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The Impact of COVID-19 on Psychosocial Health: A Qualitative Study in Rural Areas of Bangladesh

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Abstract

The outbreak of COVID-19 brought not only an unprecedented global health crisis but also widespread psychosocial disruptions, particularly in vulnerable and resource-limited settings. While much of the existing literature has focused on urban or clinical populations, the psychosocial effects of the pandemic in rural communities remain significantly underexplored. This study investigates the multifaceted impact of COVID-19 on psychosocial health in a rural Bangladeshi context, emphasizing local narratives, lived experiences, and culturally embedded coping strategies. The research employed a qualitative methodology to capture the complexity of individual and communal responses. Data were collected through 15 Key Informant Interviews (KIIs) and 5 detailed case studies conducted in Gojaharpur village of the Mymensingh district. Participants included men, women, students, and healthcare providers, selected using stratified random sampling to ensure diversity across age, gender, and occupational categories. The study utilized thematic analysis to identify patterns and interpret psychosocial responses through the lenses of the Biopsychosocial Model, Interpretivist and Ethnomedical Approaches, and the Health Belief Model. Findings revealed a range of psychosocial impacts, including heightened anxiety, emotional fatigue, depression, sleep disturbances, and social isolation. These were deeply influenced by contextual factors such as poverty, gender roles, disrupted education, unemployment, and stigmatization. Women in particular experienced intensified emotional and caregiving burdens, while students reported loss of academic motivation and increased risk of dropout or early marriage due to prolonged school closures. Healthcare workers faced mental exhaustion from inadequate protective measures and public fear. Economic anxiety was a recurring theme, with small business owners and informal workers suffering significant financial losses, exacerbating psychological distress. In coping with these challenges, individuals turned to both practical and culturally meaningful strategies—spiritual practices, familial support, and traditional home remedies. At the same time, social stigma associated with COVID-19 led to community-level breakdowns in trust and emotional support. These complex realities reflect the limitations of one-size-fits-all health policies and underscore the importance of localized, culturally informed interventions. The study highlights the urgent need for rural mental health infrastructure, community-based psychosocial support, and public health messaging that considers cultural beliefs and social inequalities. The insights from this research provide a valuable contribution to the broader discourse on pandemic resilience and offer actionable recommendations for developing inclusive and context-sensitive mental health strategies in low-resource settings.

Introduction

In December 2019, a novel coronavirus (SARS-CoV-2) emerged from Wuhan, China, leading to a global outbreak of coronavirus disease (COVID-19) that rapidly escalated into a pandemic. By March 2020, the World Health Organization (WHO) officially declared COVID-19 a global pandemic, as it spread across more than 188 countries (World Health Organization [WHO], 2020a). Characterized by symptoms such as fever, cough, fatigue, and respiratory complications, the virus posed a severe threat to physical health and overwhelmed healthcare systems globally (Huang et al., 2020). However, beyond its biological impact, the pandemic also triggered widespread disruptions in socio-economic

activities, Communities' fascination with tourism development stems from the many economic benefits that come to countries each year. This particular advantage has become one of the most important reasons for destination communities to consider tourism as a development strategy. With the development of technology and information technology, smart tourism has become an important aspect of development in smart cities, but it has also had many negative effects on the destination community and has shaken the resilience of the city. One of the most important pillars for the development of smart tourism is the resilience of the destination community. A society that has social capital, knowledge, skills, awareness, etc., has a high capacity to achieve smart tourism. In this study, to study the social resilience of Tabriz, the three components of smart people, smart life, mobility and smart dynamics have been studied. The research method for this article is a library and a questionnaire and the results of the collected data have been evaluated and analyzed by SPSS software. Based on Cronbach's numbers, it can be said that the city of Tabriz is in a good position in terms of resilience of the destination community, and the possibility of developing smart tourism is provided in it. The high resilience of a society can be a step towards its sustainability of a society.

education, and psychological well-being, disproportionately affecting vulnerable populations. The COVID-19 pandemic has significantly impacted psychosocial health globally, leading to widespread anxiety, depression, and other mental health issues (Dubey et al., 2020; Joshi, 2020). The enforced social distancing and quarantine measures have exacerbated these conditions, particularly among vulnerable populations such as children, the elderly, and individuals with pre-existing mental health disorders (Terry-Jordán et al., 2020). Reports indicate increased rates of post-traumatic stress disorder (PTSD), obsessive-compulsive behaviors, and substance abuse, alongside social phenomena like stigmatization and hoarding (Çakı et al., 2021). The pandemic's psychological toll is further compounded by the "infodemic," a surge of misinformation that has fueled fear and confusion among the public (Dubey et al., 2020). To mitigate these effects, it is crucial to develop targeted psychosocial interventions and strengthen mental health support systems (Joshi, 2020; Çakı et al., 2021). Overall, the pandemic has underscored the urgent need for comprehensive mental health strategies to address these emerging challenges.

Bangladesh, one of the most densely populated countries in the world, reported its first confirmed case of COVID-19 on March 8, 2020 (Institute of Epidemiology, Disease Control and Research [IEDCR], 2020). In response, the government imposed nationwide lockdowns, quarantines, and social distancing mandates. Although such measures were necessary to curb the virus's spread, they also produced profound psychological and socio-cultural consequences. Prolonged isolation, fear of infection, economic hardship, and disrupted social norms exacerbated stress, anxiety, depression, and stigma among individuals and communities (Mamun & Griffiths, 2020). Globally and locally, studies have identified increased prevalence of mental health disorders during the pandemic, including post-traumatic stress symptoms, emotional distress, and feelings of helplessness (Xiong et al., 2020). In the Bangladeshi context, mental health is often neglected, and psychosocial responses to crises are shaped by cultural beliefs, religious practices, and informal support systems such as traditional healers. Limited awareness, widespread misinformation, and reliance on superstition have further complicated public understanding and management of the pandemic (Ahmed et al., 2021). Despite growing research on the medical and economic implications of COVID-19, there remains a notable gap in understanding the nuanced psychosocial impacts of the pandemic within culturally embedded settings like rural and urban Bangladesh. Particularly absent are ethnographic insights that explore how people made sense of the crisis, coped with psychological challenges, and navigated unfamiliar concepts such as lockdowns,

quarantines, and isolation. Additionally, little is known about how cultural and religious practices evolved or adapted in response to pandemic-related restrictions. This study seeks to fill this gap through a qualitative approach that includes Key Informant Interviews (KIIs) and case studies. By focusing on individual and community experiences, this research investigates the psychosocial dimensions of the pandemic in Bangladesh. It explores coping strategies, the role of traditional and religious healing practices, the emergence of stigma, and how social inequalities may have been intensified by the crisis. Understanding these perspectives is crucial for designing contextually appropriate mental health interventions and policy responses that acknowledge both structural and cultural realities.

Literature Review

The COVID-19 pandemic has not only been a public health crisis but also a profound social and psychological event that has transformed individual and collective lives across the world. Since the World Health Organization (WHO) declared COVID-19 a global pandemic in early 2020, researchers have attempted to document its wide-ranging psychosocial consequences (WHO, 2020). From heightened anxiety, fear, and stigma to socio-economic disruptions and mental health burdens, the psychological impact of the pandemic has been both far-reaching and multifaceted (Xiong et al., 2020).

The COVID-19 pandemic has had significant psychosocial and psychological impacts on global populations. Common symptoms include anxiety, stress, depression, and post-traumatic stress disorder (Çakı et al., 2021; Filindassi et al., 2022; Menon, 2021). The pandemic has particularly affected children, students, healthcare workers, and pregnant women (Guru & Vagha, 2021; Menon, 2021). Social isolation, lockdowns, and other preventive measures have led to behavioral changes and adverse effects on interpersonal relationships (Çakı et al., 2021; Menon, 2021). A systematic review revealed a general deterioration in mental health, characterized by increased anxiety, stress, and depression, and decreased well-being and sleep quality (Filindassi et al., 2022). Socio-demographic factors such as low income and education levels exacerbated these effects, with young women and healthcare workers being particularly vulnerable (Filindassi et al., 2022). Moreover, the pandemic has resulted in widespread financial difficulties and long-term neuropsychiatric consequences (Guru & Vagha, 2021). In response, tele-therapy has been proposed as a cost-effective and accessible solution for delivering psychological support during the crisis (Menon, 2021).

Globally, the pandemic disrupted daily life due to preventive measures such as lockdowns, quarantines, and physical distancing. Ferreira (2021) emphasized how these public health strategies, while necessary, created long-term psychological consequences, especially for vulnerable populations. His work highlights how trauma, isolation, distrust in government responses, and parenting burdens shaped mental health outcomes. He also notes that pandemics, while universal in impact, tend to disproportionately affect those already at the margins—low-income individuals, ethnic minorities, or those with preexisting mental health conditions.

In a systematic review by Xiong et al. (2020), elevated rates of depression, anxiety, and psychological distress were found across multiple countries during the pandemic. Mental health disparities were further exacerbated by unemployment, fear of illness, bereavement, and the collapse of social support systems. This global context illustrates that the psychosocial impact of COVID-19 is not merely a side effect but a central component of the pandemic's toll.

The COVID-19 pandemic has significantly impacted psychosocial health in rural areas, as evidenced by various studies. Lessard et al. (2022) identified 41 factors influencing psychosocial vulnerability in Quebec's rural populations, emphasizing the need for tailored public health strategies. In Puducherry, Senthil et al. (2020) found that 15% of respondents experienced moderate to severe psychosocial impacts, highlighting increased distress linked to locality. Anbarasu and Bhuvaneswari (2020) reported that while urban adolescents faced severe mental health issues, rural counterparts exhibited fewer problems, suggesting a disparity in psychosocial effects. Additionally, Thomas et al. (2022) assessed parental stress in Kottayam, revealing that 60% of parents experienced moderate stress, with significant associations to demographic factors. Collectively, these studies underscore the varied psychosocial challenges faced by rural communities during the pandemic, necessitating targeted interventions to enhance mental health resilience (Lessard et al., 2022; Senthil et al., 2020; Anbarasu & Bhuvaneswari, 2020; Thomas et al., 2022).

In Bangladesh, a lower-middle-income country with a fragile healthcare infrastructure, the psychosocial effects of COVID-19 have been particularly acute. Mamun and Griffiths (2020) documented a suicide case directly linked to COVID-19 fear, highlighting the extreme psychological pressure faced by individuals. Hosen et al. (2021) further explored knowledge and preventive behaviors regarding the pandemic through a cross-sectional study of over 10,000 participants. Their findings revealed disparities in health awareness and behavior, with women demonstrating higher preventive practices than men, yet widespread misinformation persisted across both rural and urban populations.

Rahman et al. (2021) investigated psychological distress and coping strategies among various socio-demographic groups in Bangladesh. Their study found that vulnerable groups—particularly women, rural residents, and people from lower socio-economic backgrounds—experienced significantly higher levels of stress, anxiety, and fear. These findings align with international research but add a critical layer of insight into how local context, healthcare limitations, and socio-cultural norms shape pandemic responses.
The economic ramifications of the pandemic have also been explored in the Bangladeshi context. Hossain (2021) described how marginalized communities—such as rickshaw pullers, daily wage laborers, and informal sector workers—faced sudden and prolonged income losses, leading to increased vulnerability and psychological strain. This work sheds light on the intersection of economic hardship and mental health, especially among rural and underprivileged populations.

Meanwhile, Das et al. (2022) provided qualitative insights into the experiences of frontline health workers during the pandemic. Through in-depth interviews with 18 health professionals, the study revealed the psychological toll of long working hours, inadequate protective equipment, and the emotional burden of treating COVID-19 patients. The findings also exposed systemic inequalities in the healthcare system, such as rural-urban disparities in service delivery and resource allocation.

Although a growing number of studies have explored the psychological effects of COVID-19 in Bangladesh, several research gaps remain. Firstly, most existing studies rely on online surveys or hospital-based samples, which often exclude rural, technologically marginalized populations. Secondly, there is a scarcity of ethnographic or qualitative research that captures lived experiences, cultural interpretations, and informal coping strategies related to the pandemic. Moreover, many studies have focused on specific cohorts—such as healthcare workers, students, or urban residents—leaving out the broader population, particularly those in rural and semi-urban areas who

often face distinct socio-economic and cultural challenges.This study seeks to address these gaps by focusing on the psychosocial impact of COVID-19 among rural communities in Bangladesh, with an emphasis on individual narratives, coping strategies, and culturally embedded beliefs. Through Key Informant Interviews (KIIs) and case studies, it explores how people in less-visible settings made sense of the pandemic, navigated fear and misinformation, and sought healing—often outside of formal health systems. By capturing these diverse experiences, this research contributes to a deeper understanding of how global crises intersect with local realities, beliefs, and social inequalities.

This study utilized a qualitative approach of training its results. Through such method it is possible to explore and understand the experiences from the participants' point of view. Because their frames of reference differ, their perception of the world as experienced would also vary from one to another. As such, through key informant interviews and case studies, this study was able to obtain richer information and description on their belief, psychological problems, coping strategies, social economic and cultural factors related to psychological impact of COVID 19 in the rural area. Furthermore, the study holds practical implications for mental health policy and program development in Bangladesh. By highlighting the gaps in healthcare access, stigma around psychological illness, and reliance on informal healing systems, it provides valuable insights for designing context-sensitive mental health interventions. In doing so, the research not only amplifies underrepresented voices but also supports the goal of inclusive and equitable public health planning.

Theoretical Framework

The Biopsychosocial (BPS) Model, proposed by George Engel (1977), offers a comprehensive lens to understand the psychosocial impacts of the COVID-19 pandemic. It emphasizes that health and illness result from the complex interplay of biological, psychological, and social factors. During the pandemic, biological threats (e.g., virus exposure), psychological responses (e.g., fear, anxiety, depression), and social disruptions (e.g., isolation, financial instability) intersected to influence individual well-being. Mental health deterioration, behavioral changes, and emotional distress were especially pronounced among vulnerable populations, including healthcare workers, students, and women—demonstrating the model's relevance in understanding pandemic-induced psychosocial challenges.

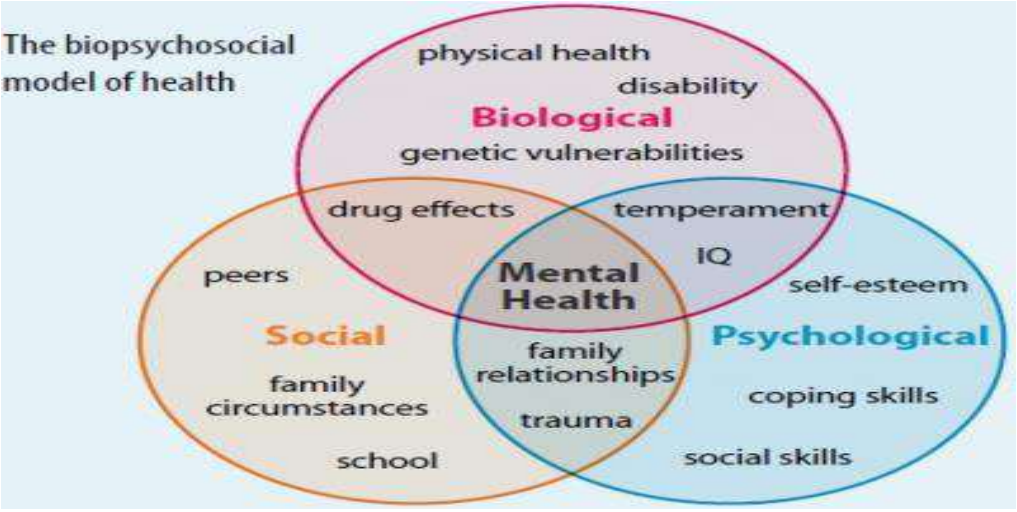

Figure 1: Diagram of the biopsychosocial model of health.

From a medical anthropology perspective, the Interpretivist Approach helps contextualize how cultural beliefs shape people's understanding and experience of illness. During COVID-19, perceptions of disease, stigma associated with infection, and community responses varied widely across cultures, influencing coping strategies and help-seeking behaviors. This approach highlights the need to understand mental health not only medically but also through the lens of cultural narratives and meanings.

The Ethnomedical Approach further broadens the framework by examining how different cultures conceptualize illness causation and healing. In many communities, beliefs in divine punishment, spiritual causes, or traditional healing practices influenced attitudes toward COVID-19 and mental health interventions. Recognizing these views is critical for designing culturally appropriate psychosocial support systems.

Lastly, the Health Belief Model (HBM) explains individual behavioral responses to health risks during the pandemic. Factors such as perceived susceptibility to the virus, perceived severity of infection, perceived benefits and barriers to mental health interventions, and cues to action (e.g., public health messages) significantly influenced whether individuals sought psychological help or followed preventive measures. The addition of self-efficacy to the HBM framework is particularly relevant in assessing people's confidence in managing stress and adapting to new norms.

Together, these theoretical lenses offer a multidimensional understanding of the pandemic's psychosocial impacts and emphasize the importance of integrating cultural, psychological, and behavioral perspectives into public health planning and mental health care. Based on these lenses and study data, a conceptual framework is emerged to illustrate the connections between the psychosocial health and impacts of Covid-19 pandemic.

Conceptual framework

Conceptual framework difference the relationship between the independent and dependent variables of under study. The conceptual framework below is a hypothetical work based on the information of the study. Here the personal, social, economic, cultural and environmental factors are interlinked and have direct influence on psychosocial health in the COVID-19 pandemic. Besides, the initiation of psychosocial issues is also connected with the knowledge, attitude and practices regarding coverage related behaviors

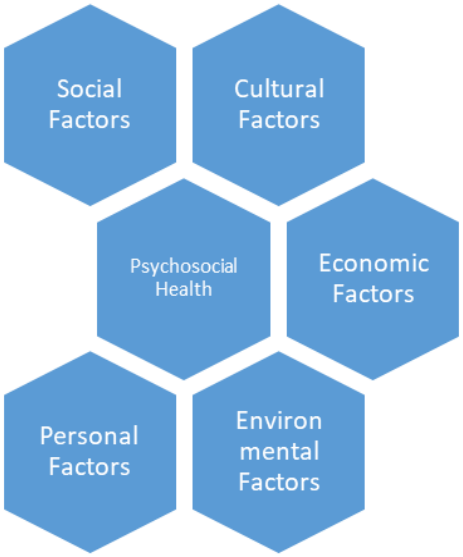

Figure 2 Conceptual framework of psychological impact of Covid- 19 and individuals coping strategies.

Study design

This study employs a qualitative research design, combining both key informant interviews and case studies to capture views and the meanings about psychosocial perception associated with COVID-19. Such findings can create a comprehensive picture how societies people conceptualize COVID-19 in the context of their lives. In addition, qualitative methods provide a naturalistic, interpretive approach that helps to provide an in-depth, better understanding of how people interpret their situation, attitude, behavior and belief. The rationale for this design is to triangulate findings and ensure a comprehensive understanding of the lived experiences of psychosocially impacted populations, as well as descriptive significant patterns across different socio-economic groups.

Study Area, Sampling, and Sample Size

The study was conducted in Gojaharpur village, located in Bishka Union under Tarakanda Upazila, Mymensingh district. This remote village lacks access to urban facilities, making it a suitable site for the research. Bishka Union, now known as No. 10 Bishka Union, covers 14.15 km² with a population of 37,375 (2011 census). Gojaharpur has a population of 2,767. The area includes schools, a health center, markets, and limited infrastructure. Most residents depend on agriculture, small businesses, and informal jobs, with poor road access, especially during the monsoon.

A stratified random sampling technique was used to select 20 respondents who had experienced the covid-19 pandemic and psychosocial issues. Additionally, 5 case studies and 15 key informant interviews were conducted with women, men, student, and healthcare provider to gain qualitative insights into the socio-cultural and economic factors associated with psychosocial health. Among the respondents, there were job holder, businessman, housewife, and students. The socio-demographic characterization of the sample is shown below:

Age group	Status	Number
16-35	women	9
18-50	men	7
15-25	students	4
Total		= 20

Table 1 Social – demographic characterization of the sample

Methods, Tools, Procedures of data collection

The study is qualitative in nature. The aim is to understand subjective meaning, experience, feelings, psychological problems and context specific knowledge about psychosocial impact of Covid-19. Significantly, the qualitative design is more suitable than quantitative methodology. This study has adopted qualitative design to explore and obtain a comprehensive understanding of people perception and behavior practices about COVID 19. Primary information and data have been collected through observation, key informant interview and case study. These methods are used to identify the factors that serve as facilitators for the impact of COVID-19 on individual psychosocial health. Secondary data has been collected through newspapers, journals and articles relevant to the subject matter. Data and information from both primary and secondary sources have been checked and analyzed systematically and appropriately. Questionnaire was also constructed. Besides, a checklist was used to ensure the quality and accuracy of the data collection. The discussions were conducted at a time and date convenient for participation schedules were held at their respective participation and permission, without revealing their ethical status information. All discussions were conducted in Bengali language to allow participants to comfortably express their ideas.

Unit of observation and analysis

In this study, the regular lifestyles were observed during field visit. It includes participants' livelihood, health condition, daily routine, and access to various services. The unit of observation in this research were the knowledge, attitude and practice related to psychosocial prevention and response of covid-19. As this research has followed qualitative approach, data has been processed through qualitative methods. Qualitative data are analyzed thematically using NVivo. Themes are developed inductively to explore the social context and personal narratives of individual experiences.

Limitations of the study

Due to restrictions for covid-19 pandemic and lack of accessibility to the field, this study was conducted within short duration and with limited data sample. More cases and larger area could have been covered for better result to find out gap of institutional services in health sector, and the care providing sector which are overlooked in my view. Budget was another limitation of the study. The qualitative nature of the study limits the strength to make definite conclusion. To draw second conclusion, future the research should focus on longitudinal and quasi experimental study design.

Ethical Considerations

Ethical approval was obtained from an accredited IRB. Informed consent was

secured from all participants, ensuring confidentiality, anonymity, and voluntary participation. Pseudonyms were used to protect identities.

Findings

The COVID-19 pandemic created widespread psychosocial disruptions that affected individuals across all aspects of life. Through thematic analysis of Key Informant Interviews (KIIs) and case studies, several critical themes emerged: emotional and psychological strain, economic vulnerability, disruption to education, occupational stress, and changes in family dynamics. These experiences varied by gender, profession, age, and socio-economic status, revealing the layered and multifaceted the psychosocial impact of COVID-19.

Emotional and Psychological Distress

A recurring theme was the emotional turbulence caused by the pandemic. Participants across all demographics reported intense mental pressure, fear, anxiety, and depression. Isolation from loved ones and the breakdown of routine social interactions severely impacted psychological well-being. One 24-year-old informant stated,

"I cannot explain exactly what my psychological state was like at that time—I was so disappointed. I almost stopped socializing with people for fear of getting infected."

Case studies also highlighted long-term effects such as sleep disorders, emotional instability, and psychosomatic symptoms among health workers and educators. Shairin Akter, a health worker, described her experience as "traumatizing," revealing she suffered from emotional burnout and parental anxiety while serving COVID patients.

Another informant, Age-32, explained, *"As a housewife, I'm in mental stress about my family, especially the elders and my children. Due to the pandemic, my husband is being left out of his job, and family income has been disrupted. I cannot think of the upcoming days*

Household Disruption and Family Dynamics

Home life was deeply affected during the pandemic. While some participants noted strengthened family bonds due to increased time spent together, others reported severe economic strain, emotional conflict, and tension. A 28-year-old mother of three stated, "Since we didn't have any savings, we had family fights all the time to meet expenses. It had a mental effect on all of us." Many women, in particular, shared experiences of increased responsibilities, caregiving burdens, and stress linked to their spouse's unemployment. An informant, Sahela, age 25, informed:

"Though we are passing a great time before COVID. But the time of COVID was not smooth for us. Our family suffered a lot during the time of COVID-19. As my husband was a businessman, and all we knew about lockdown all businesses were shut down, it was not exception for us. My husband's business is also being locked. We couldn't continue our family life as well as before. It must be said that COVID gave us a lot of pain and mental distress; we suffered a lot at that time, our lives were devastated."

Occupational Uncertainty and Frontline Struggles

Professionals across different fields reported drastic challenges in their working lives. Healthcare workers were exposed to extreme risk without adequate personal protective equipment (PPE) in the early phases. A nurse recalled, "Each day was terrifying. We had no proper equipment at first and lost colleagues. I prayed to

survive every day." Teachers in private institutions experienced months without pay, causing economic insecurity and psychological distress. One informant lamented the struggle of adapting to online teaching, which was made more difficult by students' lack of internet access or devices. In a case study, a 32-year-old informant explained:

"The impact of COVID-19 at working levels cannot be described in a word. You can't imagine how difficult a time it was for us. Not a single day passed without tension and anxiety. As I am a private school teacher, it's been so hard to pass that time. We could not get our salary properly; for that reason, we could not have a happy time at that moment. You can't imagine how stressful that time was. We were not able to attend the classes, as everything was shut down to avoid or escape from COVID. We had to take a class online, which was also as tough for some students as they did not have a smartphone. Later, the government arranged a soft loan process for this purpose. In a word, it was too much horrible time to join class physically or any kind of activities."

COVID-19 has caused profoundly disruption in the lives of working people, especially the middle class. One informant argued that while the government employees get their salaries properly, the government has not taken any action and the lockdown is for those who were doing particular job like private jobs or are involved a business. The job holder and traders has struggled the most to lead their lives during the time of pandemic.

Educational Interruption and Student Vulnerability

Educational disruption emerged as a significant source of anxiety for students and educators alike. With schools and colleges closed indefinitely, students experienced academic setbacks, digital divide barriers, and rising dropout rates. Many reported feelings of loneliness, demotivation, and depression. Ruksana, a 19-year-old college student, stated,
"Our education was completely off. Online classes made us uncomfortable and mentally depressed." Another student added that due to financial strain, "many classmates dropped out or were married off."

"Pandemic has caused countless damages to our educational life, which is not worth mentioning. As a result of the pandemic, our education system has gone backward. At this time, suddenly our schools and colleges were off. Our education was also completely off. At that time, the government introduced the online-based education system, and many of us were not comfortable with this. The COVID issue seriously hit our psyche, and we became mentally very depressed at that time, as we had to stay home all the time."

A school teacher stated:
"I was mentally depressed at that time. As the school was off. We could not even receive any kind of salary at that time. The family crisis was still going on. On the contrary, life crises were also growing for survival purposes. The government denied going to school, even offered everything. Even my family denied me to join to the school anymore as everywhere covid was spreading, even people were dying increasingly."

A student, Rima, age 16, shared:
"At the time of COVID, I was a student of class 8. Before COVID, we had to join class physically. But it was quite difficult during COVID times, we have to join the class at Meet or Zoom. At that time by staying home, I really felt loneliness or campaniles. I was quite depressed at that time".

Business Collapse and Economic Anxiety

Informants involved in small and medium-sized enterprises reported overwhelming financial losses due to lockdown restrictions and a collapse in consumer activity. Many traders were forced to shut down shops, while others struggled to manage inventory and sustain their families. Rahmatullah, a businessman, shared, "Whatever capital we had was destroyed. There was no peace of mind—sometimes I couldn't sleep due to stress." These economic anxieties were not isolated but often fed into a cycle of mental distress, family strain, and long-term uncertainty.

Another trader, Asad, Age-24, stated:

"Since I'm a pharmaceutical trader, I did not suffer as much financial loss is other traders during the corona virus, but I was also scared. And the lockdown was going on all around and there was a fear of the virus spreading. However, I did not want to open my shop for fear of contracting the virus. But I had to continue to business at that time to support the family."

COVID was the moment that brought a terrible loss in the life of traders. The suspension of import and export business during COVID has greatly affected the life of traders. At that time there was a fixed time for selling raw materials but many traders failed to sell their raw materials at the right time / at fixed time, which brings economic loss in their life. The impact of the lockdown was also heavy on business life. Due to the lockdown, the businesses of many traders were closed around that time. And as a result, many business families hit the street. In other words, due to the lockdown and COVID the economic loss caused by traders was immense.

In a case study, Md Ali, a businessman explained: *"In fact, hearing this matter, many people panicked as a result of which many died of heart failure or so-called heart attack. But at that time seeing everyone's fear, we are also afraid of getting infected with this virus. I lost my mental strength and tried to take precautions as much as possible. It was a very difficult time that cannot be explained. It was seemed that when the shop opened the police chased or fined us."*

Coping Strategies and Cultural Interpretations

Amid the distress, several individuals relied on spiritual practices, home remedies, and family support as coping mechanisms. Religious observance increased notably, with many attributing resilience to prayer and faith. Others adopted traditional healing methods, consumed vitamin-rich foods, or increased hygiene practices. A young man shared, "We drank ginger tea, washed vegetables thoroughly, and kept medicines at home. Still, the fear remained." Despite widespread suffering, participants found ways to adapt, drawing on cultural beliefs and familial solidarity.

An informant, Age- 18, stated: *"Since it was not possible to physically meet anyone during the COVID. I was mentally broken at that time. For which I tried to be virtually connected with people all the time and even spend a lot of time with my family so that I get some mental support to overcome these situations."*

Another informant shared: *"I always suffered from mental anxiety. Also, I have several other problems like I get very angry at that time. I had a five years old child and I tried to wean him in case if somehow, I passed on to him as a carrier of the COVID virus."*

Fear, Stigma, and Social Withdrawal

Fear of contagion and the social stigma surrounding infection led to a breakdown in community trust. Several informants described how funerals for COVID-19 victims were unattended and how even mild symptoms created panic. A teacher

recalled being quarantined after developing a fever, during which "even my family was scared of me." This stigmatization created barriers to emotional support, reinforcing isolation and shame among affected individuals.

An informant, Age- 24, shared: *"The Covid period was a very anxious time for us, we had to stay at home all the time. We would not talk to our relatives like that except through virtual media. Could not even go directly to see them, which hurt me a lot emotionally."*

Similarly, an informant, Arifa, age-21, stated:

"It was a very stressful time for us when the children and elders of all family got infected with coronavirus. At that time, we felt very helpless. Since no vaccine or medicine has been discovered yet."

Across all interviews and case studies, participants described a common set of psychosocial impacts including: Mental pressure and anxiety, Sleep disturbances, Loneliness and social isolation, Depression and helplessness, Family conflicts and emotional exhaustion. The intensity of these experiences varied, but their prevalence illustrates the widespread and deeply personal impact of the pandemic on mental health and social well-being. The study results highlight the significant psychological and social impacts of COVID-19, revealing widespread issues such as anxiety, depression, loneliness, and strained personal relationships. These psychological challenges were compounded by lockdown measures, social distancing, and fear of virus transmission. People adapted to the crisis by relying on both biomedical and home-based treatments, with many also turning to superstitions. While COVID-19 prompted health-conscious behaviors and changes in daily life, it also led to social inequality and altered religious practices. The pandemic's effects on society continue to influence people's health, relationships, and social interactions even after the peak of the crisis.

Discussion

The findings of this study reveal the multifaceted psychosocial impacts of COVID-19 in rural Bangladesh, illustrating how the pandemic reshaped emotional well-being, disrupted livelihoods, strained familial and social relations, and intensified economic insecurities. These outcomes align with global trends while also reflecting distinct cultural, social, and structural characteristics unique to the Bangladeshi rural context. Consistent with international evidence, participants reported heightened experiences of anxiety, fear of infection, sleep disturbances, depressive symptoms, and emotional exhaustion (Xiong et al., 2020; Çakı et al., 2021). However, while urban populations in high-income countries could access mental health support through teletherapy, online counseling, or institutional programs (Menon, 2021; Ferreira, 2021), such services were largely inaccessible in rural Bangladesh. Internet connectivity issues, digital illiteracy, and the absence of trained mental health professionals compounded this disparity, forcing many to rely on informal, culturally embedded coping mechanisms such as spiritual healing, prayer, religious rituals, and herbal remedies. This reliance on indigenous practices is not merely a matter of convenience but speaks to the deep-rooted cultural belief systems and the trust deficit in formal healthcare services in rural Bangladesh. For instance, unlike in many Western countries where mental health is increasingly destigmatized and supported through policy, mental health remains a taboo subject in rural South Asia, often interpreted through supernatural or moralistic lenses (Islam et al., 2021). As such, integrating local epistemologies and traditional healers into mental health interventions may offer a more culturally competent response to rural mental health crises. Economic distress was another dominant theme, with participants describing job losses, reduced incomes, closure of local businesses, and growing indebtedness.

These findings are aligned with both global and regional studies (Filindassi et al., 2022; Hossain, 2021), which emphasize the severe impact of the pandemic on informal workers. However, in rural Bangladesh, where the economy is largely informal and dependent on daily wage labor, the consequences were disproportionately severe. Government relief mechanisms often bypassed the most vulnerable due to corruption, poor targeting, or lack of documentation. By contrast, in countries with stronger welfare systems—such as Germany or Canada—state-led stimulus packages and unemployment benefits mitigated the psychological toll (OECD, 2021).

For rural Bangladeshi families, financial stress often translated into food insecurity, strained relationships, and increased domestic conflicts. Women and children bore the brunt of this burden, with a spike in domestic violence and early marriage reported in multiple villages. Similar patterns were seen in rural India and Sub-Saharan Africa, where school closures and lockdowns reduced institutional protection for adolescent girls (Thomas et al., 2022; Save the Children, 2021). In Bangladesh, the cultural norm of early marriage intersected with the pandemic to push more girls out of education, undermining long-term psychosocial and developmental outcomes. Educational disruption was another unique stressor, especially for students with no access to smartphones, computers, or stable internet. While urban and affluent students pivoted to online learning, rural students faced complete academic disengagement. Students in this study described feeling isolated, unmotivated, and mentally burdened by the uncertainty surrounding their education. The psychological impact of these disruptions was further intensified by the lack of peer interaction, extracurricular engagement, and structured daily routines—essential components of adolescent development (Senthil et al., 2020; Hasan et al., 2021). Stigmatization and misinformation were widespread, contributing significantly to mental stress. Fear of social ostracization due to infection led to concealment of symptoms, delayed healthcare seeking, and intra-family tension. Echoing findings from Mamun and Griffiths (2020), the current study found that infected individuals, and even frontline health workers, were socially isolated and sometimes harassed. These reactions were often driven by misinformation, a lack of health literacy, and the rapid spread of rumors—common in societies with low institutional trust. The study's interpretive framework—drawing from the Biopsychosocial Model (Engel, 1977) and Medical Anthropology—provides a comprehensive understanding of these psychosocial challenges. Mental health outcomes were not isolated psychological events but were interwoven with social disruption, cultural interpretation, and structural vulnerability. For instance, belief in jinn possession or divine punishment shaped how people understood illness, delayed medical care, and influenced community-level responses. This intersection of cultural and medical domains underscores the need for interdisciplinary approaches in public health planning. The Health Belief Model (HBM) further helps explain behaviors observed during the pandemic. Although many participants were aware of preventive measures such as wearing masks or social distancing, their actions were shaped by perceived barriers (e.g., cost of masks, disbelief in efficacy), low perceived benefits (fatalism or divine determinism), and poor cues to action (limited health communication campaigns in rural dialects). This disconnect highlights the failure of top-down health strategies to resonate with local contexts and the importance of community-led awareness efforts. Moreover, the comparison with global trends reveals critical gaps in pandemic response equity. In high-income countries, the surge in mental health needs was met with policy responses, digital infrastructure, and institutional support (Filindassi et al., 2022; Ferreira, 2021). In contrast, rural Bangladesh

witnessed a deepening of existing inequalities, where structural barriers—such as poverty, gender-based discrimination, and health illiteracy—magnified the psychosocial toll. This suggests that future global health emergencies require not just medical preparedness but also equitable mental health infrastructure that is inclusive of marginalized rural communities. The psychosocial impacts of COVID-19 in rural Bangladesh were profound and complex, shaped by a confluence of economic, cultural, and structural factors. While sharing many challenges observed globally, the local context introduced specific vulnerabilities that must be addressed through culturally sensitive, inclusive, and community-empowered strategies. Bridging the gap between traditional belief systems and formal healthcare, improving rural mental health literacy, and ensuring equitable access to psychosocial support services are critical for future resilience.

Recommendations

Based on the study findings and informant's opinions, few recommendations emerged that can be considered for future preparedness and response towards the pandemic as well as future development initiatives for psychosocial health in rural areas of Bangladesh. Programs must be rooted in local beliefs, practices, and language. Collaboration with community leaders, religious figures, and traditional healers can facilitate culturally acceptable mental health awareness and services. The government and NGOs should prioritize rural mental health services by training community-based mental health workers and establishing mobile mental health clinics. Digital literacy and infrastructure must be expanded to bridge the digital divide, ensuring students and teachers in rural areas are equipped for remote learning and virtual psychosocial support. Tailored financial relief and job recovery programs must address informal sector workers and small business owners. Psychosocial support should be integrated into economic aid initiatives to help households recover holistically. Targeted public health messaging using local media and grassroots outreach can reduce misinformation and destigmatize mental health, leveraging the trust of community influencers. Given the disproportionate psychosocial burden on women, policies must include gender-responsive strategies such as accessible child care, financial assistance for female-headed households, and support groups for women.

Conclusion

The COVID-19 pandemic has not only posed a biological threat but has profoundly disrupted psychosocial well-being, particularly in rural areas where formal support structures are weak or absent. This qualitative study provides an in-depth exploration of how individuals in rural Bangladesh interpreted and responded to the psychosocial challenges brought on by the pandemic. Unlike many global studies focusing on clinical interventions or urban populations, this research foregrounds cultural narratives, informal coping mechanisms, and the role of social and economic inequalities in shaping mental health outcomes. Key informant interviews and case studies reveal that the pandemic amplified pre-existing vulnerabilities—economic insecurity, healthcare inaccessibility, and social stigma—while also demonstrating community resilience through faith-based and familial coping strategies. These insights challenge one-size-fits-all mental health interventions and highlight the need for inclusive, culturally grounded, and context-specific public health responses. As the world moves into a post-pandemic recovery phase, it is crucial to address the long-term psychosocial fallout—especially among the rural poor—by adopting a holistic, intersectional approach. Only then can we build mental health systems that are not only effective but also

equitable and just.

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Author contributions

Both authors contributed to the completion of this work. Monir Hossen and Sohura Akter Mukta drafted the initial draft, reviewed the manuscript and collected the data. Both authors approved this manuscript for publication.

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Data availability

Data will be available upon reasonable request.

Declarations

Ethical approval

Informed consent We prepared a consent form, discussed the research process, and provided this consent form to the participants before the interview. We listened to this consent form for those who didn`t know how to read it. The participating respondents were notified in support of their consent process that their commitment was voluntary and confidential. We informed them that their names would not be revealed in the study and would be used in pseudonyms. All participants consented orally and signed this consent form.

Conflict of interest

The authors declared that no conflict of interest exists.

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