

Effects of COVID-19 Pandemic on Depressive Symptoms among Poor Urban Women: A Study in Dhaka City of Bangladesh

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Abstract (1) Background: The world is currently experiencing a tremendous period in which the epidemic significantly affects people's physical and mental health. Poor urban women are more vulnerable to suffer from depression, stress, and other mental health concerns in this environment. (2) Objectives: The general objective of the study is to investigate the depression status due to fear of COVID-19 among the poor urban women living in Dhaka city of Bangladesh. (3) Methods: This cross-sectional study included 424 questionnaire surveys with poor urban women. Chi-squared tests were used to measure differences between various parameters (related to mental depression status due to COVID-19), while the Cronbach Alpha test was used to measure the dispersion of some selected variables. (4) Results: This study demonstrated that cent percent of respondents recognize COVID-19 as a dangerous virus where 79.7% reported direct infection during coughing as a reason for spreading COVID-19. About 78.3% of respondents have taken measures to prevent the coronavirus whereas 92.7% wash hands with water and soap. About 49.5% agreed that they were worried about the coronavirus whereas 51.2% agreed to COVID-19 as the most feared issue and 50.2% agreed that they feel fear of losing the lives of people. In accordance, 56.8% agreed that they were worried that they wouldn't be able to see their relatives because of isolation and 53.8% agreed they worried about getting medical care. In measuring reliability the statement "I can't sleep because I worry too much about the coronavirus" has the highest Cronbach Alpha (0.830). It is observed that there has a significant association between marital status, age, and income with depression at a 5% level of significance where ($p < 0.028$), ($p < 0.015$), and ($p < 0.004$) respectively. (5) Conclusion: Most urban women are mentally depressed due to COVID-19 considering their marital status, age, and income.

Keywords: effects, COVID-19, pandemic, depression, symptoms, poor urban women

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1. Introduction

The world has been experiencing a significant tragedy, with COVID-19 causing thousands of deaths. On March 11, 2020, the World Health Organization proclaimed COVID-19 a pandemic due to its widespread dissemination [1]. It started in December 2019 in Wuhan, Hubei province, and quickly spread throughout China and then to neighboring nations. COVID-19 had killed 3,511,201 individuals as of May 28, 2021, and affected 168,966,139 individuals [2]. COVID-19 is growing every day in Bangladesh. On 16 March 2020, the government of Bangladesh shut down all

schools and governmental and commercial workplaces to control the spread of the population. Public meetings were likewise prohibited [3]. Depressive symptoms are critical to the public health of the world during pandemics. The SARS-2 coronavirus was founded in Southeast Asia, spreading and worldwide producing physical and mental health issues at all ages, leading to almost 132 million illnesses and more than 2.8 million deaths [4].

Due to its high population size, poor hygiene practices, and low economic circumstances, the mass of Bangladeshi people is particularly vulnerable to this epidemic. The worry of illness, the isolation from lockdowns, the economic need for a job, and the challenges in avoiding public access to vital foods, might all add to the general

population's mental problems. A recent study has indicated that mental health is connected to gender, socio-economic positions, and jobs in a COVID-19 disease, COVID-19 views, personal problems, use of social networks, and social protection during a COVID-19 epidemic [5,6]. Individuals with low earnings and older persons are at a higher risk of poor mental health [7]. Another research from China discovered that 53% of participants experienced a panic [8]. A major research showed 0.9% of university students suffered serious depression and stress, 2.7% had moderate signs and 21.3% experienced mild adverse effects. Family's economic and parenting stability have been shown to be safe from psychological suffering [9]. Work, education, and gender were studied to impact the symptoms of depression and sadness through the whole pandemic [10].

It is necessary for their interest to determine the specific risk factors and dangers that women's social position exposes them, to better understand the causes of mental health as depression in urban poor women. The exact nature of the mental depression level of poor urban women due to COVID-19 in the context of Bangladesh is depicted here. The lack of data on COVID-19 susceptibility of poor women in Bangladesh who separated from conjugal life and likely to suffer from mental depression is scarred. Given that psychological well-being is associated with physical health, assessing the factors that describe the mental well-being of poor women residing in urban areas in Dhaka city is now needed. The gaps remain in the research literature in Bangladesh. The present study is carried out to explore the negative consequences of COVID-19 which enhance mental depression among the urban poor women and provide the accurate information needed for the researchers and policymakers to develop effective intervention strategies for COVID-19 prevention strategies.

2. Methodology and Methods

2.1. Study Design, Area and Period

This cross-sectional survey was conducted in Dhaka city of Bangladesh over six months from July to December 2020 after widely spreading COVID-19 throughout the county.

2.2. Study Population

This systematic sampling approach targeted all the poor urban women in Dhaka city during the COVID-19 pandemic where reproductive-age women, physically able and willing to participate were included as the study population.

2.3. Sample Size and Sampling Technique

The sample size of the study has been calculated by using formulae as follows:

$$n = Z^2 pq / d^2 = (1.96)^2 (.5)(.5) / (.05)^2 = 384$$

Where,

n = Desired sample size

z = Standard normal deviate (1.96 at 95% level of confidence)

p = Prevalence of Mental Depression due to COVID-19 (50% unknown prevalence)

q = $1-p$,

d = Degree of accuracy required (5%)

Using systematic sampling, the total of 424 respondents were selected by taking 50% prevalence and by adding 5% non-respondent error.

2.4. Data Collection

The systematic sampling method was used; data were collected through a semi-structured questionnaire. Only quantitative data were collected for the study by taking a face-to-face interview. The printed version of the interview protocol was provided to and filled up by the data collectors. The protocol was incorporated with different predetermined statements about mental depression status due to COVID with yes, no, and remark options that must observe.

2.5. Statistical Analysis

The study data were collected via face-to-face interview using a semi-structured questionnaire and then raw data from interviews were checked, cleaned, processed, and codified for reliability and validity. The available latest version of Statistical Package for Social Sciences (SPSS version 25.0; IBM Corp., Armonk, NY: USA) and MS Excel was used to describe the basic features of the data in the study through frequencies and percentage.

3. Results

Table 1 illustrates that 20.3% of respondents were in the age group 30-34 years, 10.6% in 25-29 years, 5.7% belongs to the age group 45-49 years, and 13.9% within 40-44 years. The mean and standard deviation of the age of the respondents is 34.98 ± 10.108 . The overwhelming majority 91.3% of respondents were married, 5.4% unmarried, and only 3.3% divorcee. About 53.6% of respondents were completely illiterate whereas 36.3% primary level, 8% Secondary level, and only 2.1% have completed their higher secondary level of education. Almost 59.2% of respondents were housewives, 3.3% private jobholders, 18.3% do small businesses and 13.9% were day laborers. Here, 24.1% of respondents notices they have 5 members, 23.3% 4 members, 19.1% 6, and 16.3% have 3 members in their family. About 36.3% of respondents have BDT 5000-9000 monthly income whereas 30.2% BDT 10000-14000 and 33.5% have BDT 15000-above monthly income.

Table 2 demonstrates that cent percent of respondents consider COVID-19 as a dangerous virus or disease. About 79.7% of respondents opined that COVID-19 spread out by direct infection during coughing, 39.4% touching with infected animals, 39.4% close contact with an infected person and 31.6% by the contaminated surface touches the floor. On the other hand, almost 88.7% of respondents noticed older people, 47.2% infants, and 26.4% cited pregnant women are experiencing more risks of affecting COVID-19.

Table 1. Socio-economic Background of the Respondents

Variables	Frequency (N=424)	Percent
Age		
20-24 Year	73	17.2
25-29 Year	45	10.6
30-34 Year	86	20.3
35-39 Year	70	16.5
40-44 Year	59	13.9
45-49 Year	24	5.7
=> 50 Year	67	15.8
Mean+-SD	34.98+-10.108	
Marital Status		
Married	387	91.3
Unmarried	23	5.4
Divorced	14	3.3
Education		
Illiterate	227	53.6
Primary	154	36.3
Secondary	34	8.0
Higher Secondary	9	2.1
Occupational Status		
Private Job	14	3.3
Small Business	35	8.3
Housewife	251	59.2
Day Labor	59	13.9
House Keeper	33	7.8
Other	32	7.5
Family Member's Status		
01	51	12.0
02	69	16.3
03	99	23.3
04	102	24.1
05	81	19.1
06	22	5.2
Mean+-SD	4.38+-1.407	
Family Income		
TK 5,000-9,000	153	36.0
TK 10,000-14,000	127	30.0
TK 15,000 and above	144	34.0

Table 2. Respondent's Knowledge and Perception regarding COVID-19

Variables	Frequency (N= 424)	Percent
Perception regarding COVID-19		
Yes	424	100.0
No	0	000.0
Knowledge on Ways of Spreading COVID-19		
Direct infection during coughing	338	79.7
Contaminated surface touches the floor	134	31.6
Touch with infected animals	167	39.4
Such as meat milk by eating infected animal products	106	25.0
Close contact with an infected person	169	39.9
Knowledge on Risks of COVID-19		
Older people	376	88.7
Pregnant women	112	26.4
Infants	200	47.2
Doctor	90	21.2
Nurse	60	14.2
Cancer Diabetes and People with chronic respiratory disease	94	22.2

Table 3. Respondents Status about Taken Measures to Prevent COVID-19 and Faced Problems

Variables	Frequency (N=424)	Percent
Measures to Prevent Corona Virus		
Yes	332	78.3
No	92	21.7
Initiatives to Prevent Corona Virus		
Wash hands with water and soap	306	92.7
Refrain from touching eyes and touching hands	121	31.5
Avoid infected people	67	20.3
Use of masks	274	83.0
Maintaining social distance	105	31.8
Maintaining isolation	50	13.0
All family members are taken to the home quarantine	30	9.1
Strengthen health care	30	9.1
Steps to Protect Their Family Members		
Yes	330	77.8
No	94	22.2
Measures to Protect Them from COVID-19		
Temporary closure of outsiders who come inside the house	131	39.7
Hand washing with soap inside or outside the house	202	61.2
Wash hands with soap after touching pets	109	33.0
Asked to wear a mask	252	76.4
Encountering Problems in Creating Awareness		
Yes	287	67.7
No	137	32.3
Facing Problems in Making Aware the Family Members		
Neglect about the severity of the disease	78	27.2
Reluctance to use masks	94	32.8
Not being able to stop going out of the house	76	26.5
Not to face the problem	39	13.5

Table 3 reveals that 78.3% of the respondents have taken measures to prevent the coronavirus whereas only 21.7% didn't take any measures. Almost 92.7% of respondents wash hands with water and soap, 83% use masks, 31.5% refrain from touching eyes and touching hands, 9.1% noticed all family members are taken to the home quarantine and 31.8% of the respondents maintain social distance. About 77.8% have taken any steps to protect family members from the coronavirus but 22.2% didn't take any steps. Besides, 76.4% of respondents were asked to wear a mask, 61.2% keeps the sound management of hand washing with soap inside or outside the house, and 33% wash hands with soap after touching pets. An overwhelming majority 67.7% reported that they didn't encounter any problems in creating awareness in their family about COVID-19 but 32.3% faced problems whereas 32.8% of respondents were reluctant to use masks, 26.5% not being able to stop going out of the house, and 27.2% neglect about the severity of the disease.

Table 4 depicts that an overwhelming majority 97.6% of respondents reported they didn't have any of their family members been infected with COVID-19 but rest of only 2.4% noticed they have. About 49.5% agreed that they were worried about the coronavirus but 25.9% disagreed with the matter. Here, 52.8% of respondents

agreed to the statement about taking precautions but 15.4% disagreed with the matter of taking precautions for this infectious disease coronavirus. About 47.9% agreed that they were concerned about friends or family may be infected whereas 14.4% of the respondents did not say anything. Here, 41.0% of respondents agreed basic hygiene is necessary to protect against the virus whereas 17.7% did not say anything about that matter but 11.1% of respondents disagreed the statement basic hygiene is not necessary to protect against the virus. About 41.7% agreed social distance is necessary to protect from the virus whereas 19.6% of respondents disagreed. Almost 40.1% of respondents agreed they were concerned on the virus was spreading from the work of expatriates. On the other hand, 13.0% of respondents disagreed with the statement.

Table 4. Respondent's Mental Depression Status Due to Transmission of COVID-19

Variables	Frequency (N=424)	Percent
Status of Their COVID-19 Infected Family Members		
Yes	10	2.4
No	414	97.6
Worrying about the Corona Virus		
Strongly Disagree	22	5.2
Disagree	110	25.9
Neither	4	0.9
Agree	210	49.5
Strongly Agree	78	18.4
Precautions for Infectious Diseases		
Strongly Disagree	14	3.3
Disagree	65	15.4
Neither	12	2.8
Agree	224	52.8
Strongly Agree	109	25.7
Concern of Being Infected by Their Friends or Family		
Strongly Disagree	36	8.5
Disagree	57	13.4
Neither	61	14.4
Agree	203	47.9
Strongly Agree	67	15.8
Knowledge on Basic Hygiene		
Strongly Disagree	47	11.1
Disagree	72	17.0
Neither	75	17.7
Agree	174	41.0
Strongly Agree	56	13.2
Perception on the Effects of Social Distance in Ensuring Protection		
Strongly Disagree	38	8.9
Disagree	83	19.6
Neither	63	14.9
Agree	177	41.7
Strongly Agree	63	14.9
Concern about the Spreading Virus from the Work of Expatriates		
Strongly Disagree	55	13.0
Disagree	44	10.4
Neither	96	22.6
Agree	170	40.1
Strongly Agree	59	13.9

Table 5. Respondent's Mental Depression Status due to COVID-19 in Psychological Perspective

Variables	Frequency (N=424)	Percent
COVID-19 As Mostly Feared Issue		
Strongly Disagree	23	4.7
Disagree	105	6.6
Neither	13	13.2
Agree	217	52.1
Strongly Agree	66	23.3
COVID-19 As Uncomfortable Feelings		
Strongly Disagree	16	3.7
Disagree	248	58.5
Neither	41	9.7
Agree	64	15.1
Strongly Agree	55	13.0
COVID-19 As Fear of Losing the Lives		
Strongly Disagree	12	2.8
Disagree	102	24.1
Neither	30	7.1
Agree	213	50.2
Strongly Agree	67	15.8
Impacts of Social Media		
Strongly Disagree	30	7.1
Disagree	291	68.6
Neither	24	5.7
Agree	45	10.6
Strongly Agree	34	8.0
More Worries about the Corona Virus		
Strongly Disagree	112	26.4
Disagree	281	66.3
Neither	4	0.9
Agree	21	5.0
Strongly Agree	6	1.4

Table 5 elucidates that 51.2% of respondents agreed that COVID-19 as the most feared issue whereas 23.3% strongly agreed that matter but only 6.6% of respondents disagreed about the statement. About 58.5% of respondents disagreed the matter COVID-19 creates uncomfortable feelings for the people but 15.1% of respondents agreed it creates uncomfortable feelings. On the other hand, 50.2% of respondents agreed that the fear of losing the lives of people because of coronavirus works. More than one-fifth (24.1%) of the respondents did not agree about the statement the fear of losing the lives of people because of coronavirus works, more than one-eighth (15.8%) of the respondents that the fear of losing the lives of people because of coronavirus works. About 68.1% of respondents disagreed the matter that they get nervous when seeing news about coronavirus on social media whereas 10.6% agreed to the matter. Almost 66.3% of respondents disagreed the statement that coronavirus makes them worry too much whereas 26.4% strongly disagreed the matter.

Table 6. Respondent’s Mental Depression Status Due to COVID-19 in Social Perspective

Variables	Frequency (N=424)	Percent
Home Quarantines as a Reason of Instability		
Strongly Disagree	14	3.3
Disagree	71	16.7
Neither	263	62.1
Agree	75	17.7
Strongly Agree	1	0.2
Worries for Not Seeing Their Relatives		
Strongly Disagree	14	3.3
Disagree	100	23.6
Neither	18	4.3
Agree	241	56.8
Strongly Agree	51	12.0
Loneliness Status Due to Not Seeing Relatives and Neighbors		
Strongly Disagree	24	5.7
Disagree	243	57.3
Neither	35	8.3
Agree	84	19.7
Strongly Agree	38	9.0
COVID-19 as a Great Panic		
Strongly Disagree	18	4.2
Disagree	24	5.7
Neither	26	6.1
Agree	187	44.1
Strongly Agree	169	39.9
Worries about Not Being Able to Travel Because of COVID-19		
Strongly Disagree	60	14.2
Disagree	141	33.3
Neither	57	13.4
Agree	110	25.9
Strongly Agree	56	13.2
Worrying about Getting Medical Care		
Strongly Disagree	10	2.4
Disagree	16	3.8
Neither	28	6.6
Agree	228	53.8
Strongly Agree	142	33.5

It is evident from Table 6 that 62.1% of respondents didn't say anything about the matter that under isolation in home during corona has increased their instability but 17.7% agreed to the matter. About 56.8% of respondents agreed that they were worried for wouldn't be able to see

their relatives because of isolation whereas 23.6% disagreed the matter. On the other hand, 57.3% of respondents disagreed the matter that they feel lonely due to not seeing relatives and neighbors during the corona period but 19.7% agreed the statement. About 44.1% of respondents agreed that they were concerned about COVID-19 which can cause panic among the people whereas 39.9% strongly agreed to the matter. Then 33.3% of respondents disagreed with the statement that worries about not being able to travel because of COVID-19 where 25.9% agreed to the matter. About 53.8% of respondents agreed that they were worried about getting medical care during the coronation period and 33.5% strongly agreed with the mentioned aspect.

Table 7. Respondent’s Mental Depression Status Due to COVID-19 in Economic Perspective

Variables	Frequency (N=424)	Percent
Worries about Losing Job or Work Because of COVID-19		
Strongly Disagree	44	10.4
Disagree	36	8.5
Neither	31	7.3
Agree	173	40.8
Strongly Agree	140	33.0
Worries about Food Crisis Among Family Members		
Strongly Disagree	20	4.7
Disagree	32	7.6
Neither	16	3.8
Agree	246	58.0
Strongly Agree	110	25.9
Facing Problems for Their Anxiety or Illness		
Strongly Disagree	46	10.9
Disagree	342	80.9
Neither	18	4.6
Agree	4	0.9
Strongly Agree	14	2.7

Table 7 depicts about 40.8% of respondents agreed the statement that they and their family were worried about losing the job or work because of COVID-19 and 33.0% strongly agreed to the matter. About 58.0% of respondents agreed that they were worried about food crisis among my family members during the corona period whereas 7.6% disagreed with the mentioned aspects. An overwhelming majority 80.9% of respondents disagreed with the statement that they suffer from physical weakness due to their remain anxiety and illness where 2.7% of respondents strongly agreed to the matter.

Table 8. Reliability of the Items to Measure the Dispersion

Variables	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
COVID-19 is the most feared	13.39	15.596	.379	.804
I feel uncomfortable thinking about COVID-19	14.11	12.957	.742	.709
I get scared when I think about coronavirus	14.06	13.119	.724	.714
The fear of losing the lives of me and my family because of coronavirus works	13.34	14.640	.550	.760
I get nervous when I see news about coronavirus on social media	14.42	13.710	.741	.715
I can't sleep because I worry too much about the corona virus	14.97	18.950	.145	.830

Table 9. Association between Depression and Background Characteristics of Respondents

Variables	Categories	Depression		Chi Square	P Value
		No	Yes		
Marital status	Married	259(66.9)	128(33.1)	7.18	0.028
	Unmarried	17(73.9)	6(26.1)		
	Divorced	14(100)	0(0)		
Occupation	Private Job	8(57.1)	6(42.9)	8.16	0.148
	Small Business	23(65.7)	12(34.3)		
	Housewife	173(68.9)	78(31.1)		
	Day labor	37(62.7)	22(37.3)		
	House keeper	29(87.9)	4(12.1)		
	Other	20(62.5)	12(37.5)		
Age	20-24 year	54(74)	19(26)	15.853	0.015
	25-29 year	29(64.4)	16(35.6)		
	30-34 year	52(60.5)	34(39.5)		
	35-39 year	48(68.6)	22(31.4)		
	40-44 year	37(62.7)	22(37.3)		
	45-49 year	24(100)	0(0)		
	=> 50 year	46(68.7)	21(31.3)		
Income	5000-9000 Taka	111(72.1)	43(27.9)	11.182	0.004
	10000-14000 Taka	73(57)	55(43)		
	15000 Taka and Above	106(74.6)	36(25.4)		

Table 8 presents the reliability of the items to measure the dispersion. It is found that the 5 items COVID-19 is the most feared, I feel uncomfortable thinking about COVID-19, I get scared when I think about coronavirus, the fear of losing the lives of me and my family because of coronavirus works and I can't sleep because I worry too much about the corona virus have the highest Cronbach Alpha (0.830). Therefore, these five items are analyzed to measure dispersion.

Table 9 presents association between depression and background characteristics of respondents. Marital status and depression have a significant association at a 5% level of significance where ($p < 0.028$). Similarly, age and income have a significant association with depression at a 5% level of significance where ($p < 0.015$) & ($p < 0.004$) respectively. However, the occupation has an association with depression but the association is not significant.

4. Discussion

This cross-sectional study is carried out to depict the impacts of COVID-19 on the mental health of poor urban women with great concern on mental depression status. This present study revealed that almost 88.7% of respondents noticed older people, 47.2% infants and 26.4% cited pregnant women are experiencing more risks of affecting COVID-19. This result is closely related with other study findings where that survey explored women pregnant are regarded mental health vulnerable and another survey has shown that 17.5% had a diagnosis of depression before pregnancy, 24.5% expressed a general diagnostic of anxiety and 4.1% indicated a PTSD diagnosis [11,12]. This study revealed that 78.3% of the respondents have taken measures to prevent coronavirus whereas only 21.7% didn't take any measures. Almost

92.7% of respondents wash hands with water and soap, 83% use masks, 31.5% refrain from touching eyes and touching hands, 9.1% noticed all family members are taken to the home quarantine and 31.8% of the respondents maintain social distance. Almost similar results explored by a study that 93.8% of participants still wear face masks while they go outdoors, but other findings report a far lower percentage of 27.7% [13,14,15,16]. Another survey found that less than 60% of people use a face mask while out in public [17-24]. In this regard, 28% of research respondents registered to sanitize their hands, which compares with other surveys indicating that (92-96.6 percent) of participants regularly exercised hand hygiene depicted in another study [13,16,18,25].

The present study reported that about 58.5% of respondents disagreed with the matter COVID-19 creates uncomfortable feelings for the people but 15.1% of respondents agreed it creates uncomfortable feelings. A dissimilar result shown by another study which depicts quarantine may be an unpleasant experience. Dividing from loved ones can have serious repercussions like loss of independence, isolation, and uncertainty about the future, and boring [11]. The present study explored that about 68.1% of respondents disagreed the matter that they get nervous when seeing news about the coronavirus on social media whereas 10.6% agreed to the matter. In contrast to another study, according to some researchers, depressive moods among young people might well be due to their increased access to knowledge via social media, which can also induce significant stress [26,27]. This study explored almost 66.3% of respondents disagreed with the statement that the coronavirus makes them worry too much whereas 26.4% strongly disagreed with the matter. In this context, a survey revealed that 18.2 percent of women experienced COVID-19-related health concerns, indicating that they were "very or extremely" concerned

on average. 8.8 percent of participants indicated COVID-19-related grieving, stating that they "strongly agreed or agreed" to a particular grieving experience [12].

The current study revealed an overwhelming majority 80.9% of respondents disagreed with the statement that they suffer from physical weakness due to their existing anxiety and illness where 2.7% of respondents strongly agreed to the matter. A similar result reported a qualitative study where women had higher symptoms of depression, stress, and significant impact on the health, indicating that the psychological effects of the COVID-19 epidemic may be worse on women. Another study found that anxiety and depression symptoms are more common among women. [28,29]. This study explored the association between depression and socio-demographic background characteristics of respondents. Marital status and depression have a significant association at a 5% level of significance where ($p < 0.028$). Similarly, age and income have a significant association with depression at 5% level of significance where ($p < 0.015$) & ($p < 0.004$) respectively. The similar result was demonstrated by a study which revealed mental health results were connected with marriage, education, and economic issues, including unemployment, financial losses or financial chance owing to shut down or other socio-economic outcomes [28,30,31,32].

In contrast to another study this research findings are slightly different also. That study presented the relation between socio-demographic characteristics, date of completion, and any affirmation that depression, widespread anxiety or PTSD has been previously diagnosed in mental health. Preexisting indications of depression and depressive moods have been strongly linked to a larger probability of symptoms of depression of clinical significance ($p < .01$) (depression: OR=1.91, CI=1.30-2.81) [12].

5. Conclusion

The COVID-19 has had a huge impact on various parts of life across the whole world. Aside from jeopardizing human health, the pandemic is also posing significant difficulties to our socio-economic structures. Poor women are the most vulnerable group in urban areas. They are mostly affected by mental depression in addition to physical discomfort. This study depicted most of the poor urban women consider COVID-19 as a dangerous virus, mostly feared and an embarrassing issue where direct infection during coughing, contaminated surface touches, touch with infected animals, close contact with an infected person are the major ways of COVID transmission. The majority of women have taken measures to prevent the corona virus whereas wash hands with water and soap, use masks, refrain from touching eyes and hands, maintain social distance are the taken precautions by COVID-19. Women were worried about the corona virus and of being infected by their friends and family. They feel loneliness due to not seeing relatives & neighbors and faced more problems for being forced to stay in isolation during the corona period. They can't sleep because coronavirus makes them worry too much. On the other hand, they and their family were more worried about losing their job or work and the needs of their children as well as they suffer from physical weakness due to their anxiety and illness

and faced lacking food also. They were more tensed and worried about getting medical care and about losing their lives also. In another context, marital status, age, and duration of living greatly affect the depression level of the poor urban women. As a result, the research recommended the relevant authorities take more initiatives by taking essential actions and promoting awareness through seminars and campaigns. Without a doubt, the study findings provided a pathway for government policymakers and other organizations to develop policy and other preventative actions.

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Ethical Approval

The research protocol was accepted by the BMRC's Dhaka Ethical Review Committee prior to the start of the project. Prior to performing the interview, all respondents verbally consented. A consent document was read to the respondent prior to the interview, and the interview began upon receipt of his/her consent. The study's freedom to deny and withdraw at any point was acknowledged. The respondents' details were kept strictly secret.

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