2020 |
| Designing the Study |  |  |  |  |  |  |  |
| Review of Literature |  |  |  |  |  |  |  |
| Development & Approval of Proposal |  |  |  |  |  |  |  |
| Development of Data Collection tools |  |  |  |  |  |  |  |
| Pretesting Questionnaire |  |  |  |  |  |  |  |
| Data collection, Entry & Analysis |  |  |  |  |  |  |  |
| Report Writing |  |  |  |  |  |  |  |
| Submission and Approval of Report |  |  |  |  |  |  |  |

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**APPENDICES**

**APPENDIX-A**

**Inform Decision Making Consent Form**

**Serial No**……… **Date** ……………

**Name of Respondent** …………………………………………………………………

I, ………., student of MPH program of North South University, am conducting research on “**Mental health status of married women during COVID-19 pandemic in Bangladesh: A cross-sectional study”**

As a part of this study, your participation would be highly appreciated and would contribute a lot to this research study. You will be asked to answer several questions. Your identity will not be disclosed and will be kept confidential.

Your participation in this study will not involve any inconvenience or risks. If any questions asked to you during the study poses embarrassment or discomfort, you are free to refuse to answer those questions. Your participation is voluntary. Refusal to participate or withdrawal of your consent or discontinue participation in the study will not result in any penalty or loss of benefits. The results of this study will be presented anonymously.

North South University has reviewed and approved the procedures of this study. If you have any questions about this study, you should feel free to ask now or anytime throughout the study. If you have understood the nature of the study and have agreed to participate, please sign in the place, indicated below. Thanking you,

……………………………... ………………………………

**Participant’s signature & date**  **Investigator’s signature & date**

**Appendix - B**

**CONSENT FORM (BENGALI)**

কোডঃ..........................................

তারিখঃ..........................................

নামঃ.............................................

প্রিয় সুহৃদ, ……….**,** নর্থ সাউথ বিশ্ববিদ্যালয়ের এমপিএইচ প্রোগ্রামের ছাত্র । আমি একটি গবেষণা কর্ম করছি যার শিরোনাম হল “**Mental health status of married women during COVID-19 pandemic in Bangladesh: A cross-sectional study**” । আমি আপনাকে এই গবেষণায় অংশগ্রহণের আমন্ত্রণ জানাচ্ছি। আপনাকে উক্ত গবেষণা কর্মে কিছু প্রশ্নের উত্তরও দিতে হবে যা এই ফর্মে উল্লেখ করা আছে।

আমি আপনাকে জানাতে চাই যে এটি সম্পূর্ণরূপে একটি একাডেমিক গবেষণাকর্ম এবং আপনার প্রদত্ত তথ্য সমূহ অন্য কোন উদ্দেশে ব্যবহৃত হবে না। আপনার নাম প্রকাশনায় গোপন থাকবে।

এই গবেষণা কর্মে আপনার অংশগ্রহণ ঐচ্ছিক এবং গবেষণাকর্মের যেকোন সময় এতে অংশ নেয়া থেকে বিরত থাকতে পারবেন। ইন্টারভিউ চলাকালীন কোন নির্দিষ্ট প্রশ্নের উত্তর না দিতে চাইলে, প্রশ্নের উত্তর না দেয়ার অধিকার আপনি সংরক্ষণ করেন।

আমি আপনার সহযোগিতায় কৃতজ্ঞ থাকব। আপনি যদি গবেষণায় যোগ দিতে সম্মত হন, তবে অনুগ্রহ পূর্বক নির্দিষ্ট স্থানে স্বাক্ষর করুন।

তথ্য গ্রহণকারীর স্বাক্ষর ও তারিখঃ ................................................................................

গবেষণায় অংশগ্রহণকারীর স্বাক্ষর ও তারিখঃ ......................................................................

**Appendix - B**

**Questionnaire – English**

**Identification No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Socio-demographic information**

* 1. What is your age (in years)?

………………… Years

* 1. Which district of Bangladesh do you live in?

…………………

* 1. What type of area do you live in?
* Metropolitan City
* Peri-urban area
* Suburban area
* Village area
  1. What is your occupation?
* Student
* Job Holder
* Housewife
* Business
* Others
  1. Your highest educational status:
* Never attended any school
* Completed Primary School
* S.S.C or Equivalent
* H.S.C or Equivalent
* Graduation
* Post-Graduation
  1. Your marital status:
* Married
* Widowed
* Separated/Divorced
* Unmarried
  1. How many children do you have?

…………………

* 1. Are you currently pregnant?
* Yes
* No
  1. What type of family do you live in?
* Nuclear family (With your husband and children only)
* Joint Family (With your brother and sisters-in-law)
* Extended family (With your father and mother-in-law)
* Other (specify):
  1. How is the financial condition of your family?
* Very much solvent
* Quite solvent
* Fairly solvent
* Poor/ Ill-off
* Extremely poor
  1. To your knowledge, are you suffering from any of the following long-term diseases?
* Heart Disease
* Renal or kidney-related diseases
* Diseases of the respiratory tract
* Diabetes Mellitus
* Diseases of Bones and Muscles (Musculoskeletal Disease)
* High Blood Pressure
* Others (specify):………………

**Home quarantine activities**

* 1. Is there any helping hand to help with your household chores?
* Yes
* No
  1. Do your family members help with your household chores?
* Yes
* No
  1. Have you changed your place of residence during the COVID-19 pandemic?
* Yes
* No
  1. Who are you staying with while maintaining social distance?
* Alone
* With family
* Other (specify):…………..

1. During the lockdown situation, has there been any change in your use of social media?

* Same as before
* Using a bit more than before
* Using much more than before
* Less than before
* Don't use social media

**COVID-19 related stressors**

1. How much concerned are you about the overall wellbeing of your family?

* Not concerned at all
* Slightly concerned
* Moderately concerned
* Quite concerned
* Extremely concerned

1. Have you been affected by COVID-19?

* Yes, still COVID-19 positive
* Was affected, but COVID-19 negative now
* Never have been affected

1. During the lockdown period, has there been any change in your job?

* Same as before
* Have been doing necessary official works from home
* Have been providing more time than before
* I have been suspended from my job

1. Have you got any help to ensure your financial and social security?

* Yes
* No

1. Are you quarantined at present?

* Yes, with family
* Yes, alone
* No

1. How many times do you go out in a week?

* I do not go out
* 1-3 times
* 4-7 times
* More than 7 times

1. Has any of your loved ones got affected by COVID-19?

* Yes
* No

1. Did anyone of your affected loved ones die? \*

* Yes
* No

1. To your knowledge, have you been suffering from any mental health problems?

* Yes
* No
* Don't Know

1. If the answer to the previous question is yes, then mention the name of the condition.

……………………………

1. How reliable do you think is the COVID-19 related information you get from the media?

* Very reliable
* Quite reliable
* Somewhat reliable
* Not reliable
* Not reliable at all

1. Your tendency to know updated news or information regarding COVID-19:

* Not at all.
* Yes, daily.
* Yes, sometimes.
* Yes, many times a day

**Questionnaire regarding Mental Health**

**0 =** Did not apply to me at all

**1 =** Applied to me to some degree, or some of the time

**2 =** Applied to me to a considerable degree, or a good part of the time

**3 =** Applied to me very much or most of the time

**After assessing the past one week of your mental condition due to COVID-19, kindly answer the following statements-**

* 1. I found it hard to wind down.
* 0
* 1
* 2
* 3
  1. I was aware of the dryness of my mouth.
* 0
* 1
* 2
* 3
  1. I couldn’t seem to experience any positive feelings at all.
* 0
* 1
* 2
* 3
  1. I experienced breathing difficulty (e.g. excessively rapid breathing, breathlessness in the absence of physical exertion).
* 0
* 1
* 2
* 3
  1. I found it difficult to work up the initiative to do things.
* 0
* 1
* 2
* 3
  1. I tended to overreact to situations.
* 0
* 1
* 2
* 3
  1. I experienced trembling (e.g. in the hands).
* 0
* 1
* 2
* 3
  1. I felt that I was using a lot of nervous energy.
* 0
* 1
* 2
* 3
  1. I was worried about situations in which I might panic and make a fool of myself.
* 0
* 1
* 2
* 3
  1. I felt that I had nothing to look forward to.
* 0
* 1
* 2
* 3
  1. I found myself getting agitated.
* 0
* 1
* 2
* 3
  1. I found it difficult to relax.
* 0
* 1
* 2
* 3
  1. I felt down-hearted and blue.
* 0
* 1
* 2
* 3
  1. I was intolerant of anything that kept me from getting on with what I was doing.
* 0
* 1
* 2
* 3
  1. I felt I was close to panicking.
* 0
* 1
* 2
* 3
  1. I was unable to become enthusiastic about anything.
* 0
* 1
* 2
* 3
  1. I felt I wasn’t worth much as a person.
* 0
* 1
* 2
* 3
  1. I felt that I was rather touchy.
* 0
* 1
* 2
* 3
  1. I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart missing a beat).
* 0
* 1
* 2
* 3
  1. I felt scared without any good reason.
* 0
* 1
* 2
* 3
  1. I felt that life was meaningless.
* 0
* 1
* 2
* 3

**Appendix - D**

**Questionnaire – বাংলা**

**Identification No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RbwgwZ msµvš— Z\_¨**

১। আপনার বয়স কত? (eQi)

……………………………. eQi

২। আপনি বাংলাদেশের কোন জেলায় বাস করেন?

…………………………….

৩। আপনি কি ধরণের এলাকায় বাস করেন?

* মহানগরী
* জেলা শহর
* উপজেলা শহর
* গ্রামাঞ্চল

৪। আপনার পেশা কি?

* ছাত্রী
* চাকুরীজীবি
* গৃহিণী
* ব্যবসায়ী
* Ab¨vb¨

৫। আপনার সর্বোচ্চ শিক্ষাগত যোগ্যতা wK?

* কোনো স্কুলে পড়েননি
* প্রাথমিক স্কুলে পড়েছেন
* এসএসসি বা সমমান
* এইচএসসি বা সমমান
* স্নাতক তথা গ্রাজুয়েশন
* স্নাতকোত্তর তথা পোস্টগ্রাজুয়েশন

৬। আপনার বৈবাহিক অবস্থা:

* বিবাহিত
* বিধবা
* বিবাহবিচ্ছেদ/তালাক
* অবিবাহিত

৭। আপনার সন্তান সংখ্যা কতজন?

…………………………….

৮। আপনি কি বর্তমানে গর্ভবতী?

* হ্যাঁ
* না

৯। আপনি কিরূপ পরিবারে বাস করেন?

* একক পরিবার (স্বামী ও সন্তানসহ)
* যৌথ পরিবার ( ভাসুর-দেবর ও ননদ সহ)
* যৌথ পরিবার (শ্বশুর-শ্বাশুড়ি সহ)
* Ab¨vb¨

১০। আপনার পরিবারের অর্থনৈতিক অবস্থা কিরূপ?

* অনেক বেশি সচ্ছল
* বেশ সচ্ছল
* মোটামুটি সচ্ছল
* অসচ্ছল
* একেবারেই অসচ্ছল বা হতদরিদ্র

১১। আপনার জানামতে আপনার নিম্নোলিখিত কোনো দীর্ঘমেয়াদী রোগ আছে কি?

* হৃদরোগ
* কিডনী জটিলতা
* শ্বাসনালীর রোগ
* ডায়াবেটিস
* হাড় এবং মাংসের রোগ
* উচ্চরক্তচাপ
* Ab¨vb¨:…………………………….

**evwo‡Z †Kvqv‡i›UvBb mgqKvjxb Kvh©vewj**

১২। ঘরের কাজে সাহায্য করার জন্য কোনো মানুষ আছে?

* হ্যাঁ
* না

১৩। আপনার পরিবারের সদস্যরা কি আপনাকে ঘরের কাজে সাহায্য করেন?

* হ্যাঁ
* না

১৪। কোভিড-১৯ মহামারী পরিস্থিতিতে আপনি কি বাসস্থান পরিবর্তন করেছেন?

* হ্যাঁ
* না

১৫। সামাজিক দূরত্ব বজায় রাখাকালীন সময় কার/কাদের সাথে অতিবাহিত করছেন?

* একাকী
* পরিবারের সঙ্গে
* অন্যান্য: …………………………….

১৬। লকডাউনের সময়কালে আপনার সামাজিক যোগাযোগমাধ্যমের ব্যবহারে কিরূপ পরিবর্তন এসেছে?

* আগের মতই আছে
* আগের থেকে সামান্য বেড়েছে
* আগের থেকে অনেক বেশি বেড়েছে
* আগের চেয়ে কমেছে
* সামাজিক যোগাযোগমাধ্যম ব্যবহার করি না

**†KvwfW-19 RwbZ gvbwmK Pvc msµvš— cÖkœvewj**

১৭। আপনার পরিবারের সামগ্রিক সুস্থতা সম্পর্কে আপনি কতটা উদ্বিগ্ন?

* একেবারেই উদ্বিগ্ন নই
* কিছুটা উদ্বিগ্ন
* মোটামুটি উদ্বিগ্ন
* বেশ উদ্বিগ্ন
* অনেক বেশি উদ্বিগ্ন

১৮। আপনি কি কোভিড-১৯ রোগে আক্রান্ত হয়েছেন?

* এখনো কোভিড পজেটিভ
* পূর্বে আক্রান্ত হয়েছিলাম, এখন নেগেটিভ
* কখনো আক্রান্ত হইনি

১৯। সময়কালে আপনার পেশাগত দায়িত্ব পালনে কোনো পরিবর্তন হয়েছিল?

* আগেরমত একই রকম
* বাসা থেকে অফিসের প্রয়োজনীয় কাজ করতাম
* আগের থেকে বেশি কর্মক্ষেত্রে সময় দিতে হতো
* চাকরি থেকে আমাকে অব্যহতি দেয়া হয়েছে

২০। আর্থিক এবং সামাজিক নিরাপত্তা নিশ্চিত করতে আপনি কি কোনো সহায়তা পেয়েছেন?

* হ্যাঁ
* না

২১। আপনি কি বর্তমানে কোয়ারান্টাইনে রয়েছেন?

* হ্যাঁ, পরিবারের সঙ্গে
* হ্যাঁ, একাকী
* না

২২। আপনি বাসা থেকে সপ্তাহে কতবার বের হোন?

* আমি বাইরে যাই না
* ১-৩ বার
* ৪-৭ বার
* ৭+ বার

২৩। আপনার আপনজনদের মধ্যে কেউ কি কোভিড-১৯ রোগে আক্রান্ত হয়েছে?

* হ্যাঁ
* না

২৪। আক্রান্ত আপনজনদের মধ্যে কেউ কি মৃত্যুবরণ করেছেন?

* হ্যাঁ
* না

২৫। আপনার জানামতে আপনি কি আগে থেকেই কোনো মানসিক সমস্যায় ভুগছিলেন?

* হ্যাঁ
* না
* জানা নেই

২৬। যদি কোন মানসিক রোগ থেকে থাকে তাহলে রোগের নাম-

…………………………….

২৭। গণমাধ্যমে করোনা ভাইরাস সম্পর্কিত প্রাপ্ত তথ্য আপনার মতে কতটা নির্ভরযোগ্য ?

* অনেক বেশি নির্ভরযোগ্য
* বেশ নির্ভরযোগ্য
* মোটামুটি নির্ভরযোগ্য
* নির্ভরযোগ্য নয়
* একেবারেই নির্ভরযোগ্য নয়

২৮। কোভিড-১৯ সংক্রান্ত হালনাগাদ তথ্য জানার প্রবনতা:

* একদমই নেই
* হ্যাঁ, প্রতিদিন
* হ্যাঁ, মাঝেমধ্যে
* হ্যাঁ, দিনে অনেকবার

**gvbwmK ¯^v¯’¨msµvš— cÖkœvewj**

মানদন্ডটি (রেটিং স্কেল) নিম্নরূপ:

০ = আমার জন্যে একেবারেই প্রযোজ্য নয়

১ = আমার জন্যে অল্পমাত্রায় বা কখনো কখনো প্রযোজ্য

২ = আমার জন্যে বেশ কিছু মাত্রায় বা বেশ খানিকটা সময়ে প্রযোজ্য

৩ = আমার জন্যে খুব বেশি বা বেশিরভাগ সময়ে প্রযোজ্য

**†KvwfW-19 Gi Rb¨ weMZ GK mßvn a†i Avcbvi gvbwmK Ae¯’vi K\_v we‡ePbv K‡i, `qv K‡i wb‡Pi cÖkœvewji DËi w`b-**

১. কোনো উৎকন্ঠা বা উত্তেজনামূলক কাজের পর আরামদায়ক অবস্থায় ফিরে আসা আমার জন্য কঠিন ছিল।

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২. আমি বুঝতে পারতাম যে আমার গলা শুকিয়ে আসছে।

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৩. ইতিবাচক কোনো অনুভূতি আমার মধ্যে কাজ করতো না।

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৪. আমার শ্বাসকষ্টের অনুভূতি হতো (যেমন অতি দ্রুত শ্বাস প্রশ্বাস, শারীরিক পরিশ্রম ছাড়াই নিঃশ্বাস বন্ধ হয়ে যাওয়া)

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৫. নিজে উদ্যোগী হয়ে কোন কাজ শুরু করা আমার জন্য কঠিন হত।

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৬. আমার মধ্যে বিভিন্ন পরিস্থিতিতে অতিরিক্ত প্রতিক্রিয়া করার প্রবণতা ছিল।

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৭. আমার শরীর কাঁপার অভিজ্ঞতা হয়েছিল (যেমন হাত কাঁপা)

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৮. আমার মনে হত যে আমি খুব বেশি স্নায়ুচাপে ভুগছি।

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৯. আমি এমন পরিস্থিতি সম্পর্কে দুশ্চিন্তাগ্রস্ত ছিলাম যেখানে আমি তীব্রভাবে আতঙ্কিত হতে পারি এবং এমন কোনো কাজ করতে পারি যাতে অন্যরা আমাকে বোকা মনে করবে।

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১০. আমার মনে হচ্ছিল, ভবিষ্যতে আমার ভালো কিছুরই আশা নেই।

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১১. আমি অনুভব করতাম আমি খুব উত্তেজিত হয়ে যাচ্ছি।

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১২. আরাম বোধ করা আমার জন্য কঠিন হতো।

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১৩. আমি মনমরা এবং বিষণ্ণ অনুভব করতাম।

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১৪. আমার কাজে বাধা হয় এমন যেকোনো জিনিসই আমার কাছে অসহ্য লাগত।

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১৫. আমার মনে হতো এই বুঝি আমি হঠাৎ তীব্রভাবে আতঙ্কগ্রস্ত হচ্ছি।

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১৬. কোনো কিছুতে আমি বেশি আগ্রহী হতে পারতাম না।

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;১৭. আমি মনে করতাম ব্যক্তি হিসেবে আমার কোনো মূল্য নেই।

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১৮. আমি অনুভব করতাম আমি একটুতেই মনে ব্যথা পাই।

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১৯. শারীরিক পরিশ্রম না করলেও আমি হৃদপিন্ডের কাজ করা বুঝতে পারতাম (যেমন হৃদস্পন্দন বৃদ্ধির অনুভূতি বা ধড়ফড় করা, হৃদপিন্ডের স্পন্দনে ব্যাঘাত)

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২০. যথাযথ কারণ ছাড়াই আমি ভীতসন্ত্রস্ত বোধ করতাম।

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২১. জীবনটা অর্থহীন বলে মনে হতো।

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