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EXPERIENCES AND CHALLENGES OF STAY-AT-HOME AMONG COMMUNITY MEMBERS IN MYANMAR DURING COVID-19 PANDEMIC: AN ONLINE SURVEY

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ABSTRACT

Context: Coronavirus disease 2019 (COVID-19) was identified in Myanmar on 23 March 2020. Stay-at-home order is a global recommended mass quarantine strategy for responding the COVID-19 pandemic. **Objective:** To identify the patterns, experiences, and challenges of stay-at-home among community members in Myanmar during the first wave of the COVID-19 pandemic. **Methods:** It was a cross-sectional online survey using Google Forms. A total of 1,333 Facebook users responded during a five-day data collection period, 11 to 15 May 2020. **Results:** The study found that one-fifth of respondents did not go out of their home and another one-fifth went out once a week only. The most commonly cited reasons for going outside were to buy food (60.2%) and to go to work (41.6%). Common stay-at-home experiences among the respondents were surfing the internet (63%), using social media (62%), doing household chores (53%), and so on. Moreover, 81% of those who had COVID-19 suspected symptoms in their family members failed to inform health centers or hospitals. Buying foods (49.6%) and household goods (38.9%), and financial difficulty (40%) were the common challenges encountered during the stay-at-home period. More than two-thirds of the respondents reported psychological sufferings, such as feeling worried, stress, depressed, or lonely. **Conclusion:** The study indicated that although about two-fifths of the respondents followed the stay-at-home guidelines, they had some challenges. It is recommended to promote easy access to food and goods delivery, strengthen online consultation health services, and promote mass campaign activities for psychological issues.

KEYWORDS: COVID-19, Stay-at-home, Experiences, Challenges.

INTRODUCTION

Coronavirus disease 2019 (COVID-19) is caused by the most recently discovered coronavirus. WHO declared the novel coronavirus outbreak a Public Health Emergency of International Concern (PHEIC) on 30 January 2020.[1] Globally, there were 2,878,196 confirmed cases and 198,668 deaths resulting from COVID-19 (as of WHO data on 27 April 2020).[2] In Myanmar, the first confirmed case was identified on 23 March 2020, and there were 146 confirmed cases and five deaths due to COVID-19 till 28 April 2020.[3]

Since the vaccine and treatments for COVID-19 are not available yet to reduce disease transmission, public health prevention and control activities are the first to combat the disease.[4] The intervention measures currently using for interrupting transmission are isolation, quarantine and community containment.[5] The community containment interventions range from social distancing, community-use of face masks, stay-at-home order to locking down entire cities or areas.[6] A study conducted in Italy described that containment measures impacted reducing the spread of the COVID-19 diseases and could alleviate hospital burden.[7]

Of the above-mentioned containment interventions, stay-at-home order is a mass quarantine strategy for mitigating pandemic disease. The residents are allowed to go in and out of their homes in limited circumstances, such as buying food, going to work, going to hospitals and health centers, and other essential tasks. Ministry of Health and Sports (MOHS), Myanmar, issued the guideline for "Healthy Stay at Home" on 19 April 2020.[3]

Having strong public support and compliance to the guideline for "Healthy Stay at Home" is essential for preventing and controlling COVID-19 disease outbreaks in the community. Therefore, this online survey aimed to

assess the stay-at-home patterns among the community during the COVID-19 pandemic. Moreover, it assessed the stay-at-home practices among the community, and identified how they spent time at home and their challenges when they followed the stay-at-home order. The findings would help the authority find out the ways to encourage people to stay at home and solve the community's problem during their stay-at-home period.

MATERIALS AND METHODS

This was a cross-sectional online survey and conducted among the community who use social media (Facebook). The question set was prepared by reviewing the "Healthy Stay at Home" guideline of MOHS, Myanmar (Version 1.1, 19 April 2020). The questionnaire included the information about the socio-demographic characteristics of the respondents, their stay-at-home patterns during a week before the survey, their use of preventive measures during going outside, reasons for not following safe practices, and the experiences and challenges of stay-at-home during the pandemic. Google Forms was constructed in the Myanmar language (using both Zawgyi and Unicode fonts) and posted to the two Facebook pages, Myanmar COVID-19 Community and Department of Medical Research. Data were collected for five days from 11 to 15 May 2020. A total of 1,333 Facebook users responded. Data were presented in numbers and percentages, using tables and figures.

Ethical considerations

Ethical approval to conduct this study was obtained from the Institutional Review Board of the Department of Medical Research, Ministry of Health and Sports, Myanmar. (Ethics/DMR/2020/030)

RESULTS

Socio-demographic characteristics

A total of 1,333 Facebook users responded to this study. Most respondents (96%) aged between 18 and 59 years, whereas only 3.6% were over 60. Male: female ratio was 1:2. The majority of respondents (95%) obtained university or higher education. Regarding occupation, nearly two-thirds (64%) were staff from government or private organizations, while about seven percent were dependent. Two-fifths (39.5%) of the respondents were from the medical field, such as doctors, nurses, or health staff. The community members from all states and regions were included in this study, although most of them were from Yangon (40.5%) and Mandalay Regions (29.3%). Ninety percent were living in the urban area. While assessing the presence of underlying diseases, 59.2% had no history of diseases, and 24.8% responded that they did not know.

Patterns of Stay-at-home

Out of 1,333 respondents, 18.6% did not go outside at all during a week before the survey, whereas 21.5% and 59.9% went out for one day and more than one day, respectively (Figure 1). The most commonly cited reasons for going outside were to buy food (60.2%) and to go to work (41.6%). Other reasons were described in Table 1.

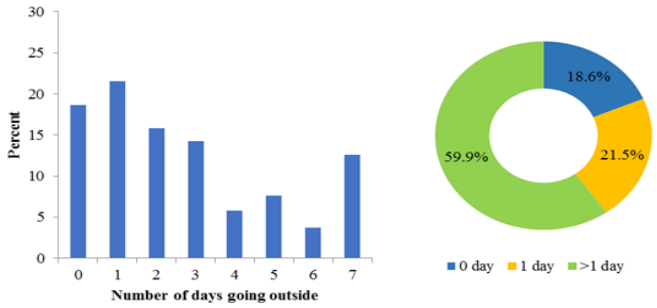

Figure 1: Percentage of people who went outside by the number of days (n=1333)

Table 1: Reasons for going outside during last week (n=1085).

Reasons for going outside	Number	Percent
To buy food	653	60.2
To go to work	451	41.6
To visit friends or relatives' homes	57	5.3
To do outdoor physical activity e.g. running, bicycling	53	4.9
To go to health centers or hospitals	21	1.9
To do personal matters	12	1.1
To go to bank	9	0.8
To do volunteer work for COVID-19	9	0.8
To buy commodities	9	0.8
To go to pharmacy	4	0.4
To go to monastery	2	0.2

Presence of COVID-19 suspected symptoms

Assessing the presence of COVID-19 suspected symptoms (Fever, dry cough, difficult breathing, and fatigue) in the family members during a week before the survey, 6.6% reported that their family members or they had at least one of these symptoms during stay-at-home period. Among them, 81% of respondents failed to inform health centers or hospitals for some reason. Most of them thought that they suffered from the usual symptoms and not concerned with COVID-19 disease (49.3%), some took self-medication and relieved (42.2%), and the others did not want to go to the health centers feared of the spread of infection during the pandemic (8.5%).

Practices of the respondents who were going outside

Among the persons who needed to go outside during the pandemic, 91.1% always used face masks, and the remaining did not. The main reasons for not using face masks were "not comfortable to wear", "forget to use" and "thinking not necessary". Regarding hand washing practice, 6.6% did not always follow, and the main reasons were "forget to wash hands" and "busy to do". Half of the respondents (50.4%) followed the practice of physical distancing. "Careless behavior of people around them", "limited space at work or market places", and "nature of work" were the main reasons for not following this practice among the community.

Experiences during stay-at-home period among the respondents

During staying at home, people did some activities more often than in the pre-pandemic period. The most commonly cited activities were surfing the internet (63%) and using social media, e.g., Facebook (62%). Other experiences were described in Figure 2. Almost all the participants prepared food at home. Some participants also ordered from food delivery services (18%), and some ate fast food (8%). About 45% did not need to pay themselves for meter bills, but most of the participants paid at the office (24.5%) or online (20.6%). The percentage of people who worked at the office was nearly the same as those who worked at home, 22.7% and 19.3%, respectively. Another two-fifths worked at both office and home alternatively.

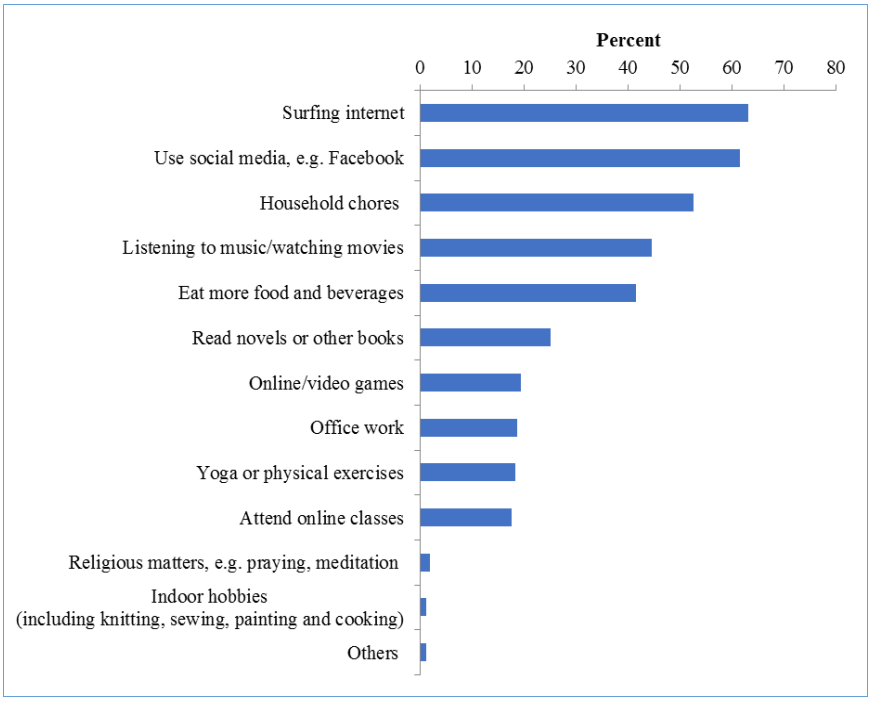

Figure 2: Activities doing more often than in the pre-pandemic period (n=1333).

Challenges during stay-at-home period among the respondents

The most common challenges the respondents encountered during the stay-at-home period were buying foods (49.6%), financial hardship due to lack of jobs or income (40%), and buying household goods (38.9%). Other challenges were doing outdoor physical activities (19.1%), visiting health centers or hospitals for illnesses or for follow-up appointments (16.5%), and paying for bills, e.g. water bill (11.2%). More than two-thirds of the respondents reported psychological sufferings, such as feeling worried, stress, depressed, or lonely.

DISCUSSION

According to the stay-at-home order, residents are allowed to go in and out of their homes for essential circumstances such as grocery stores and pharmacies.[8] However, the community could face some challenges. Therefore, this study aimed to assess the adherence of stay-at-home order and to determine the experiences and challenges during stay-at-home in the COVID-19 pandemic.

Most of the community members who responded in this study were in the middle age groups (18-59 years) and obtained university or higher education. It might be explained that these groups were more likely to use social media like Facebook. A week before this survey, nearly one-fifth of the respondents did not go outside, and another one-fifth went out for one day. Based on this finding, it can be concluded that around two-fifths of the respondents adhered to stay-at-home guidelines. The remaining respondents went out more than one day in the previous week, and the main reasons for going outside were to buy food and go to work. Similarly, a study conducted among the mothers of children in Bangladesh reported that the main reasons for leaving their houses were for shopping necessities or working.[9] Therefore, the community members should be encouraged to use proper protective measures such as physical distancing when they need to go outside to prevent diseases.

During the stay-at-home period, about eighty percent of the respondents, who had the suspected symptoms of COVID-19 disease in their family members, did not inform the health centers or hospitals because most of them thought that they suffered from the usual symptoms, not concerning with COVID-19 disease, some took self-medication and relieved, and the others did not want to go to the health centers feared of the spread of infection during the pandemic. This finding pointed out that the community needs to be aware of the specific symptoms of COVID-19 disease. Furthermore, they are needed to be encouraged to contact the nearest health centers or hospitals when they suffer any suspected symptoms so that they could be accessed for proper management, such as taking swabs or planning for quarantine.

It was also found that although the use of preventive measures like hand washing and using face masks was satisfactory among the community, there were some challenges to stay a certain distance. Therefore, something is needed to be done to encourage physical distancing. In March 2020, a study done by the University of Chicago estimated that 1.7 million lives could be saved by 3-4 months of moderate social distancing measures during the COVID-19 pandemic. Among them, 630,000 lives are saved, not overwhelming hospital facilities.[10]

In this study, three-quarters of the respondents had challenges, especially buying foods and household goods. Therefore, to maintain the stay-at-home practice among the community, reliable and affordable food and goods delivery businesses are necessary, and this could be promoted with the aids of local government and entrepreneurs. Other challenges were financial difficulty due to lack of earning jobs during the pandemic, doing outdoor physical activities, and visiting the health centers or hospitals for illnesses or follow-up appointments, etc. Similarly, a study conducted in China reported that a substantial proportion of participants had a greater impact in family's daily routine and financial problems.[11]

In addition, experiencing psychological challenges (feeling worried, stress, depressed, or lonely) during COVID-19 was a significant issue in the community. In a study conducted during the initial stages of COVID-19 in India, a significant psychological impact was found in almost one-third of the respondents.[12] During the COVID-19 pandemic, people with higher depression symptoms severity scores were linked to less physical activity and sleep, and other destructive health behaviors such as smoking and alcohol drinking stated in studies carried out in Australia,[13] and the United States.[14] Furthermore, in a biological catastrophe like the COVID-19 pandemic, themes of panic and stigmatization are common, and therefore, it is vital to develop and implement appropriate mental health assessment, support, treatment, and services for the persons in need.[15]

This study has a limitation. The stay-at-home patterns, and experiences and challenges of those who do not use Facebook could not be explored in this study.

CONCLUSION

The study indicated that although around two-fifths of the respondents followed the stay-at-home guideline, they had some challenges. This study recommended; to promote enabling environment to ensure physical distancing for both sellers and consumers in the market places and among the workers in the workplace; to promote reliable and affordable food delivery business to sustain the stay-at-home practices of the community; to strengthen online consultation health services, or creating free telephone communication channels with health care providers; to promote mass campaign activities such as launching a specific page in social media or website to address psychological issues and individual activities like regular physical exercise, creating artworks, and meditation to mitigate psychological health problems.

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