

What does Social Distancing and Stay at Home mean to those on low incomes in Bangladesh?

Under the advice of the World Health Organization, countries around the world have implemented state messaging campaigns to ensure their populations socially distance and stay at home. Here Ranjan Saha Partha (Jahangirnagar University, Bangladesh) and Abul Kalam (Helen Keller International, Bangladesh) explain what they discovered by interviewing 30 people on low incomes in the districts of Savar and Ashulia just outside of Dhaka.

The first case of COVID-19 in Bangladesh was reported on 8 March 2020, with the country's first coronavirus death registered ten days later. As of 23 May, the total number of COVID-19 cases in Bangladesh was 32,078 with 452 deaths, according to the [Institute of Epidemiology, Disease Control and Research \(IEDCR\)](#).

Like other countries around the world, Bangladesh has followed the World Health Organization's (WHO) universal [guidelines](#) on infection prevention and the control of COVID-19. Following these guidelines, the government has been disseminating messages on hygiene and social behaviour to prevent the spread of the virus.

Since 1 April, we have been conducting research aimed at understanding how people on low incomes (i.e. rickshaw and van pullers, day labourers, housemaids, garment workers, hawkers, shoe-makers etc.,) perceive the key terms associated with the government's campaign, as well as how they've experienced this pandemic. As of 20 May, we conducted 30 interviews to understand local perceptions on the government's COVID-19 messaging, looking specifically at the terms Social Distancing and Stay at Home.

Social distancing

The concept of Social Distancing has been [heavily](#) criticised by social scientists for being associated with negative personal characters and activities, such as a loner or pertaining to an ego-centric character. While social solidarity is an important aspect of religious, social and political activities, in Bangladesh social distance is in opposition to such practices.

From our interviews, we found that due to the term Social Distancing, people in Bangladesh saw frontline health workers (doctors, nurses, medical technicians and other care providing workers) and patients with COVID-19 as sources for spreading the virus. We also found that homeowners and neighbours subsequently favoured evicting these people from their homes. We also found that people did not want to participate in *janaza* (burial) of a person who died from COVID-19. A respondent told us,

Social distance means expelling someone from society. If someone has coronavirus, she/he should be ostracised from society. She/he should not stay in society along with others. Even if someone dies from coronavirus, then his/her funeral should not be performed.

In our interviews, we therefore found that the term Social Distancing often creates [fear and exclusion](#) from society, and finally [stigma](#).

We also found that even the families of a victim of coronavirus have denied taking their relative's dead body from the hospital due to fears of the virus. A report of [children leaving their elderly mother](#), who they suspected of having the virus in the jungle, made headlines across the country. The fear of the virus therefore runs throughout the community as we also learnt about the widespread resistance to a proposal to build a specialised hospital and quarantine centre to treat coronavirus-infected patients.

While we found cases of an absence of social solidarity, we also observed many people providing food and cash assistance to the poor. Likewise, many landowners pardoned rents of day-labourers for losing their jobs due to the epidemic. Such cases are examples of a reconstruction of social solidarity while maintaining physical distance.

Stay at Home

Generally, home is conceptualised as a place of protection or shelter. In our study, we thought about the Stay at Home message in a critical way, especially concerning the social reality of those on lower incomes in Bangladesh. In the city, open spaces and footpaths are home for many people, hence the very concept of 'home' means something different to those living in an apartment or house.

However, as our interviews showed, the fact that many depend on a daily income to survive (a source of income that stopped due to pandemic), the advice of staying at home created an extra burden for them. While government and non-government agencies have provided relief, the amount has not been sufficient comparable to their needs. Therefore, these people face a hard choice: go outside or starve. This situation was expressed by one of our study participants,

One day a group of people from a volunteer organisation came to us. They gave us 5 kilograms of rice, 1 kilogram of dal, 1 litre of oil and liquid. Our food is finished. Now I will starve to death if I stay at home or die of corona if I don't.

Quarantine/isolation

If someone has symptoms of coronavirus, they are advised by the Bangladesh government to isolate, leaving many to try and live with some kind of separate arrangement within a household with others without symptoms. Here they will need to use a separate bedroom and toilet. Access to a separate bedroom and a toilet is impossible for those on a low incomes who mostly already live in a communal setting. Such instructions have been mainly developed based on the socio-economic realities of 'first world' citizens and are simply impossible to follow for those living in a slum. In our 30 interviews, we found that 15 interviewees did not have these types of private options. As a result, even though the instructions are understandable to them, they do not have the capacity to follow them. One respondent told us,

I was suffering from a cough and cold, which I discussed with a doctor over phone. She advised me to live in a separate room [and], use a separate toilet so that my family members cannot come into my contact. But how could I manage such arrangement as my children, wife and I are living in a room and six families share a common toilet. It is impossible for me to stay separately; Allah knows better what would happen to us.

The key concepts of Bangladesh's COVID-19 preventive messages fail to recognise the social and cultural reality of people on low incomes. In these cases, a big problem is created: many of the people from our study are simply avoiding government instructions due to the fact that they are just not applicable to their lives. In this context, these key terms should be contextualised according to the norms and perceptions in a country with many on low incomes.

This article gives the views of the authors, and not the position of the South Asia @ LSE blog, nor of the London School of Economics. Featured image: Social Distancing Cartoon; Credit: [iXimus, Pixabay](#).