

Review Article

Women's Economic Empowerment and Mental Health in the COVID-19 Pandemic

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COVID-19 is a serious worldwide health emergency that is affecting many nations. The financial standing and mental health of women are negatively impacted by such widespread epidemics. Thus, the purpose of this study was to evaluate, among married women in Bangladesh during the COVID-19 pandemic, the level of women's economic empowerment and mental health and related determinants. The author used secondary research from numerous published research articles, review articles, and published international and national reports like the World Health Organization (WHO), UNDP, and United Nations (UN) to examine women's economic empowerment and mental health during the COVID-19 pandemic. The COVID-19 condition made it more common for women to experience loneliness, melancholy, anxiety, and sleep disruption. Women face the greatest risk because they make up 70% of the healthcare workforce and work in caregiving facilities. According to COVID-19, the primary causes of poor mental health in Bangladesh were being unemployed, being obese, lack of concealing, and having no family. Bangladesh's patriarchal family system and physical weakness of women leads to increased mental disorders, workplace dangers, abuse, exploitation, harassment, and physical harm during crises and quarantine. This will promote women's economic empowerment and improve mental health conditions. For this reason, more research about these vulnerable populations is required.

1. Introduction

Women are thought to be the hardest affected by the COVID-19 pandemic, which has had a substantial negative impact on the public health and welfare systems, as well as the world and national economies [1–3]. Since Wuhan, China, initially reported the coronavirus disease 2019 (COVID-19) outbreak, it has spread to 192 nations worldwide. Not only is COVID-19 a global health emergency, but it is also contributing to a severe economic downturn, which could reverse the progress the Asia-Pacific region made in reducing poverty over the course of the preceding

decades [4, 5]. There were 29,241 deaths and 1,997,412 confirmed cases of COVID-19 in Bangladesh between 3 January 2020 and 18 July 2022 [6]. Due to their involvement in the healthcare industry, which puts them at a higher risk of infection and has a high infection rate among both men and women, women, who are particularly vulnerable groups, have been dealing with a lot of health and well-being-related issues as a result of the sudden COVID pandemic situation [7–9]. Because most of the nation and society still adheres to a patriarchal family structure, women must deal with gender inequalities and workplace discrimination. As a result, their financial situation is deteriorating because they lack

financial security, which is essential if they are to combat the pandemic with greater physical and mental fortitude [10].

Few studies worked with COVID-19 pandemic situations among women. Similarly, study found by Islam et al. [11] examined the correlation between financial worries and symptoms of depression and posttraumatic stress disorder among impoverished urban dwellers in Dhaka, Bangladesh, during the COVID-19 epidemic. They discovered that posttraumatic stress disorder symptoms were strongly correlated with low earnings, sleep deprivation, unemployment, and lack of food. On the other hand, it seemed that getting less sleep protected against posttraumatic stress disorder [11]. The COVID-19 epidemic has severely harmed women working in the fashion business, as well as workers, cleaners, and those who largely depend on the assistance of the general public. Over one million workers in the aforementioned position have been let off because of the COVID pandemic scenario, mostly as a result of not receiving orders from other nations, particularly in the clothing industries. Most of those dismissed have been women [2]. The likelihood that women and men would worry about financial troubles (67%) and flatter COVID-19 infection (44%) was nearly same. According to a recent analysis, underprivileged urban dwellers in Bangladesh had severe economic impact from the COVID-19 pandemic. Specifically, their per capita income decreased by 82% [12]. Because of their great financial uncertainty, which has been made worse by the COVID-19 epidemic, these people may be more susceptible to psychological issues. The COVID-19 pandemic is expected to cause socioeconomic problems and significant emotional stress for the most vulnerable and impoverished people in Bangladesh, according to new research [8]. Previous studies indicate that COVID-19's negative impacts on the economy, daily life, and social interactions have led to a higher number of psychological difficulties [13]. Investigations in China and Bangladesh during the early stages of COVID-19 revealed links between virus-related events and symptoms of posttraumatic stress disorder, anxiety, and depression [14–16]. During the COVID-19 pandemic, depression in Bangladesh was linked to factors such as female gender, older age, married status, poorer education, large family size, lower income, and sleep difficulties [17] whereas stress was found to be linked to gender and ageing [18].

The COVID-19 outbreak has widened gender gaps that previously existed in Bangladesh, particularly in the work market [19]. Women are overrepresented in low-paying, disorganized jobs, which are more vulnerable to economic shocks. The greater unemployment rates brought on by the pandemic have disproportionately affected women [3]. Women may have additional challenges that might be harmful to their mental health due to the closing of schools and the growing quantity of caring necessary [20]. To address these difficulties, it is crucial to advance women's economic empowerment and make sure they have access to rewarding work opportunities [21]. To fulfill the growing needs of Bangladeshi women in terms of mental health, mental health support services must also grow [11, 22]. Women's economic empowerment and mental health have both been acknowledged as key issues for world development. The

COVID-19 outbreak has brought these issues to light since women have been disproportionately affected by the economic and health repercussions of the problem [23]. In Bangladesh and many other countries, women have had a very tough time maintaining their economic independence and mental health during the pandemic.

No research has yet been conducted to evaluate the psychological effects of COVID-19 on females just in Bangladesh, despite the fact that few studies have been conducted to evaluate women's economic empowerment and mental health conditions during this pandemic. Thus, during the COVID-19 pandemic, this study sought to evaluate the economic empowerment of women, their mental health, and related factors among married women in Bangladesh. The results of this assessment could be crucial in guiding policymaking and designing more targeted and effective interventions to protect the mental health of this important population. For comprehensive and deeper understanding, this review article of women's economic empowerment and mental health in the COVID-19 pandemic will be helpful for the policymakers for strengthening the policy of barriers for the sake of the country. COVID-19 pandemic has also had an impact on women's economic standing, access to healthcare, and other aspects of lifestyle. In this study, we will evaluate and synthesize the literature that is currently accessible and the effects of the COVID-19 pandemic on women's economic empowerment and mental health in the Bangladeshi population.

2. Methods

The literature on COVID-19, mental health, and women's economic empowerment has been reviewed narratively up to 2022. Together with secondary databases and publications by health organizations, the search also included the World Health Organization (WHO), the United Nations Development Program (UNDP), the United Nations (UN), and online news releases from the Daily Star of Bangladesh. The phrases "new coronavirus," "coronavirus," "COVID-19," "women's economic empowerment," "women's mental health," and "women's health" may all be used in a variety of ways. The writers' results in the fields of women's mental health and women's economic empowerment are included (Figure 1).

2.1. The Inclusion and Exclusion Criteria. Before beginning the systematic review, inclusion and exclusion standards were established. Peer-reviewed publications on the effects of women's life on their mental health and how COVID-19 primarily affects their economic empowerment are included by the author. National newspapers were used to get some information and statistics.

2.2. How Has the COVID-19 or Coronavirus Affected Women More Than Men? Because of involvement or employment in the healthcare industry, as well as for siblings who are not in school, COVID-19 epidemics have occurred. About 70% of all healthcare professionals worldwide are women, who are particularly vulnerable to COVID-19

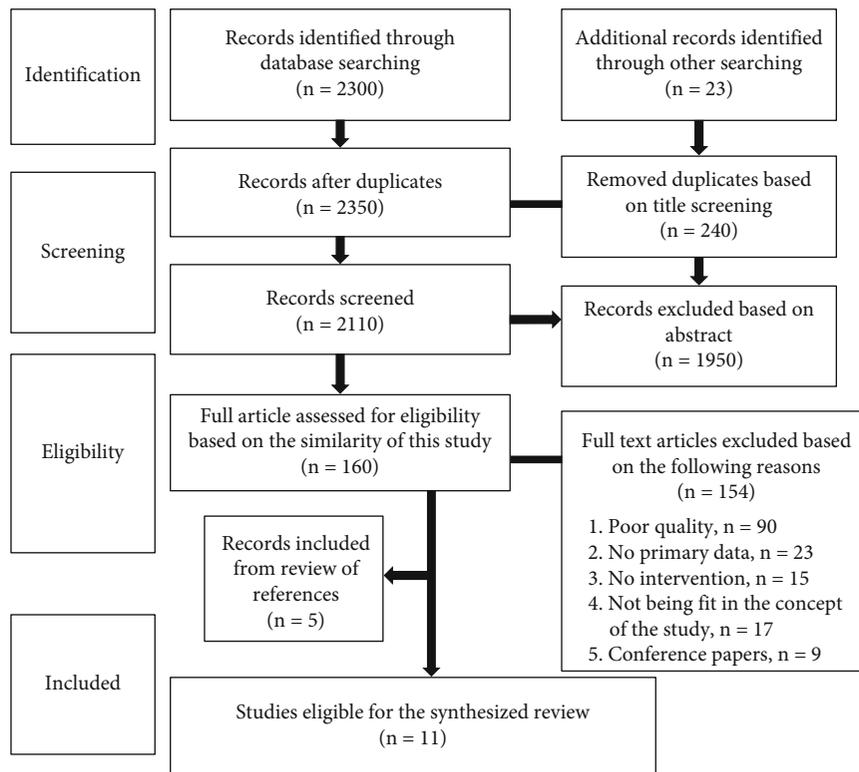


FIGURE 1: The flow diagram of the study selection process.

exposure and social stigma associated with working among COVID patients.

2.3. Women's Economic Empowerment and Mental Health. The COVID-19 pandemic in Bangladesh has had a significant impact on women's mental health and economic empowerment where mental health is a big concern, and women are most affected [23]. In the country, typical mental illnesses like depression and anxiety are prevalent, and women are more likely than men to have these issues. This is partially due to social and cultural factors that affect women's mental health, such as gender-based violence, discrimination, and societal expectations [17]. The pandemic had a negative impact on women's economic empowerment since many of them lost their jobs or had their hours of employment reduced, according to study by [17]. As a result, financial stress has increased, which can negatively impact mental health. Women's mental health is also negatively impacted by concerns such as increasing caregiving responsibilities and social isolation [2]. The study also discovered that factors including growing caregiving responsibilities, monetary stress, and social isolation have a negative impact on women's mental health. As a result of the pandemic, mental health services have also declined, contributing to the already significant burden of mental disease [24]. It is vital to prioritize mental health therapies and maintain their accessibility to help women cope with these challenges and encourage women's economic empowerment by providing them with opportunities for ethical work and financial support. To better meet the expanding mental health require-

ments of Bangladeshi women, support services for those with mental illnesses should also be increased.

A growing nation like Bangladesh has been actively working to advance women in all fields. To empower women, the government has been collaborating with numerous governmental and nongovernmental groups to achieve gender equality in all spheres of society. This includes political, social, economic, health, and educational spheres. Only 36% of women participate in the labor market, according to the Daily Star, one of Bangladesh's most widely read newspapers, and an estimated 90% of women work in the informal sector, where they typically earn less money, have fewer savings, and have less access to social protection and safety than men [25]. In addition, women have been contributing unpaid caregiving and hard work at the domestic level. Women's conditions are in danger due to the COVID-19 pandemic issue because of the nationwide lockdown. According to the UN [26], about 25% of working female respondents had less hours and less support than males [27]. In Bangladesh, lockdown conditions have made it difficult for women and girls to access health services during pregnancy and childbirth. In Bangladesh, there were 70% more occurrences reported in March and April of 2020 than there were in March and April of 2019. They had experienced domestic violence, verbal abuse, and sexual assault. Sweden and UNDP will continue to be loyal partners in Bangladesh's quest for inclusive and sustainable development during this crisis [27]. Chakma et al. [28] discovered that stress brought on by the related financial crisis, unemployment, and loneliness led to suicides. These reports were

connected to family issues, marital conflict, harassment, sexual assault, emotional breakdown, financial crisis, and COVID-19 stigma.

2.4. COVID Outbreaks' Effect on Women's Health and Well-Being. Bangladesh had persistently improved its maternal and reproductive health conditions before the COVID-19 pandemic, but the pandemic has once again had a detrimental influence on the country [8]. The UN [21] states that the primary cause of this health gap is the overwhelming pressure placed on the health sector to address COVID-19; as a result, resource reallocation—especially in the area of sexual and reproductive health (SRH) services—became less targeted. Women's use of contraception has declined due to unemployment, staying at home, and fear of getting the virus. At the same time, rates of unwanted pregnancies, multiple pregnancies with short intervals, and unsafe abortions have increased (Bateson). The whole health system has focused on managing COVID-19, even though Bangladeshi women and teenage girls need to know how to prevent unwanted pregnancies, difficulties during pregnancy, and safe birthing [29]. Empirical data demonstrated that expectant and new moms who needed basic maternal health services—like prenatal care, hospital delivery, and postpartum care—had completely omitted them. Many expectant mothers struggled with decision-making and concerned about where they would give birth [26]. Movement limitations, fear of being stigmatised, concern about contracting the virus, and difficulties accessing services due to their restricted or discontinued availability were the primary obstacles [30, 31]. Due to these circumstances, which also put the lives of the mothers and their children at danger, more women than not gave birth at home when there were insufficient safe delivery options. As per a published assessment, there has been a noticeable increase in maternal mortality in Bangladesh throughout the pandemic era, ranging from 25% to 30% [32].

Additionally, malnutrition rates in both mothers and children were predicted to increase as a result of COVID-19 and its effects on poverty, the availability of critical treatments, and regular consumption of wholesome meals. Despite the fact that maternal and reproductive health services are essential for any nation, including Bangladesh, the health authorities have not taken many steps in this area, with the exception of a few media awareness campaigns. Furthermore, it was discovered that the availability of teleconsulting and online health consultations was restricted in rural regions due to low network quality and technological drawbacks, while similar services were scarce in metropolitan areas. Most crucially, there was no evidence of the leadership and dedication required to sustain urgent medical care in order to offer SRH services [33]. One of the key factors contributing to the COVID-19 condition that deteriorated women's health and well-being was the health authorities' disregard for maternal and reproductive health concerns. Other factors that contributed to the plethora of consequences on women were social stigma, movement constraints during the lockdown, and inadequate health leadership by the government (Figure 2).

Research on this subject is also expanding in other countries. For example, a general population survey conducted in the UK found that prolonged isolation or quarantine negatively impacts an individual's mental health [34]. The likelihood of women developing the condition is increased due to their overrepresentation in health and social care sectors. Stress, inflexibility, and disruptions in their means of sustenance all contribute to women and girls' heightened susceptibility to gender-based violence and exploitation. Furthermore, if health systems take funding away from sexual and reproductive health services, women's access to family planning, maternity care, and other high-risk services may decrease [35].

Table 1 demonstrates that one of the primary causes of the decreased antenatal care services is the high mortality rates among young moms because of the lack of pregnancy-related services. The newborn care has declined because of the COVID pandemic situations, which results in infant and child illnesses and fatalities. Additionally, because most people were at home, fewer reversible short- and long-acting contraceptives were used, which increased the population. Additionally, Table 1 depicts a situation of risky unsafe abortions where the woman was unable to move to a hospital due to the influx prevalence of the growing COVID-affected person. The UN discovered that mental health issues such as sadness, anxiety, insomnia, and more than 70% reported psychological discomfort were more prevalent during the severe COVID-19 pandemic scenarios. Particularly, women who worked as frontline health workers, who made up 41.5% of the participants and were also risk factors for worse mental health outcomes in Wuhan, were associated with more severe depression, anxiety, and distress (because of this symptom, they usually were less involved with the violence according to Table 1) when they had an intermediate occupation. In contrast, Chew et al. [36] reported that out of the 906 healthcare workers surveyed in Singapore and India, only 5.3% experienced moderate-to-severe depression, 8.7% had severe anxiety, 2.2% had moderate-to-severe stress, and 3.8% had moderate-to-severe psychological distress. Additionally, females comprised 64.3% of the healthcare workforce. Headaches were the most frequently reported symptoms by the majority (32.3%) of health professionals.

2.5. Mental Health Status of Women during Outbreaks. One of the nations most affected by the pandemic is Bangladesh [11]. What the COVID-19 has done has made an already difficult situation worse [7]. One of the key SDG 3 priorities is the problem of mental health. By 2030, early mortality from noncommunicable diseases will reduce by one-third through prevention and treatment, and mental health and well-being will foster (SDG target 3.4). It is likely that the COVID-19 pandemic has impacted the mental health of female entrepreneurs [27, 37]. Our findings highlight important newspaper articles on apparent major mental health difficulties during COVID-19, such as mental stress brought on by income loss, which has been documented in other LMICs like India [38]. They are also in line with population survey results that showed COVID-19 had a negative impact on Bangladesh's general population's mental health [39]. Recent evidence indicated that depression (women 48% vs. men

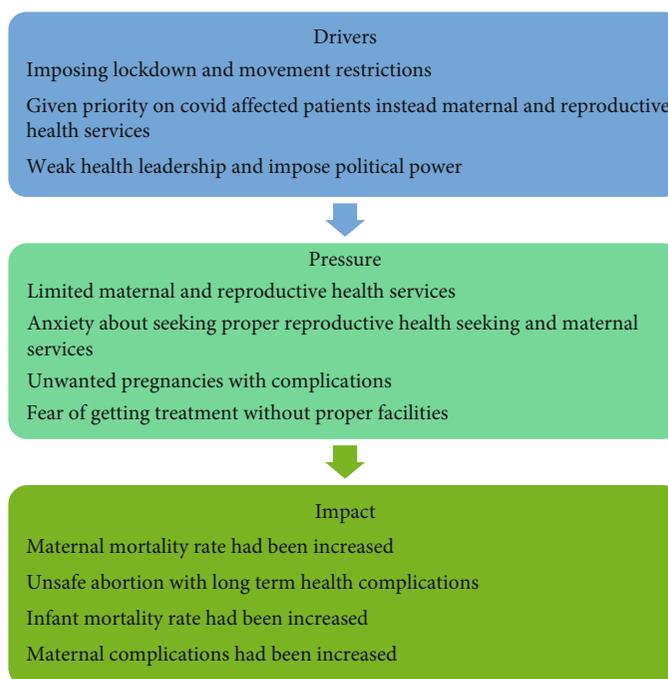


FIGURE 2: Women’s long-term maternal and reproductive health effects (self-prepared).

TABLE 1: COVID-19 pandemic-related disruption of women’s sexual and reproductive health (SRH) services.

Sl. no.	Disruption in SRH	Outcomes	Impacts
01	Reduced service coverage for crucial pregnancy-related services	(i) Without medical attention, women could develop serious obstetric complications: preeclampsia, eclampsia, severe postpartum hemorrhage, infection or sepsis, genital prolapse, and fistula (ii) There will be more home deliveries (iii) Without medical attention, adolescents may also have serious obstetric problems	(i) Mortality among mothers, notably teenage mothers, and maternal morbidities (ii) Birth or fetal mortality
02	Decline in antenatal care	(i) Maternal undernutrition, the consequences of gestational diabetes mellitus (GDM), and maternal malnutrition (ii) Intrauterine death/stillbirth, intrauterine growth retardation, and low birth weight are all possible outcomes	(i) Maternal morbidities and maternal deaths (ii) Infant or fetal death
03	Deterioration in newborn care	(i) Without medical attention, newborns may have serious complications (ii) Acute respiratory tract infections, convulsions, and birth asphyxia/respiratory distress syndrome- (ARI-) like pneumonia, diarrhea (iii) Child malnutrition	(i) Deaths and illnesses among infants and children
04	Decrease in the usage of reversible short- and long-acting contraceptives	(i) Decrease in the usage of reversible short- and long-acting contraceptives	(i) Overpopulation
05	Abortions go from being safe to becoming risky	(i) Unsafe abortions	(i) Maternal mortality and morbidities
06	Service access for gender-based violence is lessened	(i) Response to allegations of gender-based violence declining	(i) Increasing unease and an ongoing distress

Source: [24, 25, 27].

31%) and anxiety (women 71% vs. men 69%) were more prevalent among women [40, 41]. Fear of illness or death, sleeping disorder, emotions of helplessness, depression,

anxiety, loneliness, anger, annoyance, nervousness, frustration, and social stigma were the most frequently seen psychological aspects [42]. The primary common factors

contributing to poor mental health as well as stress and anxiety in Bangladesh were concerns about income loss, health risks, food unavailability, unpaid housework, care responsibilities, domestic violence, financial uncertainty, unemployment, obesity, and living alone. However, mental health problems were significantly associated with severe psychological comorbidities, such as suicide ideation, particularly among women [43, 44].

A related study investigated the mental health status of married women who were understudied in Bangladesh during the COVID-19 pandemic. The study participants had high rates of stress, anxiety, and depression, as shown in Figure 3 [43]. Additionally, the study discovered that about 35% of respondents had stress, 20% had anxiety, and 44% had mild to severe depression. Comparable results have been shown in China, where 35 out of 100 people reported experiencing psychological distress during the COVID-19 epidemic [45]. 8.1% of participants in an additional Italian study indicated moderate to severe stress levels, 16.5% of respondents assessed moderate-to-severe depressive symptoms, and 28.8% evaluated moderate-to-severe anxiety symptoms [46].

2.6. Women's Economic Status during Outbreaks. There are two categories of employment losses in Bangladesh as a result of the COVID-19 pandemic: "temporary" lockdown jobs and "permanent" impact jobs. A poll claims that over 10 million individuals have lost their work in agriculture, increasing the total number of temporary job losses to almost 25 million. The World Bank has verified that more women than men have lost their employment during the last two years, notwithstanding the lack of information on the precise number of jobs lost [47]. According to Moona et al. [48], women ensnared in the informal economy expressed significant anxiety over job losses. 83% of women with formal occupations and 49% of women working informally reported losing their jobs and working fewer hours, according to a UN Women poll. Women (17%) and men (25%) who held formal employment were also impacted by COVID-19; however, women suffered more income decreases (38%) than men did. According to Du et al. ([49], women's earnings from informal jobs like food processing and agriculture production experienced a significant decrease due to market closures caused by the pandemic.

The number of job losses among women in the textile sector, daily laborers, cleaners, domestic workers, and seasonal workers worsened their economic instability. For instance, between March 2020 and May 2020, RMG employees lost an estimated USD 502 million in pay, or roughly 35% of all workers—including elderly women, single mothers, pregnant and lactating women, and widows—who were fired or laid off without compensation [50]. COVID-19 has a serious impact on enterprises run by women. Particularly heavily impacted were industries with higher proportions of male workers, such as hotel/restaurant management and tourism, as well as higher percentages of female employees, like health and education. According to BRAC [51], a growing number of young people, particularly women and girls, have launched new home-based enterprises in industries including catering,

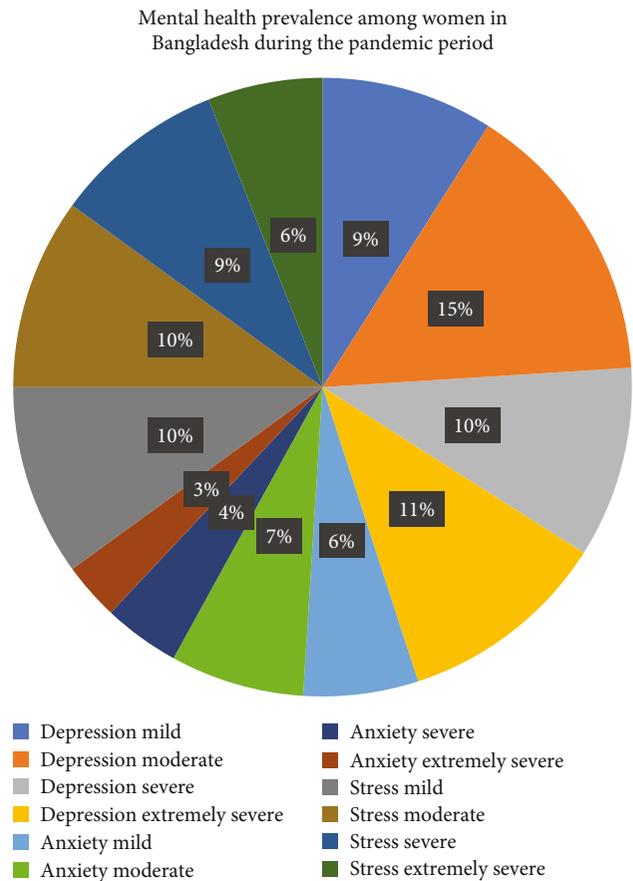


FIGURE 3: Mental health prevalence among women in Bangladesh during the pandemic period.

online clothing, food, cosmetics, and crafts. Facebook offered a reliable channel for reaching customers on a considerably wider and more diversified scale during the shutdown, with 22% of the population using the social media platform. Facebook commerce is now the preferred method of business for many MSMEs. The epidemic has also contributed to a surge in young people working as freelancers in digital fields such as technology and software development, multimedia and creative arts, writing, and translation [52]. Achieving a work-family balance was more challenging for working women who were responsible for both their families and paid careers. Although Bangladesh ended the official lockdown, the pandemic's effects on the economy are still being seen. Compared to men, women who lost their employment early in the epidemic were more likely to take on domestic responsibilities and were less likely to aggressively look for work [53].

3. Discussion

We saw a significant disturbance in women's well-being, particularly in economic, maternal, psychological, and reproductive health services, during the COVID-19 epidemic and lockdowns. In Bangladesh, we found that mental and psychosomatic diseases were more common in women. In many Asian and European nations, women also experience higher levels of stress, anxiety, and depression than men do [26, 30].

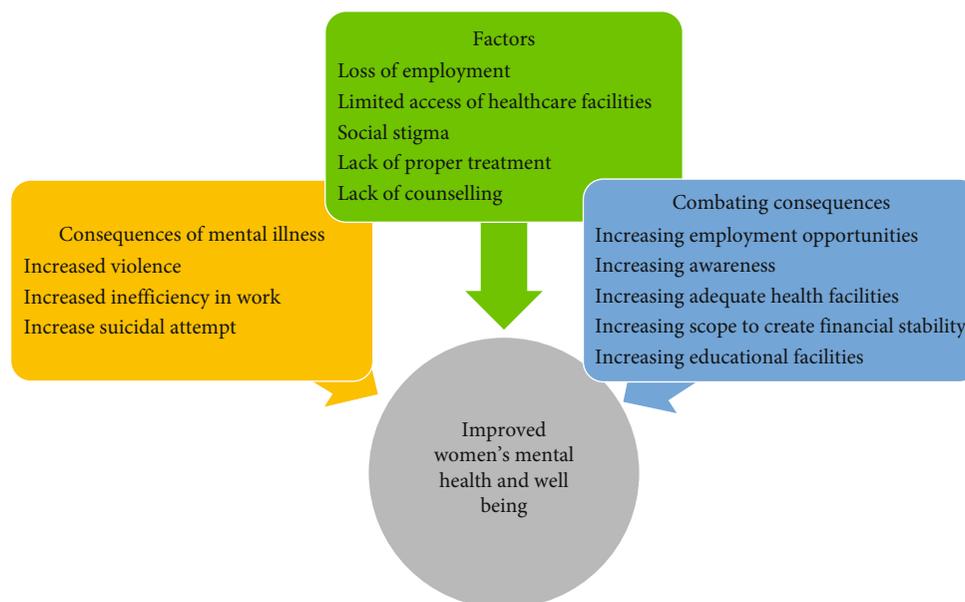


FIGURE 4: Combating factors affecting mental health illness (self-prepared).

We verified that women have been more negatively impacted by the epidemic than men have been in terms of employment and standard of living. Women's loss of income has made gender biases in the distribution of food in the home and the gender difference in decision-making authority over family resource allocation worse [5]. In Bangladesh, the incidence of child marriage and early motherhood has surged due to escalating sexual and gender-based violence as well as economic difficulties. Women and girls have also been disproportionately victims of mental abuse, physical violence, and sexual assault. Furthermore, stress in the workplace was brought on by the changes in roles, responsibilities, and workloads during the COVID-19 pandemic [54]. Workplace efficiency has decreased as a result of employees working fewer hours, missing work, or experiencing unemployment. Bangladesh suffered an employee performance as a result of the lockdown due to emotional tiredness, pressure, fear of infection, and lack of sleep [47]. This resulted in a shift in work pace and reduced work efficiency. As a result, there has been a decline in this nation's overall production and labor efficiency.

Further study is necessary since gender-disaggregated statistics for many different elements of health, education, and economic well-being are still not publicly available. Due to their caregiving obligations, pregnant women and female healthcare professionals are more likely to experience anxiety and stress than has been fully researched. The socio-economic obstacles to accurate and easily available family planning education, contraception, and healthcare services during and after COVID-19 require more study. In order to achieve the SDGs, national data on COVID-19's effects on education, more especially the dropout rate among females once school reopens, are unknown but crucial. Certain important aspects remain unanalyzed at this time, such as the impact of social and cultural elements on enrolment patterns in the current crisis. Most of the potential for economic development is yet unrealized. Certain research needs

have been recognized in relation to the impact of economic shocks, the loss of sectoral occupations, and the gender-based traits that are related with these issues since the coronavirus outbreak. Furthermore, specific emphasis needs to be made to the unpaid labor load that women bear, including problems with work-life balance, unemployment, and the distribution of labor among genders within households. Gender-based violence came to light at COVID-19. Additionally, psychological burdens have been worse across cohorts globally because of the COVID-19 pandemic [55, 56]. Early identification of mental health issues is helpful in repressing suicidality. As a result, the current study was conducted in Bangladesh, where the pandemic had a detrimental effect on the country's ability to maintain economic stability and increased rates of mental illness, including depression and suicidal thoughts. Younger persons, especially women who were shown to have a higher risk of acquiring psychological disorders during the COVID-19 pandemic period and to lack awareness about the virus, were more likely to have these serious mental symptoms [57].

Bangladesh has one of the highest population densities in the world, a low level of socioeconomic development, a lack of awareness about personal hygiene, and a reluctance among people to practice it, making it particularly vulnerable to the COVID-19 situation. A study conducted in Bangladesh found that the general population had higher rates of stress, anxiety, and depression (59.7%, 33.7%, and 57.9%, respectively) than in China and Italy. This is thought to be because people are afraid of getting sick, have limited resources, and cannot resist going out for necessities [42]. The effects of COVID-19 on mental health vary among various demographic groups. One factor that is thought to have the potential to exacerbate the psychological effects on the populace is sex. Previous epidemiological studies [57, 58] indicated that women were more likely to experience anxiety, which had a significant impact on the health of their

offspring. It is anticipated that the increased scope of the COVID-19 pandemic would increase their burden due to the lockdown and family member infection. Married women are often in charge of their families' general well-being in nations like Bangladesh and are frequently the primary income earners in these households. In addition to the dread of contracting an illness, women's stressed conditions are also caused by financial instability, worry about the health of friends and family, a rise in caregiving duties as a result of the rejection of assistance, and a number of other issues, such as domestic violence. However, access to professional or family mental health help has been limited as a result of societal stigma and the COVID-19 pandemic, which may exacerbate their mental health. Combating mental health consequences has been presented in Figure 4.

4. Conclusions

The COVID-19 epidemic has altered people's typical routines, leading to a rise in mental illnesses, particularly in women, across the nation. The influence of the COVID-19 pandemic on the psychological well-being of the most exposed groups—who are more prone to experience symptoms of distress such as anxiety, sadness, and posttraumatic stress disorder—was also reviewed in this study together with women's economic empowerment and mental health. As a result, stress and trauma are quite common, which presents a significant burden for the nation. In addition, because more women than men work as healthcare professionals, the COVID-19 outbreak has now disproportionately afflicted women. In addition, women were more likely to experience gender-based violence, lose their employment more frequently, and experience greater levels of food and economic distress. Owing to the significant economic impact of the coronavirus (COVID-19) pandemic, women are more vulnerable to a slow-moving financial crisis, which might lead to a sharp rise in mental health issues. The UN reports that women are currently 25% more likely than males to live in extreme poverty between the ages of 24 and 34 [59]. Like other tragedies, the COVID-19 pandemic has a noticeable influence on different genders. To lessen people's mental tension, the virus's propagation and fatality rate should be kept to a minimum. Governments and nongovernmental organizations may actively contribute to people's healthy mental health by putting suitable policies into place and consulting with psychologists, social workers, public health specialists, and legislators. Regarding this, the state and civil society have the ability to make a difference in lowering the infection and mortality rates via raising awareness, promoting access to quality healthcare, and effectively managing the COVID-19 management committee. However, people who suffered from stress and traumatic shocks as a result of the COVID-19 might benefit more from psychological and grief counselling. Thus, maintaining one's mental well-being is essential in the fight against the epidemic.

Data Availability

The data will be made available by making a reasonable request to the corresponding author.

Conflicts of Interest

The authors declare that there is no conflict of interest regarding the publication of this article.

Authors' Contributions

Monira Parvin Moon was responsible for the conceptualization and design of the study, preparing the tables and graphs, and drafting the works. Md. Shajahan Kabir and Md. Monjurul Islam carried out the literature review. Farhana Arefeen Mila and Md. Sazzadur Rahman Sarker developed the background of the study and examined the revised manuscript. All authors participated in reading and drafting of the article and finally approved the final version of the manuscript.

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