Women's Experiences During COVID-19 in Bangladesh

A Content Analysis of Helpline Data

Yeshim Iqbal[1], Rubina Jahan[2], Md. Ashiquir Rahaman[3], and Md. Omar Faruk[4]

[1]New York University, New York, USA
[2]SAJIDA Foundation, Dhaka, Bangladesh
[3]Telepsychiatry Research and Innovation Network Limited, Dhaka, Bangladesh
[4]Center for Disability in Development, Dhaka, Bangladesh

Abstract. This study is a content analysis of women's experiences during the COVID-19 (coronavirus) pandemic in Bangladesh, using a unique data set from Bangladesh's only emotional support and suicide prevention helpline. Each call to the helpline has a written description, completed by the individual answering the call, of the caller's condition and reasons for calling. We coded descriptions of calls received from female callers in the first 6 months of the pandemic (N = 276) and in the same 6-month period from the previous year (N = 224) for comparison. Findings revealed that for the most part, reasons for calling were largely similar across the 2 years, with the majority of calls involving relationships of various kinds (namely, parents, husbands, or romantic partners). Key differences between 2020 and 2019 include mental health concerns in relation to the pandemic and academic concerns being absent from the pandemic year. These findings contribute to the emerging literature of women's experiences during the pandemic and have implications for intervention and future research.

Keywords: Women, COVID-19 pandemic, suicide prevention helpline, Bangladesh

Impact and Implications. This study uses a data set from a suicide prevention helpline in Bangladesh to examine the experiences of female callers in the first 6 months of the COVID-19 pandemic in comparison to the prepandemic period. The findings indicate that the most commonly occurring issues during this time were about relationships (with parents or husbands/romantic partners) and mental health concerns (in relation to both the pandemic and in general), with academic concerns noticeably absent during the pandemic. The occurrence of these issues provide targets for intervention for mental health support for women.

The COVID-19 pandemic unleashed a global health emergency, impacting public and mental health. While anxiety, depression, and stress have been high for the general population, women have been at increased risk of experiencing such conditions (Xiong et al., 2020). The present study aims to add to the literature on the experiences of women during the pandemic, as revealed through issues shared on Bangladesh's only suicide prevention helpline during the first 6 months of the pandemic. Below, we provide a brief review of the literature of women's experiences of the pandemic, followed by an introduction to the helpline and the objective, methods, and results of the present study.

A number of studies from around the world have shown that women had increased levels of stress, anxiety, depression, and loneliness during the pandemic (Almeida et al., 2020; Jacques-Aviñó et al., 2020; Sediri et al., 2020). Several already-existing risk factors were intensified, such as chronic environmental strain and preexisting anxiety/depressive disorders (Almeida et al., 2020). Women also

reported higher posttraumatic stress symptoms after the outbreak (Liu et al., 2020) and greater perceived helplessness following a positive COVID-19 test than their male counterparts (Thibaut & van Wijngaarden-Cremers, 2020). The pandemic and associated lockdowns have also led to increased domestic violence (Maiti et al., 2020; Sediri et al., 2020), online violence such as stalking, sexual harassment, and verbal attacks (Thibaut & van Wijngaarden-Cremers, 2020), and burdens inside the home (e.g., McLaren et al., 2020). Much of the literature from around the world has focused on pregnant women and new mothers in the COVID-19 cohort, revealing higher levels of depressive/anxiety symptoms compared to mothers in the prepandemic period (Ceulemans et al., 2020; Davenport et al., 2020; Hessami et al., 2020; Taubman et al., 2020; Thibaut & van Wijngaarden-Cremers, 2020).

In Bangladesh, the COVID-19 pandemic has had similar adverse effects on the population's mental health (e.g.,

Banna et al., 2020; Iqbal et al., 2020; Mamun et al., 2020). Emerging research indicates that women in Bangladesh are disproportionately experiencing the impact of the pandemic, through increased domestic violence (Antara, 2020); patriarchal practices against women-owned businesses (Jaim, 2020); and socioeconomic difficulty, food insecurity, mental health concerns, and intimate partner violence (Hamadani et al., 2020).

The global health community has acknowledged the immense mental health cost of COVID-19, fueling questions on who will need support and how to provide it. While many of the studies listed above indicate the presence of high rates of mental illness, caregiving burdens, or pregnancy/parenting-related issues, most of them use survey methodology to assess the symptoms that women are experiencing. This leaves a gap in understanding details of the lived experiences of women under the pandemic. The present descriptive study takes a step toward filling this gap by using qualitative data from a suicide prevention helpline in Bangladesh to understand the circumstances and experiences of women who sought help.

Method

Data

The data set is from *Kaan Pete Roi*, Bangladesh's only suicide prevention helpline. It contains demographics and brief written descriptions of each call, completed by the volunteer receiving the call. Here, we examine female callers in the period from March 1 to September 1, 2020 (in Bangladesh, an official lockdown began on March 22, 2020; the data set represents the first 6 months of the pandemic's effects; $N = 742$), in comparison to callers from the same 6-month period in 2019 ($N = 979$). From both years' data sets, we excluded callers who were only seeking information, inappropriate callers, and frequent callers to avoid their disproportionate presence (personal communication with helpline staff indicates that all frequent calls came from no more than three callers), leading to a total of 276 calls coded from 2020 and 224 calls coded from 2019.

In 2020, 70.2% of the callers were in the 20–39 age range, 17.4% were in the 13–19 age range, and 2.2% were in the 40–65 age range, with the rest in other age ranges or unknown; 52.6% of the callers were students, 12.7% were employed, and 9.3% were housewives. The average call duration was 21.7 min.

In 2019, 64.4% of the callers were in the 20–39 age range, 21.8% were in the 13–19 age range, 1.9% were in the 40–65 age range, with the rest in other age ranges or unknown; 56.4% of the callers were students, 13.3% were employed, and 8.8% were housewives. The average call duration was 18.1 min.

Across both years, the calls were approximately evenly distributed across the open hours of the helpline.

Analytic Procedure

The written descriptions of the calls were coded into categories. Two analysts (the second and third authors) first examined subsets ($N = 20$) of the data set to individually arrive at themes occurring in the calls. Using these, in consultation with the first author, they constructed a codebook and used it to establish interrater reliability (Kappa = 1 after one code was dropped, described below) on a new set of 20 calls, before applying this codebook to the full set of data. Approximately half of these descriptions were originally written in Bengali and half in English; they were coded in the original language by bilingual coders.

Chi-square tests/Fisher's exact tests (when cell sizes were zero) were conducted for each code to test for significant differences between 2020 and 2019. Those that were significant are indicated in Table 1 and reported in the text.

Results

The results in Table 1 are displayed by code, corresponding percentage of occurrence (in 2020 and 2019 respectively), a description of the code, and an example of the full text originally written by the volunteer, translated from the Bengali in some cases. Because there were several different codes involving relationship-related problems, these codes were further grouped into subcodes based on the type of relationship (i.e., parents, husband/marriage-related, and boyfriends/romantic relationships). Table 1 summarizes the codes and their respective frequencies.

Of the calls in 2020, 57.2% had one code, 24.3% had two codes, 13.7% had three codes, and 4.7% calls had four or more codes. Of those in 2019, 64.3% had one code, 20.9% had two codes, 7.5% had three or more codes, and 7.1% had four or more codes. Due to the limited sample size, we do not analyze patterns in co-occurring codes or relate these codes to suicidal risk.

The codebook also originally contained codes for explicit mention of emotions, but those codes were not be useful because mentions of depression, anxiety, and sadness were highly overlapping and present in almost every call. Given this, we assumed that every caller was

Table 1. Percentages of codes from pandemic and prepandemic years

Global themes	Subthemes	Codes	Percentage of calls in 2020 (n = 276)	Percentage of calls in 2019 (n = 224)
Relationships	Parents	Conflict	7.2	11.1
		Lack of validation/rejection	14.9	9.3
		Pressure	4.0	2.2
	Married	Extra-marital relationships	2.9	3.1
		Conflict[a]	13.0	4.4
		Divorce	1.1	0
		Problems with in-laws	2.1	0
	Romantic partners (unmarried)	Conflict	11.6	10.7
		Cheating	3.6	2.2
		Abusive behavior	4.3	3.1
		Breaking up	12.7	15.6
Mental health concerns			16.3	10.7
Social/contextual issues		Lack of social support	6.2	5.3
		Bullying/discrimination	4.7	7.5
Physical complaints			7.6	3.5
COVID-19/lockdown		Financial	1.4	0
		Mental health concerns during lockdown[a]	11.8	0
Negative thoughts about self			3.6	3.1
Abuse		Sexual abuse	4.7	3.1
		Physical abuse	4.3	4.9
Academic		Anxiety about examinations[a]	0	3.5
		Difficulty studying[a]	0	8.4
Other			5.4	7.5

Note. [a]Indicates statistically significant differences between 2020 and 2019 at $p < .01$ using χ^2/Fisher's exact test.

experiencing emotional distress and therefore dropped these codes.

Relationships

Parents

Conflict (7.2%, 11.1%)
This category comprised conflict with callers' parents, including parents wanting to control the caller, treating the caller as a burden, or interfering in the caller's decisions and life choices. It also included fighting among parents or siblings, issues with family assets, and other conflict in the home. For instance:

> The caller was hopeless about her family. She felt that her home and her family were like a hell. Her university dorm is not very far from her home, but she still almost never goes there because she can't tolerate her family's problems and constant fighting.

Lack of Validation/Rejection (14.9%, 9.3%)
Callers reported how their life had been affected due to a lack of support from their parents. Feelings of not being loved and cared for by parents were a prominent feature here. Callers also described experiencing rude behavior and rejection of their opinions by their parents. This affected their sense of belonging in the family and often their social, academic, or personal lives.

> She never felt loved, not even by her family members or husband. There is a huge gap in her and her husband's mentality. She talked about this with her family so that they could reach out to her husband to mediate the issues between her and her husband. Unfortunately, they didn't and asked her to adjust no matter what.

Pressure/Expectations (4.0%, 2.2%)
This category included callers who experienced pressure from parents around expectations of marriage,

education, career/employment, and the nature of their social circle (especially their romantic relationships). This category also included parents' comparisons of the caller to peers/cousins, with the caller found lacking.

> The caller has a bad relationship with her parents. They always try to force her to be Islamic in everything she does. The caller does not like this. She likes to draw and write poetry. But her family does not support these activities.

Marriage
This category contains all calls from married callers (all heterosexual relationships in this data set).

Extramarital Relationships (2.9%, 3.1%)
Callers shared a range of experiences regarding this issue including, feeling guilty of engaging in extramarital relationships themselves, trying to return to existing relationships, difficulty accepting their husband's extramarital affair, and trying to save marriages for the children's sake despite infidelity.

> She was talking about her extramarital affair. The person she loved has broken her trust. She had fallen in love with him because her husband wasn't giving her enough time and was engaged with other girls. She had done many things for the person she loved but the trust was a big thing for her.

Conflict (13.0%, 4.4%)
This category includes the husband's lack of support or respect, undermining, neglect, or controlling behavior toward the wife (the caller). Calls about conflict with husbands were significantly more frequent during 2020, than in 2019, $X^2 = 10.89$ ($N = 500$), $p < .001$.

> This is the caller's third marriage. She is not at peace in her household. She has two daughters, one from the previous husband and one with the present husband. She hasn't seen either of them in a long time. Her husband always demeans her. At the end of the month he takes all her income.

Divorce (1.1%, 0%)
The husband's irresponsibility, physical problems, infidelity, falling out of love, lack of understanding, and problems in adjustment were some of the topics brought up in association with discussing divorce.

> Recently she got divorced from her husband with whom she had been separated from for more than a

year. They had 7 years of married life. Before him, she was married to another man by her family when she was 16. But after a year she divorced him as they couldn't cope with each other.

Problems With In-Laws (2.1%, 0%)
This includes callers' difficulties mentioned in relation to in-laws: lack of support, imposition, and cutting down callers' social interactions with friends or family.

> Her husband's sister constantly emotionally abuses her and she needs her [the husband's sister]'s permission to do anything. Her relationship with her husband was all right but he doesn't support her in this.

Unmarried
This category contains all calls from women who are not married, all of which were about their romantic relationships (i.e., boyfriends).

Conflict (11.6%, 10.7%)
This category encompasses all cases of fighting, the caller's feelings of being misunderstood, or the caller feeling wronged in the relationship.

> She was supposed to marry someone who lived abroad. The man first lied about having a degree. He said he had an engineering degree and an MBA. But he didn't have any of these things. He lied because his own parents didn't know that he never studied engineering. He had said he would take her abroad as soon as they were married, but then he started saying it would take longer. After all this, her proposed marriage to him broke up.

Cheating (3.6%, 2.2%)
This includes all calls where the caller's boyfriend engaged in romantic, sexual, or marital relationships with another person(s).

> She's been in a relationship for 13 years. But her boyfriend is not serious about marriage. In 2016 she found out her boyfriend was married to someone else abroad. But her boyfriend said that marriage was just a technicality! She tried to get out of the relationship with the help of a psychologist.

Abusive Behavior (4.3%, 3.1%)
Using derogatory language, not respecting the caller, restriction of social company and on certain activities, or unreasonable dominance from boyfriends, this category also included ignoring the caller or not paying adequate attention to her.

The caller had relationship problems. They have been together for 3 years. For the past year the boyfriend has not been talking to her properly. He treats her badly and shouts at her. The caller is very hurt by this but can't say anything about it to anyone. He never talks to her when she wants to, only when he wants to. He gets angry if she calls him. They don't really have an emotional connection anymore, but the caller cannot imagine leaving the relationship. She still loves him. She thinks she will never be able to love anyone else.

Breaking Up (12.7%, 15.6%)

Some callers shared their experiences with breaking up in the past that were still affecting them, while others discussed present experiences.

The caller was constantly crying and trying to get herself together. She is very bothered about the fact that she still holds strong feelings for her ex-boyfriend; in spite of the damage that he has done to her in the past during their relationship. They broke up in September, last year. Following their break-up, she has left no stones unturned to keep herself from being in contact with her ex-bf, realizing that he is not at all good for her.

Mental Health Concerns (16.3%, 10.7%)

This category included any callers who reported having a diagnosed mental health illness/disorder, including obsessive-compulsive disorder (OCD), clinical depression, anxiety, schizophrenia, anorexia nervosa, drug addiction, panic attacks, and trauma. The most frequently occurring mental health concern was OCD. Callers mostly shared stories of suffering from mental illness: How others do not understand their pain, long-term path to recovery, and how overall quality of life has been compromised due to mental illness. Some callers shared the need for a mental health professional.

She shared that she has been suffering from severe OCD for more than 5 years. She has many unusual thoughts in her head and it always tortures her. She also has some specific numbers like three, five, and seven, and those numbers frequently come to her mind. Those different numbers have different characteristics. She shared that three is the number of bad luck and bad things for her, and seven is the number of confusing thinking. She sometimes washes her face again and again just to move from her any specific repeated thoughts. Sometimes she takes a shower twice or thrice to remove tension.

Social/Contextual Issues

Lack of Social Support (6.2%, 5.3%)

This category was primarily about facing societal/family issues and having no social supports to work through them.

She was supposed to get part of her father's property and part of her grandmother's [maternal] property. But she can tell that nobody wants her to get it and would be glad if something happened to her. Her father encouraged her to enroll in a private university, but then he stopped paying for it so she had to drop out and go to National University instead. She can't tell anyone about this. She is embarrassed about it. She tried to share her experiences with one or two people but they did not respond well. She once helped a friend with quite a lot of money but that friend doesn't talk to her anymore, and ignores her requests to give the money back.

Bullying/Discrimination (4.7%, 7.5%)

These callers experienced body shaming and/or bullying. Callers also reported experiencing discriminatory behavior in academic institutions or in the workplace, bullying from neighbors and relatives, and harassment from boyfriend's friends.

She sometimes goes out with her classmates, but she can never really blend in with them. Everyone tells her to open up but she can't find anything to speak about and thinks she's a misfit. People call her weird and judge her often which really hurts her.

Physical Complaints (7.6%, 3.5%)

This category included physical complaints such as diabetes, obesity, sleep disturbance, headache, lack of appetite, kidney problems, ovarian infections, and physical weakness. The caller is suffering from obesity. She wants to start her weight loss program again.

COVID-19/Lockdown

Financial Problems (1.4%, 0%)

These calls are about income insecurity due to job loss during the pandemic. Two of these callers described dropping out of university as they could not bear the expenses anymore.

She works at a beauty parlor. In the lockdown, she got last month's pay but not this month's. She wanted to know if KPR could provide financial support. She said that there are four employees at the beauty parlor and

now they are just in the parlor all the time and are even eating all their meals at the parlor's owner's home. She feels bad that they are taking so much from the parlor's owner but not managing to contribute. She was worried about how long this will go on.

Mental Health Symptoms Under Lockdown (11.8%, 0%)
A significant portion of callers reported one or more mental health symptoms which had emerged in the lockdown, such as panic attacks, distress, anxiety, depression, loneliness, or fear of contracting COVID-19. Many callers were students who reported how suddenly stopping their academic life led to mental health symptoms. They also discussed general fear about the new virus. Several callers specifically described being affected by the discontinuation of their regular therapy/consultation due to lockdown. The difference between 2020 and 2019 for this category of calls was statistically significant ($p < .01$, Fisher's exact test).

> She is having trouble with day-to-day life because of the lockdown. She keeps thinking she's going to die. She feels like she has become very mentally weak and feels useless and like she cannot do anything so she might as well die now.

Negative Thoughts About Self (3.6%, 3.1%)
This category includes doubting one's appearance or abilities, feeling inadequate, or lacking confidence. Some shared that they have poor confidence due to parental lack of validation or criticism from a husband/boyfriend. Some also mentioned perceiving themselves as insufficiently beautiful because of criticism from family members.

> Caller is very upset because she thinks she can't communicate with anyone properly. She feels very useless and talentless. She suffers from lack of confidence and feels that no one admires her.

Sexual/Physical Abuse

Sexual Abuse (4.7%, 3.1%)
This category included experiences of being sexually abused/molested at different points of their lives. In all cases, this had occurred at the hands of relatives, private tutors, or boyfriends (i.e., not strangers).

> The caller has always lived in an abusive home. Her cousin sexually abused her. Her mother knew about this but didn't take any steps against it. She has no close friends to talk to.

Physical Abuse (4.3%, 4.9%)
These were all calls about experiencing physical violence from husbands/boyfriends.

> A few months after marriage, due to the influence of her mother-in-law, her husband hit her. Since then, she has been beaten numerous times and now she lost count. Her parents know about this, but her husband is very good at mind games. So he convinced her parents that everything is her fault. Now her parents blame her too.

Academic Concerns

Anxiety About Examinations (0%, 3.5%)
This category included all cases of anxiety due to upcoming examinations or when waiting for examination results, with the difference between 2020 and 2019 statistically significant ($p < .01$, Fisher's exact test).

> She took the HSC examination and is worried about her results. She has no one close to her to share this and needed someone to talk to. Sometimes she wants to hurt herself.

Problems Related to Studying (0%, 8.4%)
This included being overwhelmed by academic pressure, difficulty concentrating, and being uninterested or unmotivated in studies, with the difference between 2020 and 2019 statistically significant, ($p < .01$, Fisher's exact test).

> She is a medical student. There is too much pressure from her exams and trying to keep up with her studies. Work is piling up and she had bad results recently. Her parents are having problems and she's unable to concentrate on studying.

Discussion

This study provides a descriptive analysis of issues raised by women in Bangladesh who sought help from a suicide prevention helpline during the first 6 months of the COVID-19 pandemic in 2020, including a comparison to the same 6 months in 2019 as a prepandemic period. Findings revealed a large array of experiences with relationship issues constituting the majority of calls.

This research makes three important contributions. First, it provides insights into women's experiences during the pandemic. An important finding is that most categories of calls display approximately the same frequency across

both 2020 and 2019. This indicates that regardless of the pandemic, certain issues, such as relationship difficulties, are key drivers of distress and remain central to the women's experiences – indeed, potentially impervious to ongoing global crises (although existing literature suggests that these issues are likely compounded by the pandemic). However, there are a few noteworthy differences between the 2 years. Mental health concerns specifically related to COVID-19 do not, of course, occur in 2019. The most frequently occurring explicitly pandemic-related concern (almost all the 13% of calls in 2020 where the pandemic was explicitly raised) was the occurrence of mental health symptoms because of the pandemic. This supports existing literature and underscores the need for mental health services that can reach these populations. Given the constant presence of family members in these women's lives as can be gleaned from these data, and women's restricted mobility due to the pandemic and in general, ensuring adequate privacy and accessibility is vital to consider when designing mental health services. Another difference between the 2 years is that concerns related to academics appear in 2019 but are noticeably absent from 2020. This is almost certainly because most academic institutions were closed during the pandemic, with academic activities paused. The impact of academic stressors on students' lives is immense (for instance, *Kaan Pete Roi* tends to be open for extended hours and carries out specific campaigns during the results of public examinations due to the heightened risk of suicide; A. Abdullah, personal communication, March 2021). That some women may have gotten relief from this set of pressures may have been a surprising source of resilience during the pandemic. Finally, it appears that conflict with husbands appears more frequently in 2020 than in the previous year; this is unsurprising given the emerging literature on domestic difficulties during the pandemic (e.g., Hamadani et al., 2020). Why this is only the case for conflict with husbands, but not for other family members remains unclear.

One striking overarching finding is that most existing literature about women's experienced during the pandemic is about pregnancy/motherhood, but none of the calls in this data set were about motherhood/related issues. This is simultaneously a weakness and a strength of the data set. It indicates that mothers may not be making use of this helpline and are therefore a demographic that the helpline organization should reach out to further given the compounded mental health challenges that may exist during pregnancy/postpartum period. However, the data here also serve as a reminder that not all women are mothers and provide nuance to the kinds of issues that women face in their personal lives unrelated to motherhood.

The second major contribution of this paper is that the content of the calls themselves shed light on the experiences of Bangladeshi women's lives, beyond a focus on the pandemic. Some of these findings confirm what is already known from the literature; sexual abuse, for instance, tends to happen not from strangers, but from acquaintances/relatives, and mental illnesses represent a significant proportion of calls to the helpline, as would be expected. Other findings were more surprising. For instance, loneliness/isolation did *not* appear as a unique code pre-pandemic or during the pandemic. Women calling this helpline did not express isolation as a driver of distress. Instead, the nature of the problems was on the opposite end of the spectrum from loneliness: conflict, interference, and harmful behavior from parents, in-laws, or husbands/boyfriends; perhaps "too much involvement from others" instead of "too little" that loneliness would have indicated.

Finally, this study adds to the literature on helpline data. This is one of the few papers analyzing the content of calls to a suicide prevention helpline in detail. Previous literature has examined categories of reasons for calling in broad strokes, analogous to the "Global Themes" listed here (see, e.g., Fukkink et al., 2016; Turkington et al., 2020), but this paper begins to provide nuance: "relationships" as a global theme remains broad, but "pressure from in-laws" or "abusive behavior from boyfriends" is far more specific. This information is useful in directing potential interventions. It also serves to inform the helpline's trainings for volunteers who receive these calls. We hope that the methodology used here will inspire other helplines around the world to share detailed findings on call descriptions.

There are several limitations to this study. The volunteers answering the calls are given instructions to summarize the content of the calls, but there is great variation in the depth and thickness of the descriptions of the calls, with most not as detailed as we would have preferred. Due to space constraints, here, we only provide one example quotation for each code, although there was great variation within each code as well. Some of the codes are overlapping. The present research does not explore this, but investigating a larger sample size could indicate the types of issues that tend to occur together. Future research could employ techniques such as machine learning on larger sets of data to understand patterns of co-occurring terminology in these qualitative descriptions, potentially in relation to severity/suicidal risk of the caller. Finally, the helpline's caller population represents a particular, relatively homogenous demographic: an urban, middle-class, mostly young group who are on social media (Iqbal et al., 2019). Demographics who are not calling the helpline are not represented here. Notwithstanding these limitations, the findings here are a glimpse into kinds of issues that cause women distress in Bangladesh and can be used to drive future research and intervention design.

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ORCID

Yeshim Iqbal
 https://orcid.org/0000-0002-8841-1079
Md. Omar Faruk
 https://orcid.org/0000-0001-6401-3861

Yeshim Iqbal

New York University
627 Broadway, 8th Floor
New York, NY 10012
USA
yi330@nyu.edu