

Correspondence
Global Health



Letter to the Editor: COVID-19 'Solutions' in Bangladesh

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To the Editor:

“Coronavirus does not exist.”—Many Bangladeshis deny the coronavirus disease 2019 (COVID-19) pandemic believing such claims; thus, before the COVID-19 vaccination campaign has begun around the world, for many Bangladeshi people, COVID-19 denial *resolved* the coronavirus issue. Such misinformation and confirmation bias are common psychological defense mechanisms seen around the world during the pandemic. Meanwhile, an *infodemic* (i.e., information epidemic) coupled with social media is complicating COVID-19 health communication, producing an ample amount of misinformation.^{1,2} While true information facilitates proper healthcare, misleading information impedes it. Like elsewhere in the world,³ COVID-19 misinformation poses a threat to public health in many South Asian countries as well, and Bangladesh is one of its worst victims. Traditionally, Bangladesh has a weak healthcare system, and by claiming 4,759 lives,⁴ the pandemic once again exposed its fragility. Moreover, with an underdeveloped communication infrastructure, the surging COVID-19 misinformation is further intensifying the country's battle against the pandemic, producing peculiar as well as misleading ‘solutions’ to the disease.⁵

During the pandemic, fact-checking organizations around the world are debunking COVID-19 misleading information. Like elsewhere, many claims regarding different COVID-19 solutions are popular among Bangladeshi people as well, and most of them are either false or misleading. A few Bangladeshi fact-checking websites, such as BD Fact-check (<http://bdfactcheck.com>) and Jachai (<http://jachai.org>), have been debunking such claims from the beginning of the pandemic. We can categorize the claims related to COVID-19 solutions into two broad types.

Denial. Denial was the complete rejection of the existence of coronavirus. It offered *the* ultimate solution to the COVID-19 crisis: No virus means no pandemic. Such denial could be influenced by both ignorance and superstitions entrenched in society. For example, many people claimed that we should not believe the *coronavirus hoax* as we cannot see it with our eyes. Some prevalent COVID-19 in Bangladesh were: “Coronavirus is a myth mainly to control people,” “Corona is for rich people and rich countries: We are poor; hence it won’t affect us anyway.” In some cases, such denial is rooted in religion and spirituality. For example, “Life and death, both are in the hands of Allah, coronavirus can do nothing about it,” “Coronavirus is a curse of Allah for the infidels and real Muslims will be exempted from it.” Believing

such misleading and unscientific claims, many naïve and uncritical Muslim devotees either denounced the pandemic or refused to take proper protective measures.

Therapeutic. Medicinal misinformation is commonplace around the world, as well as in Bangladesh. Since COVID-19 causes a global pandemic, most of its so-called remedies were also global. However, many of the COVID-19 prescriptions in Bangladesh were native, which included some traditional but popular elements, such as *Kalazira* (Fennel flower). A few of them were found harmful for health as well, such as drinking boiling water and excluding protein from the food menu. Some most prevalent medicinal claims were: “Stop eating protein, it would prevent coronavirus infection,” “Drinking hot tea four times a day along with gargling hot water prevents coronavirus,” “Gargling hot salt-water can prevent corona attack.” Besides, such misleading information, vaccine nationalism, pseudo-science, and COVID-19 denial amplified vaccine hesitancy around the country like many other places.¹

Miscellaneous. Some predictions about COVID-19 also misled the public. Most of them, without any logical and scientific explanations, suggested the probable ends of the pandemic, such as coronavirus will vanish after a solar eclipse or it will lose its strength after a certain time. Some other claims were racial, xenophobic, pseudoscientific, and false deduction, which intensified social disharmony.

The internet works as an influential source and transmitter of COVID-19 misinformation in Bangladesh thanks to a large number of netizens, i.e., 0.1 billion.⁶ Although online misinformation has been frequent in recent years, rumor-producers are now celebrating COVID-19 as a new occasion for rumoring, capitalizing mass apprehension, as well as health-related uncertainty.⁵ It leaves a detrimental impact on public health. For example, a single piece of COVID-19 misinformation claimed at least 800 lives worldwide, while 5,876 have been hospitalized and 60 more developed complete blindness due to another misinformation.³ In Bangladesh, the COVID-19 denial and other misinformation may lead to vaccine opposition and hesitancy,^{7,8} which could pose a threat to the country's public health situation. Social media is contributing to this misinformation-led crisis remarkably.

To curb COVID-19 misinformation to a large extent, many countries have already taken various measures.⁹ In Bangladesh, such initiatives are limited. Therefore, as a primary measure, online media (e.g., social media, news portals, and blogs/forums) can be monitored to control the prevalence of misinformation, ensuring a proper balance between freedom of speech and the flow of trustworthy information. In the ongoing pandemic, along with delivering proper healthcare, controlling misinformation should also be a priority, and both the government, non-government organizations, and the public must cooperate in this enterprise.

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