



**ANALYZING THE HOUSE-HOLD LEVEL  
SOCIOECONOMIC IMPACT OF COVID-19 SUFFERANCE:  
OUTCOMES OF A MICROSTUDY OF THE HOUSEHOLDS  
IN KHULNA CITY IN BANGLADESH**

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**Abstract:**

A tremendous transformation in the socio-economic condition of the people has been greatly observed after the emergence of the COVID-19 pandemic throughout the world. People from all over the world is still suffering from this pandemic which can be viewed from the lens of health sciences, socioeconomic sector and many more. This study aimed to explore the impact of COVID-19 sufferance by the people of Bangladesh on their income and quality of life. This study is descriptive in nature, where data were collected using non-probability sampling techniques from 100 patients who suffered from COVID-19. A semi-structured questionnaire was used to collect data by employing telephone interviews to explore the impact on quality of life. This study described the effect of different costs associated with COVID-19 sufferance, such as costs incurred due to treatment and reduced income opportunities. This study found that due to the emergence of this pandemic, many people have experienced less income and lost their livelihood. Coupled with increasing costs, this phenomenon pushed them into a poverty trap.

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## 1. Introduction

Currently, all countries of the world are facing a great challenge of the COVID-19 pandemic which is triggering critical health catastrophe to human life and disturbances in livelihood (Bai, 2020). The COVID-19 pandemic is expanding speedily with physical contact and the number of infected cases is also increasing due to the reason that a large number of infected people stay asymptomatic and infect others unknowingly (Godman, 2020). In this current scenario, the COVID-19 pandemic has prompted a tremendous crisis in socioeconomic sectors which directed the governments of a country to take prevention strategies such as maintaining social distancing, self-isolation, taking hygiene measures and restrictions on travelling and many more (Nicola et al., 2020). Due to this worldwide pandemic outbreak, the world faced an evolving “*de-globalization*” restricting cross-border trade, averting representative movements of products and provisional cessation of trade and manufacturing (Barua, 2021). However, the COVID-19 pandemic is no longer restricted within the boundary of a health crisis, rather it is expanding extraordinary destructive impact on the socioeconomic segment (Gostin et al., 2020). High expenditure of the treatment of the patients with COVID-19 results in an economic burden on the part of the households which suppressed their quality of life.

Bangladesh, as an emerging economy from South Asia, is not exempted from this scenario and faced similar overwhelming conditions in almost each and every sector. After identifying the first patient infected with COVID-19 on 8 March 2020 (Dey et al., 2020), manufacturing factories, garments factories, public and private offices along with healthcare institutions in both private and public sectors had to go on a shutdown from 26 March 2020 (Shammi et al., 2020) which later was extended. It has been found that the livelihood of 50 million employees in the informal sector has been deeply impacted and if the pandemic scenario persists, the number will grow much bigger (Islam & Divadkar, 2020). Unstable business conditions and lockdown situations all over the world create an economic loss of the workforce. Earnings of the households were misplaced at least by one- which affected the livelihood of lower- and lower-middle- earnings people and introduced them to the hampering effects of this financial burden (Haque et al., 2020). It is predictable that a considerable amount of socioeconomic and philanthropic calamity in a developing country like Bangladesh will emerge due to this pandemic.

Moreover, the loss of income of many people due to the COVID-19 situation also creates a big economic burden on people all over the world (Jin et al., 2021). With the rise of COVID-19, economic fight now spreading in the poorest parts of the world, there is a lot of people who become poor and food-insecure throughout the COVID-19 pandemic. The pandemic formed a global crisis in terms of socioeconomic challenges. From an economic point of view, the disbursement of COVID-19 all over the world increased the number of patients continuously. Due to this disease, both direct and indirect medical

costs on patients have increased substantially. The economic and financial problem of direct medical costs is very high, and the costs change with the number of COVID-19 infected people, the intensity of the disease, treatment available in the hospital and other factors (Darab et al., 2021). This COVID-19 pandemic scenario is no more limited to health emergencies, it has to expand the damaging impact on the economic and financial sector of people, and it appears that the presence of the pandemic scars in the long run.

This study will try to focus on the economic impact on patients of COVID-19 in Khulna from viewpoint of treatment cost and managing money to take those treatments. The purpose of this current study is to explore the impact of the COVID-19 pandemic on the financial condition and change in the *quality-of-life* status of the people. This study aimed to estimated treatment costs from those who suffered during the COVID-19 pandemic. This study has been prepared on basis of people who were taken treatment from a hospital or at home. Different sectors of home treatment expenditures include laboratory costs, radiology costs, medicines cost, doctor consultation for health wellbeing, oxygen cylinder expenditures for emergency patients' treatment at home, basic stuff such as pulse oximeters, masks, sanitizers, gloves, hand wash expenditures, food for health-boosting. On the other hand, hospital treatments expenditures include laboratory and radiology tests, ICU with a ventilation system, medicines expenditures, patients taken to the hospital through an ambulance or other transport expenditures, and hospital service costs.

## 2. Literature Review

### 2.1 Causes of Poverty and Poverty Traps during COVID-19

The world has seen much improvement in economic growth and drops in poverty over the last couple of decades which is also evident in the case of Bangladesh. However, from the end of 2019, the COVID-19 pandemic has created extreme poverty by diminishing the jobs in the informal sector as well as formal sectors (Oberndorfer et al., 2021). The reason for this diminishing condition of poverty in Bangladesh occurred due to the nationwide lockdown implementation without providing any sort of financial aid from the very beginning. Many organizations in the formal sector were forced to lay off their employees, thus, reducing the income level of so many households (Bari & Khan, 2021). Moreover, basic expenditures such as rent for houses, food and other expenses remained the same if not increased during the pandemic. Furthermore, medical expenses, on many occasions, have increased substantially while the income of most of the people either remained the same or in most cases, decreased. This created huge pressure on their livelihood and force them to live under the poverty line.

Thus, the COVID-19 pandemic created a poverty trap for low- and middle-class people as the pandemic hit all over Bangladesh. All the transportation, market and all industry were closed for a long time due to nationwide lockdown during the COVID-19 pandemic. Therefore, no visible economic growth was experienced due to closed factories, shops, and other working places (Barrett et al., 2018). There are several issues

faced by poor populations in relation to the COVID-19 pandemic such as frequent handwashing is difficult for families who are living in village areas or in slums. Also, those who were quarantined struggled to make food available during the lockdown as they were forced to stay inside and, in many cases, people feared to help them. Those people who are lying in poverty condition are also linked with prior medical conditions which result in higher rates of sickness once infected, such as immunity damage and chronic lung disease. The poverty trap was created for this unstable income for the workforce of people, which impact individuals and households by impacting on labour income, impacting on non-labour income, direct income on consumption, and service disruption (Buheji et al., 2020).

## **2.2 Health and Wellbeing Issues and Poverty Trap**

Seemingly, most of the people who suffered from COVID-19 recovered completely within a few weeks. At the initial stage of the pandemic, older people and people with prior serious medical conditions were the most likely candidate to realize the symptoms of COVID-19 (Tran et al., 2020). However, as the virus mutated very rapidly, young, and otherwise healthy people have also felt sick for weeks to months. In the later stage of the pandemic, it has been found that people with apparently no prior medical condition have also suffered heavily and many died. Though the death rate is very low, the number of infections and the infection rate is very high. Most of the people who got affected by the disease became healthy and free from the disease after suffering a couple of days. But many people, even those who had mild versions of the COVID-19, continued to experience symptoms after their initial recovery. This condition of experiencing disturbances in their health issues have been called a post-COVID-19 disorder or *long COVID* (Mayo Clinic, 2021).

The common symptoms of COVID-19 include fatigue, shortness of breath or difficulty breathing, cough, joint pain, chest pain, memory or concentration problems, sleep problems, muscle pain or headache, loss of smell or taste, depression and anxiety, fever, dizziness when stand, physically weak and many others. COVID-19 is found to mostly damage some specific organs like the lungs, heart and brain. Costs of those treatments in hospitals are too expensive to carry on for low earning people in this pandemic situation (Guégan, 2018). Most of these symptoms are absent for many people who are suffering COVID-19. Thus, they socialized with people as they are asymptomatic and increasing the number of infections, nonetheless. As the number of infected people and their severity of infection increased, this resulted in higher medical costs for them (Answer et al., 2020). However, as the pandemic suppressed the job sector by curtailing numerous jobs and decreasing the income level of the people, increased level of medical costs made them fall into a poverty trap.

There are some issues that created a poverty trap for people along with the issues discussed beforehand. According to OFA (2020), physical wellbeing and financial wellbeing are the most prominent issues that trap the population in poverty.

### **a. Physical Wellbeing**

Most of the people spent a lot of money to maintain their physical wellbeing in the form of maintaining hygienic conditions during the pandemic. People spent money on purchasing face masks, antiseptic handwash, antiseptic spray as well as several personal protective equipment (PPEs) to safeguard themselves from getting infected by COVID-19. Many people who have no earning source and lost their livelihoods during COVID-19 had to expend their money from their own savings. This created tremendous pressure on their savings and wealth position and forced them into a poverty trap.

### **b. Financial Wellbeing**

The capacity to have financial assets to meet daily needs and knowledge about personal finances and a sense of control during COVID-19 have diminished drastically (OFA, 2020). Most of people face budget problems during pandemic situations. People had less and, in most cases, no money for taking a vacation, eating out, festival and transportation at all as most of their money is used for buying household groceries. These financial inabilities created poverty traps for many people.

## **2.3 Dimensions of Poverty Induced by COVID-19**

The occurrence of the COVID-19 and the escalating number of patients in Bangladesh levied high costs on the health system and infected people (Nicola et al., 2020). The economic burden of the pandemic along with the economic crisis confronting the country because of different costs regarding COVID-19 is caused by different dimensions. Those dimensions are discussed briefly below:

### **a. High Cost of General and Intensive Care Beds in Hospital**

Consultation fee for the doctor or availing hospital services is a major dimension that created poverty by increasing the cost which is induced by emergence COVID-19. Drugs and medical supplies prices became too high (the price of common medicine became too high or became too scarce that forces price up) that some families cannot afford those. Rehabilitation and food during the recovery period of COVID-19 created low-income families economically weaker more than before. Laboratory and radiology tests are costly to bear for low range income source people that also caused poverty traps and made the financial crisis in the family (Islam et al., 2020).

### **b. Poverty and Infectious Diseases Interrelate in Complex Ways**

Poverty related infectious diseases, malnutrition and poor sanitization condition, reduced the physical strength and mental work capacity of the people that result in reduced economic capacity (Goenka & Liu, 2020). This phenomenon, in turn, transformed into a vicious cycle that poverty made people weak and deprived of getting basic human needs, then again, weak people could not work properly and earn their livelihoods in such a way that made them poor (Jin, 2020). This scenario became more evident after the emergence of the COVID-19 pandemic as nationwide lockdown forced people to stay inside their homes (more like slums with unhygienic and unsanitary living conditions in the case of low-income people). Due to this, people could earn less which resulted in lower income following lower purchase capacity.

### 3. Material and Methods

This study has explored the impact of the COVID-19 pandemic by describing the change in financial and economic conditions and the status quo of the people. This study employed a semi-structured questionnaire to collect data from the respondents which helped them to explore the sufferance experienced by the people due to the COVID-19 pandemic. This study divided the change of financial and economic conditions of COVID-19 patients into four constructs. They are a) family income impact of COVID-19 patients, b) treatment taken from Hospital, c) treatment taken at home, and d) impact on status quo from the financial stress incurred due to COVID-19. This study tried to explore the impact of COVID-19 related sufferance based on the change in the financial and economic condition and change in *status quo* for taking treatment for recovering from the disease. In this study, the family income of COVID-19 patients is measured to explore whether their income is enough to deal with the treatment expenditures or not.

**Table 1:** Operationalization of the Concepts

Constructs		Measurement
Cost of Treatment	Treatment at home	Laboratory and radiology tests costs, medicines costs, doctor consultation costs, oxygen cylinder costs, pulse and oximeters and other stuff costs, food for boosting costs.
	Treatment at hospital	Laboratory and radiology tests costs, ICU with and without ventilation costs, medicines costs, Ambulance and transportation costs, hospital service costs.
Income Loss	Family earnings loss	Regular earning loss, Reduced regular earnings or unstable regular earning.
Impact on Quality of Life	Additional financial burden incurred due to COVID-19	Change regular budget incurred for food, clothing, children's education, transportation, rent and utilities, festivals, vacation, eating out and saving plan of the family.
<b>Source:</b> Author's Own Construction		

Due to the restrictions imposed by the government and the risk of exposure to the COVID-19 through physical contact, it was not possible for the authors to conduct in-depth personal interviews. In the semi-structured questionnaire developed by the authors, there were only three open-ended questions asked a) to know the respondents' total expenses for taking treatment at home, b) if applicable, to know the respondents' total expenses for taking treatment at the hospital and c) to know about the patient or patients' family member's profession. This study also employed fixed-alternative questions to know several aspects from the respondents ensuring the anonymity of the respondent (COVID-19 patient).

The population of this study consists of patients who are infected with COVID-19 disease. The population of the study is found to be 1,824,180 patients who are infected by Coronavirus in Bangladesh as of 3 February 2022 (WHO, 2022). As the number of populations is difficult to pinpoint specifically as the number is changing by the hour, it

is safe to say that the number of populations is unknown. For that reason, this study adopted purposive and convenience sampling techniques to select patients who are infected with COVID-19 diseases. This method of sample is frequently used to work with very small samples such as in case study research and when cases those are particularly informative. Primary data were collected from 100 COVID-19 patients by adopting telephone interviews to achieve the objective of this study using a semi-structured questionnaire.

## 4. Findings and Discussion

### 4.1 Analysis of Demographic Variables

From Table 2, we can see the results of the analysis of demographic variables of the sample taken for this study. It can be told that the majority of the respondents were male and only 39 per cent of the respondents were female. It has also been found 81 per cent of the respondents have only one single earning person in the family who is responsible for the livelihood of his/her family. As there is only one person for the family who earns for the whole pack, it became very difficult for them to even fulfil their basic needs if the earning person falls sick as the earnings diminish or even stop sometimes.

**Table 2: Sample Demography**

Factors	Variables	Frequency	Percent
<b>Gender</b>	Male	61	61.0
	Female	39	39.0
<b>Age</b>	Younger than 25 years	1	1.0
	25 - 35 years old	16	16.0
	35 - 45 years old	36	36.0
	45 - 55 years old	25	25.0
	Older than 55 years	22	22.0
<b>Occupation</b>	Student	10	10.0
	Government Sector	2	2.0
	Private Sector	26	26.0
	Self-employed	24	24.0
	Others	38	38.0
<b>Monthly Income</b>	Less than 15,000 Tk.	21	21.0
	15,000 – 30,000 Tk.	41	41.0
	30,000 – 45,000 Tk.	28	28.0
	45,000 – 60,000 Tk.	7	7.0
	More than 60,000 Tk.	3	3.0
<b>Earning Member in Family</b>	1	81	81.0
	2	19	19.0
<b>Place of Treatment</b>	Public Hospital	37	37.0
	Private Hospital	21	21.0
	At Home	42	42.0
<b>Source: Field Survey (2021)</b>			

According to Table 2, it is found that there is only 17% of the respondents are below 35 years and can be delineated that young people are more impervious from getting infected by the COVID-19. It has also been found that people over 45 years old possess the highest possibility of getting infected as evident by the 47 per cent of respondents to belong to that age category. Table 2 also shows that the majority of the respondents (62 per cent) earns less than 30,000 Tk. per month which implies that the majority of the people affected by the pandemic has low income with only one earning member in the family where the majority works in the informal sector. In Table 2, it is also shown that 42% of patients took treatment from home as they have less income to take aid from any hospital, in many cases, they do not have the capacity to arrange transportation costs to the hospital even.

#### 4.2 Financial Sufferance due to COVID-19 Pandemic

In Bangladesh, there are more than 1.5 million who have been infected with COVID-19 till March 2020. From an economic point of view, the spread of COVID-19 in Bangladesh is symbolized by an increased number of patients which imposed direct medical and other indirect costs on the people of Bangladesh. In this study, there are two types of costs delineated by the authors that were incurred due to the presence of COVID-19. This study aims to measure the impact of costs of patients in taking treatment from two different ways; home treatment and hospital treatment; and the impact on income and quality of life during the COVID-19 pandemic. Table 3 shows the summary of the expenses incurred by the respondents due to taking treatment for suffering from the COVID-19 pandemic. The economic burden of direct medical costs is very high, and the costs vary with the severity of the infection ranging from taking treatment from home or seeking medical attention from the hospitals including ICU and ventilation support. Table 3 shows that 42 respondents did not go to the hospital for taking treatment and their average cost of treatment is found to be 23,988 Tk. The rest of 58 respondents had taken treatment at the hospital which incurred an average cost of 63,578 Tk.

**Table 3:** Summary of Expenses based on Place of Treatment (in Tk.)

	No. of Respondent	Median	Range	Mean
Treatment Taken at Home	42	18,500	42,000	23,988
Treatment Taken at Hospital	58	45,000	393,000	63,578
<b>Source:</b> Field Survey (2021)				

The median of 42 respondents who had taken treatment at home is 18,500 Tk. and the median of 58 respondents who had taken treatment at a hospital is 45,000 Tk. So, the study shows that hospital treatments are more expensive than treatment taken from the home.

##### 4.2.1 Financial Impact for Treatment Costs at Home

In this study, field survey revealed that there are seven types of costs incurred during the pandemic consisting of laboratory and radiology tests costs, medicine costs, fees incurred for visiting doctors, purchasing oxygen cylinders, costs incurred for purchasing medical



devices like pulse oximeters, nebulizers etc. and increased costs of food for getting healthier and boosting immunity. Table 4 shows the results of the financial impact of taking COVID-19 treatment at home.

**Table 4: Financial Impact for Treatment Costs at Home (in Tk.)**

<b>Factors</b>	<b>Variables</b>	<b>Frequency</b>	<b>Percent</b>
<b>Cost of Laboratory Tests</b>	Below 2,000	20	47.6
	2,000 – 5,000	13	31.0
	Above 5,000	0	0.0
	No Cost	9	21.4
<b>Cost of Radiology Test</b>	Below 2,000	8	19.0
	2,000 – 5,000	4	9.5
	Above 5,000	2	4.8
	No Cost	28	66.7
<b>Cost of Medicine</b>	Below 2,000	8	19.0
	2,000 – 5,000	16	38.1
	Above 5,000	15	35.7
	No Cost	3	7.2
<b>Cost of Consultation Fees</b>	Below 2,000	21	50.0
	2,000 – 5,000	7	16.7
	Above 5,000	0	0.0
	No Cost	14	33.3
<b>Cost of Oxygen Cylinder</b>	Below 10,000	4	9.5
	10,000 – 20,000	6	14.3
	Above 20,000	8	19.0
	No Cost	24	57.1
<b>Cost of Other Medical Instruments</b>	Below 1,000	9	21.4
	1,000 – 2,000	19	45.2
	Above 2,000	14	33.4
	No Cost	0	0.0
<b>Cost of Food</b>	Below 1,000	4	9.5
	1,000 – 2,000	9	21.4
	Above 2,000	26	61.9
	No Cost	3	7.2
<b>Total Cost</b>	Below 10,000	4	9.5
	10,000 – 20,000	18	42.9
	20,000 – 30,000	5	11.9
	30,000 – 40,000	13	31.0
	Above 40,000	2	4.7
<b>Source: Field Survey (2021)</b>			

Table 4 shows that, out of 42 respondents who have suffered from COVID-19, 9 did not do any sorts of laboratory tests (such as CBC, RT-PCR, HbA1c etc.) during the pandemic. They haven't been able to do any sorts of tests because of two reasons; 1) fear of getting affected in the hospital and 2) they did not have enough money to conduct any tests. However, 33 respondents spent 5,000 Tk. for doing laboratory tests from which it can be seen from Table 4 that 47.6 per cent of the respondents spent less than 2,000 Tk. for

laboratory tests. Again, the majority of the respondents (66.7 per cent) did not have the need to do any radiology tests like X-ray, ultrasonogram, CT scan, MRI etc. It shows the degree of severity of COVID-19 was not much high in the case of the respondents.

Moreover, costs incurred for medicine have increased substantially due to the COVID-19 pandemic. Many of the people suffered from high fever, cough, and general dizziness during this time. So, naturally, the demand for these medicines increased a thousandfold overnight which drove the price to be higher. At one point in time, one of the common medicines for fever, Paracetamol, was very scarce in the market. Table 4 also shows that medicine costs incurred by the respondents taken treatment at home all by themselves or taking consultation from the doctors. It can be seen from Table 4 that 38.1 per cent of the respondents who took treatment from home spent 2,000 – 5,000 Tk. for medicine. This increased cost put tremendous pressure on the livelihood of the respondents. Many a time, either due to ignorance or unavailability of a general physician, people did not even go to have a consultation with the doctors which is also evident in Table 4. One-third of the respondents in this segment did not even go to pay a visit to the doctor as the consultation fee is usually high. 21 out of 42 respondents taking treatment from home spent below 2,000 Tk. for taking consultation from doctors.

The severity of COVID-19 was absent for most of the present. One of the most severe conditions due to the pandemic is the breathing problems and infections in the lungs which forced many patients to take help from external sources of oxygen by means of using oxygen cylinders and tanks. It can be seen from Table 4 that 24 respondents did not need to use any oxygen cylinders incurring no cost at all. However, oxygen cylinders are costly and scarce, so, most people could not even afford oxygen cylinders. The rest 18 respondents had to take oxygen cylinders which incurred a cost of below 20,000 Tk. for 14 respondents and more than 20,000 Tk. for 8 respondents.

Table 4 shows that from all of 42 respondents taking treatment at home, all of 42 respondents have purchased some medical instruments such as pulse oximeters, thermometers, sphygmomanometer, blood glucose monitor and other stuff. In Table 4, it can be seen that 9 of the 42 respondents spent below 1,000 Tk., 19 of the 42 respondents have spent 1,000 – 2,000 Tk. and 14 respondents have spent more than 2,000 Tk. in purchasing medical instruments.

COVID-19 pandemic left the people in a very weak state even after recovering from the disease. It has been found that people felt general weakness, shortness of breath, dizziness, and many other complications even after a year of recovering from the disease which is known as long-COVID. To recover from this situation, people had to increase their food expenses which is evident from Table 4. 26 out of 42 respondents (61.9 per cent) expressed that they spent more than 2,000 Tk. for food during this pandemic. Overall, it has been found that, in this pandemic, the majority of the COVID-19 patients who have taken treatment from home incurred a cost between 10,000 – 20,000 Tk. Almost two-thirds (64.9 per cent) of the respondent had to spend below 30,000 Tk. for taking treatment from home.

#### 4.2.2 Financial Impact for Treatment Costs at Hospital

In many cases, it is not possible to get proper care at home, for which the respondents had to take help from private and public hospitals. The cost of taking treatment at the hospital for COVID-19 diseases are shown in Table 5. This study identified six sectors of costs incurred by the respondents consisting of laboratory and radiology tests expenditures, ICU with ventilation care expenditures, ICU without ventilation care expenditures, medicines expenditures, ambulance and transportation expenditures and other hospital service expenditures.

**Table 5: Financial Impact for Treatment Costs at Hospital (in Tk.)**

Factors	Variables	Frequency	Percent
<b>Cost of Laboratory and Radiology Tests</b>	Below 2,000	10	17.2
	2,000 – 5,000	24	41.4
	Above 5,000	21	36.2
	No Cost	3	5.2
<b>Cost of ICU with Ventilation Care</b>	Below 30,000	2	13.3
	30,000 – 50,000	7	46.7
	Above 50,000	6	40.0
	No Cost	0	0.0
<b>Cost of ICU without Ventilation Care</b>	Below 10,000	6	14.0
	10,000 – 20,000	11	25.6
	Above 20,000	2	4.7
	No Cost	24	55.7
<b>Cost of Medicine</b>	Below 5,000	5	8.6
	5,000 – 10,000	17	29.3
	Above 10,000	33	56.9
	No Cost	3	5.2
<b>Cost of Transportation by Ambulance and Other Transportation Mode</b>	Below 2,000	26	44.8
	2,000 – 5,000	16	27.6
	Above 5,000	3	5.2
	No Cost	13	22.4
<b>Cost of Other Hospital Services</b>	Below 5,000	11	19.0
	5,000 – 10,000	28	48.3
	Above 10,000	13	22.4
	No Cost	6	10.3
<b>Total Cost</b>	Below 30,000	6	10.3
	30,000 – 50,000	12	20.7
	50,000 – 70,000	17	29.3
	70,000 – 90,000	9	15.5
	Above 90,000	14	24.1

**Source:** Field Survey (2021)

Table 5 shows that the majority of the respondents from 58 COVID-19 patients taken in this study who have taken treatment from the public and private hospitals had undergone some sort of laboratory and radiology tests. It has been found that only 3 respondents out of 58 did not incur any cost for laboratory and radiology tests. 41.4 per cent of the respondents of this category incurred costs between 2,000 – 5,000 Tk. It is

general that people only go to the hospital when they absolutely need to go to take professional help. Not all the patients who tested positive for COVID-19 needed to be admitted to the intensive care unit (ICU) with ventilation support. From Table 5, we can see that 15 respondents needed to be admitted in ICU with ventilation support incurring 30,000 – 50,000 Tk. for the majority (46.7 per cent) of the respondents.

The majority of the respondents did not need to get admitted to the hospital with ICU and ventilation support as evident from the 43 respondents out of 58 people who sought hospital care. Out of these 43 respondents, 24 did not even need ICU support, they were only admitted to the general bed for treatment and got better there without any ventilation support. However, the medicine cost incurred by the 58 respondents who sought care and/or were admitted in the hospital is very high which is shown in Table 5. The majority of the respondents (56.9 per cent) spent more than 10,000 Tk. for medical purposes. Table 5 also shows that 26 respondents incurred less than 2,000 Tk. for going to the hospital either by their own transportation mode or in an ambulance. Only 5.2 per cent of the respondents had to spend more than 5,000 Tk. for hiring an ambulance to go to the hospital.

Table 5 also shows that 6 respondents (10.3 per cent) did not take any hospital service because of free service in public hospitals and 52 respondents had to pay hospital service costs. 11 respondents spent less than 5,000 Tk. as hospital services expenses whereas 48.3 per cent of 58 respondents spent 5,000 – 10,000 Tk. for taking some sorts of hospital services, mainly from the private hospitals. Taking assistance from a hospital is more costly than taking treatment from home as it is evident from Table 5 that shows a significant number of respondents (24.1 per cent) out of 58 respondents had to spend more than 90,000 Tk. for taking treatment. It is shown in Table 5 that 17 respondents who took treatment from the hospital spent 50,000 – 70,000 Tk. which in turn put them in a poverty trap. Compared with taking treatment at home shown in Table 4, it is evident that taking treatment in a hospital, especially in a private hospital, is much more costly as shown in Table 5.

### **4.3 Socioeconomic Impact of COVID-19 of Income and Quality of Life**

The emergence of the COVID-19 pandemic drastically reduced people sources of earnings due to the long-time nationwide lockdown decision. 48 per cent of the respondents expressed that their income is greatly reduced in times of the pandemic whereas 33 per cent of people lost livelihoods. It is seen in the extant literature, people had to flee from the cities to their own village as they lost their earning sources and even could not afford to maintain the house rent of living in the city. Only 19 per cent of the respondents shared that their income remained the same as a pre-COVID scenario. Although 19 people responded that their earnings remained stable during pandemic, it has also been found in Table 6 that 60.6 per cent of the respondents expressed that they suffered very highly amid this pandemic. Only a few respondents consisting of 8.5 per cent of the respondents believe that their financial condition changed very slightly or did not change at all.

Quality of life is the degree to which an individual is healthy, comfortable, and able to participate in or enjoy life events. Respondents infected with COVID-19 had a vulnerable quality of life. Some want to reduce their cost from different sectors like food, clothing, children’s educations, and transportations, rent and utility reduction, reduce savings, festival or occasions, vacations and eating outs to cope up with the increased expenses. 94 per cent of the respondents agreed on the point that after the emergence of COVID-19, their quality of life has changed drastically. People were forced to stay inside the house, even if they got permission to go out, they have to maintain social distancing protocol and other restrictions imposed by the government. One upside experience in this pandemic is the acceleration of online activity. It has been found that, during the pandemic, people transformed their *eating-out* or *dine-in* habit to *take-home* or *take-out* habits. People tried to keep themselves refrain from going to the market, rather they ordered online and took home delivery.

**Table 6: Socioeconomic Impact of COVID-19**

Factors	Variables	Frequency	Percent
Changes in Income	Loss of Livelihood	33	33.0
	Reduced Earnings	48	48.0
	Stable Earnings	19	19.0
Financial Sufferance due to COVID-19	Very low changed	1	1.1
	Slightly changed	7	7.4
	Moderately changed	17	18.1
	Very much changed	57	60.6
	Extremely changed	12	12.8
Changes in Quality of Life	Yes	94	94.0
	No	6	6.0
<b>Source:</b> Field Survey (2021)			

#### 4.4 Additional Financial burden incurred by COVID-19 Pandemic

COVID-19 pandemic put pressure on people by increasing the overall expenses almost in every sector of life. Thus, the quality of life of the people has also subsequently changed compared to the pre-COVID conditions. Table 7 summarizes the expenses increased for the presence of COVID-19. In Table 7, this study portrayed several sectors in which expenses have increased, simultaneously, there are some factors where the expenses have decreased, and overall savings of the people have also decreased. It can be seen from Table 7 that 44.3 per cent of the respondents expressed that they had to increase their expenses to arrange decent foods for their family. The cost for acquiring food has also been increased as the nationwide lockdown induced a lower level of transportation modes available to transport the raw materials from one place to another. As a result, it has also been seen in Table 7 that only 6 respondents said that their budget for food remained the same. Again, clothing items, another basic need of humans, prices have also risen due to pandemic though 49 per cent of the respondent agreed that they kept their clothing budget same as before.

**Table 7: Additional Financial Burden Incurred by COVID-19 Pandemic**

<b>Factors</b>	<b>Variables</b>	<b>Frequency</b>	<b>Percent</b>
<b>Food</b>	Increased by below 25%	17	17.5
	Increased by 25% to 50%	4	4.1
	Increased by 50% to 75%	43	44.3
	Increased more than 75%	27	27.8
	Remained the Same	6	6.2
<b>Clothing</b>	Increased by below 25%	8	8.2
	Increased by 25% to 50%	4	4.1
	Increased by 50% to 75%	31	31.6
	Increased more than 75%	7	7.1
	Remained the Same	48	49
<b>Education</b>	Increased by below 25%	17	18.9
	Increased by 25% to 50%	9	10
	Increased by 50% to 75%	13	14.4
	Increased more than 75%	12	13.3
	Remained the Same	39	43.3
<b>Transportation</b>	Increased by below 25%	7	7.4
	Increased by 25% to 50%	17	17.9
	Increased by 50% to 75%	37	38.9
	Increased more than 75%	3	3.2
	Remained the Same	31	32.6
<b>Rent and Utilities</b>	Increased by below 25%	15	15.3
	Increased by 25% to 50%	5	5.1
	Increased by 50% to 75%	28	28.6
	Increased more than 75%	36	36.7
	Remained the Same	14	14.3
<b>Festival</b>	Increased by below 25%	4	4.3
	Increased by 25% to 50%	46	48.9
	Increased by 50% to 75%	8	8.5
	Increased more than 75%	10	10.6
	Remained the Same	26	27.7
<b>Vacation</b>	Decreased by below 25%	9	9.4
	Decreased by 25% to 50%	17	17.7
	Decreased by 50% to 75%	25	26
	Decreased more than 75%	37	38.5
	Remained the Same	8	8.3
<b>Eating Out</b>	Decreased by below 25%	19	19.2
	Decreased by 25% to 50%	24	24.2
	Decreased by 50% to 75%	16	16.2
	Decreased more than 75%	34	34.3
	Remained the Same	6	6.1
<b>Savings</b>	Decreased by below 25%	11	11.8
	Decreased by 25% to 50%	55	59.1
	Decreased by 50% to 75%	3	3.2
	Decreased more than 75%	1	1.1
	Remained the Same	23	24.7
<b>Source: Field Survey (2021)</b>			

The nationwide lockdown has also pushed the educational institutions to remain closed for a long time. But that does not indicate that schooling for thousands of students stopped during pandemic. Rather, people shifted from physical classrooms to online classes or distance learning. Thus, it is justified to see that majority (43.3 per cent) of the respondents kept their budget for educational purposes the same as before. Although it was not possible for many of the families to keep up with the shifting educational environment, they couldn't afford to buy devices required to participate in distance learning techniques.

Table 7 also shows the increase in transportation costs during the pandemic. Albeit the protocol imposed by the government, people need to go out for their livelihood. Many offices opened, with permission from the regulatory authority by maintaining social distancing protocol, after a couple of months of imposing nationwide lockdown and employees needed to go to their offices on a regular schedule. New directives by the government were to maintain social distancing protocol in public transports by taking only half passengers than capacity. To minimize the loss, the government allowed increasing 60% fares of local public transport. Thus, as it is shown in Table 7 that costs of transportation increased during the pandemic which is evident that 38.9 per cent of the respondents agreed that their transportation costs increased by 50% to 75% effectively.

As the transportation cost increased, along with this, the cost has also been increased in availing every type of utility like gas, water, electricity, internet etc. 36 out of 98 respondents (2 did not answer to this question) said that their costs for rent and utilities have increased by more than 75% during the pandemic which is huge in number and put a great deal of pressure on the respondents' economic condition. Again, as the restrictions were somewhat loosened during the festivals (Eid-Ul-Fitr, Eid-Ul-Azha, Durga Puja and others), people wanted to enjoy the festivities by purchasing traditional clothes and going out. However, they also saw an influx of expenses rising in this sector as well. Although 27.7 per cent of the respondents said that their budget for festivals remained the same, 46 respondents agreed that they had to increase their budget and costs for the festival by 25% to 50%.

People like to go out during festivals and whenever they get the chance. During the pandemic, the situation of travelling or taking a vacation was limited but expensive as well. Most of the time during the nationwide lockdown, people did not get many chances to go out to take a vacation and thus their budget for taking a vacation has decreased. As other expenses for the presence of the pandemic have increased drastically, people let go of their luxurious discretionary expenses like taking a vacation which is evident from Table 7 as 38.5 per cent of the respondents said that they decreased their budget for vacation by more than 75%. Also, as the strict lockdown protocol maintained by the governments, people could not go outside their homes in the restaurants to have a nice meal there, people's habit of eating out has also got affected. The majority of the respondents said that they have to stop going out to the restaurants for eating out, rather they ordered online and got the food delivered to their homes. Table 7 shows that 34

respondents said that they have decreased their eating-out budget by more than 75% during the pandemic.

One of the major setbacks of this COVID-19 pandemic is that this depleted the savings of the people. From Table 7, we can see that only one-quarter (24.7 per cent) of the respondent has been able to maintain their savings position and the other three-quarter of the respondents said that they have suffered from diminishing of their personal savings. The majority of the respondents (59.1 per cent) had to take help from their personal savings which reduced their savings by 25% to 50%. As people suffered from joblessness or reduced earnings, they had no other option other than to use their savings.

#### 4.5 Perceived Ways to Improve the Current Scenario

The respondents were also asked about their perception of improving this current economic setback which is suffered due to the presence of the COVID-19 pandemic. This study identified seven ways of improving the currently deteriorating scenario. Table 8 shows that most of the respondents (44.7 per cent) are engaged in additional work besides their regular job to cope with the situation. As they are experiencing reduced earnings from their regular work, it is not possible to maintain their *status quo* on those reduced earnings. Thus, they are forced to work multiple jobs to keep up with the increased expenses incurred from the COVID-19 pandemic. This also put pressure on their physical and mental health as simultaneously being engaged in several jobs make them more fatigued and cost a lot of their time and effort.

**Table 8:** Perceived Ways to Improve the Current Situation

Particulars	Frequency	Percent
Job changes for salary increase	3	3.2
Making extra money with additional job	7	7.4
Reduce additional business costs	7	7.4
Expanding business sectors	11	11.7
Extra time in business	24	25.5
Doing some additional work besides business or job	42	44.7
<b>Source:</b> Field Survey (2021)		

It has also been found from Table 8 that only 3.2 per cent of the respondents switched jobs for better earnings. This number is very weak as during the pandemic, job switching became more difficult. Even a person could switch jobs, there are higher chances that the new job also could not provide a better salary. Many people tried to expand their business and curtailing costs to increase their earnings which might not have been proven fruitful in the long run. Many businesses laid-off employees to reduce costs which in turn created a poverty trap.



## 5. Conclusion

The COVID-19 pandemic has troubled people from all over the world. This pandemic has created a cascading effect on the global economy from which an emerging country like Bangladesh did not escape. The aim of this study was to explore how the COVID-19 puts an impact on the quality of life and financial and economic condition of the people of Bangladesh studying. It has been found that the pandemic interrupted the way of life dramatically which also hindered the economic growth of the country. Though Bangladesh did not have to experience economic degrowth, expected growth could not be achieved. Along with this, the economic and financial condition of the people of Bangladesh also deteriorated during the pandemic. Due to several extensions of nationwide lockdown and other protocols implemented by the government, the majority of the people experienced either joblessness or reduced earnings for the last couple of years. The spread of the COVID-19 pandemic, the full and partial lockdown, the intensity of the disease, weak governance within the healthcare system, insufficient medical facilities and unawareness results in a devastating effect on the quality of life of the people of the country (Shammi et al., 2020).

This study intended to conduct a perception-based analysis to elicit an idea regarding the impact of COVID-19 sufferance on the economic and financial condition and quality of life. It was found that many family members earnings were reduced in the time of COVID-19 sufferance. Moreover, to cope with the reduced income, most of them wants to do some additional work besides regular job or business by giving extra time in business or in the job. It has also been found in this study that people want to overcome the economic and financial crisis by reducing food costs, clothing costs, children education, transportation expense, rent and utility bills, savings, festival expenses, vacation expenses and eating out expenses. Despite finding a very depressing scenario, it can also be delineated that better days are coming and hopefully, this condition will be changed very shortly, and people will be adjusted to the *new-normal* condition. However, further study should be conducted to generate a more extensive view on the socioeconomic impact of the pandemic in a broader context.

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## Conflict of Interest Statement

There are no conflicts of interest from the part of the authors.

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