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Survivors of COVID 19: Micro-ethnography of the Coronavirus Recovery Process

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Abstract: The Coronavirus disease is an infectious disease caused by the virus named SARS-CoV-2. The new disease spread quickly and a significant number of people affected, suffered and many of them lost their lives. A considerable number of affected patients have been recovered successfully. This paper focused on the recovery process of the COVID 19 from the affected patients' perspective in a locality of Dhaka City. To understand the people's sufferings and ability of the healthcare system in the country, twelve cases have been selected randomly from the study area. The patients were affected in the first six months of the outbreak. Their vulnerability, sufferings, the treatment process, role of the family members and relatives, experience in the community life, etc. have been analyzed from socio-cultural perspective. This paper argued that the COVID 19 has created stressful conditions to the patients, their families and the institutions they are associated with. The survivors combatted it through a combination of medication, mental strength, familial support and caregiving, community based practices along with the institutional healthcare facilities.

Introduction

The infectious disease Coronavirus disease (COVID 19) is caused by the SARS-CoV-2 virus that has probably crossed species barrier and transmitted from an unknown animal to humans (WHO 2020). The first epicenter of this virus was Wuhan, China. Since its journey started in December 2019, the virus travelled the world very quickly and infected more than 84 million people worldwide and killed at least 1811364 persons till December 2020 (worldmeter.info, 2020). The United States of America is at the top of the list by the number of both affected and deaths (20 million and 0.35 million) and followed by India, Brazil, Russia, France, UK, Turkey, Italy and Spain. Most of the countries in the world had been affected by the outbreak, even the island countries such as Fiji, Malta, Seychelles, Falkland, Maldives, Cayman Islands, etc. (worldmeter.info, 2020).

A continual increasing number of people around the world were infected, they suffered and a significant number lost their lives before understanding the features of the virus, its remedies and the invention of vaccine. It had spread to the continents and created a hazardous situation in the countries. The situation affected the modes of transportation, subsistence activities, cross-border trade and movement, and influenced cultural traditions, social bonding and structure, and familial relationship. A considerable number of affected patients have been recovered successfully.

There are examples of similar pandemics in every century in human history. This is different from the previous epidemics. It had broken down the human understanding of continual development over nature. People planned to step on Mars, looking towards the highest level of technological developments and economic prosperity through extreme levels of resources extraction from nature to create an enormous comfortable life on Earth. On the other hand, According to Carmine Gorga (2020), the humans created a society of beggars where poor beg for food and shelter, middle class for job and rich for tax reduction and subsidy. This pandemic is an abnormal phenomenon that has

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challenged the humans' endless development thinking. Gorga (2020) claimed that the pandemic aggregated poverty to a more acute level. As Davis Harvey (2005) pinpointed that the neoliberal and capitalistic form of economy failed to welcome social and individual crises. Capitalistic development paralleled technological height with a hope to fulfill the wants and solve the problems like poverty in the world. The pandemic created a crisis both in the economy and society as well as a stressful life for the human population on earth.

The central theme of this paper is to present the experiences and the recovery process of the COVID affected persons in a locality of the Dhaka city. The study was based on a micro-ethnographic study from the patients' perspective. The patients were affected from several sources and recovered successfully. This paper sequentially organized in three sections beside an introduction. The first section discussed the theoretical perspective including the concept of disease and survivors of diseases, the pandemic and its implication from social science viewpoint. The second section dealt with the methodological consideration that includes a brief description of the study area, methods of data gathering and the information of the respondents. The third section presented the analysis of the strategies of the survivors' and their experiences in combatting and recovery process. The role of the family members, relatives, healthcare professionals, along with the changes in attitudes and cultural traditions has been discussed in this section. The final section contains the conclusive remarks with its relevancy to the theoretical approach.

1. Theoretical Perspective

The understandings of the disease, people's perception, and their adaptation to the social context are interconnected with each other. Disease is considered as a physiological phenomenon but inseparable from social context. Health behavior is associated with and 'responsive to cultural context' (Barrera, et.al. 2013). With the development of biomedical technologies, health is considered as an ongoing phenomenon that is controlled and managed by the institutional arrangement such as hospital, doctor, nursing, medication, etc. It could be termed as 'top-down approach' of health and disease prevention (Hussain 2019). The memories of families indicated that it was impossible to separate the situation of disease from socio-cultural context of that disease. This is the part of socialization and cultural adaptation in society (Cohen 1974, Chigona 2013). This study argued that COVID 19 had been combatted by its carriers through a combination of medication, familial support and community based practices and mental strength which could be seen from 'bottom-up approach' (Hussain 2010, 2019). Social science and public health explores the contexts and diversified meaning of medication and health management (Smith and Vonthethoff, 2017, Ingold 1994, Rainbow and Rose 2006), adaptive strategy of patients with family and community support, (Chib, 2013), role of medical institutions (Till 2017), social organization in health management (Goetz, 2010, Fotopoulou, 2016) and health seeking activities (Latour, 2005).

The influence of the viruses or bacteria on the physiological status of the human body is a natural process. The survival is subject to the resistance and the reaction of the human immune system. The vulnerability of humans depends on the capability of physical resistance. Besides the usual diseases, the pandemic created a situation where humans

became more vulnerable because of the unknown feature of the disease SARS-COVID 19. This stage is explained by philosopher Bruno Latour (2020) that the virus was within the system. By this, he tried to make understand that the virus is a natural phenomenon that had existed in the natural environment and transmitted to humans from animals.

Social scientists need to think about multifaceted considerations. Firstly, societies exist in a form that is looking for a continual development through sustainable development goals (SDG). The government and the international organizations are working with coordination to the local people and societies. This process has been disrupted by the uncertain and unpredictable intercept of Coronavirus. The systems in the societies have been broken down. The family members are struggling to rebuild their families and reshape the institutions of the society temporarily. Secondly, the world had faced many uncertain and Hazardous conditions in the past such as the two World wars, civil wars, wars among the nations, environmental calamities, epidemics like Spanish flu, Ebola, swine flu, the HIV/AIDS, etc. Those have created the path of development uneven for humans. The mankind had won al last and overcome the situations through the combined efforts and cooperation.

This pandemic will end in a day. The situation in the world will return to its own pace through a combination and collective initiative of the humans. The only other option is the negative or worse condition which will not happen hopefully. The Humans must work together to avoid the worst. Social scientists have to think about rebuilding the social system. Robert Costanza and others (2020) presented a-two way solutions. The society may go back as it was before or will be better than the past and present situations. The rebuilding process requires a short-term intellectual investment and a careful attention on the one hand and longer-term act on the system for desired future on the other.

2. Methodological Consideration and the Respondents

This paper presents the struggles and experiences of COVID 19 survivors. The respondents were selected from Angar, Dhaka City. The locality is a tiny area with one kilometer length and a half kilometer width. It is a crowded area mostly occupied by the people having low-range of income. The total population is approximately 30,000. The area is surrounded by one of the most affluent zones of the city in the west whereas in north and south are two congested and crowd areas. In the east side is low lands covered with water – yet to be 'urbanized'. It is a part of Ward 38 of Dhaka North City Corporation. Ward 38 had more than five hundred Corona patients, while the area Angar recorded approximately 70 patients. This study is focused on the people who were affected by the Coronavirus and has recovered.

A total of 12 survivors were selected as respondents of this study. Data had been collected in several phases through an interview and discussion through Key Informant Technique (KIT) and Telephone Interview. A minimum level of open-ended discussion had been conducted after maintaining social distance and safety measures. The respondents are representing diversified age, occupation, familial background, education, socioeconomic condition, gender and length of living in the area. Among the respondents, seven were male and five were female. Age ranged from 21 to 40 years (five respondents), 41 to 60 years (five respondents), 61 to 80 years (two respondents). In case of occupation, four respondents were from service holders in government, autonomous

and private sectors and other six are businessmen, migrant workers, contractor, and two were home maker. In case of socioeconomic background, three patients were from middle class family, five were from upper middle class and rest four patients were from rich families. From educational ground four patients had no formal education, two had schooling up to higher secondary and other six had post graduate degree. The patients were living in Angar for long time. Seven patients' families were living in this area for more than 20 years. Three families were living for more than 10 years. Two families moved here 10 years ago.

2.1 The Respondents

This section will present a brief description about the respondents of this study. The psedo-names were given for the purpose of anonymity. A total of twelve respondents five females and 8 males) were selected randomly.

The first coronavirus patient of this study was identified on March 22nd. Two migrant workers (Taher, age 30, respondent of this study, and his brother) returned from Italy on March 14th and 19th respectively. He was the carrier of coronavirus in this locality. His affectedness understood by March 22nd after arrival. He had a fever and took medication and followed other guidance according to the prescription given by his known physician. He suffered until April 21st. His sickness traced that he was affected either immediate before his departure from Italy or during his journey to Dhaka. The recovery took longer because of the two brothers had interaction in house which lingered some symptoms for many days. The second patient (Rozy, age 50) was a worker in the health sector that deals with Coronavirus. She received her test positive on the April 29th. Along with her colleagues, she was working there since February at the coronavirus unit at the IEDCR. In the last week of March, Rosy was facing serious shortness of breath and throat ache. She consulted her office, tested positive and was admitted in hospital on March 29th. Following her, the third patient (Ruma, age 60) has been identified on March 31th. She was affected by the coronavirus through an interaction with her close-door neighbors, where a person came from abroad and stayed for a week. Ruma did not know that information. She visited that house frequently during the last week of March and she was exposed with fever and throat ache. She was one of the first groups of patients who are interacted with returnee patient in March.

These three patients infected early in the coronavirus outbreak in the country. Among the respondents, one patient was found infected in April. A total of six patients have been infected in May, which was the peak season for the outbreak. Two patients were infected in June. Most patients struggled for their life during the months of May and June.

Three asymptomatic Corona cases were found among the respondents. This phenomenon is related to the death of the family members from COVID 19. Soma (age 40), Titu (age 35) and Jami (age 42) were found among the respondents. Soma was infected by the family member. Her father-in-law had died a week earlier in hospital for kidney disease and diagnosed with Corona positive just days before his death. It was traced that Soma with another four members of her family including her husband, child and her brother-in-law tested positive. They were infected from the hospital environment where many patients and their attendants also tested positive. Titu lost his father on May 11th. Before the death his father, he was tested positive as he was serving as an attendant to his father

in the hospital for more than 10 days. At the critical situation, physician confirmed corona positive for his father, and Titu was also tested positive on that day. His conditions were asymptomatic like his father. He was sent home and isolated from all family members and prescribed medication. In this family, more three people were affected by the virus, but they were tested later. Titu recovered in two weeks and tested positive on May 25th. Jami lost his father on May 25th and he tested positive immediately. Two other members of his family were also infected. He was recovered by June 18th.

There were three cases: Aysa (age 52), Jahid (age 35) and Kabir (age 49) who were infected from coworkers, workplace and visited duty areas. Aysa (age 52) was exposed to the COVID 19 through her coworkers during performing office duty. She was exposed with fever, cough and muscle pain simultaneously which lasted for first the four days. After initial recovery in the first phase, she faced another challenge one week later. She lost her sense of smell and was also experiencing mild diarrhea. She consulted the doctor and took antibiotics for the second time. Two members of the family were affected by the virus, and other two (children) were isolated from Aysa and her husband. She recovered by the third week of June. The other female respondent, Rabia (age 40) was exposed to COVID-19 through the street vender. She suffered from pain, cough and cold. She was tested positive on May 30th, however, recovered by the June 20th.

Jahid visited his duty areas besides shopping for two consecutive days in April. Five days later, he experienced fever, and complained about throat ache in the following day. He tested positive on April 29th and went under medication. He recovered by June 15th. Kabir tested positive after conducting office for few weeks in May-June. He experienced worse condition of headaches and cough at the same time around June 25th. The doctor advised him hospitalization but he decided to take treatment at home and follow the guidance of physician. He is recovered by July 6th.

Two construction workers and contractors, Abu (age 61) and Kazi (age 48) exposed and experienced the COVID 19 one after another (May 5th to 25th and May 25th to June 2nd). Abu suffered from shortness of breathing beside his usual asthmatic problem which is followed by fever and throat ache. He continued medication and followed other instructions of the local physician. Kazi suffered from cold, fever and headache followed by tastelessness in addition to Jaundice. None of them traced their infection sources. They visited many places and met many people including construction workers, building owner, logistic suppliers, and shopkeepers. Both individuals received treatment at home and recovered with the help and support from families and physicians. Only two of the survivors (out of 12) have been hospitalized in the recover process.

The COVID 19 exposed among the respondents through a series of symptoms (Table 1). Out of 12 patients, three patients were asymptomatic. They were tested positive with having no symptoms. Fever, throat ache, cough, shortness of breath, cold, body or muscle pain, locked smell or tastelessness (loss of smell) was the common features beside the headache and diarrhea. Out of rest 9 other patients, six were exposed with fever as a major symptom, dry cough or cough exposed in three patients, and muscle pain and shortness of breath were for the remaining patient. There were three categories of exposed symptoms as discussed here. The first category was with starting with fever and accompanied by other symptoms. There was a patient who was symptomized fever only.

For other four cases, fever was the major symptom accompanied by one or more indicators: cough, cold, sneeze, throat ache, headache and diarrhea as subsidiary indicators. Cough was exposed as major symptom accompanied by muscle pain, sneeze, fever, and jaundice among three patients. Remaining patient was exposed muscle pain with the combination of cold and sneeze and shortness of breath accompanied by fever and throat ache, respectively. Only two patients exposed through shortness of breath but this was vital treat to their lives. Only a single patient (Kazi) complained about Jaundice which might not be a symptom but it was exposed to him at the same time.

Table 1: Cases of Survivors: Symptoms, Contact Traced (multiple answers counted)

Symptoms	(Number Of Cases)	Contact Tracing/sources estimated	(Number of Cases)
Fever	6	Infected/transmitted by family members	4
Throat ache	3	Workplace/coworkers	4
Cough	3	Dealt with patients/hospital	3
Shortness of breath	2	From hospital/other patients	2
Muscle/body pain	2	From abroad	1
Loss of taste/smell	2	Street Vendors	1
Cold	2	Neighbors/returnee visitor	1
Headache	2	Outside/Shopping area	1
Diarrhea	1		
Jaundice	1	Transmitted to family members	3
Asymptomatic	3	Untraced/Unknown	2

In case of contact tracing or estimating the sources of their infection, respondents confirmed the sources of virus transmission according to their best of understanding. None of them has seen the virus but they estimated the sources as they got contact with other patients, infected persons and places from where they had been carried/ received the virus. Four patients believed that they were infected by their family member and on the other three respondents felt their responsibility to infect their own family members (Table 1).

The average sickness period is 20 days. The mean and the median are the same (20) number of days. The minimum struggling day is 16 days and a maximum of 28 days. This is calculated from the exposer of symptoms to the receiving final test report. The Most of the patients (10) faced first seven days as critical period of their sickness. Two patients had gone through longer critical period. Among them, one was exposed a second time after 11 days of initial exposure, and another patient had connection with his brother, was also exposed after 12 days for the second time. Both of them were the migrant workers from Italy. They took longer time (28 days) to be cured (Table 2).

Table 2: Survivors' exposure to COVID, Medication and other advice in recovery Process

Days	COVID 19 Status				Medication			Advice	
1st	Incubation period								
2nd									
3rd									
4th		Symptoms exposure			*Paracetamol*	*Ivermectin and Antibiotic*	*Antihistamine, Zinc Tablets, Vitamin B, C, and D*	Drink warm water, Black tea, Green tea, Ginger and garlic tea clove and cardamom	Salt-water gargling 3 to 4 times/day, Breathing practice for 3 to 4 times/day, Physical exercise: 30 minutes - 1 hr/ day
5th									
6th									
7th			Maturity			*Azithromycin Dihydrate or Doxicycline Hyclate*			
8th									
9th									
10th				Recovery					
11th									
12th									
13th									
14th									
15th - 20th	2nd time infection, Maturity and Recovery			Late Recovery	*Paracetamol* and Antibiotic (repeats for 2nd time infection)		Zinc, Vitamin		
20th - 28th									

In case of medication there was not much diversification. Physicians in Bangladesh tried to combine different medicine for the treatment of Corona patients. The most successful treatment was a combination of antibiotic and *Ivermectin* worked well. Physicians prescribed these medicines in two ways: either antibiotic *Azithromycin Dihydrate* with *Ivermectin*, or *Doxicycline Hyclate* with *Ivermectin*. *Paracetamol* has been prescribed in both groups. In addition to this, an *Antihistamine, Zinc, Vitamin B, C,* and *D* also prescribed. The patients are advised to drink warm water, black tea, green tea, ginger and garlic tea with a combination of clove and cardamom. Along with medication, they are advised to gargling 3 to 4 times, breathing practice for 3 to 4 times, and physical exercise for 30 minutes to an hour a day (Table 2).

Paracetamol is widely used as medication for COVID 19 treatment. Usually it starts from the 5th day or since the beginning of symptoms exposed. For the first week, *Paracetamol* is prescribed 4 times a day or one tablet every six hours. Depending on the fever, the dose decreases gradually to three times a day, twice a day and finally once a day. It continues to the end of recovery phase. *Ivermectin* was taken as a single and fixed dose of two tablets at a time. Recently, this dose has been changed to total of 4-6 tablets and one tablet a day. The antibiotic *Azithromycin Dihydrate* and *Doxicycline Hyclate* have the

fixed course of five to seven days. Sometimes the course tenure differs depending on the strength. Two respondents took antibiotics for longer time for second time infection.

3. Combatting COVID 19: Survival Strategies

The experiences of COVID survivors' experiences, survival strategies, role of the family members, relative and neighbors and the impact of the disease on the community have been discussed in this section. This section divided into six subsections. It started with a discussion about the stressful situation among the patients, their families and relatives (3.1) followed by the impact in the locality (3.2). Later, the discussion focused on the consequences of commoners' activities and its impact on the patients which derived a situation that patients are not disclosing the status with the COVID (3.3). The next subsection (3.4) presented the role of family and relatives in recovery process and to overcome the situation. In the final two subsections, the treatment process, patients' rationale to choose home or hospital treatment (3.5) and the changes in social and cultural traditions have been discussed (3.6).

3.1 Stressful Life for COVID 19 Patients, families and relatives

Corona created a stressful life for the patient, their families and the community. The concept 'stress' has been defined by Hans Selye (1976) as 'the non-specific response of the body to any demand for change' (1956) or 'the rate of wear and tear of the body' (Selye 1976). The patients are undergoing both physical and mental stress due to the virus. The number of deaths is higher than any other disease catastrophes in the recent history. The previous one was the Spanish flu of 1918 to 1922. It is a stressful for the family because of losing a family member is not only a number rather is the loss of a beloved one within a complex social, economic and emotional attachment of the family. Status of the family in the community, inter-relationship with the other families in society and institutions are changing due to the death of a family member. Within the family, there are many impacts of the death. If the deceased person is a prime member then the economic impact carries the great influence over the living and survival of the family. If the person is a home maker, then the total household activities become undisciplined. Each family members has a role in the family as well as and emotional attachment to the family. The death creates the gap which is not repairable and irreversible. Community is consisted of many families. Thus, there is definite impact of any health condition in a particular family. The structure reshapes and establishes new social relationship between the family and the community or society.

Among the COVID survivors, an acute stress has been observed. Patient felt very nervous when they had fever, cough or asthmatic problem. Physical stamina decreases during the fever and it depends on the duration and temperature. Higher temperature for long time is an alarm for the patient due to the possibility of losing the control over the body. In this case patient can lose the control of his activities such as walking, carrying something, sleeping or sitting somewhere for the time being. If headache is accompanied by fever, the patient gains a further acute stress level. Secondly, many patients fall into the chronic stress level, where they had to fight with the physical and mental stress. The physical symptom of sickness gives patient a stress of life. Besides, the social events come into consideration such as the economic cost of treatment, the challenges of the

family, the emotional attachment and relationship to the family members, the cost of the hospitalization, strategies and the procedure of the institutional treatment, etc. A combination of physical and mental stress creates a chronic stress level. Thirdly, the coronavirus patient goes through the distress of having negative connection of daily life such as feelings, economic hardship, livelihood challenges, and uncertainties in work place. Among the survivors, many of them become happy after returning to normal life and became confident about their physical and mental strength, reluctant over there daily life and activities, feelings of strong emotional bonding with the families, realities, neighbors and friends. This level could be termed as eustress.

Most patients become panicked during their infection period. Very common features have been identified among the patients. After the exposing symptoms, the first and second day, patients understand the problem with a few symptoms such as fever, cough, headache etc. After 2-3 days the symptoms disappear. Patients consider the situation as seasonal cold, cough or fever. This is a pattern of rhythmic flow of the coronavirus. The interval is observed two to seven days. Finally, the virus exposes itself with multiple symptoms: fever, cold, cough, sneeze, headache, throat ache, diarrhea, and muscle pain, which is when the real struggle starts. Patients try to fight for life and future. Any negligence can turn into a critical situation. On the other hand, the proper medication can allow for a smooth recovery.

3.2 Panicked Situation in the Locality

Coronavirus resulted in panic within the locality. People never heard about this type of virus and were never affected by such viruses in the past. Moreover, they heard that there is no known treatment to this disease. It gave them an image of a one way track to the death. This mindset resulted in panic among the families and neighboring communities. Harmony and the solidarity in the society have been broken down due to the decrease of trust and reliability on each other. For the first few weeks of March and April, the local people spent their days with a tremendous pressure on their physique and mind. They were afraid of being infected and understood a definite consequence to death. They tried to imagine the difficulties of treatment in the Intensive Care Unit (ICU) or life-support in the hospital, which created a stressful condition which is different from their normal life. They kept watching the news from the electronic and social media and read the newspaper to get the update of the coronavirus in the country and abroad. When they heard that the coronavirus kills huge number of people in USA, Italy, Spain, Germany and England at the beginning of March and April, they became nervous. There logic was that if the developed country cannot manage it how can a underdeveloped country like Bangladesh manage the situation and save its people with an underdeveloped healthcare system. They were waiting for the briefing afternoon by the Institute of Epidemiology, Disease Control and Research (IEDCR), Department of Health of the government of Bangladesh and tried to understand the situation by two indicators: number of affected people and number of deaths. A marginal hope has been created by the number of recovered people. The months of March and April were the most stressful time that people spend in the locality. The stress was relieved in May and June, as people gradually got the courage of taking treatment at home in a traditional way or in hospital in case of severe problem. They argued that if there was no medicine worldwide for the coronavirus how they could rely on the hospital and the department of health of the country. They

consulted with the physicians and health experts and followed the guidelines to combat coronavirus pandemic.

3.3 Undisclosed Corona Patients

The second trend found among the patient is that they are not disclosing their infection status. There are some reasons in this context. People were very afraid and aware of this virus since March, when coronavirus outbreak started in the country, most people considered that the infection of coronavirus has results in death. Certain incidents took place in different communities in March and April. If a coronavirus patient was identified in any house, the neighbors and outsiders locked that house and did not allow anyone to go out for any purpose, even for buying necessities. In some cases, the apartment building consisted of more than 10 flats and families were closed for a single patient in a flat, which resulted in a lockdown of almost 60-70 people. The neighbors, with the help of local people, closed the gates with multiple locks and did not allow anybody to go out or come in. In front of some houses the neighbors flew red flag in many cases to indicate corona patients. Patients considered it as humiliation instead of corporation for controlling the virus. As a result, most people started hiding their virus infection to prevent such measures from taking place within their house or apartment. The patients or their families did not disclose the situation to any neighbor or outsiders about their sickness and provided treatment within their home confidentially. From the middle of May, it became a common feature to trace the location of corona patients in the locality. Few relatives and close friends were informed. Relatives give a regular visit rather than visiting or helping the patient. According the local authority, 70 to 100 patients were infected by the coronavirus which were reported. This study and the information collected by the key in formants observed that the real number of patient is higher than this. It is estimated that 200 to 300 people were affected in the area. In most houses, there were patients, but nobody informed the neighbors about it. The family only informs the doctors, health workers, and pharmacists for prescription and medicine for the coronavirus patient. The people had done it with confidence because the treatment that is given in the hospital is ensured at home in a better way. If there is chance to get cure in the hospital, then there is a higher chance to be cured at home with the help of the family and physician treatment. This is the major reason that people did not let others to know that there is a patient in the house or compound. Here, home owners and the tenant had a mutual understanding to keep the information hidden and not to disclose to any outsiders. Moreover, going to the hospital increases the risks for the patient for further infection and their attendants to get infection. In addition, there is cost for medication, hospitalization, attendants, transportation and others.

3.4 Family and the relatives played a Vital Role

Coronavirus has generated a severe crisis in the country. The locality is not out of its invasion. In the crisis, the firsthand cooperation is observed to come from the family members. Family members include spouse, children, siblings and in-laws relatives who are living in the same household. In addition, cousins, nephew and niece, uncle and aunts are also considered as family members. In some cases, house assistants, drivers, security guards, personal assistants, were close to the family and dedicated to do everything for them. Family is considered as place for final shelter. It is the place where nobody left

someone behind. For every patient, family members played the vital role for the proper treatment according to their economic and social capability. The family members had stood behind in the treatment process, decision making, taking to the hospital, collecting prescriptions and medicine. They took care of the patient over day-night and inspiring patients to stay mentally strong. Family members were ready to do whatever was required for the patient's recovery and assistance. They shared feelings, looked for a common future, hoped for the better treatment and recovery, and performed every duty assigned to them beyond their capacity. They prayed for the recovery of the patient whom they love, respect and honor cordially without any interest for money or rewards. When people lost their immediate family members, they became unaware of their own physical condition. They concentrate on the family situation at hand, and try to understand how to overcome the situation harmlessly.

Patients and their family members are satisfied over the role of relatives. Relatives are considered as those living nearby, visited the patients frequently and cooperate broadly. The relatives who are living far, they used to talk over phone very frequently. The traditional bonding among the relatives had been tested in this crisis situation. Well-wishers always tried to keep contact with the patients' family. On the contrary, there were some neighbors and some relatives tried to avoid them considering their involvement and risk. They never visited or called the patient, even they did not provide any information where and what to do in this situation. Patients and their families are frustrated in this issue and expressed their sorrow by saying 'we knew who are true to us and who are not, days will not be the same'. These were recorded in their mindset and they will determine the status of the relationships in future. Corona gave them an opportunity to understand the social relationship, and the community or neighborhood bonding. They understood that some friends and families were helpful and some were disgraceful and non-cooperative. Few families received a lot of help and cooperation from the patients' families in past. Their avoiding tendencies created a frustration among the patients and their families. This study observed that this could be a factor to rethink, reshape and restructure the social relationship among the members of the society.

3.5 Treatment at Home or Hospital: Decision Depends on the situation and Reality

Medication is very important for this treatment, as well as the instruction from the experts that could help the patient, their family members, neighbors, and others. If the doctor is not consulted accordingly, then it is difficult to manage or recover from the problem. Patients take some decisions by themselves or by their family to do treatment either at home or in the hospital. Patients believed that their treatment in the hospital will not go well, and instead would like to be at home with the help of their family members and suggestion from known physicians. The efficiency of the Department of Health and Ministry of Health Government of Bangladesh became questionable. Firstly, there were no expert virologists in the country who can work on the coronavirus. Secondly, the government did not provide adequate equipment to the physicians, nurses, and other health workers in the hospital. That is why treatment in the hospital became very difficult and far from expectation.

Thirdly, doctors were visiting the patient infrequently and provided instruction from a safer distance. Fourth, the doctors themselves are not clear about the treatment needed for

the patient. Media disclosed the problems in the hospital faced by the patients and their attendants especially the inadequate physicians and health workers, insufficient treatment equipment, medicine, unhygienic condition of the hospitals, and scarcity of beds, mismanagement in the hospitals, corruption and misbehavior of the hospital workers with the patients and their relatives. As a result, people lost their confidence in hospitals. The number of hospitals is limited for patient as well, as the beds in each hospital are not enough to accommodate all the corona patients that were declared by the IEDCR.

It was difficult to get accommodation in the hospital, but it was tougher to get treatment in the hospital. The patient who went for the ventilation process faced severe challenges. Since they did not get enough treatment, many of them died in the first phase of the treatment during March and April. It created an unreliable reputation for the hospitals overall, and people tried to understand the type of medicine they can use, and if they can manage this ventilation or any other things at home instead.

3.6 Changes in Social and Cultural Traditions

The society has some challenges to observe and participate in several cultural and religious traditions. They had to avoid practice many of their ceremonies and rituals. Some common practices were prohibited to perform. The inhabitants of the locality were living in a social bonding for a long time. They were used to having everyday chatting and gossiping, gathering in the teal-stalls and restaurants, walking together, visiting each other frequently, etc. as their regular activities. A frequent visit to the relatives' house is a common practice in the culture of the society in general. The senior members of the household or family observed a great liberty to visit relatives' houses very frequently. Irrespective gender differences, they were visiting the relatives including sons and daughter families, cousins families, neighbors, people from the same regions, friends and coworkers. The families used to observe many events such as birthdays of the younger members of the family, marriage anniversaries of the couples, birthday of the seniors and death anniversary of the deceased members of the family. Gathering in many social, cultural and sport activities were common among the people. Associations of the age-based groups and their activities were visible in the community. The shopkeepers used to have a good mannered relationship with their customers. The local corner shops were full of visitors during the days and evenings. The locality seemed a live community.

Since the beginning of the pandemic, significant changes were observed. Maintaining social distances, limiting gathering and staying home definite influenced the community life. Firstly, there was a disruption in usual community life. Familial gathering, community issues, visiting relatives, chatting, gossiping, tea-stall and restaurant gathering and corner shop- gathering have been minimized or disappeared due the outbreak. State agencies such as the local councils, police station and administrative authorities imposed a prohibition on all kinds of gathering and public functions. Secondly, the magnitude and the severity of the virus keep people alarmed not to take part in any activities that can enhance the risk of being infected and sick. Initially the symptoms of the virus affectedness were known as fever, cold and cough which were very common among the people in the locality throughout the year. It made them confused about the people residing in the compound, neighborhood and the locality. Thus, it was difficult for the

locals to differentiate coronavirus infected persons from other influenza-affected persons. As a result, avoiding and maintain distance were observed common in the locality.

Thirdly, visiting or helping others lowered since the beginning of the pandemic. The sources and the transmission method were unknown to the people. The uses of Mask, cleaning hands with soapy water, maintain distances were considered preliminary mode of safety from infection. The commoners avoid getting contact or touching known and unknown patients. This lingered to the helping each other, visiting friends, neighbors and relatives. A very few unavoidable circumstantial evidence were found where the person felt having responsibly to help the patients or their families. Such cases were available only in hospitalization or supplying foods, medicines and information only. Finally, a significant change has been observed in the case of funeral and burial activities. The cultural practice in these activities has been stepped down due to the outbreak. An unknown fear of spreading virus from the deceased had made them bound to avoid funeral and burial activities. In many cases it was extended to limiting the participation of the family members in the ceremonies. The media showed some funerals in which only designated experts are performing those activities with huge restrictions and avoiding mass gathering/participation. It also kept pressure among the local people to image the severity of danger in burial activities. A great cultural traditions has been changed due to the pandemic is a significant learning for the local people.

4. Conclusive Remarks

The COVID 19 patients have different perception about the people's understanding of the disease. A common perception is that general people are not taking it easily if they came to know that someone is a patient. If somebody knows that a patient is living nearby, an unsecured and anxious feelings starts within them. Everyone is afraid of being affected by the coronavirus, and a general tendency of the community members is to avoid and look away from the coronavirus patient, instead of inspiring and helping them for quick recovery. An attitude of avoiding and exclusion takes place in the society. In general circumstances, people do not follow the guideline such as safety equipment, social distance, etc. However, when they become aware of a virus case, they become very serious about their precautions. They are serious not only about that residence, but also avoid the roads and surrounding neighbors. These are very common among the educated or illiterate, rich or poor, friends and family or neighbor even doctor nurse or pharmacist original people. Nobody cares about the pandemic contest except their own security and keeping themselves in a peaceful mind. The say that avoiding is better for the patient to cure quickly. This is absolutely and unhealthy situation and it is unexpected for a community where the members are living together for several decades. They are assumed to have a good relationship over the years and share their views always and interact with each other in every occasion. They are used to shopping in a common place, having tea, chatting together, gossiping, and sometimes working together. The social relationship in the pandemic situation has reorganized, rearranged and restructured due to their level of interaction and attitude towards each other. Some COVID patients expressed their concern with frustration that they understood the society and community in terms of relation and attitude which is a great learning for them and if they will survive, they will think about this matter and arrange themselves for their future interaction. It is understood that the pandemic is changing people's attitude, perception, interaction,

relationship, and their thinking about their future. It will have the consequences in their future interaction and perception about others, which will influence the community organizations in upcoming days.

It was necessary to keep the person at home and avoid crowded areas when the virus was supposed to explore and expand in the areas. March and April was rising season of expansion of the coronavirus. When affected, the patient not keeps the information hidden and must inform to the proper authority as well as other members of the household, nearby households, and the neighbors. People can keep themselves safe and get rid of virus. The failure of a person creates a high penalty for others who are living nearest to the affected person. If someone gets symptoms, it is expected to contact the appropriate authority, doctors, health centers, or hospitals to get proper treatment. Unable to do this means that a lack of consciousness. Keeping information hidden was a sign to affect more people in the society which no one should be doing.

People need to share their experiences and the difficulties that they are facing during the COVID problems. Sharing their experience can help others to understand the magnitude of the disease, as well as make it possible to overcome it. If nobody shares the problem, then other people cannot understand what happens during the sickness. People take mental preparation after gathering that knowledge from experience of the affected person and try to adjust their own vision that what will they do when they will be in the similar situation.

The asymptomatic patient can transfer the virus to others if social and physical distance are not maintained and have close contact. No matter whether it is symptomatic or asymptomatic, the virus affects a person after getting entry into the body by any means.

COVID 19 gave similar experience in the life of patients who are affected and survived. The respondents of this study who have been infected had the experience of existing between the life and death. When they understood that they are infected, they became vulnerable and considered themselves in a liminal condition where they had to think about survival or be defeated by the disease. Diseases are responsible for creating problem in human body as well as stressing the human mind. A continuous pressure over the human psychology can become unbearable and traumatizing. COVID 19 is kind of disease which not only affects human organs rather but also create a stressful life for the patient. After getting infecting by virus, it takes a short time to reach a critical stage. It starts with a few symptoms of fever, cough, cold, headache, muscle pain, diarrhea and short breath, and escalates further to more severe symptoms.

It was commonly expressed by the respondents that prevention is the best method for saving someone from the coronavirus attack. If someone is affected by the coronavirus, he or she needs to care about three things; staying mentally strong to overcome the situation, taking medicine accurately that has been prescribed by the physicians, and finally food intake should be enough to prepare body with antibodies to fight against the disease. Secondly, it is usual that nobody is prepared for the disease, but everybody should take care of their health and understand their body. Every abnormality or changes should be marked and take proper care against that if essential. With a gradual increase of the age, physical condition should be considered carefully and concerned more. Any ignorance can be harmful for anytime. Thirdly; it is important to follow the physician's

suggestion, not assuming the problem of the body and taking medication on the basis of assumption. Medication is so important that each of the medicine entering does work on the body. That is why the body must have that capacity to work with the medicine.

The survivors are considerably the successful people who returned to life from the risk of death causes disease. The survivors of COVID 19 had faced such a challenge in their life that was unexpected and sudden.

Irrespective the age, gender and the socio-economic status of the family, the survivors are the privileged persons in the sense of a successful recovery. They are considered the beneficiary and the recipient of at least one or many of the following: healthcare facilities, Medicare and institutional nursing, better care from the families, stronger backup from the economic and social capital, etc. The treatment process, the initiatives and steps taken by the governments, role of healthcare professionals are different regarding the strength and capability of the state and institutions. On the other side, the experience of the recovery process differed from each other. There was a gap between the people's understanding and the scientific understanding of recovery from the infection. The experience and the understandings of the survivors, their care givers, families, relatives and friends varied depending on the status of the people, social bonding and cultural practices.

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