PERCEPTIONS AND EXPERIENCES OF PEOPLE REGARDING COVID-19 PANDEMIC IN NEPAL: A QUALITATIVE STUDY USING PHENOMENOLOGICAL ANALYSIS

Population profile of the study sites:

Based on the heterogeneity of health facilities, culture, tradition, people’s behavior, and geography to access effective health services, Kathmandu, Kanchanpur, Bajura, and Jhapa districts were selected purposively. These districts vary considerably in terms of their geography, socio-economic, and cultural characteristics thus enabling us to study the population from different perspectives. The municipalities in the district were conveniently selected and wards were selected randomly. Ward is the smallest administrative unit under the local government in Nepal.

Kathmandu, the capital city in the central part of Nepal, is the representation of the urban population. According to the National Population and Housing Census 2011, the total population of Kathmandu is 1,744,240 occupying 436,344 households. It has a very high population density of 4416 people per square kilometer and low illiteracy of 12 percent. It has the most sophisticated and advanced healthcare services in Nepal and has also reported the highest number of daily COVID-19 cases as well. Kathmandu bears high mobility of heterogeneous groups of people from all over the country. Therefore, this district was selected to provide an urban perspective in the study.

Kanchanpur, the westernmost terai district of Nepal, has a population density of 280 per square kilometer and illiteracy of 27 percent. 451,248 people are currently living in 82,152 households. Furthermore, being on an open border with India, it is also highly vulnerable to the spread of the COVID-19.

Bajura, belonging to rural hilly parts of Nepal, has a very low population density of 62 people per square kilometer and a very high illiteracy rate of 42 percent. The population of this district is very low with 134,912 people living in 24,908 households. It has a poor infrastructure in terms of health
services with the available health services not easily accessible. It provides us with a rural perspective in this study.

Jhapa is the easternmost port of entry into Nepal from the neighboring country India with which it shares an open border. The district has a population of 812,650 living in 184,552 households. Additionally, a high population density of 506 people per square kilometer and an illiteracy rate of 23 percent makes it quite vulnerable to disease transmission which further amplifies the need for conducting a study in the district.