

# Life in the Times of Coronavirus in Bangladesh: A Gendered Perspective

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## Executive Summary

Globally, the COVID19 pandemic has monumentally changed societies, economies, and communities, affecting everyone in far corners of the world, irrespective of age, class, gender, religion, and nation. There was a distinct difference in the ways in which men and women were affected by the lockdown, loss of work and income, trying to access healthcare and coping mechanisms with the pandemic environment. Therefore, this research attempted to collect human, in particular, gendered experiences of surviving and living through this pandemic in one of the populated and under-resourced countries in the world - Bangladesh. BRAC James P Grant School of Public Health (BRAC JPGSPH) of BRAC University, collaboration with Manusher Jonno Foundation (MJF) supported by the Share-Net International carried out the research to understand the socio-economic, psychosocial, and health impacts of the COVID19 through gender perspectives on people's lives in Bangladesh. There was a particular focus on sexual reproductive health and rights (SRHR) in this research study.

This current study collected qualitative data through 10 focus group discussions (FGD), 6 in-depth interviews (IDIs) from 10 different ecological regions from across Bangladesh from October-November 2020. The areas of data collection were Rangamati and Bandarban (Rural, Hill Tracts, Indigenous people), Netrokona (Rural, Haor basin area), Kurigram (Rural, Char area), Patuakhali and Barguna (Rural, Coastal region/ climate vulnerable area), Nilphamari (Rural, disadvantages group), Dhaka (Metropolitan city, Slum), Savar (Peri-Urban, people with disability). The areas were selected strategically by MJF based on their local partners and accessibility.

Findings revealed that people had overall general knowledge, route of contamination of the corona virus and prescribed safety measures, however, men found to be relaxed with maintaining hygiene practices compared to their female counterparts. Since male members of the household went outside more frequently compared to the women, attending to economic and social activities, it was difficult for men to maintain the prescribed safety measures for all times. This attitude and practice increased the risks of contamination.

People were more anxious about their food, income and livelihood than fear of contracting the novel coronavirus. This income loss affected every aspect of everyday people's lives in Bangladesh. The initial lockdown from March 2020 in response to the pandemic led to a massive economic shock, increasing poverty and decreasing household savings and consumption. Due to economic crises, household members faced severe difficulties to arrange and meet daily household necessities. As a result, they had to cut down their amount of food consumption and other essential expenditures. It came as no surprise that vulnerable groups such as women, girls and children suffered severely due to social inequalities and pre-existing gender discriminations.

Due to the shutdown of educational institutions, interruption of education created immense worry among parents and students. With schools closed and mounting financial burdens, many of the respondents expressed their decisions to marry off their young daughters during such uncertain times, since they had "not doing anything". Instead of staying home, parents deemed it more appropriate for their daughters to get married and run their own households, a form of work that is considered (by families) to be the most important role for women in Bangladesh.

Given the socio-economic income group of the respondents, it was a common phenomenon for them to have limited access to formal health care services or for respondents themselves not to avail health care service in general. Moreover, health service centers were more concerned about COVID related management, as a result, other illnesses such as essential sexual and reproductive health services, particularly for female members, were sometimes

ignored or underserved by service providers. With pandemic-induced financial struggles, many of the female respondents shared stories on how they compromised with their menstrual hygiene by cutting down the expenses of buying sanitary napkins and using rags instead. For increasing psychological stresses, they identified income loss, no work, poverty, tension on how to take care of family members, and how to purchase daily necessities in addition to fear of contracting the novel coronavirus.

Citizens of the country maintained the restriction order on mobility only during the first few weeks of lockdown. Due to work, men were found not to follow the lockdown orders whereby, mobility of women came to almost a standstill due to the pandemic. Due to the proliferation of internet access through mobile phones, those with access to social media, such as Facebook, Youtube and Messenger, saw a significant increase in usage. Some received advice and prescription from doctors over phone calls when unwell and unable to go to the hospitals/clinics.

Female respondents overwhelmingly stated they were overburdened with household responsibilities during and even after the lockdown. With all family members staying home, it fell on the women to provide extra support to everyone. This extra work pressure, including other crises created added stress to the women. They also thought increased family disputes that most quarrels took place between husband and wife due to the economic crisis, and tension among family members.

During the lockdown period, husband-wife spent more time at home compared to pre-Covid time. As a result, the husband's demand for sexual relations increased during this time as, "men had nothing to do in house". On the other hand, female respondents stated that they felt less attraction and too tired to have sex as they had to do additional household chores during lockdown period. The refusal to engage in conjugal activities often led to violent reactions from the husbands against their wives. Married female respondents also added that their husbands were having difficulties in sexual performance. This they associated with emotional and financial stress exacerbated by the pandemic.

All respondents agreed that gender based violence (GBV) increased visibly during the pandemic era. Unable to provide for the family, feelings of emasculation and general uncertainty of their lives and livelihoods led to increased aggressive behaviors and partner abuses. Though both men and women lost their incomes, and experienced similar stresses, women continue to have less room to express their anger. National reports support these findings with nationally increased incidences of sexual harassment and rape due to pandemic situations.

The critical point expressed by all respondents of the study is that of economic instability and its related social impacts on people's lives due to the outbreak of coronavirus. This study revealed that COVID19 pandemic continues to devastate lives and livelihoods of especially poor communities, further pushing them into greater vulnerabilities. Though men and women had shared experiences of the COVID19 difficulties, the impacts of lockdown, post-lockdown emergency environment, and overall pandemic situation intensified gender-based disparities further. The research clearly demonstrates the critical need to incorporate gender responsive information and analysis in the policy mechanisms in times of health and social crises.

## **1. Background**

By the time the research team will be completing this report, the world will be commemorating one year of pandemic caused by the novel coronavirus, Sars-Cov2 or COVID19. What was initially considered as a regional outbreak of SARS-like virus, soon took over the world, closing borders, shutting businesses, and stopping life as we knew it. Globally, the pandemic has monumentally changed societies, economies, and communities, affecting everyone in far corners of the world, irrespective of age, class, gender, religion, and nation. While teams of bio-scientists are leading public health policies, vaccination research, and frontline responses, as social scientists, it is imperative for us to capture some of these unique movements, changes, readjustments that have been brought about by these unprecedented events. This research attempted to collect human, in particular, gendered experiences of surviving and living through this pandemic in one of the populated and under-resourced countries in the world - Bangladesh. This research wanted to bring forward some stories, nuanced strategies from different parts of the country to showcase how everyday people in Bangladesh lived, and are still living, through this pandemic.

The first case of COVID19 was identified in Bangladesh on March 8 2020 and a national lockdown was imposed on 26 March which issued an order to close all schools, business centers, transportation, banned public gatherings, and ordered people to stay at home<sup>[1]</sup>. Within a month of the lockdown, it became evident that the economy would not be able to sustain a prolonged closure. With the country depending heavily on foreign remittances from migrant workers and the ready-made garments sector, the government had to consider relaxing the lockdown from 30 May 2020. Furthermore, the local economy, especially agriculture that accounts for 13.02% (2019-20 fiscal year)<sup>[2]</sup> of the GDP, faced serious loss with communication and transportation affected during the lockdown. Both rural and urban poor populations are engaged in various informal economic activities, which all came to a sudden standstill due to the pandemic<sup>[3]</sup>. It was not only the lockdown but the initial fear of contracting this unknown virus, inability to access healthcare services, and the overall lack of socio-economic safety nets that created a general sense of anxiety, stigma, and fear<sup>[4, 5, 6]</sup>.

Thereafter, lockdown was relaxed a little from 30 May 2020. But the economy and social activities took time to pick up again as transmission rates were still quite high<sup>[7]</sup>. Communities, particularly those belonging to low and middle income groups, faced increased

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<sup>1</sup>Government of Bangladesh Cabinet Fighting with coronavirus: press briefing of Cabinet Secretary. [https://cabinet.gov.bd/sites/default/files/files/cabinet.portal.gov.bd/notices/9abbd38f\\_f012\\_401c\\_a172\\_4654fc2ffada/corona%20press%20briefing.pdf](https://cabinet.gov.bd/sites/default/files/files/cabinet.portal.gov.bd/notices/9abbd38f_f012_401c_a172_4654fc2ffada/corona%20press%20briefing.pdf)

<sup>2</sup>Jahidul Islam (11 August, 2020). Economic growth drops to 18-year low in FY20. The Business Standard . Accessed March 6, 2021

<sup>3</sup>Rahman HZ, Matin I, Banks N, Hulme D. Finding out fast about the impact of Covid-19: the need for policy-relevant methodological innovation. World Development. 140(2021). [doi:10.1016/j.worlddev.2020.105380](https://doi.org/10.1016/j.worlddev.2020.105380)

<sup>4</sup>Bodrud-Doza M, Shammi M, Bahlman L, Islam AR, Rahman M. Psychosocial and socio-economic crisis in Bangladesh due to COVID-19 pandemic: a perception-based assessment. Frontiers in public health. 2020 Jun 26;8:341. doi:10.3389/fpubh.2020.00341

<sup>5</sup>Brooks SK, Webster RK, Smith LE, Woodland L, Wessely S, Greenberg N, Rubin GJ. The psychological impact of quarantine and how to reduce it: rapid review of the evidence. Lancet. 2020 Mar 14; 395(10227):912-920.DOI:[https://doi.org/10.1016/S0140-6736\(20\)30460-8](https://doi.org/10.1016/S0140-6736(20)30460-8)

<sup>6</sup>Qiu J, Shen B, Zhao M, Wang Z, Xie B, Xu Y. A nationwide survey of psychological distress among Chinese people in the COVID-19 epidemic: implications and policy recommendations [published correction appears in Gen. Psychiatr. 2020 Apr 27;33(2) e100213corr1. Gen Psychiatr 2020;33:e100213 Published 2020 Mar 6 doi:10.1136/gpsych-2020-100213.

<sup>7</sup>Shammi M, Bodrud-Doza M, Islam AR, Rahman MM. Strategic assessment of COVID-19 pandemic in Bangladesh: comparative lockdown scenario analysis, public perception, and management for sustainability. Environment, Development and Sustainability. 2020 Jul 18:1-44. DOI: <https://doi.org/10.1007/s10668-020-00867-y>

challenges due to fear of contamination, loss of income, increase in levels of poverty, and overall uncertainty about the future. Along with interrupting everyday activities, the confusion and chaos around pandemic lockdown-stay-at-home initial policies, increased mental stress, social and family unrest, violence among people.

The experiences, the impacts, the stories, from the very beginning of the declaration of the pandemic, were observed to be gendered. That there was a distinct difference in the ways in which men and women were affected by the lockdown, unable to get to work, and trying to access healthcare in these confusing times<sup>[8]</sup>. As early April 2020, the Lancet brought out a special commentary on the state of global lockdown, stating that women were adversely affected by the public health measures<sup>[9]</sup>. With reduced mobility and greater household responsibilities, women globally, across socio-economic and geographic groups were observed to have gone significant steps back in both social and economic footholds. Moreover, the Guttmacher Institute stated in their impact assessment report that as high as 15 million unwanted pregnancies would take place due to the disruption in reproductive health services due to pandemic shutdowns<sup>[10]</sup>. UNFPA, Guttmacher Institute, and Marie Stopes International all brought out concerning reports of women globally now stuck at home with their perpetrators, and more so, with field activities coming to a halt, survivors would not receive legal and medical support as before<sup>[11]</sup>. While the COVID19 virus itself did not discriminate against either of the genders, the pandemic was notably gendered in its transgressions.

This six-months long action research with the support of the Small Grants from Share-Net International (SNI), the research teams of BRAC James P. Grant School of Public Health, BRAC University (BRAC JPGSPH) and Mansuher Jonno Foundation (MJF), partnered to take an attempt to collect some of those gendered experiences of the pandemic in Bangladesh. Coming from both organizations' strengths in extensive research on public health (BRAC JPGSPH) and rights based advocacy (MJF), the research project emerges from on-going work on issues on gender and sexual reproductive health rights (SRH). While several such research were and continue to be conducted, this particular one focused on collecting lived experiences of the people, especially women from different parts of the country, focusing on issues of sexual reproductive health rights (SRHR) and gender based violence.

In addition, to wider circulate these stories, the project formulated a podcast series in Bengali and English to present the findings and the voices of the women for the global audience. By looking at the lived experiences of various communities and in particular the women of Bangladesh, the research team aimed to better engage with stakeholders on the possibility of creating gendered and SRHR focused response policy for current and future outbreaks.

## 2. Methods

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<sup>8</sup>UN Women. Unlocking the Lockdown: The Gendered Effects of COVID-19 on Achieving the SDGs in Asia and the Pacific, 2020.  
[https://data.unwomen.org/sites/default/files/documents/COVID19/Unlocking\\_the\\_lockdown\\_UNWomen\\_2020.pdf](https://data.unwomen.org/sites/default/files/documents/COVID19/Unlocking_the_lockdown_UNWomen_2020.pdf)

<sup>9</sup>Burki T. The indirect impact of COVID-19 on women. *The Lancet Infectious Diseases*. 2020 Aug 1;20(8):904-5. DOI:[https://doi.org/10.1016/S1473-3099\(20\)30568-5](https://doi.org/10.1016/S1473-3099(20)30568-5)

<sup>10</sup>Riley T, Sully E, Ahmed Z, Biddlecom A. Estimates of the potential impact of the COVID-19 pandemic on sexual and reproductive health in low-and middle-income countries. *International Perspectives on Sexual and Reproductive Health*. 2020 Jan 1;46:73-6.

<sup>11</sup>Riley T, Sully E, Ahmed Z, Biddlecom A. Estimates of the potential impact of the COVID-19 pandemic on sexual and reproductive health in low-and middle-income countries. *International Perspectives on Sexual and Reproductive Health*. 2020 Jan 1;46:73-6.<https://doi.org/10.1363/46e9020>

To understand the socio-economic, psychosocial, and health impacts of the COVID19 through gender perspectives on people's lives in Bangladesh, this study applied a qualitative approach to conduct this study. BRAC JPGSPH, collaboration with MJF carried out the research. Initial research conceptualization was based on three in depth telephone-based interviews of women based in two different areas - Dhaka and Sylhet. Those interviews were conducted in March and April 2020, during the hard lockdown period.

It should be noted that JPGSPH partnered particularly with MJF, a renowned NGO that works nationally with various local partner organizations, because of its own research on violence against women since the very beginning of the lockdown in March 2020. In addition, the research builds on the small survey carried out during April 22 - May 6, 2020 on “stigma and fear of COVID19” and earlier research project on “Understanding sexual and reproductive health and rights situation of young males (aged 15-24) in Bangladesh during COVID-19 pandemic: A qualitative exploration”, both conducted by JPGSPH. A joint webinar by BRAC JPGSPH and MJF was conducted in July 2020 on some of the initial observations on gendered experiences of the pandemic, forming the basis for Life in the Times of CoronaVirus research project.<sup>12</sup>

This current study collected data from 10 different ecological regions from across Bangladesh which included Rangamati and Bandarban (part of Chittagong Hill Tracts, indigenous communities), Netrokona (rural, *haor basin*/wetlands); Kurigram (rural, *char*/inland islands/sand bank settlements); Patuakhali and Barguna (rural, coastal region and climate vulnerable areas); Nilphamari (rural) Dhaka City (urban settlements); Savar (peri-urban, focused on communities with special needs). The areas were selected strategically by MJF based on their local partners and accessibility. It is important to note that initial commencement of the project was in August 2020, with the MJF supported partner organizations going into the field in October 2020. This meant that while the economy was open, there was still strict work from home policy across the country, among both government and non-government organizations. The selection of the field sites therefore had to take into account the coronavirus policies of that time period while keeping in mind to extend to as diverse a population as possible.

For data collection, focus group discussions (FGD) and in-depth interviews were conducted with different age categories, socio-economic characteristics of male and female. The respondents were selected based on their gender, age, education, income, as well as their availability and willingness to participate in these interviews. Written informed consent was obtained from all the respondents before data collection. Seven respondents participated in each of the FGDs. A total of 10 FGDs (6 with females and 4 with males) and 6 IDIs (4 with females and 2 with males) were conducted from October to November 2020 (Table 1).

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<sup>12</sup> Gender, Violence, and Women’s Experiences During COVID19 Webinar, July 8, 2020  
<https://www.youtube.com/watch?v=lopRCHQ2J14&t=279s>

Table 1: Locations and participants of different methods used for data collection

	Location	FGD		IDI	
		Male	Female	male	Female
Rangamati	Rural, Hill Tracts, Indigenous people		1	1	
Bandarban		1			1
Netrokona	Rural, Haor basin area	1		1	
Kurigram	Rural, Char area		1		
Patuakhali	Rural, Coastal region/ climate vulnerable area	1			
Borguna			1		1
Nilphamari	Rural, disadvantages group		1		1
Dhaka city	Urban (Dhaka), Slum		2		1
Savar	Peri-Urban, people with disability	1			

Before collecting data, guidelines for FGD and IDI were prepared and pretested. The guidelines included topics on perception and practices regarding management of COVID-19 disease and infection, daily life activities during pandemic and lockdown (impact on work, income, education, mobility, psychological aspects), overall health experience and health seeking behavior including sexual and reproductive health, social and family relation, conjugal relationship, gender based violence, wish to get support etc.

Data collectors were selected from MJF's partner NGOs. Two from each of the 10 NGO staffs, from 10 different study locations where data would be collected, were trained by JPGSPH colleagues through one-day online training sessions. The training included topics on study objectives, issues and process of data collection, documentation and reporting. All of the interviews were recorded with respondent's consent. After collecting data, a summary of the each interview was done, then data were present in a data matrix, compared with data among different groups, locations and thematic analysis was done for reporting. Recordings were then provided to an external consultant to produce the podcast series.

### **3. Findings from initial study on stigma, MJF research on violence against women, and in-depth interviews with female respondents**

It is important to note that at different stages of the pandemic (initial hard lockdown, semi-opening of the economy, and complete opening in addition to vaccination roll out), there were varied reactions and responses to the virus as well as national public health policies. These experiences were also highly gendered, providing a nuanced insight into the ways in which societies and government structures respond to different groups in times of crisis.

As mentioned above, this research project was built on scoping interviews and surveys by JPGSPH colleagues as well as an in-house research on gender based violence by MJF. Both organizations were conducting these self-initiated data gathering exercises from the very

beginning of the pandemic, which demonstrate a far different scenario than that which was founded from the full roll out of this research project. It is therefore important to highlight some of the key findings/observations from those three scoping exercises to provide a basis of this research and its findings.

### 3.1. Violence Against Women and Children - MJF study

Manusher Jonno Foundation, Bangladesh collected information from 53 districts (Bangladesh has 64 districts) with the support of their local partner NGOs to document and understand the domestic and other types of violence against women and children in Bangladesh during epidemic and lockdown time. Data was collected through telephone interviews during April-July 2020. From the data of every month, it is found the alarming rate of women and children faced different kinds of violence during lockdown and pandemic and a huge number of women and children faced violence who never faced those kinds of experiences before pandemic and lockdown (Table 2).

Table 2: MJF's collected information on violence experienced by females and children from April-July 2020

Time of data collection	Number of districts covered	Number of respondents	Incidence of reported violence experiences	Number of victims had not experienced violence before	New victims Number and or (%)	Number of child marriage cases occurred	Number of child marriage stopped
April 2020	27	17,203	4,705	2,096	Females 1,672 children 424	33	141
May 2020	53	53,340 Females-37,434 Children-15,906	13,494	4,160	Overall 31% Females -2841(25%) Children- (1319) 61%	170	233
June 2020	53	57,704 Females-38,125 Children-19,579	12,740	3,332	Overall -26% Females- 1956(20%)Children -1376 (48%)	462	207
July 2020	53	63,968 Females-44,875 Children19,093	11,471	3,899	34% Females -3293 (39%) Children -606(20%)	174	132

MJF's report based on collected data in April 2020 shows that out of 17,203 responses, 4249 women and 456 children reported to have experienced some form of domestic violence during the lockdown in April 2020. Of these, 1,672 and 424 children reported they had never been abused before.

The data collected in the month of May 2020 shows that out of 53,340 respondents 13,494 reported they had experienced incidents of violence during this time and 4,160 reported (31% were "new victims") that they had never experienced violence before. This report also documented 170 child marriage cases from the data collection areas.

While the number of respondents grew with expansion of the data collection, the numbers do point towards a sharp increase in incidents of male members of the families inflicting various forms of abuse and violence upon the women and children in the households during the hard lockdown period. Economic hardships, emotional frustrations, and general feeling of fear and insecurity resulted to the increase incidences of violence against women and children. This finding coincides with the narratives shared by respondents from various sites for the Life in the Times of CoronaVirus research.

The numbers start to decline from June 2020 where out of 57,704 respondents, 12740 stated to have experienced violences and 3332 reported (26% were the new victims) they had not experienced violence before. From June, people started to move about and some of the industries such as the ready-made garments sector had opened entirely. This meant that some economic and social activities were taking place although nothing was close to normalcy. This is also the same month that MJF partners reported a sharp increase of 462 child marriages but because some social services were operational by this period that partner NGOs were able to prevent 207 child marriages.

By July, along with further opening of the economy, the incidences of violence came down to 11471, among whom, 3899 (34%) never were violated before the pandemic from a population of 63,968 respondents. Number of child marriages also came down to 174 cases were identified of which 132 child marriage were prevented, indicating that social service provision were again functional from this point onward.

The MJF's research on gender based violence during the initial pandemic period remains one of the more extensive primary data collection exercises, bringing in information from across the country. The study clearly demonstrated that lockdowns have detrimental effects on women and children whereby they were quite literally stuck with their perpetrators. With any form of socio-economic and now health insecurity, incidences of child marriage goes up, demonstrating a deep sense of gender biased against girl children whereby both their economic status as well as the issue of "honor" becomes a pressing reason to marry off daughters. This point is further illustrated in later sections from the FGDs and IDIs carried out later into the year.

Moreover, while it is important not to justify acts of violence, the pandemic lockdown clearly demonstrated the effects of overall socio-economic and emotional insecurities on male members of the households, leading to a rise in abusive behaviors. This also provides an important insight on issues around masculinity, mental health, and socio-economic (in)security. The next section on stigma and fear during the initial phases of the pandemic further highlights the critical issue of understanding masculinity and gendered power structures to address issues of inequalities and violence against women.

### 3. 2. Stigma, Fear, and COVID19 -BRAC JPGSPH study

An online survey was conducted between April 22 - May 6, 2020 on general people's perceptions of the novel coronavirus when it first appeared in Bangladesh. Along with the online survey, the scoping study also included extensive news analysis and telephone interviews with various respondents, all based in Dhaka City. The sample size of the online surveys was 173 respondents who were selected using a combination of the purposive and snowball sampling methods. Due to this approach, the respondents were urban based, had at least high school level education, and were from middle-income groups and above.

The survey showed that 30% of the respondents believed that migrant workers brought the virus into Bangladesh especially those who returned from Italy and China. Almost half (48%)

of the respondents perceived low-income groups of people (domestic workers, slum dwellers, RMG sector workers) may be infected through this disease. Moreover, 19.7% believed the epidemic is a result of “human sins and God’s wrath”.<sup>13</sup>

But what is relevant to this research is that the survey showed that respondents perceived men were the main carriers of the disease and around 95% of the respondents imagined urban areas are the most concentrated area, mainly Dhaka for disease and contamination of COVID19<sup>14</sup>. There was a fear of contamination and doctors and health professionals avoided providing services. Moreover, social stigma related to COVID-19 has also restricted many people from accessing and utilizing health services.

The stigma against men during the initial phases of the pandemic is an important finding because this would later perpetuate through loss of jobs and economic livelihoods of a large number of men (and women) in both formal and informal sectors. Because men had to go out for both economic and family related activities, the stigma was against them in the beginning. This perception changed eventually but for an extended period of time, the idea that viral transmission was due to low-income working population, remained within the urban areas. This points to the deeply class-based society of Bangladesh that influences issues of social safety net, healthcare services, and social-economic policies, as it will be further demonstrated in the report.

### 3.3. Understanding sexual and reproductive health and rights situation of young males (aged 15-24) in Bangladesh during COVID-19 pandemic: A qualitative exploration-BRAC JPGSPH study

This study collected qualitative data using telephone calls through in-depth interviews with 17 adolescent and young males (aged 15-24) during the second and third weeks of August 2020. Data from four different ecological areas of Bangladesh which were Shyamnagar of Satkhira district (coastal belt and rural), Jagannathpur of Sunamganj district (Haor area, rural), Rowangchhari of Bandarban district (hilly area and ethnic community) and Sholshahar rail station slum of Chittagong city corporation (urban slum).

Similar to the previous section, findings of this study revealed that young males also faced tremendous difficulties due to lockdown and epidemic and negative impacts on young men’s lives. They lost their jobs, income, felt bored, stressed and anxious due to economic difficulties, stayed at home, restricted mobility. Economic insecurity, fear about infection and loss of lives, food insecurity, tension among relationships, stopped education and uncertainty for the future also affect their psychological and physical health, their health seeking practices. It will be further demonstrated from the SNI supported research on how the pandemic further solidified the importance of focusing on boys and men in the wider gender equality programs.

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<sup>13</sup> Siddiqui, S. and Nowshin, N., “They Won’t Even Touch the Money We Touched”: Stigma, Shame, and COVID19, Research Brief, BRAC JPGSPH, BRAC University, May 2020

<https://covid-bracijgsph.org/front/covid/assets/files/research/Stigma-Shame-and-COVID-19.pdf>

<sup>14</sup> Ibid.

#### 4. Life in the Times of Coronavirus Research Findings and Analysis:

##### 4.1 Perception and attitude towards coronavirus and pandemic, safety measures

All of the respondents were found to have basic information regarding coronavirus and the fact that it is a highly infectious disease. They understood it to be a flu-like disease, caused by a virus or germs. Since all of the respondents were from MJF's partner organisation intervention areas and/or beneficiaries of various NGO-based projects, the local organizations had already carried out extensive information dissemination regarding the novel coronavirus and how to ensure safety measures. Hence, the respondents had overall general knowledge of the virus, route of contamination and prescribed safety measures.

*"Corona is a dangerous disease. Contaminated from one to another. We want to prevent it, we have to use masks, have to clean hands using soap for 20 seconds or using hand sanitizer. We will have to maintain social distance,"* (20 years old unmarried girl, Dhaka slum)

While respondents knew the safety measures and practices by heart, reality was that people in Bangladesh were not able to follow these directives other than wearing masks, increased frequency of washing hands and bathing. Social distancing, especially in cities like Dhaka, are pragmatically not possible due to lack of space and overpopulation. However, in the first months of the pandemic lockdown, respondents stated that they tried to maintain distance but gradually this measure no longer applied to the communities.

Though all groups had this information, study shows that women could recall the information relatively better than men. Irrespective of gender, respondents discussed the significant changes of their hygiene behaviors due to the pandemic. They considered the first two-three months of the outbreak as the "peak time" of the transmission rate when they tried to maintain hygiene practices the most.

Though all of them knew what should be done for maintaining hygiene, social distancing but it was shown that women maintained safety measures relatively more than the men. It was found that after the lockdown, men were much more reluctant to maintain safety practices. Since male members went outside more frequently compared to their female counterparts, attending social gatherings, going to markets, agricultural fields, and other workplaces, it was therefore difficult for them to maintain the prescribed safety measures. The women shared that though they asked the male members to maintain safety measures, the directives/requests were hardly followed by them. One married female respondent stated:

*"When my husband returned home, I asked him to wash hands, to change clothes. He maintained it for the first few days, but after some days, he did not care about my request. Sometimes, he argued and it led to quarrels among us."* (32 years old married females, Netrokona)

Though the respondents understood the need for the lockdown to restrict coronavirus transmission, they argued that people living in rural areas or people from low socio-economic backgrounds, could not afford to follow the prescribed safety practices. Arranging for soaps and detergents raised household expenditures, a difficult feat during times of general economic crisis. Social distancing was not practical or possible in most low-wage occupations such as wage/informal manual labour, those in the transportation and industrial sectors. Many of the men (and women) could not go to work and were forced to remain homebound for days.

*“How do we manage food if we ‘stay at home’ for a long time, we will die in hunger .. we are poor people, work daily and buy necessities with this income... we have no savings...” (27 years old married male, Netrokona)*

Data revealed that fear of contracting the virus among respondents particularly who were the main bread earners of the families, was relatively less after lifting of lockdown as they were compelled to go out to work:

*“How long would we stay at home without work, without income. . . .we are poor people, who will serve our food. We have to collect food by ourselves... we should not fear about corona..we will die one day, today or tomorrow” (35 years old married male, Barguna)*

While the fear of contracting COVID19 was in the back of the mind (and still remains), the stark reality of going hungry was far more tangible and daunting for communities.<sup>15</sup> One female respondent from the Barguna FGD stated, “As we do not maintain social distancing or wear masks, everybody is now at risk...”

Moreover, mainly among the male respondents, the notion of religion and the “will of God” was found to be an important perception for them. There is a general belief of a higher preordained fate that governs people’s life and death, and so, no matter how safe or rule abiding, if it is meant to be, individuals will contract and die from COVID19.

*“I do not feel that I am at risk as disease is given by Allah. If HE gives it, HE will show the route to get away from it...” (35 years old married male, Savar, Dhaka)*

Majority of the respondents stated that they found the COVID19 safety measures to be impractical and unfeasible in relation to their realities. Even those who own small businesses and are able to retain some form of distance and personal hygiene, mentioned that during work it was very uncomfortable for them to continue wearing the mask for a prolonged period of time. The experience was suffocating:

*“It is not possible to use a mask for a long time, I feel suffocated, as we are not used to wearing it.” (30 years old Chakma married male, Rangamati)*

## 4.2 Impacts of Covid 19 pandemic

### 4.2.1 Economic impact

Globally, the imposition of lockdown in response to the pandemic has led a massive economic shock, increasing poverty and decreasing household savings and consumption<sup>[16]</sup>. This study data showed that all research participants mentioned being worried about their livelihoods. The pandemic interrupted economic activity for all of our study respondents. The main concern among them was the household economic crisis led by the lockdown and not being able to go out to work. All respondents were found to suffer due to the nation-wide lockdown whereby temporary loss of work became permanent unemployment for many.

According to ILO, almost 87% of the labor force of Bangladesh is involved in some form of informal activity which means that there is very little job security and social safety nets

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<sup>15</sup> Zillur, H., Matin, I., et al., Livelihoods, Coping, and Support During COVID19 Crisis, on-going research, <https://bigd.bracu.ac.bd/study/rapid-survey-on-immediate-economic-vulnerabilities-created-by-covid-19-and-the-coping-mechanisms-of-poor-and-marginal-people/>

<sup>16</sup>Martin, A., Markhvida, M., Hallegatte, S. et al. Socio-Economic Impacts of COVID-19 on Household Consumption and Poverty. *EconDisCliCha* 4, 453–479 (2020). <https://doi.org/10.1007/s41885-020-00070-3>

associated with these temporal jobs.<sup>17</sup> This reflects with the participants of the study who were mainly day laborers, involved in farm and non-farm activities in the rural areas, a few were small business owners, and some were in the formal industries such as garments and private service positions.

The respondents who were day laborers were severely affected; they depend on the day-to-day earnings of the income-earner of the family. With no savings and resources to fall back on, most of them suffered immensely. Their situation demonstrated the need for wider economic safety nets for those in the informal sector.<sup>18</sup>

Those in agriculture mentioned that during the lockdown, they could not sell their fresh produce due to unavailability of transport facilities to get their goods to the market. Even when someone managed to transport their products to the market, there was a shortage of buyers, forcing them to sell at lower prices. One male farmer from the CHT area of Bandarban, shared his experience:

*“During the lockdown, we faced challenges to find good prices for our agricultural products. Most of the market was closed. We could not sell agricultural goods at the bazaar. Even the price was less as there were less people to buy them. So, we had to sell at half-price”* (50 years old male, Bandarban).

Respondents who own small businesses also reported that the supply of goods was interrupted due to transport mobility restrictions, creating problems with their operations. There were government supports for businesses of various sizes, but no one among this study received such financial packages. Opening businesses and therefore keeping the economy going were important national strategies. But even after the lifting of lockdown, there was a general low rate of customer turn-up that affected business across the country.

*“During lockdown, transport mobility for goods was also restricted and I did not get regular goods supply. Moreover, during coronatimes, customers were very few, business was very poor, income was very less and some days, I did not sell anything from my shop.”* (30 years old Chakma married male, Rangamati)

Most of the female participants of the study were homemakers. Few of them worked in private services, all of whom had lost their jobs during the lockdown. Some of the women in the CHT areas reported to own small businesses, which remained closed during the lockdown period. Even after lockdown, when they opened their businesses, there were no customers, hence income insecurity continued even after the opening of the economy. Due to this income interruption, all of the female respondents expressed their worries about their livelihoods, their inability to ensure family expenses.

*“The main problem was we had no income, regular income. We closed shops due to corona. Corona stopped income. I had to run my family with my savings. But, I was very worried, how long can I continue on the savings?”* (36 years old female in FGD, Rangamati)

Although the respondents were not completely against the government’s decision to impose the lockdown, they argued that the shutdown policy did have a highly adverse economic

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<sup>17</sup> ILO Bangladesh:

<https://www.ilo.org/dhaka/Areasofwork/informal-economy/lang--en/index.htm#:~:text=In%20Bangladesh%2C%2087%20per%20cent,workers%2C%20and%20other%20hired%20labour.>

<sup>18</sup> See Zillur, H., Matin, I., et al., Livelihoods, Coping, and Support During COVID19 Crisis, on-going research, <https://bigd.bracu.ac.bd/study/rapid-survey-on-immediate-economic-vulnerabilities-created-by-covid-19-and-the-coping-mechanisms-of-poor-and-marginal-people/>

impact on both formal and informal businesses. It is important to note that these responses were collected at the end of October 2020 and beginning of November 2020, over 5 months of the economy opening and yet, small businesses were still unable to recover from the financial loss. This points toward the need for discussing possibilities of financial supportive schemes for especially small and women-focused businesses to absorb some of the financial shocks. Especially if the pandemic continues for a prolonged period of time, affecting global supply chains and local businesses, it is important to explore financial support to these organizations.

Female respondents who were not directly involved in income generating activities, also shared their worries regarding financial constraints in their households as their family members lost sources of income. Due to this pandemic-induced financial crisis, the respondents were found to be subject to immense sense of household-related stress. Our findings reveal a rise in gender based violence, sexual harassment, and mental health challenges among the study participants and their community people as a result of the nation-wide economic fallout because of the pandemic.

Fall of income immediately affected budget cuts in everyday necessities including lowering of food consumption. Respondents shared experiences of borrowing money from their neighbors or relatives but also stated that getting a loan was tough since everyone was going through the same state of crisis and insecurity. Those who were financially well-off were hesitant to lend money as they feared that loan will never be repaid given job and work insecurities. Some respondents had to sell their household assets to buy food during the lockdown.

Whatever people were trying to sell during these times, be it agricultural products or household assets, they received lower prices due to general lack of effective demand. On the other hand, when they wanted to buy their daily necessities, (e.g. food), they had to spend extra money as essential goods were scarce in the markets. Respondents talked about losing money on both accounts.

The immediate effects of the pandemic such as massive unemployment, disruption of income generating activities, restriction of mobility - all have profound gender dimensions with long term socio-economic impacts. In any crisis situation, it is very common that vulnerable groups suffer first and foremost due to social and structural inequalities and pre-existing gender discriminations<sup>[19]</sup>. In this study we also found that when families were in economic crisis, women were forced to sell their assets or give their savings to maintain household costs.

*"Due to the corona lockdown, my husband's income was less. So he asked for my savings, which I had to tap into to buy household necessities. I had some poultry, I had to sell all of those to run my family. It was very challenging as we had to go through very financial hardship..."* (24 years old married woman, Nilphamari)

In the socio-cultural context of Bangladeshi households, men are commonly the primary breadwinners with women managing the homefront. Either from the money given to them for household expenditures or from home-based economic activities, many of the homemakers had some savings which were all spent due to the pandemic.

Not only day to day expenditures but the pandemic-induced economic shock impacted adversely on people's aspirations. Women's aspirations are always the first to be sacrificed in

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<sup>19</sup> Kuran, C. H. A., Morsut, C., Kruke, B. I., Krüger, M., Segnestam, L., Orru, K., ... & Torpan, S. (2020). Vulnerability and vulnerable groups from an intersectionality perspective. *International Journal of Disaster Risk Reduction*, 50, 101826. <https://doi.org/10.1016/j.ijdr.2020.101826>

the face of crisis, as shared by one of the young female respondents. Since she was married off at a young age, she had hoped to continue with her education and enrolled with Open University (a public university in Bangladesh). But this soon came to a sudden stop due to economic instability due to coronavirus. The young woman sounded very disappointed and hopeless as she stated:

*“I had to stop my study, corona destroyed all of my hopes, I am ruined and now I would never be able to continue my education.”* (18 years old married females, Nilphamari)

It cannot be stressed enough the gravity and enormity of the economic collapse due to Covid-19 pandemic. This theme came up repeatedly by the respondents that even with the economy opening, the inability to absorb such a massive shock has led to households to go into a sudden state of poverty. As mentioned, though the government of Bangladesh came up with a policy package for economic recovery and allocations for a safety net for the poor people, the implementation had many errors and delays. Moreover, the amount and size were small compared to the needs. Therefore, increased economic downturn could not be eliminated, rather increase in poverty has been reported in several other research studies<sup>[20]</sup>. According to Asian Development Bank, the economic growth rate of the Bangladesh has decreased from 7% to 5.2%<sup>[21]</sup>. As a result, the poverty levels, particularly in rural areas, have increased leading to the emergence of a category of ‘new poor.’<sup>[22]</sup>

#### 4.2.2 Impacts on Food and nutrition

As a result of the financial constraints and limited to no assistance, food consumption of most of the respondents’ household had gone down significantly. The respondents explained while their income levels went down, prices of essentials did not. Hence, it can be inferred that there has been a significant drop in their nutritional intake due to the pandemic. Other studies support this finding as they demonstrate that serious food shortages took place due to disrupted supply chain particularly for low income groups<sup>[23]</sup>.

Moreover, due to disruption in transportation systems, rural producers failed to market their products and had to dump perishable food products causing food insecurity<sup>[24]</sup>. Findings reveal that most of the respondents had to cut down their number of meals per day and reduce the amount and variety of food items during the lockdown since they could not afford consumption that of pre-Covid times. Even after the lockdown was lifted, the respondents refrained from consuming nutritious food such as fish, eggs, and meat given financial constraints.

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<sup>20</sup> Rahman HZ, Matin I. Livelihoods, coping, and support during Covid-19 crisis; 2020. <https://bigd.bracu.ac.bd/wp-content/uploads/2020/06/PPRC-BIGD-Final-April-Survey-Report.pdf>

<sup>21</sup> Asian Development Bank, (2020) ‘Economic indicators for Bangladesh’. Webpage. Retrieved from <https://www.adb.org/countries/bangladesh/economy>

<sup>22</sup> Rahman, H.Z., Rahman, A., Zillur, U., Matin, I., Gain, S.M., Mohammad, F. and Ahmed, S. (2020) PPRC-BIGD Rapid Response Survey. Livelihoods, Coping and Recovery During COVID-19 Crisis. Dhaka: Power and Participation Research Centre and BRAC Institute of Governance and Development

<sup>23</sup> ILO. ILO Monitor: COVID-19 and the world of work. Third edition Updated estimates and analysis. Geneva; 2020.  
Available: [https://www.ilo.org/wcmsp5/groups/public/@dgreports/@dcomm/documents/briefingnote/wcms\\_743146.pdf](https://www.ilo.org/wcmsp5/groups/public/@dgreports/@dcomm/documents/briefingnote/wcms_743146.pdf)

<sup>24</sup> FAO (2020) Coronavirus Disease 2019 (COVID-19). Rome: FAO; available at <https://doi.org/10.406/a9192en> (accessed September 2020).

In pre-Covid times, about 25% of the Bangladesh population had food insecurity, however, the economic crisis has exacerbated the food insecurity in the country [25, 26]. With escalated food insecurity, there are serious questions to address on tangible threats to the nutrition of millions of poor people particularly children, adolescent, and women in the long run[27].

*"My husband and I, both are jobless now, so we have to eat twice a day instead of three times. The price of vegetables is high so we cannot afford to buy enough vegetables. We have no income so we can't eat nutritious food. So our main concern is income and food crisis."* (27 year old married woman, Dhaka)

Food prices have also increased significantly as a result of the lockdown leading to weakening of food security for vulnerable groups like women, children, disabled people and other marginalized people[28]. As food consumption is directly linked to income, accessibility to and availability of food, the low-income households of Bangladesh, even before the advent of COVID19, had limited resources to spend on food [29]. A study conducted in two small cities of Bangladesh showed that due to the virus outbreak, people lost a total, or near-total of income and livelihoods which lessened their food consumption[30]. Therefore, when faced with difficulties to meet basic food necessity, people are less concerned about and able to afford nutritious food. Apart from lowered food consumption, some respondents also mentioned changes in food habits. Although, currently there is no guideline or strong evidence on the consumption of Vitamin C supplements as a measure to prevent or cure COVID19[31], there has been a widespread perception around consuming citrus fruits in order to combat the virus infection. Some respondents have reported including cheap and readily available citrus fruits such as lime in their daily food intake:

*"Before Corona, we did not take citrus, but now, we take it regularly as a medicine."* (25 years old married female, Rangamati)

What remains to be seen in the coming days is the impact of cognitive and physical development of children and young people due to this drastic drop in nutrition intake during this pandemic period. Food remains gendered experience with young girls and women in the households being the last ones to eat while male children and adults are given food preferences. Also, with some mobility, men are able to purchase food products while they are outside of the house while women are bound mainly to the household grocery.

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<sup>25</sup> Bene, Christophe. 2020. "Resilience of local food systems and links to food security – A review of some important concepts in the context of COVID-19 and other shocks." *Food Security* 12: 805–822. <https://www.researchgate.net/publication/342871145>

<sup>26</sup> UN (2020) Policy Brief: The Impact of COVID-19 on Food Security and Nutrition. [https://www.un.org/ite/n2.un.org/ilg\\_policy\\_brief\\_on\\_covid\\_impact\\_on\\_food\\_security.pdf](https://www.un.org/ite/n2.un.org/ilg_policy_brief_on_covid_impact_on_food_security.pdf)

<sup>27</sup> USAID. 2020. "Food Assistance Fact Sheet Bangladesh: March 12, 2020." United States Agency for International Development: Washington, D.C. <https://www.usaid.gov/bangladesh/food-assistance>

<sup>28</sup> Fan S. Preventing global food security crisis under COVID-19 emergency. Washington D.C.: International Food Policy Research Institute (IFPRI); 2020. pp. 1–5. Available: <https://www.ifpri.org/blog/preventing-global-food-security-crisis-under-Covid-19-emergency>

<sup>29</sup> Saha, KK, Frongillo, EA, Alam, DS et al. (2009) Household food security is associated with growth of infants and young children in rural Bangladesh. *Public Health Nutr* 12, 1556–1562. DOI: [10.1017/S1368980009004765](https://doi.org/10.1017/S1368980009004765)

<sup>30</sup> Ruszczyk HA, Rahman MF, Bracken LJ, Sudha S. Contextualizing the COVID-19 pandemic's impact on food security in two small cities in Bangladesh. *Environment and urbanization*. 2020. <https://doi.org/10.1177/0956247820965156>

<sup>31</sup> Coronavirus disease (COVID-19) advice for the public: Mythbusters. (2020, November 23). World Health Organization. Retrieved from <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/myth-busters>

Another gendered issue to food is that many of the female respondents shared experiences of having to spend all their time finding and then cooking the produce. Cooking is predominantly a gendered activity, done almost exclusively by the women in the families. With food insecurity, women are faced with glaring stress of not having access to the required ingredients. This means that they are having to be more creative with the limited resources they have, being even more homebound than before. The pandemic demonstrates visibly how women's situations have taken several steps back, making them furthermore attached to the homestead.

#### 4.2.3 Impacts on Education

The first case of COVID19 was identified in Bangladesh on 8th March 2020 and the government of Bangladesh decided to shutdown all educational institutions of the country from 17th March 2020. While the government has played with the idea of reopening schools from time to time, the current resurgence of infection rates and newer strains of COVID19 in Bangladesh, it will be an entire year of schools remaining closed in a country with a school going population of over 19 million students (this is excluding tertiary level students).<sup>32</sup>

Due to this indefinite closure of education institutions, children in Bangladesh did not receive adequate and clear instructions on how to continue with their curricula. Mass education is often presented as the panacea to poverty alleviation with subsequent national governments prioritizing education for all, especially the inclusion of girl children in primary and secondary levels. Yet, with the schools closed, both the children and their parents expressed grave concerns on the overall insecurity of the future with no education and therefore no job prospects. Without schooling, the respondents expressed their inability to foresee a future for their children and families.

The lockdown also demonstrated the deep economic and class-divide in the wider Bangladesh society whereby only private schools and universities and especially students who had the financial means to own personal laptops and have space in their houses to study, could continue educational activities through online-based classes. This was not possible in rural areas or even among peri-urban pockets where the majority of the students did not have financial abilities to own computers or have dedicated internet connection to follow courses online. Some of the parents who could afford, arranged private tutors for their children but this was not the case for poor and rural parents.

*“Due to lockdown, children could not go to school. They had no ability to keep a private tutor. So everybody thought that their children's education was hampered.”*  
(32 years old married male, Kharachhori)

Among our study respondents, none of the parents mentioned that they could continue their children's education and they had no facility to participate in online educational activities. Moreover, due to the parents' lack of knowledge about digital technology and the Internet, they could hardly understand the process and techniques of online education. Most of the parents mentioned that their children could not participate in online education as they were unable to provide logistic support such as smartphones or laptops/computers to their children. Respondents living in remote areas (e.g. hill tracts and char areas) also reported poor and unstable Internet connection and network. Parents from urban areas (Dhaka and Savar) also mentioned challenges of high internet costs that were serious hindrance to online classes.

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<sup>32</sup> Ministry of Primary and Mass Education, Government of Bangladesh. unesco.org.  
<https://unesdoc.unesco.org/ark:/48223/pf0000230507>

*"Moreover, many of the students have no access to the internet, no device. Many missed the class, student could not understand clearly, if they miss, there is no provision to ask repeatedly"* (a 30 years old married male, Rangamati)

Students, as well as their parents, mentioned being worried about their futures as their education continues to be adversely affected as a result of the ongoing pandemic. Some of the student respondents expressed their frustration during interviews:

*"During corona, I could not study at home, there was always tension about what will happen later. However, when classes were on, I was unable to present and participate online."* (19 years old unmarried male student, Netrokona)

*"Our school closed, we could not continue education. there are coaching (private tutors) but I did not participate in coaching. It needs quite a bit of money. My parents income is also reduced, we face trouble to run our family expenditure, so I could not afford the expenses for coaching classes."* (17 years old unmarried female student, Dhaka slum)

Some of the student respondents further added that despite having smart phones, they faced challenges to attend online classes as they needed money to buy mobile data (megabytes) to use the Internet. Even though some schools, mostly in urban areas, took initiatives to assist students through distance education, lack of digital devices, poor internet connections, inability to bear the cost of internet led students to discontinue online classes.

As the schools remained closed, all of the students have been staying at home during the ongoing COVID19 pandemic. This meant that at least one parent had to stay at home to provide educational and other support to the children. The burden of childcare and education support inevitably fell on the mothers, a shared experience across the socio-economic groups. Respondents told the researchers that children often got bored staying home with parents having to find creative ways to keep them occupied. Again, the burden of child care was unfairly distributed on women of the household.

Furthermore, in the rural areas, the respondents stated that with economic, health, and overall state of crisis, parents were more inclined to get their young daughters married off. While everyone is in a state of economic hardship, the idea of marrying off one's daughter is also reflective of unburdening some of the economic and social obligations, a phenomenon that has been well established by plethora of research on early marriage in Bangladesh.

What was interesting from this research is that the mothers explained that since their daughters were not going to school and therefore, "not doing anything", they might as well get married and run their own households. Interestingly, our findings revealed that marriage is not only about sharing the burden of poverty but also "something to keep the young girls busy with" - a legitimate form of work for women/girls. Some respondents also reported cases of child marriage during the pandemic in their respective areas.

*"As school and colleges are closed, girls have nothing to do...So parents, family members are pressuring them to get married even if some of them are not even 18 years old yet."* (27 years old married female, Barguna)

These responses demonstrate a clear relationship between continuation of education as a way of delaying early marriage for girls in Bangladesh. Moreover, it also shows that while decades of gender equality programs have been in place, cultural norms and normativity around gendered roles whereby women's main identity being marriage, are deeply rooted and perpetuates widely. It is important for service providers and rights advocates to also take

these norms into consideration when planning economic recovery programs and reinstating children back to school in the future.

#### 4.2.4 Impacts on Health

Though the Bangladesh government tried to combat the health crisis due to COVID pandemic, from our study we found that many challenges remained in addressing the current situation. Accessibility to general health care services has been compromised in response to the pandemic. In the beginning of the pandemic, both public and private hospitals refused to take any patients due to fear of contracting this unknown virus. A scathing report on the refusal of public hospitals in the country's capital of a pregnant woman denied healthcare, led to a High Court order and executive branch directive to ensure medical services to all, especially to pregnant women.<sup>33</sup>

As the medical capacity to respond to COVID19 increased, it was also found that a large number of doctors were dedicated addressing corona-positive patients only, undermining other patients. People with chronic illnesses and other forms of medical emergencies, suffered immensely due to the redirecting and reprioritizing of healthcare services only to all things COVID19.

*"I had to get an operation of my eyes and I had to go through a serious challenge to overcome these problems as services were very limited and there was fear about corona." (32 years old married male, Savar, Dhaka).*

So, it was very common that our respondents had less access to formal health care services or that respondents themselves did not go to health care service centers. Few respondents claimed that only the VIPs and affluent people received proper treatment from hospitals but general citizens. With the fear of getting infected, respondents mentioned lessened hospital visits for general health care. They tried not to go to hospitals for minimal cases of illness as it would increase their risk of contracting COVID-19. When they suffered from fever, cold, cough, unlike the pre-Covid days, they collected medicine from the local pharmacy and refrained from going to the hospitals.

Studies have shown that with the context of COVID-19, health services were found to be limited or unavailable due to a reduction in access to healthcare provision particularly in rural and slum areas. In addition to residents facing difficulty reaching healthcare facilities, costs of healthcare increased while household income reduced due to the pandemic-induced financial crisis. Moreover, the fear of being diagnosed with COVID-19 discouraged health seeking behaviour among general population<sup>[34]</sup>.

Moreover, health service centers were more concerned about COVID related management, as a result, other illnesses such as essential sexual and reproductive health services, particularly for women, were sometimes ignored or underserved. This unavailability and inaccessibility of services for females (ante and post natal services) increased their psychological stress. An analysis of the data from Directorate General of Health Services dashboard shows that since the advent of COVID-19 crisis in Bangladesh, there has been a significant reduction in the uptake of maternal and newborn health services with only 33 out

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<sup>33</sup> <https://www.thedailystar.net/frontpage/news/inhuman-behaviour-some-hospitals-1904959>

<sup>34</sup> Ahmed, S. A. S., Ajisola, M., Azeem, K., Bakibinga, P., Chen, Y. F., Choudhury, N. N., ... & Yusuf, R. (2020). Impact of the societal response to COVID-19 on access to healthcare for non-COVID-19 health issues in slum communities of Bangladesh, Kenya, Nigeria and Pakistan: results of pre-COVID and COVID-19 lockdown stakeholder engagements. *BMJ global health*, 5(8), e003042. DOI: [10.1136/bmjgh-2020-003042](https://doi.org/10.1136/bmjgh-2020-003042)

of 63 district hospitals performing all key functions of emergency obstetric care<sup>[35]</sup>. Along with ante and postnatal care, accessibility to contraceptive was reduced greatly. Many respondents reported an increase in pregnancies among people around them during this pandemic due to lack of contraceptives.

*“Due to unavailability and inaccessibility of contraception, two of our neighbors got pregnant during corona time”(a 19 years old unmarried female, Dhaka)*

The data provided by the Management Information System (MIS) of the Directorate General of Family Planning showed a significant decline in the use of modern contraceptives due to a lack of accessibility amid the ongoing COVID-19 pandemic. The Health System Specialist of UNFPA Bangladesh estimated that such a situation might escalate the unmet demand of birth control methods from 12% to 23%, resulting in a dramatic rise in unintended pregnancies<sup>[36]</sup>.

Not only contraception, menstrual hygiene management has been greatly affected as well. With the increase in financial crisis due to pandemic, many of the female respondents shared about compromising with their menstrual hygiene by cutting down the expenses of buying sanitary napkins and using rags instead.

*“Before corona, I used sanitary pads. but due to corona, our income was decreased and I could not buy pads. so I use older clothes. I don't feel comfortable with it even though I have problems moving. But I had no way to buy a sanitary pad.” (16 year old unmarried girl, Dhaka).*

Issues of accessing menstrual hygiene and management have always been a challenge in Bangladesh even before the COVID19 pandemic but the current situation has no doubt exacerbated the state of SRHR for women in Bangladesh. <sup>[37]</sup>. Leading global institutions such as UNFPA and the Guttmacher Institute are predicted high rates of unwanted pregnancies and overall decline of sexual reproductive health conditions of women due to disrupted supply chain and community health workers unable to go to the field to provide much needed SRH services. The pandemic demonstrated how issues of SRH became a much underestimated and unregarded priorities, with very little understanding of how the current state of affairs will impact future fertility rates, transmission of STDs, and overall SR health of especially women.

An important finding of this research was that of how the respondents openly discussed the issues of mental health with the research team. Usually, emotional well-being status are hardly shared by the community but during these interviews, respondents kept repeating the overwhelming rate of stress and anxiety they experienced due to the overall instability brought on by the pandemic. As mentioned earlier, economic instability and its relations to all household related expenditures resulted in severe stress.

In Bangladesh, men are commonly considered the primary earning member of the family. As a result, loss of job or uncertainty regarding income and inability to meet family needs were

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<sup>35</sup> Pregnant mothers and babies born during COVID-19 pandemic threatened by strained health systems and disruptions in services. (2020, May 7). Unicef Bangladesh. Press Release. Retrieved from <https://www.unicef.org/bangladesh/en/press-releases/pregnant-mothers-and-babies-born-during-Covid-19-pandemic-threatened-strained-health>

<sup>36</sup> Hasan, K. (2020, June 30). Speakers: Unmet demand for contraception could rise to 23% from 12%. Dhaka Tribune. Retrieved from <https://www.dhakatribune.com/health/coronavirus/2020/06/30/speakers-unmet-demand-for-contraception-could-rise-to-23-from-12>

<sup>37</sup> Sultana, F. (2020, May 27). Mitigating the impacts of COVID-19 on menstrual hygiene management among the women and girls in Bangladesh. icddr,b. News Release. Retrieved from <https://www.icddr.org/news-and-events/news?id=869&task=view>

found to cause great psychological tension, anxiety and stress among male respondents. As one male respondent said,

*“I felt hopeless when my children asked for something and I could not give them. Before corona time, I would give those necessities usually but now I cannot.”* (42 years old married male, Patuakhali)

A survey conducted among 340 Bangladeshi adult population showed that about 85.60% of the participants are in COVID-related stress, resulting in insomnia, bad temper, and unrest in the family mainly with household financial constraints identified as one of the main causes of mental stress<sup>[38]</sup>. On the other hand, women who were not involved in any direct income generating activities, were also found to be worried about the income loss of their male earning member of the family household expenditures were directly dependent on the income.

*“My husband gives his monthly income to me and I had to manage all of our household necessities. During corona time, his income was less and I had to manage with his small amount of income which was impossible to cover all expenses.”* (32 years old married female, Kurigram)

As a result of the household crisis led by the pandemic, female respondents reported being subjected to different forms of domestic abuse and mental stress. As demonstrated in the earlier sections of the country-wide survey carried out by MJF, incidences of partner violence went up significantly especially during the lockdown period<sup>[39]</sup>. Respondents even tried to “normalize” such behaviors by explaining that when everyone is under so much emotional stress, such disputes are bound to take place. The female respondents of the MJF earlier report as well this study participants, all reported being overburdened with increased domestic work and taking care of the family members. This further put them in a more vulnerable position as women commonly lack the space and scope to rarely share their feelings and seek support. The nation-wide lockdown also created a situation in which the women could move out of their homes to seek help, trapped with their perpetrators, and disconnected from their usual support systems<sup>[40]</sup>.

#### 4.2.5 Impacts on Family and Social Life

##### *Mobility and communication*

All of the respondents reported that their mobility was less during lockdown as there was a state-imposed restriction all throughout the nation. However, male respondents mentioned they maintained the restriction order only during the first few days and started going out to visit nearby shops or *bazaars* since they felt bored staying inside. On the other hand, female respondents did not move as much as their male counterparts. The female respondents mentioned that they felt their lives to be very monotonous staying at home for day after day.

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<sup>38</sup> Islam, S. D. U., Bodrud-Doza, M., Khan, R. M., Haque, M. A., & Mamun, M. A. (2020). Exploring COVID-19 stress and its factors in Bangladesh: a perception-based study. *Heliyon*, 6(7), e04399. <https://doi.org/10.1016/j.heliyon.2020.e04399>

<sup>39</sup> Amid Lockdown, 4249 Women and 456 Children Became Victims of Domestic Violence in April. (2020, May 6). Manusher Jonno Foundation (MJF). Press Release. Retrieved from [http://www.manusherjonno.org/latest\\_stories/amid-lockdown-4249-women-and-456-children-became-victims-of-domestic-violence-in-april-mjf/](http://www.manusherjonno.org/latest_stories/amid-lockdown-4249-women-and-456-children-became-victims-of-domestic-violence-in-april-mjf/)

<sup>40</sup> Sifat, R. I. (2020). Impact of the COVID-19 pandemic on domestic violence in Bangladesh. *Asian J Psychiatry*. 2020 Oct; 53: 102393. doi: [10.1016/j.ajp.2020.102393](https://doi.org/10.1016/j.ajp.2020.102393)

*"During lockdown, we were at home, it was very monotonous. I could not go out of home, to the bazar, I was pregnant, and I felt very bored during that time. If I felt that I have to eat something, but I could not go to Bazar to buy those. Even, income was less and we could not buy necessary things." (23 years old married females, Bandarban)*

Respondents from CHT and urban areas reported that they had restricted mobility because of law enforcement authorities' surveillance and control over the communities. In the hill tracts, community people used signboards to aware people of the mobility restrictions and outsiders entry was not allowed. Police and army personnel controlled people's movements extensively. Even after the lifting of lockdown, if people in the hill tract areas wanted to cross any army check post, they had to wear a mask, otherwise, army officers would penalize them. However, in rural areas, the mobility restriction was more relaxed with practices of social distancing disappearing and mobility of especially male members increasing with time.

*"I think I am at a risk of corona. Since I have to go out for work, I might get infected any time, but I need to go...how will I maintain distancing?" (21 years old married female, Dhaka)*

All of the respondents perceived that during lockdown, mobile phone use was increased as people could not meet others physically. But after some days, due to lack of affordability, the usage of phones and internet were reported to reduce among the respondents. Social media platforms saw a frenzy of activities during the initial lockdown period with the rate of engagement coming down as it became too expensive to buy data or have access to the internet:

*"During lockdown, we have nothing to do so I used Facebook, messenger. I downloaded videos, movies and watched it. I communicated with friends over messenger video calls, audio calls. So internet use was relatively higher than the normal time." (36 years old married male, businessman, Bandarban)*

*"Before corona, I used internet, but now I could not due to financial crisis" (22 years old married female, Nilphamari)*

Recent studies have shown a significant rise in the internet usage among the young population of the country and it has been found that one of the underlying reasons include the potentiality of mobile phone or Internet use as a strategy to cope with the mental health challenges led by the pandemic<sup>[41]</sup>. However, this can lead to an increase in problematic internet use involving online activities such as gambling, obsessive video gaming and social media use, pornography, etc<sup>[42]</sup>.

It was observed from the data that female respondents used mobile phones, and made phone calls to communicate with their relatives and friends relatively more during pandemic and lockdown than males. Moreover, three females from hill tracts, char area and urban slum mentioned that they received advice and prescription from doctors over phone calls when they were sick and were unable to go to visit doctors in hospital.

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<sup>41</sup> Das, A. C., Roy, A., & Salam, M. S. I. (2020). Determinants of Internet Usage During COVID-19 on the Young People in Dhaka, Bangladesh. *Advanced Journal of Social Science*, 7(1), 118-124.

<sup>42</sup> Islam, M. S., Sujan, M. S. H., Tasnim, R., Ferdous, M. Z., Masud, J. H. B., Kundu, S., ... & Griffiths, M. D. (2020). Problematic internet use among young and adult population in Bangladesh: Correlates with lifestyle and online activities during the COVID-19 pandemic. *Addictive behaviors reports*, 12, 100311.

### ***Household activities***

*"Due to corona, my household workload increased so much and I could not manage all of the activities. Even, if I cannot fulfill my husband's demand, I would have to experience mental and physical torture." (a 30 years old married female, Nilphamari )*

Data showed that among the respondents, women were overburdened with their household responsibilities during lockdown. All of the female respondents mentioned that they did not get enough time to rest as many of the hygiene and cleanliness related activities were added with their regular household chores.

*"If anyone came home, at first, he has to wash his hands, legs and then, we allow him to enter into house" (27 years old married females, Nilphamari)*

During lockdown, when all of the household members stayed at home for several days, some of them helped each other to do household chores. Some of the young male and female participants of the FGDs stated that they helped their parents with household chores, particularly their mothers, even before the lockdown, but during lockdown, they assisted more. Male respondents also mentioned doing household chores and helping the female members of their households during lockdown period. The men expressed that since they were all stuck at home, helping out with household chores felt like the "right thing to do" and also there was a feeling of novelty during the first few weeks. But with the normalization of the pandemic and with economy opening, male members returned to their gendered roles of leaving the household chores and management to the women members.

*"We usually cannot spend time with families, due to corona, we had to spend more time with family, kids, and it is a pleasure for me." (27 years old married male, Netrokona)*

They even mentioned that they did not hesitate to do these works although many of them never did those types of chores before the pandemic, demonstrating the deep gendered nature of household chores. This points to the need for more boy children learning how to help in the household and lowering the overall burden of the household from women. Several past research projects including that conducted by MJF have made a case for the accounting of household chores into national GDP to demonstrate the enormous contribution of women to their own families and nation in general.<sup>43</sup>

In the hill tracts area, a few men mentioned that their regular household activities had changed during the pandemic. Usually, the women did the regular food shopping, but due to the pandemic when mobility was restricted, they no longer went to the *bazaars*.

*"Now I do regular shopping, which was usually done by my wife. I told my wife not to go to the bazaar; rather I go to the bazaar and buy what is necessary. I help my wife to do household chores, cooking, cleaning houses which I did not do before."(30 years old married male, Rangamati)*

While some gendered roles changed and in some instances improved, the continuation of pandemic related realities demonstrate that women are inevitably overburdened with household work. For men, it is taken for granted that they would go out for work and socializing, leaving much of the household management on the women. This points to the need for more targeted interventions to improve share of household chores in the long run.

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<sup>43</sup> <http://www.manusherjonno.org/wp-content/uploads/2019/09/Advocacy-concept-paper.pdf>

### *Conjugal life/partner relation*

Respondents mentioned that tension in conjugal relationships had increased during corona times. They reported several reasons behind this tension. Everyone staying home was attributed to be the main reason for tensed households. Men usually did not stay at home as much during pre-Covid time so being stuck at home caused a sense of restlessness among the male members.

As mentioned several times, economic hardship has been attributed as the key issue to all conflicts and problems for the respondents during the pandemic period. This led to a lot of fights and bickering resulting in increased incidences of domestic disputes and abuse. "*Kotha katakati*" "*mejaj kharap*" "*jhograjhati*" - these are the terms mentioned by the respondents to explain unhappy/borderline abusive conjugal life.

Globally it has been discussed the unnaturalness of lockdowns whereby suddenly people were expected to stay inside and that too for an indefinite period of time. This is something that is not normal or habituated by the majority of the people in the world. It was even more so for agrarian societies like Bangladesh that require men and women to engage in various farm and non-farm activities. Moreover, with one of the largest ready-made garments industries globally, Bangladesh workers were forced to return to work to fulfil global orders. All of these uncertainties at personal and national levels, led to serious disputes among married people, resulting in household unrest.

Respondents even admitted that they quarreled over insignificant matters. When the wives asked their respective husbands to maintain hygiene in order to stay safe from contracting coronavirus, the husbands refused to follow such instructions and instead picked up fights with their spouses:

*"My husband does not wash hand, body after coming back home. Sometimes, we have quarrels regarding this issue. I tell him to wash, clean, sometimes he does not care and argue against my request. This creates some unrest among ourselves."* (26 years old married females, Rangamati)"

Male members stated that the disputes happened because the men were stuck at home, this feeling of being trapped that made them highly irritant. They also stated that economic hardships brought about disputes among the couples. There was also a number of cases whereby the men had instructed their wives to ask for money from their parents and failure to bring in that amount, resulted in separation and abandonment.

*"When I feel tension, I talk with family members to relieve tension, discuss how to get rid of this crisis. . . we mostly talk how to get rid of financial hardship and corona contamination."* (41 years old married male, Patuakhali)

During the time of the FGDs and IDIs, the respondents felt that once the pandemic was over, life would go back to somewhat normalcy, bringing down the tension in their households.

*"We need to support each other to live together. Due to corona, we have no impact. However. We were very much tense about this disease."* (30 years old married male, Rangamati)

This idea however remains to be tested as the world goes into its first anniversary of the global pandemic with new surges and strains. In all likelihood, the state of the world and therefore at the community level, things will not change dramatically as hoped for by the respondents during the time of the research.

One of the critical issues that came out through this research was not just the heightened tension and greater incidences of partner abuse but the demand of sex among husbands from their wives.

*“During corona time, husband demanded more sex as they always stayed at home and for this, there was a quarrel among husband and wife. But after lockdown time, it reduced.”* (25 years old married female, Dhaka slum)

During the lockdown period, husband-wife spent more time at home compared to pre-Covid time. As a result, the husband's demand for sexual relations increased in this period as mentioned by the married female respondents. For this increased demand, male respondents mentioned that, they had nothing to do in the house, so they demanded sex instead, as a possible activity. While the respondents did not share this information, but from other studies it can be inferred that with mobility restrictions and fear of contracting the novel coronavirus, many of the men could not avail sexual services from local sex workers or engage with their extra-marital relations. That meant, the demand for sex was made with their wives, who found themselves to be usually tired from overburdened household work and stressed from financial hardships.

Refusal to engage in sexual activities, at many times, resulted in physical and verbal abuse. Women in Bangladesh are also socialized to believe that their husbands have right to sex at any point in time which also caused severe unhappiness and feeling of distraught in such situations of forced conjugal life:

*“My husband stayed at home and ask for sexual relations, but I was too tired after doing all of the household chores. I did not feel comfort and did not feel interest to have sex. Therefore, we had quarrel and for this my husband became violent, he tortured me mentally and physically very often.”* (23 years old married females, Nilpharamari)

*“My husband had no income, even after lockdown, he could not earn much. I face difficulties to run with this small amount of income and we had quarrel regarding this issue, and when he wanted to have sex, I did not feel desire to have sexual relation. My husband forced me, he torture physically and mentally me a lot.”*(27 years old married females, Kurigram)

The quotes above also point towards the feeling of emasculated by the pandemic which may also be a reason for the men to demand such high incurrenes of sex - a way to somehow retain their manhood. This theory is further supported by the respondents on how their husbands were having difficulties in sexual performances. They stated that this was caused due to emotional and financial stress exacerbated by the pandemic as their husband always felt tensed and as a result it was affecting their sex life. Similarly, some of the men with disabilities and a few other male respondents added that their sexual relation with wives reduced after the advent of the pandemic since they were always tensed about their financial crisis, so they did not feel the urge to have sex. On the other hand, a few of the married male respondents understood that their wives were usually too tired to engage in sexual activity due to increased household chores. However, they did not force or pressurize their wives to engage in sexual activities even though they felt the urge to have sex.

#### 4.2.6 Gender Based Violence in Times of COVID19

This pandemic showed its ugly underbelly especially in the ways in which incidences of violence skyrocketed globally. The social vulnerability that women are made to face by state

and communities, transpired visibly as women and children were forced to live with their perpetrators, law enforcement and health services limited their services, and rights advocates and service providers could not go to the field. The present study demonstrates the same narrative in Bangladesh whereby some of the worst forms of violence were committed by spouses and men in the communities against women and girl children during the pandemic period.

*"As they (husbands) stay more time at home, they are suspicious about each other, arguments take place and it increases misunderstandings, ending with quarrel, fighting." (25 years married females, Barguna)*

Although the female respondents all agreed that GBV increased, however, most of the participants normalized the incidences when it came to their own experiences. A few reported that quarrels resulted in physical “*hatati*” or slapping but the seriousness of it was undermined to the researchers. They did however speak of incidences of violence within the community without providing specifics, a usual strategy applied by female respondents in conveying such criminal acts. Intimate partner violence or IPV visibly went up due to the aforementioned reasons of pandemic-induced instability. Respondents would not share their own personal experiences but referred to others in the communities as a way of avoiding attention to themselves and protecting their families, including their abusive partners. Many other literature also put emphasis on financial crisis, fear about future prospects increase the emotional stress among people and it increases the risk of IPV<sup>[44]</sup>.

What was interesting was that, among male respondents none mentioned that they were aggressive against their family members which could be considered as violence.

According to WHO, GBV is an endemic, perpetual socio-health crisis in Bangladesh. According to the report on Violence against women survey (VAW) 2015, it was found that over two thirds (72.6%) of ever married women experienced some forms of violence by their husbands. This COVID pandemic created many kinds of socio-economic crisis such as stay at home, economic fallout, fear about COVID disease - all of which impacted on the violent behavior of men against women and children in Bangladesh<sup>[45, 46]</sup>.

The MJF survey that this research builds upon, demonstrates clearly that during the initial lockdown months, there was a significant rise in the number of new victims. From the data of MJF’s April 2020 survey, it was found that 25% had experienced violence and among the victims, 45% were new victims. Survey data in May 2020 found the new victims were 31%. In the following months, June and July 2020, survey found, 26% and 34% respectively of the victims reported that they had not experienced violence before pandemic<sup>[47]</sup>. According to a study done by BRAC, over 25,000 complaints of gender-based violence were received by BRAC Legal Aid Services in Bangladesh within the first ten months of 2020<sup>[48]</sup>.

Some of the respondents from Nilphamari and Patuakhali perceived that sexual harassment in their community increased during the lockdown period. Reasons they stated was possibly

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<sup>44</sup>Boman JH, Gallupe O. Has COVID-19 changed crime? Crime rates in the United States during the pandemic. *American journal of criminal justice*. 2020 Aug;45(4):537-45.

<sup>45</sup>Sifat R.I. Impact of the COVID-19 pandemic on domestic violence in Bangladesh. *Asian J. Psychiatry*. 2020;53 doi: 10.1016/j.ajp.2020.102393.

<sup>46</sup>Ain O Salish Kendra . 2020. Violence Against Women -Rape (Jan-Sep 2020)  
<http://www.askbd.org/ask/2020/10/06/violence-against-women-rape-jan-sep-2020/>

<sup>47</sup> Violence against Women and Children: COVID 19: A Telephone Survey: Initiative of Manusher Jonno Foundation; survey period: April 2020May 2020, June 2020, July 2020. Available at <http://www.manusherjonno.org/resources/research/> (accessed on 4 March 2021)

<sup>48</sup> Data underscores that gender-based violence is rising with COVID-19 (2020, 11 December). BRAC.

because there were such few people around in general that when women were seen to be on the streets, men saw that as an opportunity to take advantage of the vulnerability. With law enforcement and other service providers being unavailable due to lockdowns or general corona-related scares, there were hardly anyone to hold men accountable for committing crimes of sexual harassment, rape, and abuse even in the public areas.

According to the respondents rape cases also increased during the pandemic time. Respondents shared incidences of how "even disable girls in Rangamati were not out of danger, at risks of being raped". National level protests took place against some of the incidences of rape and murder cases but these horrofic news also point towards deep seeded inequalities and the severity of the pandemic on mental health and human psyche. Public medical college hospitals that are in charge of carrying out physical examinations for rape and sexual assault cases, did not see any patients for the first few months of the pandemic. This reflects on how little importance is given in preventing and protecting women and girl children in the face of sexual assault by state mechanisms. This is an important conversation to be had at national policy levels as to why the GBV response was so weak during the initial pandemic period and how all stakeholders can improve upon these services as COVID19 surges continue globally.

In relation to gender based violence, there were also an increased number of early marriages across the country as stated earlier. As demonstrated in the education section, with schools closed and economic hardships on the families, parents felt it was the appropriate gesture for their daughters to be married off, to have "something to do" in the form of running their own household. This perception and attitude also elude to deep-gendered norms whereby at the occurrence of any form of instability, parents feel the compulsion to marry off their girl children. This issue requires far more attention since the state of instability will continue for an unforeseeable period.

There has also been an increased number of suicides globally due to the pandemic and unfortunately, the respondents from this study also confirmed such incidences in their own local communities. The global evidence also shows that COVID 19 pandemic increased the risks of suicide<sup>[49, 50, 51]</sup>. It is assessed that the pandemic increases fear of infection, economic crisis and stress, food insecurity, reduces wellbeing have link with suicide<sup>[52]</sup>.

*"One of our neighbor female did suicide after getting quarrel/family disputes during corona time. she was pregnant" (32 years old married male, Savar, Dhaka)*

Commonly women, girls and children have fallen at more risks in any crisis or emergency situation, and negative impacts on these groups act differently than males as they are considered as more vulnerable. The economic and health shocks are experienced by all groups during this current COVID pandemic. However, discrimination, threat to other social issues related to pandemic outcome impact differently and add extra threat to the wellbeing of females, girls and children.

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<sup>49</sup>Gunnell, D. et al. Suicide risk and prevention during the COVID-19 pandemic. *Lancet Psychiatry* 7, 468–471 (2020). DOI: [10.1016/S2215-0366\(20\)30171-1](https://doi.org/10.1016/S2215-0366(20)30171-1)

<sup>50</sup>Reger, M. A., Stanley, I. H. & Joiner, T. E. Suicide mortality and coronavirus disease 2019—a perfect storm? *JAMA Psychiatry* <https://doi.org/10.1001/jamapsychiatry.2020.1060> (2020).

<sup>51</sup>Kawohl, W. & Nordt, C. COVID-19, unemployment, and suicide. *Lancet Psychiatry* 7, 389–390 (2020). DOI: [10.1016/S2215-0366\(20\)30141-3](https://doi.org/10.1016/S2215-0366(20)30141-3)

<sup>52</sup>Islam SMD, Bodrud-Doza M, Khan RM, Haque MA and Mamun MA. Exploring COVID-19 stress and its factors in Bangladesh: a perception-based study. *Heliyon*. 2020; 6:e04399

### 4.3. Dream, wishes, and the foreseeable future

Our interviews ended with a question on what could be the respondents' dreams and wishes for a better future. This question aimed to understand how community members perceived the future and therefore how they wanted to live and survive through such unprecedented times.

Many of them wanted to have a job or a solid income source which is quite relatable as economic hardship has been the single most important point raised by the respondents, the reason for all their worries.

*“Due to lockdown, corona pandemic everyone's income is reduced, they have no work and earning, government, Sheikh Hasina should increase provision for work and income...”* Housewife, 22 years old, Rangamati.

Price of daily essentials was found to be a great concern among the respondents, especially the males. House rent was another concern for both male and female. Several respondents wished for reduced house rent.

*“My dream/wish is reduction of the price rate of daily essentials (food, daily necessities) as people has no income and have no capacity to buy and run their family expenses”* (30 years old married male in Rangamati)

Issues of price of essentials, rent and general economic conditions, point towards how dreams and aspirations have reduced to immediate survival in the times of coronavirus. In other times, when asked the same questions, especially to children, field researchers would receive an array of responses ranging from becoming a doctor or politician or owning businesses or becoming self-sufficient. Yet the pandemic harsh realities have made everyday survival a thing of dreams and wishes.

It is also important to state that while the respondents discussed extensively on the impact of pandemic-induced economic hardships, they also shared the general feeling of morbidity with so many deaths around them either due to the novel coronavirus or other health complications that could not be adequately addressed due to health care challenges. There was a general sense of loss and with everyday news of global numbers of deaths and transmissions, even if death rates due to COVID19 have been significantly low in the rural areas, respondents did talk how these topics bring down overall morale of people everywhere.

## 5. Study Challenges

One of the innovative methods that was incorporated in the research due to the lockdown situation was to create an online voice note page where anyone from Bangladesh could include their experiences in 2 minute long voice notes. Since people were functioning under a lockdown and later on, had limited mobility, the idea was to allow the space for individuals to share their own stories of the pandemic. The voice notes would become data points as well as be included in the podcast series. This was conceptualized as an innovative digital research method under lockdown situations.

While the front end of the page was developed, the backend required a considerable amount of coding and support which required extensive time. Given the short period of the project, the backend could not be developed entirely. Moreover, while the global North remains under lockdown, the majority of Asian countries, including Bangladesh, opened up entirely by the end of 2020 which meant that the online platform was not considered to be an attractive or viable space for people to engage in. In a sense, the voice note page became redundant with fast changing realities of the pandemic in various parts of the world. This was an important

lesson learnt from the research project that while digital research is important and requires strengthening, it may not be the best approach depending on the local realities and circumstances. Having said that, it is however an important exercise that can still be developed beyond the project period, widening the scope of the questions to capture data in the long run for further SRHR related research. The voice note page will remain on JPGSPH Covid19 page and be developed to engage with wider audience future endeavors.

## **6. Concluding Remarks**

While this study was conducted for only 6 months, the breadth of the data demonstrates some of the real life stories and lived experiences of communities in Bangladesh, making this a comprehensive research on the gendered experience of COVID19 in a South Asian nation. The study built on existing on-going research by BRAC JPGSPH and MJF but it was able to go beyond the initial objectives by bringing forward honest accounts of how people in different parts of the country have been surviving the many phases of the pandemic.

The gendered nature of the pandemic transpired quite visibly with increased social and economic violences and hardships on women during this time. But the research also highlighted the complex issues of masculinity that came out during this time of economic and health crisis.

What the pandemic and its impacts demonstrate are the deep seeded norms that become ever so visible during times of crisis, pushing women to the corners, undermining services and support that have been built for them through decades of strategic interventions. It is therefore important for stakeholders to critically look at why these mechanisms fall apart especially during this kind of a crisis situation when in fact these support networks and services are the most needed by women and girl children.

Along with the glaring increase in gender based violence and the overburdening of household work on women, this research also points towards the critical issue of a nation, especially its girl children, being out of school for over a year. Even in the last one year of the pandemic, with the economy opening up, social events such as weddings and gatherings taking place, schools remain closed with the vast majority of the children of the country unable to access education due to infrastructural challenges. Education has been one of the equalizers for especially women, allowing them to enter the formal job market and to gain some forms of economic and social empowerment. With the education sector closed, this begs the question what will happen to not only the entire school going population of Bangladesh but what happens especially to girl children as they are forced into early marriage or enter the labor market with little to no educational qualifications?

Lastly, the pandemic has demonstrated deep crevices and cracks in state mechanisms, clearly demarcating social inequalities along with financial ones. From accessing education to health services, from having (or not) the abilities to absorb economic shocks to accessing law enforcement support, the pandemic has brought forth the highly unequal structural differences between the haves and the have-nots of Bangladesh that have been further increased in the recent days. Stakeholders need to address these deep-rooted inequalities if any form of sustainable change is to happen as part of COVID-recovery and reconstruction. While COVID19 has brought about so much death, destruction, and loss, maybe this is also an opportunity for global and national leaders to rebuild nations and communities with fundamental shifts on issues of economic equality, gender empowerment, and social and human rights.

