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Graduate Program

Report on: An Evaluation of Functional and Economical Crisis in
Bangladesh Due to Covid-19

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1 Introduction

The novel Covid illness (COVID-19) started spreading in November 2019, in Wuhan, China. Following this, the World Health Organization (WHO) reported COVID-19 as a worldwide pandemic on March eleventh, 2020. Social separation, institutional and home isolate, social removing, and local area control measures were applied immediately. Through fast regulatory activity and bringing issues to light for people on friendly removing, rigid advances were taken to deal with the spread of the illness by dropping huge number of areas that elaborate get-together including workplaces, homerooms, gathering focuses, clubs, transport administrations, and travel limitations, leaving numerous nations in complete lockdown. Nonetheless, a flood of COVID-19 episodes in every inhabitable mainland, with 84,187 passing's alone in the USA, shows that the contamination had passed the tipping point (1, 6). Today, as of the 26th of May 2020, absolute worldwide COVID-19 cases have ascended to 5,637,381, with the all-out number of passing's heightening to 3,49,291 (7). Bangladesh affirmed their first COVID-19 case on the eighth of March 2020 (9), trailed by a cross country lockdown from 26 March which had been expanded a few times until 30th May 2020 to forestall human transmission.

The Institute of Epidemiology Disease Control and Research (IEDCR), under the Ministry of Health and Family Welfare (MFHW) and Directorate General of Health Services (DGHS), is liable for exploring epidemiological and transmittable sicknesses, for example, COVID-19 in Bangladesh. Although the quantity of research facilities for COVID-19 testing has expanded to 48, every one of these labs are in major metropolitan spaces of Bangladesh and to get tried requires long holding up hours. over 15 percent of those tried every day have tried as certain, and the proportion of testing is 1,620/1 million individuals. the medical care staff and specialists were given bad quality/no close to home defensive hardware (PPE) which has caused a high contamination rate among them. Additionally, as research facility staff, medical care staff, and specialists have gotten progressively contaminated, there is likewise a lack of particular prepared individual to perform COVID-19 tests, which means patient therapy will be upset. Thinking about the populace thickness, instructive status, social design, social standards, medical services limit, and frequently defective arrangements taken by the Government of Bangladesh, it is difficult to secure a nation of 165 million individuals.

2 Study Procedure

To comprehend the conceivable psychosocial, financial, and natural effect of the COVID-19 flare-up in Bangladesh, we considered and distinguished a few pertinent and potential things dependent on the financial circumstance, political investigation, the current medical care framework, ecological examination, conceivable arising issues used from situation improvements, examination of neighborhood and worldwide reports of the COVID-19 pandemic from the print and electronic media, and a writing audit. We arranged the online-based poll through Google to work the study across the country. An initial section depicting the goal of the survey was imparted to the respondents through email and through friendly stages generally utilized by Bangladeshi gatherings on Facebook, Messenger, LinkedIn, and WhatsApp. The tests bunch was focused on thinking about Bangladeshi citizenship, their age, current exercises, occupation, social and monetary duties, and commitment identified with COVID-19 reaction, arranging, and policymaking. Following the expulsion of 16 fragmented polls, 1,066 reactions were at long last held for this examination.

3 Data Analysis

An examination of psychometric qualities was remembered for the Classical Test Theory (CTT) investigation. A bunch of factual methods, including straight relapse investigation (LRA), head segment examination (PCA), and progressive group examination (CA), were applied to investigate the relationship between the things. PCA is an information decrease instrument that exhibits every possibility of boundaries and their certainty level in huge example datasets. Prior to directing the PCA, Kaiser-Maier-Olkin (KMO) and Bartlett's sphericity tests were applied to affirm the need of this investigation. The consequences of the KMO at ≥ 0.5 (the KMO esteem was 0.931 in this work) and the meaning of Bartlett's sphericity test at $p \leq 0.01$ upheld our datasets to be fitted for the PCA (16). The quantity of components picked depended on the Kaiser's rule, where the just factors with eigenvalues ≥ 1.0 were thought of. Cronbach's alpha was utilized to test the consistency and unwavering quality of the factor loadings in this investigation. Cronbach's alpha qualities at ≥ 0.06 (the Cronbach's alpha worth was 0.896) are respected to be appropriate in sociology research (17). The CA is a pivotal method for recognizing relationship among numerous psycho social and ecological boundaries. CA helps to outline a populace into different gatherings dependent on a similar element of a bunch of the dataset that might uncover causes, impacts, and additionally the wellspring of any unidentified connections among the things. Moreover, progressive bunching was utilized to decide the plausible number of groups. Measurable Package for the Social Sciences (SPSS) v. 25.0 was utilized for the examination of the data-sets.

4 Morals Statement

The assent of the respondents was taken before the study, and their namelessness was ensured. All the members were educated about the target of this investigation prior to continuing to the survey. Members had the option to finish the overview as it was

5 Demographic Information

An aggregate of 1,066 (=n) reactions were recorded in this investigation. The extent of male to female respondents was 3:2 [males (n = 661; 61.5%) and females (n = 405; 38.5%). 75.2% (18–30 years of age), 16.7% (31–40 years of age), 6.7% (41–50 years of age), 1.1% (51–60 years of age), and 0.3% (>60 years old). The normal age of the respondents was 27.80 years ($SD \pm 10.05$). By and large, the respondents had 12.5 long stretches of formal instruction ($SD \pm 8.1$). 60% of the young gathering were undergraduates or near the very edge of completing their investigations.

6 A Descriptive Overview of the People's Perception

The expressive measurements containing the 46 assertions are displayed in Table 1. The classification of explanations was gathered as follows: Mental medical issue (MH) contained five articulations (MH1-5), the medical services arrangement of Bangladesh (HSB) included ten proclamations (HSB1-10), the administration and policy centered issues (GPI) involved 7 articulations (GPI1-7), the financial issues involved 11 proclamations (SEI1-11), the prompt arising issues included 7 proclamations (IEI1-7), and for suffering arising issues 6 explanations were thought of (EEI1-6). In the accompanying part of Mental Health Status, Healthcare System, Governance and Political Perspective, Socio-Economic Aspects, and Emerging Issues, we have examined the expressive insights.