



Research article

Reactions to the media coverage during the first wave of COVID-19 in Bangladesh

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ABSTRACT

Background: The news media play a critical role in disseminating accurate and reliable information during an outbreak like COVID-19, especially in LMICs. Studying how people react and reflect on the information provided and how it affects their trust in health systems is essential for effective risk communication. This study was undertaken to explore and analyse newspaper readers' reactions to the unfolding news of the COVID-19 outbreak in Bangladesh and how this affected and shaped their compliance with the mitigation measures advised by the Government.

Methods: We collected readers' comments on relevant news and features on the COVID-19 outbreak ($n = 1,055$) which were posted in the online versions of the four top circulating Bangla newspapers and one online news portal published during Jan.–Apr. 2020. A search protocol was developed and a team of three researchers searched and extracted data for content analysis according to some pre-determined study themes.

Results: Data analysis revealed several characteristics with implications for risk-communication: a faith-based and fatalistic attitude to the unfolding pandemic, a “denial” syndrome in the initial stage, a returning expatriate-bashing for specific countries, and a concern about the safety of the frontline health workers. The readers were resentful of the all-pervasive corruption in the health sector even in times of a pandemic and the Government's poorly coordinated, fragmented, and delayed COVID-19 response. The pandemic severely shook their trust in the already weak health system and perceived it to be incompetent, corrupt, and non-responsive. They had deplorable personal and family experiences while seeking treatment for COVID-19 patients. Expert committees were formed to advise the Government, but few recommendations were implemented on the ground. This helpless scenario made people sharply critical of the political leadership, especially for the failure of providing stewardship at the moment of crisis.

Conclusions: The COVID-19 related information reaching the people, including misinformation, disinformation, and rumours was equivocal in the early months of the pandemic and failed to build the trust and transparency that is necessary for an inclusive response across constituencies. The Government should pay attention and weightage to people's perceptions about its COVID-19 response and take appropriate measures to re-build trust for implementing pandemic control measures.

1. Introduction

The importance of media in ‘proper and effective risk communication to contain an infectious disease outbreak like the COVID-19 pandemic cannot be overemphasised [1, 2]. When there is a new public health risk or threat, media becomes an important source of information for the people to comprehend its nature, assess risks involved and practice behavioural changes [3]. Also, peoples' reactions to, and perceptions of

the information provided are important in understanding the social construction of a new disease and thereby designing risk communication [4]. Following and analysing such reactions in social media and online versions of mainstream newspapers including online news portals is helpful to navigate how these build and shape trust in the Government's response to outbreaks (e.g., COVID-19 pandemic) and anticipate the probability of possible compliance with preventive measures [5]. Beginning 2020, news on the outbreak of COVID-19 and the disease

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started to flash around the world like a wildfire. In the absence of authentic information on COVID-19, all kinds of misinformation, disinformation, half-truths, conspiracy theories, and rumours abounded. WHO dubbed this situation as ‘infodemic’ and reiterated the importance of providing accurate and reliable information on COVID-19 as essential for controlling the pandemic [6].

The first case of COVID-19 in Bangladesh was reported on 8 March 2020 and the news elicited the usual emotional responses of fear, anxiety, and concern among the population [7]. From the beginning, the Government's COVID-19 response was characterised by slow and delayed action in instituting quarantine measures for the returning expatriates, commissioning adequate lab and human resources for conducting sufficient tests, and contact tracing to track the transmission and emergency case management at the hospitals [8, 9, 10, 11, 12]. There was no comprehensive information, education, and communication (IEC) campaign, and whatever risk communication was taking place was not planned, culture-sensitive, and easy to understand [13]. When the Government was criticised for not being transparent, it targeted the critics and whistleblowers of the helpless situation with allegations of spreading rumours and took punitive measures [14]. This severely hampered people's trust in the health systems, a common phenomenon also observed elsewhere e.g., in the times of the H1N1 epidemic [15].

Risk communication is intricately linked to behavioural health issues that affect tens of millions of people. The public distrusts scientists and Government officials for various reasons, including access to opposing sources of information, scientific reasoning disparities, shifts in decision-making, and, most importantly, political clashes. The COVID-19 pandemic was putting a strain on general people's emotional health [16]. When a pandemic or emerging disease spreads and develops negative sentiments in the public, timely, accurate, and effective risk communication, particularly through the newspaper or social media, is essential to reduce people's anxiety and negative attitudes toward the disease. However, amid the COVID-19 pandemic, the effectiveness and efficiency of these official initiatives in launching public belief and behavioural changes were rarely measured [17].

In Low and Middle-income Countries (LMICs) like Bangladesh, dissemination of reliable and accurate information from a credible source of the Government is essential for the people to understand the nature of the disease, including risks involved and prevention measures to be taken [18]. It also build trust in the capability of the system to respond and facilitate risk-aversion behaviour. Thus, this study aimed to understand how the issue of trust evolved in the early months of the pandemic in

Bangladesh by exploring and analysing readers' reactions to the news materials published in the online versions of the selected newspapers. The findings are expected to inform the authorities for designing an effective risk-communication campaign that would satisfy people's craving for reliable and accurate information, allay people's anxiety, remove confusion, and thereby build trust in the system for better compliance with COVID-19 mitigation measures.

2. Methods

2.1. Study design

The study adopted a cross-sectional design to collect data in the form of texts (expressed reactions and comments by the readers) to the published news in the online versions of selected newspapers/news portals during Jan.–Apr. 2020. The reactions/comments were posted at the end of the relevant news items. A qualitative content analysis (‘empirical, methodological controlled analysis of texts within their context of communication’) approach was taken to analyse the text data [19]. These were coded into categories, facilitating the exploration of themes or meanings expressed in the texts [20].

2.2. Data sources

We collected news reports, feature articles, commentaries, op-eds, etc. on COVID-19 from online versions of the four top Bangla newspapers and one online Bangla news portal published from Jan. to Apr. 2020. These were selected from Alexa, an information platform that lists the most visited media websites per country [21]. Of these, four were online version of Bangla newspapers (Daily Prothom Alo, Daily Kalerkantho, Daily Jugantor, Bangladesh Pratidin) and the other one was an online Bangla news portal (*Jagonews24.com*).

We developed a protocol for conducting the searches (Table 1). This protocol specified data sources with the Uniform Resource Locator (URL) links of these newspapers, inclusion and exclusion criteria, and the search timeframe.

We used some key terms to search the news from the selected newspapers (Table 2).

2.3. Search strategy

Some inclusion and exclusion criteria were followed to select the newspaper materials.

2.3.1. Inclusion criteria

First, we included reports, articles, op-eds, etc. only from the above five selected newspapers. Second, materials directly relevant to the COVID-19 pandemic were included. Third, the news published in the Bangla language was chosen, and also, the time frame for publication (Jan. to Apr.2020) was strictly maintained.

2.3.2. Exclusion criteria

The news, articles, reports unrelated to the COVID-19 pandemic such as other pandemic circumstances (e.g. Spanish flu, plague, etc.) were excluded from this study. Also, this search excluded the reported news that did not follow the specified timeline (Jan. to Apr. 2020), and language other than Bangla.

2.4. Data collection and processing

The search was itself was carried out during May 3 – Jun. 7, 2020. A team of three researchers conducted the manual search under the guidance of the senior author. They scanned each of the selected newspapers published during Jan.–Apr. 2020 and extracted the information pertinent to COVID-19. Readers' comments were collected from the online portals of the newspapers and news portals. In case enough comments were not available, comments posted in the social media such as Facebook were

Table 1. Newspaper review protocol.

Data source [following Alexa's (https://www.alexacom/) most visited media websites in Bangladesh]	Four Newspapers (online versions) Daily <i>Prothom Alo</i> (https://www.prothomalo.com/), Daily <i>Kalerkantho</i> (https://www.kalerkantho.com/), Daily <i>Jugantor</i> (https://www.jugantor.com/), Bangladesh <i>Pratidin</i> (https://www.bd-pratidin.com/) One Online portal <i>Jagonews24.com</i> (https://www.jagonews24.com/)	
Search Strategy	Inclusion Criteria	Online versions of four top circulated newspapers and one online news portal after Alexa Coronavirus related news, reports, articles, op-eds etc. Language: Bangla
	Exclusion criteria	News, articles, reports not related to COVID-19 News related to other pandemic situation (e.g. Spanish flu, plague etc.)
	Time frame	01 Jan. to 30 Apr. 2020 (first four months of 2020)

Table 2. Key terms to be used for searching newspaper databases.

Corona related issues (combined by 'OR') (a)	Health sector related issues (combined by 'OR') (b)	Geographic location (c)
COVID-19/Corona/Corona virus	Health sector	Bangladesh
Novel coronavirus (nCoV)	Health service providers	
Pandemic/Corona pandemic	Corona designated hospitals	
Epidemic/Corona epidemic	Government/Public hospital	
Coronavirus outbreak	Private sector	
Corona misinformation/rumor	Corona center	
Coronavirus spread	Isolation unit/corona	
Corona risk	PPE for providers	
Corona perception	COVID-19 preparedness	
Shutdown of offices/market	Testing kits	
Shutdown of educational institutions	ICU	
Lockdown	Ventilator	
Community transmission	Oxygen cylinder	
COVID-19 positive/confirmed cases	IEDCR announcement	
Corona patients/victims	COVID-19 information	
Virus fear, stigma due to corona	COVID-19 symptoms	
Death toll	Corona awareness	
Travel history	Corona precaution	
Social distancing	Corona prevention	
No gathering	Cough etiquette	
Role of law enforcers/local admin	Hand washing practice	
Prediction on COVID-19	Home-quarantine	
WHO corona update	Isolation	
	Online corona health services	
	Telemedicine services	
	Emergency/hotline numbers	
	Coronavirus vaccine	

Note: a,b,c groups were combined with Boolean operator 'AND'.

included. The data extraction template created in an excel spreadsheet (Microsoft office, ver. 13) was populated simultaneously. The template was created and comprised of the following elements: the name of the newspaper, the date of publication, title/headline of the news, main news (summarised in Bangla, main news (translated into English), readers' comments (Bangla), readers' comments (translated into English), theme/sub-theme (based on the research objective), the link of the article/news, and remarks by the researcher (if any).

2.5. Data analysis

A framework for analysis was developed based on study themes and sub-themes (Table 3). Data analysis was performed manually according to the themes. After data collection, the researchers (first and senior authors) carefully read the relevant news materials from the data extraction template. Same news published in different newspapers and on different dates were compiled together and the news was double-checked to verify whether the gathered information could be included under the selected theme/sub-theme. The readers' reactions/comments against relevant news articles were also assembled for analysis. The most frequent keywords used in the newspaper articles and also by the readers were analysed thematically.

3. Results

In all, 1,055 news materials on the COVID-19 outbreak were scrutinised for readers' responses as expressed in the comments box against specific news items during Jan.–Apr. 2020 (Figure 1). A purposive sampling strategy was applied to reach a sample of 5,275 comments extracted from the 1,055 pieces of news (5 comments from each news, $1,055 \times 5 = 5,275$).

From the initial scanning of the newspaper materials, we developed a COVID-19 outbreak timeline for Bangladesh for the first four months since 08 Mar. 2020 (date when the first case was identified) to mark important events covered by the analysis (Figure 2).

Table 3. Framework for analysis.

Themes	Sub-themes
Breaking news: unfolding COVID-19 outbreak	First breaking news of COVID-19 outbreak in Wuhan, China
	WHO declared COVID-19 outbreak as a global health emergency
	The firsts (death, Bangladeshi infected)
Knowledge and awareness of COVID-19	Building awareness
	Symptoms and signs of COVID-19 infection
	Preventive measures against COVID-19
Coronavirus situation in Bangladesh	COVID-19 among the returning expatriates
	First cases of COVID-19 in Bangladesh
	First deaths from COVID-19 in Bangladesh
	Containment measures undertaken by the Government
Health system preparedness for COVID-19	Labs, test kits, hospital beds for COVID-19
	Hospital preparedness for COVID-19 treatment (ICU, oxygen cylinder, isolation corner)
	Personal safety of frontline healthcare workers and quantity and quality of PPE supplied by authority
Experiences of the health system's response to covid-19 pandemic	(mis) Management in COVID-19 dedicated Hospitals; poor quantity and quality of PPE
	Harassment, suspension of doctors
	People's indifference to lockdown and home quarantine measures
	Stigma, fear including ostracisation

3.1. Content analysis

The most frequently used keywords in newspaper articles and comments/reactions under each theme are presented in Figure 3 to have a sense of readers' most commonly used words. Next, we present the readers' comments/reactions to the news materials according to the key study themes identified. First, we present the briefs on the news/article and then the readers' comments/reactions to that particular piece of news/article. We performed the content analysis to understand the readers' comments/reactions to the specific news, and a comprehensive analysis was produced under the thematic analysis.

3.2. Thematic analysis of data

Theme 1. Breaking news: unfolding COVID-19 outbreak

3.2.1. A new, mysterious pneumonia outbreak in Wuhan, China

Newspapers in Bangladesh started reporting on a new mysterious pneumonia virus that has spread in Wuhan, Hubei province in central China from the 2nd week of Jan. 2020 (Jan. 09 and 10, 2020). The reports also noted that the Chinese scientists explained the virus to be similar to the one responsible for 'SARS-2003' and was first identified in Wuhan on Dec. 12, 2019. In the beginning, 17 were infected with this virus, and until that date, 59 cases were suspected.

The readers reacted to this news as if it was the wrath of God since the Chinese people 'abused their Muslim minorities, and therefore, they were going through this crisis. Some of them even praised God for this misfortune of China:

"This is nothing but the wrath of God. China persecutes Muslims. If you notice, almost all the rare diseases start from China..." [10 Jan. 2020, Jugantor]

"China wants to kill Muslims. This time, you can see how powerful Allah is. It is a matter of moments for him to destroy you." [26 Jan. 2020, Bangladesh Pratidin]

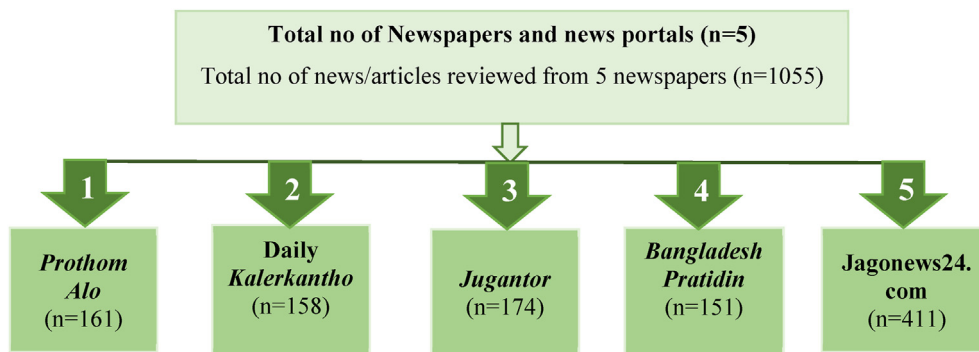


Figure 1. Total no of news/articles reviewed from four selected Bangla newspapers and one online news portal.

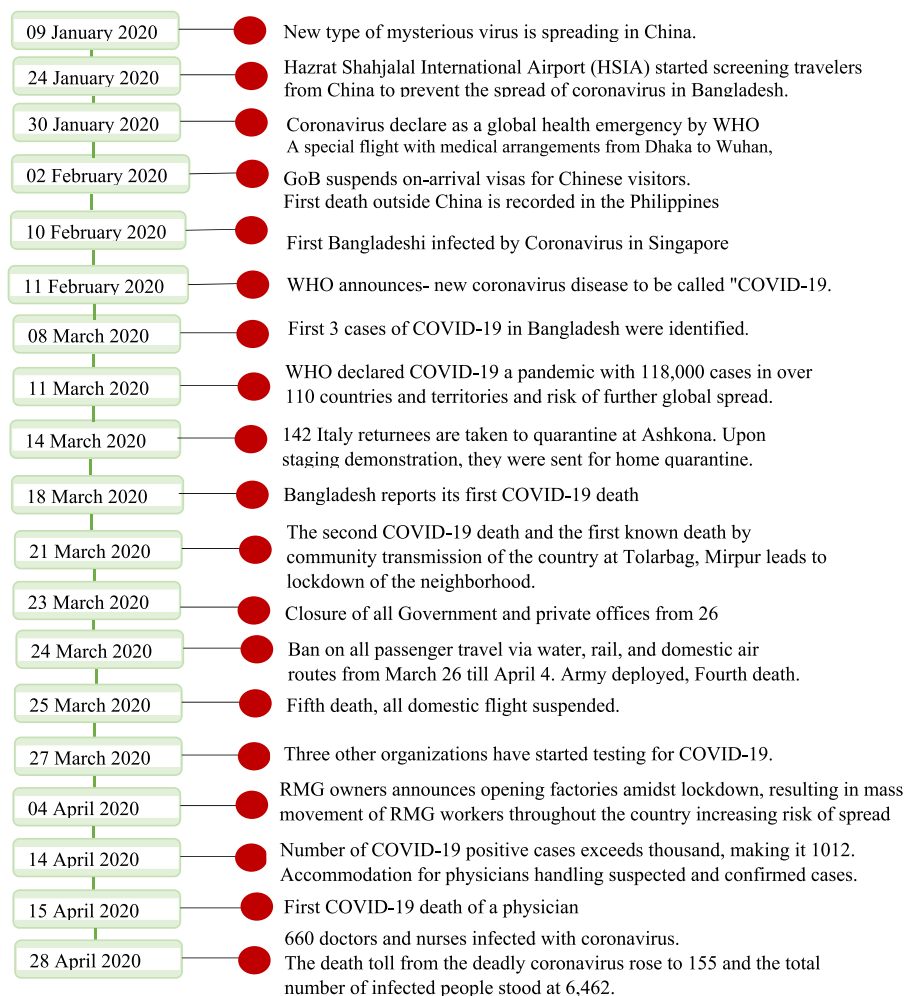


Figure 2. COVID-19 outbreak timeline for Bangladesh.

3.2.2. *Coronavirus declared as a global health emergency by the WHO*

As the outbreak continued to spread outside China the WHO declared a global emergency on 30 Jan. 2020, BBC online reported. At least 213 people died in China from the virus, mostly in Hubei, and almost 10,000 cases nationally. The WHO reported 98 cases in 18 other countries, but no deaths. Most international cases were either among people who had been to Wuhan, China, or had been in contact with people who traveled to Wuhan. During this time, concerns began to be voiced by the readers:

“The city of Wuhan has been blockaded for the past ten days to prevent the spread of this virus... Although, no Bangladeshi so far have been reported to be infected. Everyone has been in a state of panic as the number of

infected and dead people in Wuhan is continuing to rise.” [31 Jan. 2020, Jagonews24.com]

“Dhaka is a densely populated city, if somehow coronavirus gets into Dhaka, our people won't be able to control it... lacs of people may be infected. No one will survive.” [31 Jan. 2020, Prothom Alo]

3.2.3. *First death due to coronavirus outside China reported the Philippines*

The first confirmed fatality outside China was reported from the Philippines on 02 Feb. 2020. The patient was a Chinese man from Wuhan in Hubei province where the virus was first detected. He was infected

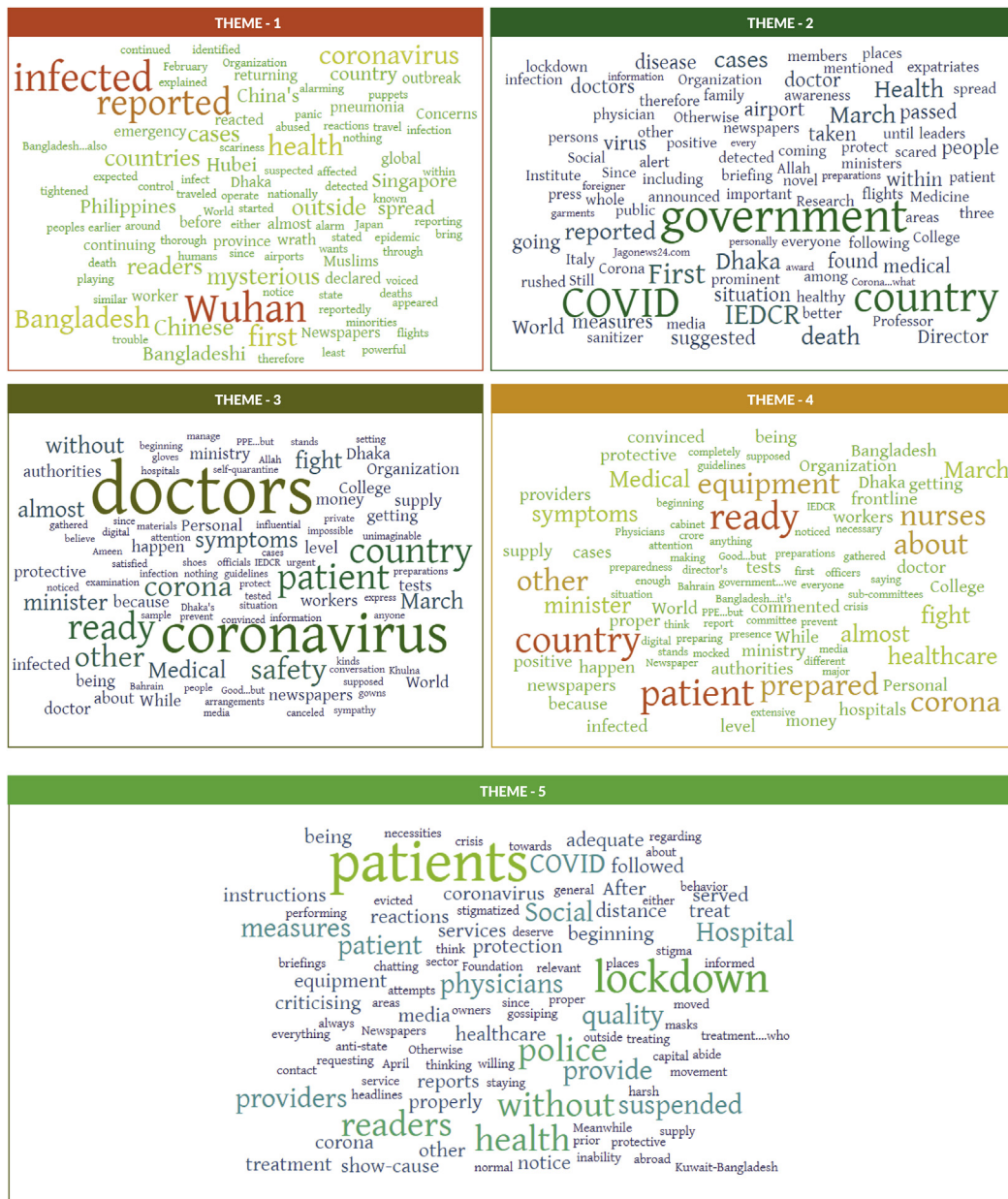


Figure 3. The most frequently appearing keywords identified under each theme.

before arriving in the Philippines, the World Health Organization (WHO) stated. The readers reacted to the news with scariness and alarm:

"This is alarming for Bangladesh...many Chinese are working in Bangladesh...also, Bangladesh is continuing to operate flights to and from China... they are playing puppets with peoples' lives." [2 Feb. 2020, Prothom Alo]

"Many people are returning from the affected countries and roaming around freely. It is terrifying!" [13 Mar. 2020, Bangladesh Pratidin]

3.2.4. First Bangladeshi infected by coronavirus in Singapore

As reported by the Ministry of Health of Singapore, a Bangladeshi worker in Singapore was diagnosed with coronavirus infection on 10 Feb. 2020. The worker had no known recent travel history to China. There was a mixed response to the news:

"Even if he dies, there is no need to bring him back to the country... it will be a great trouble for Bangladesh." [10 Feb. 2020, Jugantor]

"He should be sent to Bangladesh." [10 Feb. 2020, JagoneWS24.com]

Theme 2. Knowledge and awareness of COVID-19

We found physicians and public health experts describe and explain the signs and symptoms of COVID-19 including preventive measures to be taken to build COVID-19 awareness. These are presented below with readers' comments and reactions.

3.2.5. Building awareness of COVID-19

A report in the newspaper on a seminar where a Professor of the National Institute of Preventive and Social Medicine (NIPSOM) informed

that a healthy person coming within six feet of a COVID-19 patient could be infected and this elicited fear among the readers. One commented, with a pinch of salt:

"A healthy person within six feet of a person infected with the coronavirus can also be infected"—not only six feet, but I also don't even want to stay within six miles as well!" [11 Feb. 2020, Prothom Alo]

On 27 Feb. 2020, another Medicine Specialist mentioned in a news column that no vaccine was available against the COVID-19 virus and, as such, emphasised the practice of personal hygiene measures following WHO guidelines. A reader commented:

"Since there is no antidote for the coronavirus, therefore, there is no substitute for awareness. Since the mortality rate due to this virus is high among the elderly patients, so initiative should be taken to protect them." [27 Feb. 2020, Prothom Alo]

3.2.6. Soap is better than sanitiser

A prominent health journalist on 12 Mar. 2020 reported that following the detection and declaration of the first corona positive case in Bangladesh on 8 Mar. 2020, people rushed to buy hand sanitisers. He further reported that the Director, Institute of Epidemiology Disease Control and Research (IEDCR) has insisted that washing hands with soap and water for 20 s would suffice and there is no need to rush for costly liquid soap or sanitiser. Readers were not convinced much and reacted sarcastically:

"Very well done by publishing this news. Now the price of soap will go up high." [12 Mar. 2020, Prothom Alo]

Theme 3. Coronavirus situation in Bangladesh

3.2.7. COVID-19 among six returning Bangladeshi expatriates from China

A total of 316 Bangladeshis arrived from China on a Bangladesh Biman flight on 01 Feb. 2020 and six of them were found to have high body temperature after initial screening at the airport. Later, they were rushed to the Kurmitola General Hospital. Readers reacted with panic:

"We need to keep people who are coming from China in places like Sandeep, Bhola (islands in the coastal areas) instead of populated areas."

"Prevent all of them from going out and keep them under doctors' observation for 15 days. Otherwise, if they are already infected, they can spread the virus to the whole country." [01 Feb. 2020, Jugantor]

In response to the above, newspapers reported IEDCR's advice not to panic as nobody was tested positive until 04 Feb. 2020 and that there was no need for public alarm. However, readers were not convinced:

"It is better for us to be panicked...Bangladeshi people will not be alert if they are not panicked. If you are scared, they will be careful, which is very important for a country like ours."

"Low-quality checking is going on at Dhaka Airport. Needs to be a lot more alert here." [5 Feb. 2020, Prothom Alo]

3.2.8. First coronavirus cases in Bangladesh

On 08 Mar. 2020, news of the first-ever diagnosed cases of COVID-19 in Bangladesh, three persons including two members of one family, appeared in the media. Two of the infected persons were expatriates from Italy, the other being one of their family members, IEDCR confirmed to the media. A situation of frustration and despair was reflected in the comments:

"Kuwait government stopped flights with Bangladesh even before the coronavirus was detected in Bangladesh, then why we are not stopping flights with Italy still...it seems that our preparations are confined to press briefings only."

"Oh, God! Please forgive us! Give mercy on us, O God we are helpless, we are your slaves, we beg your help. O Allah, protect us from this terrible coronavirus. Ameen." [08 Mar. 2020, Jugantor]

On 14 March 2020, Director, IEDCR mentioned that all three cases became negative and no new cases were found till 14 March 2020. Readers were suspicious:

"Such a miracle is only possible in our country!!!!.. If China knows about the person who treated the patient, they must provide an award to the doctor". [13 Mar. 2020, Jugantor]

3.2.9. Containment measures are taken by the Government

On 17 March 2020, the IEDCR Director disclosed in a press briefing that additional measures were taken in places with public gatherings including garments to stop the spread of novel coronavirus, and there was nothing to be scared. However, readers insisted that IEDCR should be transparent and should not hide the facts from the media:

"One of the prime research + medical institutes of the country that could be relied upon is the IEDCR... the contradictory statements about Corona ruin that trust...what is left in the country?" [16 Mar. 2020, Prothom Alo]

"The biggest mistake made by the Bangladesh Government was to keep the airport open! Bangladesh should now impose a curfew for the next 14 days." [17 Mar. 2020, Bangladesh Pratidin]

"Our problem with the Government is that until it harms them personally, they will not take it seriously...we need to change our mentality". [18 Mar. 2020, Jugantor]

3.2.10. First COVID-19 death in Bangladesh

The situation reached a climax when the first death from the disease (70 years, male, and comorbidity of hypertension and diabetes and kidney problems) was announced on 18 Mar. 2020 by the IEDCR in a regular news briefing. He got infected by a foreigner. A mix of sarcasm and fatalism was reflected in the comments of the readers:

"No worries, our honorable information minister said today that the Government has controlled coronavirus which neither Europe nor America could. So, everyone should sleep peacefully rather than thinking of it." [18 Mar. 2020, Prothom Alo]

"But the Government of Bangladesh will tell that everyone is healthy...don't listen to rumors. If one dies in Corona, they (govt.) will say that he died of some other disease." [19 Mar. 2020, Kalerkantho]

3.2.11. First COVID-19 death of a physician

On 15 Apr., the newspapers reported the death of a physician working in the frontline of managing COVID-19 patients who happened to be an assistant professor of a medical college. At this shocking news, most of the readers expressed their heartfelt condolences while some of them blamed the politicians for not taking the disease seriously:

"Alas! A meritorious doctor who passed from Dhaka Medical College passed away at a young age. I pray for the forgiveness of his soul...he passed away and slapped the prominent leaders' faces who talked rubbish about the Coronavirus." [15 Apr. 2020, Prothom Alo]

"I feel so sad for him. I don't even know him...I have never seen him. Still, I feel he was close to me." [15 Apr. 2020, Kalerkantho]

"The Government still has time to ensure the safety of doctors. Otherwise, doctors will not be found in hospitals." [15 Apr. 2020, Jugantor]

"Very sad to hear about such an early demise, we have lost a dedicated doctor, May Allah accepts him to Jannat!" [15 Apr. 2020, Jagonews24.com]

3.2.12. WHO suggested lockdown of Dhaka

The World Health Organisation (WHO) Dhaka office suggested a partial or complete lockdown of the country to effectively combat the deadly novel coronavirus on 21 Mar. 2020. WHO assumed the infection rate in Bangladesh to be higher in the future, therefore, suggested maintaining social distance. Readers were restless at this news:

"The Government is taking too long to take every step...how the country will run." [21 Mar. 2020, Prothom Alo]

"Does World Health Organization know more than our ministers? Our ministers have said coronavirus cannot do anything to us if we have Awami League." [21 Mar. 2020, Jugantor]

"The World Health Organization authority should know that elections are going on in Bangladesh...elections are more important to the government than the coronavirus." [22 Mar. 2020, Bangladesh Pratidin]

3.2.13. The entire country is at risk of coronavirus

The Directorate-General (DG) of the DGHS announced in a statement on 16 Apr. 2020 that the whole of Bangladesh was at risk of coronavirus infection as coronavirus was detected in 43 of the 64 districts. Readers' reaction was immediate and sharp:

"Where are those incompetent political leaders who pretend that they know everything and claimed to have sufficient preparedness to counter COVID-19?" [16 Apr. 2020, Prothom Alo]

Theme 4. Health system preparedness for COVID-19

From the beginning of the pandemic, the government officials said that they were ready to fight the virus and that the DGHS is working by the guidelines of the World Health Organization, including setting up a dedicated corona hospital. The Newspaper readers commented sceptically to such news:

"I am not convinced that the authorities are ready because I can't believe most of the words said by the authorities in Bangladesh... it's not about disrespecting anyone, but that's how it stands... it is almost impossible to say whether we are getting true and accurate information?" [24 Jan. 2020, Prothom Alo]

"...I think it is necessary to take all kinds of preparations in advance to prevent coronavirus without paying attention to the looted money in the country. What will happen if there is no life after they loot all the money?" [04 Feb. 2020, Jugantor]

3.2.14. Only one lab prepared for coronavirus tests in Bangladesh

On 5 Feb. 2020, it was reported that only the IEDCR govt. lab had the reagents for the coronavirus test and the kits were not available in any other public or private institutions of the country. Thus, if the positive cases were to increase over time, how it would be managed was the question in the readers' mind:

"And they are telling unimaginable stories that our govt. is completely ready to deal with corona." [05 Feb. 2020, Prothom Alo]

"They cannot do anything, but have a big mouth...telling that they are fully prepared to fight with COVID-19!" [05 Feb. 2020, Kalerkantho]

3.2.15. "500 beds ready in Dhaka and 100 beds at district level"

The health minister reported on 09 Mar. 2020 that the ministry had been preparing hospital beds since Jan. 2020 and was satisfied with the preparation. He also said that tests were being carried out: those without suggestive symptoms were told to self-quarantine while those with symptoms were kept in quarantine. The readers retorted:

"This is not a sample of digital Bangladesh. In a city where over one core people live, there are only 500 beds in the city? May Allah protect everyone, Ameen." [09 Mar. 2020, Jugantor]

"This is the picture of the country... which is supposed to be a developed country soon." [11 Mar. 2020, Kalerkantho]

3.2.16. "500 doctors prepared to fight coronavirus"

On 23 Mar. 2020, an influential cabinet minister said that a 500-doctor committee has been formed to tackle the coronavirus situation in the country which will coordinate with the sub-committees of the DGHS. Readers were not convinced:

"500 doctors are ready to run away whenever they see any patient...is there any safety equipment for the doctors?" [23 Mar. 2020, Jugantor]

3.2.17. Safety of doctors and other healthcare workers

Health Minister on 20 Mar. 2020 announced that the leave of all officers and employees of the health ministry and departments was canceled in preparation for corona response. The readers raised questions regarding the safety of the healthcare providers and commented:

"Good...but before that, they have to survive. Do you have the safety arrangements for health workers? Ensure the supply of doctor's personal protective equipment (PPE) first." [21 Mar. 2020, Bangladesh Pratidin]

On 23 Mar. 2020, newspapers reported an emergency medical doctor (age 30) from Dhaka city tested positive for coronavirus. Subsequently, more doctors were infected. Readers were very much concerned about the safety of the frontline doctors without proper PPE:

"Give the doctors protective equipment. If they are safe, they will take care of the patients. We don't want to hear such sad news again. May God help." [23 Mar. 2020, Jugantor]

"It is a great pity that the frontline fighters are being infected only because of the lies and negligence of the government...we have nothing to do but express our sympathy." [26 Mar. 2020, Prothom Alo]

"The World Health Organization says doctors are at risk due to the safety materials crisis. Our Government says there is enough PPE...but the doctors and nurses of different hospitals are saying that they are not getting any PPE." [29 Mar. 2020, Jugantor]

3.2.18. 'Unprepared' hospital: patient with 'coronavirus symptoms' fled from the hospital

A report came in the newspapers about a Bangladeshi expatriate from Bahrain who fled from Dhaka's Shaheed Suhrawardy Medical College and Hospital on 15 Mar. 2020. On examination, the doctors noticed almost all the signs of coronavirus infection in the patient. As the hospital was not prepared to deal with such cases, doctors and nurses without PPEs gathered in the hospital director's room to discuss where to keep the patient and how to manage the patient. While the conversation was going on, the patient fled from the hospital. Readers mocked at the lack of service preparedness of the hospitals:

"This is what will happen when you pull off the window curtain but the door is open ..." [20 Mar. 2020, Kalerkantho]

"In almost all instances, it has been observed that government come to senses only when there is a major loss of life...the same is happening now!" [15 Mar. 2020, Prothom Alo]

3.2.19. Only 15 gowns and 15 masks for nurses, no supply of shoes and gloves

On 10 Mar. 2020, the media reported that a corona ward was set up at Khulna Medical College Hospital urgently. Other than making a few beds, no other preparation was made. Physicians and nurses did not receive proper Personal Protection Equipment (PPE). Healthcare providers were worried about their safety, so were the readers:

"This is called extensive preparation...this reflects the level of preparation of the Government..." [10 Mar. 2020, Prothom Alo]

Theme 5. Experiences of the health system's response to COVID-19 pandemic

From the beginning, news of uncoordinated, fragmented, and slow and delayed attempts at containing COVID-19 hit the newspaper headlines. Some of the news articles, along with relevant reactions from the readers, are presented below:

3.2.20. Physician served show-cause notice for criticising PPE quality

Ten doctors across the country were served show-cause notices for criticising the quality of the personal protection equipment (PPE) and masks on 26 Apr. 2020. On the same day, the Bangladesh Doctors' Foundation (BDF), a social media-based platform of doctors, informed the media that more than 300 doctors were infected with the coronavirus. The readers were angry:

"In this crisis moment, the highest security of those involved in the healthcare sector must be ensured. Otherwise, catastrophic disasters may come down. !!!!" [26 Apr. 2020, Prothom Alo]

"Now physicians should not provide any treatment...who are complaining against physicians should treat the patients." [26 Apr. 2020, Bangladesh Pratidin]

3.2.21. Social stigma towards the health care providers

News reports started appearing about health service providers, including physicians, being stigmatised due to their interaction with the COVID-19 patients while providing treatment. There were also reports of some healthcare providers being evicted from different areas of Dhaka city by either the landlord or the neighbours, thinking they could infect other people in the area. The readers resented this news:

"The Government should immediately take possession of the houses and dispossess the owners and let them jail for anti-state activities." [15 Apr. 2020, Prothom Alo]

"Such behaviour with the tenants is inhumane. They should be punished. At the same time, since the doctors are always in contact with the corona patients, I think it will be better to keep the doctors in the quarters for a few days. Then their families will be safe." [16 Apr. 2020, Kalerkantho]

3.2.22. People's indifference to lockdown and home quarantine measures

After the first case had been confirmed, the BD Government moved swiftly and announced a general holiday beginning 26 Mar. 2020 and later extending it to 25 Apr 2020, shutting down transports and all non-essential services. The Government did not formally announce the

situation as 'lockdown,' but, the health minister in a regular online media briefing on 11 Apr. called it a 'lockdown'. Free movement of the people in the local markets of the capital and the shops of daily necessities increased over time. Newspapers reported that many did not abide by the instructions of staying at home during the lockdown. Social distance was not properly followed. Some people were roaming around the street without any purpose; some were just gossiping and chatting in the alleys. Also, home-quarantines were not followed mostly by the returnees from abroad. Meanwhile, the police on duty tried to enforce the 'lockdown' measures, sometimes with harsh punitive measures. In some places, police harassed the doctors and other health professionals when they went out for their hospital duties or way back home. People reacted:

"The Government is telling all day on TV and in briefings that everything is normal and under control, so the public is not obeying the instructions regarding distance." [02 Apr. 2020, Kalerkantho]

"Police shouldn't beat the people without knowing the actual reason for going outside."

"That's mean police are properly performing their responsibilities." [10 Apr. 2020, Jugantor]

4. Discussion

This study was done to explore and understand how people's trust in the health systems was shaped by the ambiguity of the Government's COVID-19 response in the early weeks of the pandemic. We collected comments made by the readers of some mainstream newspapers (web versions)/online news portal, and a thematic analysis was done. Findings reveal useful insights into the importance of reliable and responsive risk-communication and trust-building to facilitate an inclusive, effective pandemic response from the people. These are discussed below with implications.

The comments by the readers had some interesting characteristics with implications for IEC campaigns for COVID-19: a faith-based and fatalistic attitude to the unfolding pandemic, a "denial" syndrome common with any pandemic in the initial stage [7], a bashing of the returning expatriates from specific countries, and a genuine concern about the personal safety of the frontline health workers. They were resentful of the all-pervasive corruption in the health sector even in times of a pandemic and also displayed distrust in the Government's uncoordinated, fragmented, ad-hoc, and slow COVID-19 response [8, 9, 10, 11]. The latter was reiterated by their deplorable first-hand experience while seeking treatment for relatives, neighbours, and friends from a weak and ill-prepared health system [12, 22]. As the findings reveal, the pandemic severely shook people's trust in the system. It affected their compliance with preventive hygiene measures including wearing masks and avoiding crowds as advocated by government directives.

The issue of poorly managed quarantine in the initial weeks of the pandemic precipitated anger and frustration among the people. It opened their eyes to the poorly managed measures of the concerned government agencies to implement its' own decisions. There was no shortage of expert committees formed to advise the Government on COVID-19 management, but almost none to a few recommendations only were implemented by the concerned authorities in practice. This trend was also noted in many parts of the world where the politicians dominated decision-making to the exclusion of public health experts, civil society and community groups, and notably, women [23]. This helpless scenario made people sharply critical of the Government's actions and political leadership, especially for the failure of providing stewardship at the moment of national crisis.

In the early stage of the outbreak, the Government constantly downplayed the seriousness of the COVID-19 situation and continuously

bragged about its preparedness to contain it. This promoted complacency, as observed with the progress of the pandemic, hampering their compliance with the containment measures [10]. Risk communication suffered from a lack of widespread IEC campaigns to disseminate accurate, reliable, and unequivocal information from a credible source. This communication gap confused the people and opened the floodgate for all types of 'rumours' [12]. This latter was counterproductive to effective communication for "building trust, credibility, honesty, transparency, and accountability" in times of a pandemic [24, 25]. In consistence with our study findings, people in Brazil expressed negative feelings toward political or Government policies about the COVID-19 pandemic in news articles and on social media [26].

4.1. Limitations

Due to constraints in time and resources, more national newspapers/news portals could not be included. They could not be followed over time to have evidence of people's changed perspective with the more active engagement of the government agencies in the later months. Moreover, all the comments from social media could not be included in the analysis. However, we selected the top circulating news sources (as per [alexa.com](https://www.alexa.com)) for our data, and as such, we are pretty sure of capturing the overall national mood, especially in the first four months of the crisis.

5. Conclusions

The COVID-19 related information (including misinformation, disinformation, and rumours) reaching the people in the early months of the pandemic failed to build the trust and transparency necessary for an inclusive response across constituencies. The importance of trust in the system for ensuring effective COVID-19 mitigation measures cannot be overemphasised [27, 28]. Nine months into the pandemic (at the time of writing the manuscript in September) and there is still community transmission in Bangladesh. Regrettably, building comprehensive COVID-19 awareness among the people is far from what is needed for effective behavioural changes essential for mitigation of the pandemic. We strongly recommend that the government pay due attention and give weightage to the people's perceptions about the Government's COVID-19 response and revise and re-design the risk communication to control the pandemic.

Declarations

Author contribution statement

Samiun Nazrin Bente Kamal Tune, Syed Masud Ahmed: Conceived and designed the analysis; Analyzed and interpreted the data; Contributed analysis tools or data; Wrote the paper.

Md. Mehedi Hasan Sarkar, Md. Nasir Uddin, Md. Zakir Hossain Pinto: Contributed analysis tools or data.

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Data availability statement

Data will be made available on request.

Declaration of interests statement

The authors declare no conflict of interest.

Additional information

No additional information is available for this paper.

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