# Impact of COVID-19 on Marginalized Population in Triveni Tole, Ward Number 4 of Kankai Municipality

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*Abstract:* This study aims to evaluate the impact of COVID-19 on marginalized population in Triveni Tole, ward Number 4 of Kankai Municipality. This study is descriptive quantitative research design and purposive sampling technique was used for the study. Structured questionnaires containing dichotomous (Yes/No) and multiple choice type questions were used for collecting data. Simple descriptive methods and Chi-Squared ($\chi^2$) test was used to analyze the data. The socio-economic and cultural lives of the respondents' family were affected by the COVID-19 crisis. Mainly the economic crisis, shortage of food items and the psychosocial tension are adversely distressed dimensions. The findings of this study can contribute to minimizing overall impacts for the concerned stake holders. This study adds usefulness and its applicability in alleviating the problems of impact by COVID-19 pandemic at the grass root level.

## INTRODUCTION

COVID-19 is a zoonotic disease with intermediate host. Although the intermediate source of origin and transfer to humans is not clearly known. Intermediate host for SARS-CoV is palm civet and camel while the possible intermediate host for SARS-CoV-2 is pangolin or snakes. The reserve host for all the three is bat. Bat carries so many viruses and around 200 corona viruses without getting sick. So the primary mode of transmission is from bats to intermediate host to humans. The transmission of COVID-19 can be direct in the form of droplets produced during sneezing, coughing, speaking and accidently inhaling the droplets in a closed proximity of an infected person. Droplets are water holding entities of diameter more than 5μm and these can be caught by a healthy person within a certain range of 1 m approximately. The indirect transmission is when virus is deposited on a dead surface like door bells, lift buttons, stairs, vegetables, fruits etc. which may come in contact with

rest healthy persons frequently. From here the virus reaches to eyes, nose and mouth and finally leads to a new corona patient. Even fecal matter of infected person is found to be the transmitting source hence it can spread through fecal-oral transmission (Kumari T. and Shukla V, 2020). Studies showed that virus takes entry to the respiratory mucosa by angiotensin receptor 2 (ACE2) present in lower respiratory tract in abundance (Singhal T., 2020) mainly in type-2 alveolar cells. The same receptor is used by SARS-CoV (Zhou *et al.*, 2020).

It has given a severe impact on global and national economies irrespective of the level of virus impact on the people of individual nations. The novel corona virus has no border, no religion and spread beyond cast and creed. It is highly contagious in nature and easily unpredictable. World was never prepared for this kind of pandemic, where we are in a race of developing a vaccine against its spread (Kumari T. and Shukla V, 2020). The most important objective of this study is to identify the underlying problems which affect the socio-economic life of the local people during the COVID-19 crisis. For that, this study attempts to answer the questions: COVID-19 pandemic is responsible for the socio-economic and psychosocial hardship in the study area? And how is the present situation is going on for their livelihood?

## LITERATURE REVIEW

Various literatures relating to COVID-19 are available in various sources. Most of the literatures are at macro-level and theoretical based but practically the COVID-19 pandemic is seriously going on. Some contextual literatures have been reviewed as follows.

A novel corona virus named severe acute respiratory corona virus 2 (SARS-CoV-2) was first identified in a seafood market in Wuhan City, Hubei Province in China, at the end of 2019 (Zhu *et al.*, 2020). The contagious respiratory illness caused by this novel corona virus is called corona virus disease 2019 or, in short, COVID-19 (Wu *et al.*, 2020). From February, COVID-19 cases soared across most of Europe, the United States, Australasia, and Asia and on to Africa. Until now, the novel corona virus continues to wreak havoc on daily life around the globe, affecting 213 countries, infecting 8,018,963 people and killing 436,138 people (until 15 June 2020; Worldometer, 2020). On 13 January, a 31-year-old Nepali student of Wuhan University, who had returned home on 5 January, was admitted with mild symptoms (Bastola *et al.*, 2020). He got discharged on 17 January after preliminary tests showed he may not be infected. The public laboratories in Nepal did not have reagents required for testing and there were no suspected cases needing testing. Hence the samples were sent to Hong

Kong for testing, which showed positive results for COVID-19 (The Kathmandu Post, 2020d). This was the first ever reported case in South Asia (NDTV, 2020). With no new case reported in February, a second case of COVID-19 was seen on 23 March, a 19-year-old woman who had returned from France on 17 March (The Kathmandu Post, 2020c). With a slow start, the total confirmed cases reached to 57 on 30 April. By the end of May, the total number of confirmed cases nationwide reached 1,567. Until this study was prepared (21 June), more than 9,026 and overall 74 districts have been tested positive for the novel corona virus resulting in different physical, socioeconomic and psychological impacts on the Nepalese (Ministry of Health and Population Nepal, 2020).

Available most of the literatures are at the policy level and representative at macro impact and consequences of COVID- 19 crisis. Therefore this study tries to fill the gaps between theoretical expectation of COVID-19 influences and practically facing problems by marginal people of the society.

## METHODOLOGY

The study is descriptive quantitative research. The field survey for the study was conducted at the Triveni Tole at Ward No 4 of Kankai Municipality from 4 to 9 September 2020. Target population (N) in this study was all household head 168 visiting the tole and the sample size found 100 respondents with confidence level ($\alpha$) 95%, margin of error (e) 5% and population proportion (p) 20% (according to the 2015-2020 goodcalculators.com). The sampling technique is by way non probability sampling which is purposive sampling. Data collection is done by filling out the questionnaire as an interview aid. Survey were done to collect the data through questionnaire consisting of 15 questions relating to age, employment, number of family member, earning per month before the COVID-19 crisis, earning per month during the COVID-19 crisis, students in the family, availability of online facility for student, current problems in the family, current socio-cultural activities and participation, health problems and availability of treatment service and thinking about future of the family. The nature of questions were both as categorical (Yes/No) and multiple choice answer type. Data were analyzed by cross tabulation of frequencies as number and percentages. Chi squared ($\chi^2$) test was used to determine association between responses and the categories as literacy and variations in the answer regarding the impact of COVID-19 related questions. Associations were considered statistically significant when P-value was <.05.

## RESULTS AND DATA ANALYSIS

**Table 1**
**Socio-economic Characteristics and Responses of the Respondents**

| Characteristics/ Responses | Literacy Literate N (%) | P-value Illiterate N (%) |
|---|---|---|
| **Age Group (Yr.) (N= 100)** | | **.521** |
| 15-30 | 10 (17.2) | 5 (11.9) |
| 30-45 | 24 (41.4) | 15 (35.7) |
| 45-60 | 24 (41.4) | 22 (52.4) |
| | | |
| **Employment Status (N= 100) .963** | | |
| Household Work | 14 (24.1) | 11 (26.2) |
| Self-employed | 12 (20.8) | 8 (19.0) |
| Paid employment | 32 (55.1) | 23 (54.8) |
| **Types of Family (N= 100)** | | **.000** |
| Nuclear | 36 (62.1) | 12 (28.6) |
| Extended | 22 (37.9) | 30 (71.4) |
| | | |
| **Monthly HH Income before COVID-19 (N-100)** | | **.725** |
| 10000-15000 NRs | 9 (15.6) | 9 (21.4) |
| 15000-20000 NRs | 22 (37.9) | 12 (28.6) |
| 20000-25000 NRs | 22 (37.9) | 18 (42.9) |
| 25000-30000 NRs | 5 (8.6) | 3 (7.1) |
| | | |
| **Monthly HH Income during COVID-19 (N= 100)** | | **.447** |
| 1000-5000 NRs | 21 (36.2) | 22 (52.4) |
| 5000-10000 NRs | 23 (39.7) | 12 (28.6) |
| 10000-15000 NRs | 10 (17.2) | 6 (14.2) |
| 15000-20000 NRs | 4 (6.9) | 2 (4.8) |
| | | |
| **Students in the Family (N= 100)** | | **.334** |
| Yes | 51 (87.9) | 34 (81.0) |
| No | 7 (12.1) | 8 (19.0) |
| | | |
| **They can go School after lockdown (N= 85)** | | — — |
| Yes | 0 | 0 |
| No | 51 (100.0) | 34 (100.0) |
| | | |
| **Online Education facility (N= 85)** | | **.810** |
| Yes | 2 (3.9) | 1 (2.9) |
| No | 49 (96.1) | 33 (97.1) |

*contd. table 1*

| Characteristics/ Responses | Literacy Literate N (%) | P-value Illiterate N (%) |
|---|---|---|
| **Current burning problem in the family (N=100)** | | **.003** |
| Food related | 31 (53.5) | 36 (85.7) |
| Health care related | 17 (29.3) | 4 (9.5) |
| Psycho Social related | 10 (17.1) | 2 (4.8) |
| | | |
| **Attend in Socio-cultural events (N=100)** | | **.198** |
| Yes | 8 (13.8) | 10 (23.8) |
| No | 50 (86.2) | 32 (76.2) |
| | | |
| **Health problems in the family (N=100)** | | **.427** |
| Yes | 40 (69.0) | 32 (76.2) |
| No | 18 (31.0) | 10 (23.8) |
| | | |
| **Types of health problems (N=72)** | | **.506** |
| TB related | 2 (5.0) | 2 (6.3) |
| BP related | 12 (30.0) | 8 (25.0) |
| Blood sugar related | 14 (35.0) | 8 (25.0) |
| Kidney related | 3 (7.5) | 1 (3.1) |
| Other | 9 (22.5) | 13 (40.6) |
| | | |
| **Chance to get treatment (N=72)** | | **.093** |
| Yes | 8 (20.0) | 2(6.3) |
| No | 32 (80.0) | 30 (93.7) |
| | | |
| **Thinking about future of family (N=100)** | | **.150** |
| Darkness | 14 (24.1) | 10 (23.8) |
| As God's wish | 14 (24.1) | 17 (40.5) |
| Will be better | 9 (15.6) | 4 (9.5) |
| Somewhat hopeful | 13 (22.4) | 3 (7.1) |
| Don't know | 8 (13.8) | 8 (19.1) |

Cross tabulation with Chi-Square analyses were carried out between literacy and responses regarding impact of Covid-19 related questions given to all the respondents.

The socio-economic and demographic information and impact of COVID-19 related responses are administered in table 1. Education is most influential aspect of the people for any challenging situation. Normally higher educational level of the respondents was not prevailing. Therefore the leading indication of education for the respondents in the study area was literacy. They divided as literate and illiterate as educational attainment. There was a slight predominance of literate (58.0%) as compared to illiterate (48.0%). All the respondents were 15-60 years, within the boundaries of

economically active population. Under the 3 categories of respondents 24 (41.4%) of literate and 15 (35.7%) of illiterate were fall in the 30-45 age group. Twenty four (41.4%) literate and 22 (52.4%) illiterate respondents were in the 45-60 years age group. But 10 (17.2%) literate and 5 (11.9%) illiterate respondents were in the 15-30 years age category. There was no significant association between age group and literacy of the respondents.

According to employment status there was predominance of literate 32 (55.1%) as against 23 (54.8%) illiterate respondents as paid employment. A considerable respondents 14 (24.1%) of literate and 11 (26.2%) of illiterate were engaged in agriculture and household work as their occupation. Only 12 (20.8%) literate and 8 (19.0%) illiterate respondents were self-employed. Statistically employment status and literacy of the respondents were not significantly associated each other. Majority 36 (62.0%) literate and 12 (28.6%) illiterate respondents were in the nuclear family. Only 22 (37.9%) of literate respondents were in the extended family but 30 (71.4%) illiterate respondents were in the extended family. Types of family and literacy of the respondents was statistically associated each other. The relation between the responses was significant, $X^2$ (1, N= 100) = 10.95, p< .05.

Before the COVID-19 crisis, the highest number of respondents of the literate 22 (37.9%) and illiterate 18 (42.9%) were in the 20000-25000 NRs monthly income range. Similar number 22 (37.9%) literate and second highest 12 (28.6%) illiterate respondents were in the monthly income 15000-20000 NRs range. The third largest share of respondents 9 (15.6%) from literate and 9 (21.4%) from illiterate category were in the monthly income 10000-15000 NRs, lowest income range. Only 5 (8.6%) literate and 3 (7.1%) illiterate respondents were in the monthly income range of 25000-30000 NRs. Monthly income and literacy of the respondents was not statistically significant, $X^2$ (3, N= 100) = 1.31, p< .05. Monthly income status was degraded during the COVID-19 pandemic which is illustrated in Table 1. At that time the highest 23 (39.7%) of literate and 22 (52.4%) of illiterate respondents were in the monthly income 5000-10000 NRs and 1000-5000 NRs range respectively. The second highest 21 (36.2%) of literate and 12 (28.6%) of illiterate respondents were in the monthly income of 1000-5000 NRs and 5000-10000 NRs respectively. With increasing monthly income range decreases the number of respondents indicates that income of the respondents is negatively affected by the COVID-19 crisis is clearly exemplified in Table 1. Ten (17.2%) from literate and 6 (14.2%) from illiterate respondents were in the 10000-15000 NRs monthly income range. A negligible number 4 (6.9%) of literate and 2 (4.8%) of illiterate respondents were in the 15000-20000 NRs income range. Monthly income range during the COVID-19 and literacy was also not significantly correlated each other.

Among the total respondents, 51 (87.9%) of literate and 34 (81.0%) of illiterate had their school going children and 7 (12.1%) of literate and 8 (19.0%) of illiterate had not their school going children. All students were locked in the home and they hadn't chance to go to the school. Only 2 (3.9%) from literate and 1 (2.9%) from illiterate respondents had internet facility even though the internet services were not reliable. Overwhelming 49 (96.1%) of literate and 33 (97.1%) of illiterate parents had not any internet facility. During the time of lockdown, various problems were facing by the respondents. Of the total respondents, 31 (53.5%) of literate and 36 (85.7%) of illiterate had the food related problem. Seventeen (29.3%) of literate and 4 (9.5%) of illiterate respondents had health care related problem. Ten (17.2%) of literate and 2 (4.8%) of illiterate had psychosocial related problems. Various problems during the COVID crisis and literacy of the respondents were associated each other, with statistically significant $X^2$ (2, N= 100) = 11.48, p< .05.

People are coexisted by various social and religious activities in their house, relatives and neighbors. Main socio-cultural activities in the society are marriage, death rituals, religious functions and rituals and cultural activities. People of the society have responsibility to attend such activities for maintain their relations and preserving socio-cultural and religious values. Regarding the attending of these activities, 8 (13.8%) of literate and 10 (23.8%) of illiterate respondents attended in these activities. Whereas majority of the respondents, 50 (86.2%) of literate and 32 (76.2%) of illiterate couldn't attend it. In connection with the health problem during the COVID-19 crisis, 40 (69.0%) of literate and 32 (76.2%) of illiterate respondents had the health problems. But 18 (31.0%) of literate and 10 (23.8%) of illiterate respondents had no any health problems. Of those who had health problem, 2 (5.0%) literate and 2 (6.3%) was suffering from TB. Twelve (30.0%) literate and 8 (25.0%) illiterate were suffering from blood pressure related problem. Highest number 14 (35.0%) of literate and 8 (25.0%) of illiterate had been facing the blood sugar related health problem. Three (7.5%) literate and 1 (3.1%) illiterate respondents were struggling with kidney related health problem. Nine (22.5%) of literate and 13 (40.6%) of illiterate respondents had the other health related problems. During the COVID- 19 crisis, health services for common people are not easy. Among the respondents who had different types of health problems, only 8 (20.0%) of literate and 2 (6.3%) of illiterate were get chance to treatment facility. Remaining 32 (80.0%) of literate and 30 (93.7%) of illiterate respondents had not get chance to treatment facility. Getting treatment facility and literacy of the respondents were not statistically correlated but very close to related to each other with $X^2$ (1, N= 72) = 2.81, p< .05.

During the COVID-19 crisis period, people lose their occupation and earnings and suffering from minimum basic needs. This situation leads to psychosocial thoughtfulness. Respondents as a head of the household thought about their future of the family. Whereas the thinking of respondents towards the future of family, 14 (24.1%) of literate and 10 (23.8%) of illiterate thought darkness. Same number of respondents 14 (24.1%) of literate and 17 (40.5%) of illiterate, highest number of illiterate, responded that their future of the family will depends on God's wish. Nine (15.6%) of literate and 4 (9.5%) of illiterate respondents' thinking will be better. Likewise, 13 (22.4%) of literate and 3 (7.1%) of illiterate responded their future will somewhat hopeful. Remaining 8 (13.8%) of literate and 8 (19.1%)of illiterate respondents answered don't know about their future of the family. Thinking about future of family and literacy of the respondent was not statistically significant but the value is remarkable $X^2 (4, N= 100) = 6.74, p < .05$.

## DISCUSSION

In general, current situation of respondent population is distressing in terms of social, economic, religious, cultural, psychosocial, education etc. during the COVID-19 crisis.

## IMPACT ON ECONOMY

All the households of the respondents said to be poor because who were not able to generate per capita income equal to or greater than NRs.100400 as per estimate of 2018. Economic condition is worsening during the COVID-19 crisis as compared with before. Largest number 40% of the respondent households' monthly income was 20000-25000 NRs before COVID-19 crisis and 43% of respondents were in the 1000-5000 NRs monthly income range during the COVID-19 crisis. This finding is comparable with the study of The Kathmandu Post (2020) as a result of this pandemic, between 500,000 and 600,000 migrant workers are expected to return to Nepal. It is also estimated that between 10 and 30 per cent of the jobs held by Nepalese in the Gulf countries and Malaysia have been lost. This result also compatible with the estimate of South Asia Monitor (2020) this will affect remittances which, as projected by the Central Bureau of Statistics, may decline to around 19.01 per cent of the country's GDP.

## IMPACT ON EDUCATION

Respondents of the study area are educationally backward, they didn't achieve higher education therefore they were categorized as literate and illiterate. Present study found that there was 86.2% literate and 76.2%

illiterate respondents had their school going children. But they didn't go school due to closure of school during the COVID-19 crisis. Although previous studies have demonstrated at the same line Uterricht and Kultus (2020) analyzed that COVID-19 has affected all levels of the education system, from pre-school to tertiary education. Different countries have introduced various policies, ranging from complete closure in Germany and Italy.

## IMPACT ON EMPLOYMENT AND FOOD

Present study found that 55% of the respondents were in the category of paid employment and 67% of respondents' family was suffering from food related lacking during the COVID-19 crisis. Bhatt (2020) estimated that a slump in the economy affects employment. According to a study by the National Planning Commission, it is estimated that more than six million people will be unemployed because of the pandemic. Budhathoki (2020) opined in another report by the International Labour Organization (ILO) predicts that 3.7 million Nepalese are facing employment issues due to the pandemic. The ILO report further states that the current pandemic has led to an immediate disruption of around 1.6 million to two million jobs in Nepal, where there is either complete unemployment or reduced working hours and salaries.

## IMPACT ON HEALTH

The finding of this study reveals that among the total respondents' family 30.5% had blood sugar related, 27.8% had BP related, 5.6 % had TB related, 5.6 % had kidney related and 30.5% had others category of health problems. But majority (86.1%) respondents family did not get chance to treatment during COVID-19 crisis. In the same manner, WHO (2020) found that health services have been partially or completely disrupted in many countries. More than half (53%) of the countries surveyed have partially or completely disrupted services for hypertension treatment; 49% for treatment for diabetes and diabetes-related complications; 42% for cancer treatment, and 31% for cardiovascular emergencies. Rehabilitation services have been disrupted in almost two-thirds (63%) of countries, even though rehabilitation is key to a healthy recovery following severe illness from COVID-19.

## IMPACT ON PSYCHOSOCIAL ASPECT

Among the total respondents 12% had the psychosocial related current burning problems in the family. But in the thinking about future of the family related question, respondents psychologically thought 24%

darkness, 31% as God's wish, 13% will be better, 16% somewhat hopeful and 16% don't know. Although studies related to mental health in patients with COVID-19 are scarce, several authors highlight that it is possible to predict more or less the expected consequences in mental and physical health of the most vulnerable parts of the population (Kang *et al.*, 2020).

## IMPACT ON RELIGION AND CULTURE

Family member of the respondents are bounded by socio-cultural, religious and rituals in their relatives and society. Such activities are the birth, death, marriage rituals, JATRAS, PURANS and other cultural heritage. Study found that majority (82%) respondents couldn't attend that functions due to COVID-19 crisis. This indicates that the socio-religious and cultural unavoidable activities to be postponed for health security purposes. Amatya (2020) argued that the prominent festivals like Seto Machindranath and Rato Machindranath chariot festivals, the khat yatras or chariot festivals of Bisket, Mothers' Day festival at Matatirtha pond and numerous other local and regional cultural events have been forced disrupted. The most important religious centres like Pashupatinath temple, Swayambhu Stupa, and numerous other Hindu temples and Buddhist stupas and shrines have been left desolated. This precarious situation has also left some psychological problems among the people particularly among the religious minded people.

## CONCLUSION

Respondents and their family of the study population had already experiencing economic shortcomings before the COVID-19 crisis. During the COVID-19 crisis period the economic, social, health, cultural and psychosocial aspects of the respondents' family have been bearing challenges. Economic, social, health, religious and cultural events were severely affected by the COVID-19 pandemic due to their poor socio-economic vulnerability and their weak capacity to respond crisis. This kind of crisis focused necessitates for the imperative act to mitigate the pandemic's health and economic consequences, protect vulnerable population, and regulate the step for ongoing recovery. Concerned stakeholders have to set the policies to reform through immediate and continuing efforts for strengthening health services and setting in place targeted stimulus actions to assist to make progress of socio-economic and health condition.

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## *References*

Amatya, S. (2020). Lockdown Offers Time To Refurbish Heritages. 25 May 2020.

Bastola, A., Sah, R., Morales, A. J. R., Lal, B. K., Jha, R., Ojha, H. C., . . . Pandey, B. D. (2020). The first 2019 novel coronavirus case in Nepal. The Lancet, 20(3), 279–280. *https:// doi.org/10.1016/S1473-3099 (20)30067-0*

Bhatt, D. (2020). Lockdown karan khosiyo 60 lakh Nepaliko Rojgar/6million Nepali will lose job due to lockdown:Nepalkhabar Online Paper, 5 May 2020 https// nwepalkabar.com/economy27448.2020.05.19.16.36.46 Accessed on 30 May 2020

Budhathoki, G. (2020). Gharbandika karan 37 lakh naepali rojgar sankatma/37 lakh Nepali face employment crisis due to lockdown: News Khabar Online 9 may 2020 https//nwepalkabar.com/news157643html Accessed on 10 May 2020 *https:// goodcalculators.com/sample-size-calculator/ © 2015-2020 goodcalculators.com*

Kang, L., Li, Y., Hu, S., Chen, M., Yang, C., Yang, B. (2020). The mental health of medical workers in Wuhan, China dealing with the 2019 novel coronavirus. The Lancet Psychiatry, 7, E14. Google Scholar | Crossref | Medline

Kumari T. and Shukla V. (2020). Covid-19: Towards confronting an unprecedented pandemic. *International Journal of Biological Innovations. 2(1):1-10. DOI: https://doi.org/ 10.46505/IJBI.2020.2101*

Ministry of Health and Population Nepal. (2020). https://covid19. mohp.gov.np/#/ Minority Rights Group International. (2020, April 27). Statement on the impact of the Global COVID-19 pandemic on persons with disabilities from minority, indigenous and other marginalised communities. *https://minorityrights.org/2020/ 04/27/statement-covid-19-pandemic-on-personswith-disabilities-from-minority-indigenous-communities/*

NDTV. (2020). Nepal reports South Asia's first confirmed case of deadly coronavirus. *https://www.ndtv.com/world-news/ nepal-reports-south-asias-first-confirmed-case-of-deadlycoronavirus-2169362*

Singhal T. (2020). A review of coronavirus disease-2019 (COVID-19). The Indian Journal of Pediatrics. Published online.

South Asia Monitor. (2020). 'Nepal's economic growth set to slump to 27 percent' South Asia Monitor, 30 April 2020, https//southasia monitororg/development /nepals-ecnomic-growth-set-slump—27-percent. Accessed on 10 June 2020

The Kathmandu Post. (2020, March 9). Impact of COVID-19 on Nepali economy 9 March 2020.

The Kathmandu Post. (2020c, March 23). 19-year-old woman who returned from France via Qatar test positive for COVID-19. *https://kathmandupost.com/health/2020/03/23/ 19-year-oldwoman-who-returned-from-france-via-qatar-tests-positivefor-covid-19*

The Kathmandu Post. (2020d, January 24). Officials confirm coronavirus in Nepali man who returned from Wuhan. *https://kathmandupost.com/national/2020/01/24/ officialsconfirm-novel-coronavirus-in-nepali-man-who-returnedfrom-wuhan-earlier-this-month*

Unterricht and Kultus. (2020). Unterricht an bayerischen Schulen wird eingestellt. *https://www.km.bayrn.de/allgemein/meldung* 6901/unterricht-an-bayerischen-schulen-wird-eingestellt htm(Internet). Bayerisches Staatsministerium fur Unterricht und Kultus, (cited 2020 Mar 20). Available from:

WHO. (2020). COVID-19 significantly impacts health services for non communicable diseases. World Health Organization 1 June 2020

Worldometer. (2020). *https://www.worldometers.info/coronavirus/?*

Wu, Y. C., Chen, C. S., & Chan, Y. J. (2020). The outbreak of COVID-19: An overview. Journal of the Chinese Medical Association, 83(3), 217–220. https://doi.org/10.1097/JCMA.0000000000000270 Xiang, Y. T., Li, W., Zhang, Q., Jin, Y., Rao, W. W., Zeng, L. N., . .

Zhou P., Yang X., Wang X., HU B., Zhang L., Zhang W., Si H., Zhu Y., Li B,. Huang C., Chen H., Chen Y., Shen X., Wang X., Zheng X., Zhao K., Chen Q, Deng F., Liu L., Yan B., Zhan F., Wang Y., Xiao G. and Shi Z. (2020). A pneumonia outbreak associated with a new corona virus of probable bat origin. Nature. 579:270-273.

Zhu, N., Zhang, D., Wang, W., Li, X., Yang, B., Song, J., . . . Tan, W. (2020). A novel coronavirus from patients with pneumonia in China 2019. The New England Journal of Medicine, 382, 723–733. https://doi.org/10.1056/ NEJMoa2001017.