The COVID-19 pandemic: Challenges and reality of quarantine, isolation and social distancing for the returnee migrants in Bangladesh

Kazi Abdul, Mannan and Khandaker Mursheda, Farhana

Green University of Bangladesh, Shanto-Mariam University of Creative Technology

2020

Online at https://mpra.ub.uni-muenchen.de/101348/
MPRA Paper No. 101348, posted 29 Jun 2020 09:38 UTC
The COVID-19 pandemic: Challenges and reality of quarantine, isolation and social distancing for the returnee migrants in Bangladesh

Dr Kazi Abdul Mannan
Adjunct Professor
Faculty of Business Studies
Green University of Bangladesh

Dr Khandaker Mursheda Farhana
Assistant Professor
Department of Sociology and Anthropology
Shanto-Mariam University of Creative Technology

Abstract

The fundamental objective of this study is to examine how much quarantine, isolation and social distance have been applied and complied with in the case of Bangladeshi returnees to prevent infection and spread during the initial stage of the COVID-19 pandemic. The survey was conducted during the period of 1st February to 31st March, 2020 of total 3,281 respondents were participated from eight administrative division of Bangladesh. The study found that the three of the compliance with health regulations, including 14 days of quarantine, isolation and maintaining social distance, are severely hampered. Indifference has been seen among the returnees in the same way that the government has failed to comply with the above three measures from the very beginning. Therefore, this study realizes with deep sadness that in the coming days, there is a good chance that the COVID-19 epidemic in Bangladesh will reach a large scale. This huge influx of returnee could spread the epidemic in Bangladesh at once. The arrival checkpoints in Bangladesh, from where they came to their homes and the type of transport they have come in contact with, are expected to gradually spread everywhere. Thus, the study suggests that the current level of health and medical care in Bangladesh, as well as the densely populated country could lead to a catastrophic epidemic that could be more severe than any other country.

Keywords: COVID-19, pandemic, quarantine, isolation, social distancing, migration

1 Author Contact: drkaziabdulmannan@gmail.com
1.1 Introduction

Labor migration is an important livelihood option for many workers in Bangladesh. In 2019, 700,159 workers migrated abroad from Bangladesh and sent home approximately $18,354 million USD as remittances (Bangladesh Bank 2020). Most migrants went to the GCC, the Middle East or Southeast Asia for manual labour (Mannan 2015; Mannan & Fredericks 2015). Despite the large numbers, the majority of those travelling overseas for work are poor and have limited skills. They are vulnerable to exploitation by recruitment agents and intermediaries, and face challenges in accumulating and remitting funds to significantly contribute to the well-being of their families (Farhana & Mannan 2018). On a global average, Bangladeshi workers experience some of the highest costs of migration, and yet are among the lowest paid (Mannan & Farhana 2015).

Migrant workers are particularly vulnerable to the impact of the COVID-19 crisis, which will constrain both their ability to access their places of work in the countries of destination, and the eventual return to their families in Bangladesh. As an integral part of any effective public health response women and men migrant workers are victims of the outbreak in their destination country, as well as domestically in Bangladesh, and particularly in their local home communities.

2.1 Literature review

Coronavirus disease (COVID-19) is an infectious disease caused by a new virus that abruptly emerged in late 2019. Recent study has shown that this virus belongs to the genus Betacoronavirus, where Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS), diseases that had caused a threatening global pandemic were also classified in (Prompetchara et al 2020). Coronaviruses are known to be zoonotic, or primarily host animals before being transferred to humans (Rothan & Byrareddy 2020). It was reported that the disease appeared to have originated in Wuhan, China where wild animals, including bats and snakes, are traded illegally (Guo et al 2020). Thus, it was confirmed that the first patient was found in the aforementioned area on December 8, 2019 (Wu 2020). Within a short period of time, the virus was spread to many countries and continents, starting from destinations near China where anticipated that Bangkok, Hong Kong, Tokyo and Taipei acquired the highest potential due to the highest commercial air travels from Wuhan (Bogoch et al 2020). Subsequently, the first
confirmed case in Europe and Africa was reported in January, 24 (Spiteriet al 2020) and February, 14 (Gilbert et al 2020), respectively.

Following the World Health Organization (WHO) declaring the coronavirus outbreak a global pandemic, various countries have begun taking steps to prevent it. Countries are voluntarily isolating themselves from other countries. Meanwhile, neighboring India has even cut off air services on international routes. Between January and March 2020, about 0.70 million expatriate Bangladeshis returned to the country through the country's three international airports, seaports and land ports (BBC 2020). The Institute of Epidemiology, Disease Control and Research (IEDCR) claims that they have been screened at these ports. However, health experts have repeatedly warned that expatriates are the main carriers and risks of coronavirus infection in the country. Moreover, a large number of expatriates from high-risk countries, including Italy, have entered the most affected countries. On the one hand, despite the highest alert of the international organizations, the flight was not announced for closing. Similarly, those who are coming from different countries are spreading freely in different parts. As a result, the level of risk is increasing every day.

With an emphasis on change in the society mentioned above; quarantine, isolation and social distancing, although a majority of people have already come across these three technical terms, they are found to use them interchangeably while in fact there are distinct differences between them which are suitable for people in different conditions. Quarantine is a term for the travelling restriction of people who are presumed to have been exposed to a contagious disease but are not ill, either because they did not become infected or because the disease is still in the incubation period which is approximately 6.4 days, ranging from 2.1 to 11.1 days (Backer et al 2020). People who are strongly advised to perform quarantine are those who had direct contact with any infected people, travelled to countries with widespread ongoing transmission and had symptoms including fever and coughing after travelling to crowded areas (World Health Organization 2020). Quarantine may be applied at the individual or group level which normally involves restriction to their home or a designated facility (Cetron & Landwirth 2005). During the quarantine period, primarily monitoring yourselves to check if COVID-19 symptoms are expressed is a must. If that is the case, it ought to be followed by consulting your medical
assistant and query for further instructions.

Isolation refers to the separation of ill persons with contagious diseases from others for the purpose of protecting non-infected persons. For infected people, isolation usually occurs in hospital settings under the care of medical professions. Moreover, it is advised for patients to be situated in a private negative pressure room with airborne-droplet-contact precautions in order to prevent transmissions via aerosols (Marchand et al 2020). For other people who are still not infected, it requires staying apart from the infected ones for the prevention of receiving the disease. For the infected people in isolation, it is mandatory to keep away from the public to prevent further infections to others. Furthermore, they are also required to resume personal treatments and medications as they have to maintain a healthy condition in order to be cured (Chen et al 2020). It is important to remind that any course of actions that exercise selfishness should be refrained in order to prevent the possibility of spreading the disease to other innocent people. Therefore, everyone should at least contribute to the society by being honest and truthful to healthcare providers to get cured from the disease so the whole can survive the pandemic.

According to research, social distancing is designed to minimize interactions between people living in a wider community, in which individuals have tendencies to be infectious but have not yet been identified thus not yet isolated (Mack 2007). Moreover, it is advised for individuals to be apart from one another for at least 6 feet (Centers for Disease Control and Prevention 2020). Due to the disease’s ability to be transmitted by respiratory droplets, a certain level of people proximity is required (Wilder-Smith & Freedman 2020). Therefore, social distancing of people to not gather themselves in such areas will reduce transmission. Between the phases of social distancing, it is strongly advised for people to avoid travelling to highly-populated areas due to risk of being infected (Desai & Patel 2020). However, as people are still allowed to be situated in areas other than their house, if it is requisite to do so, regarding personal issues, prioritizing your hygiene is a necessity. To be more precise, it is crucial for everyone to follow basic suggestions of prioritizing personal hygiene including hand-washing whenever possible, using alcohol to clean substances that are touched, use surgical face masks rationally when exposed to high-risk areas (Feng et al 2020) and undergoing cough etiquette (Wolff 2020).
2.2 Research objective

The fundamental objective of this study is to examine the extent to which the health regulations promulgated and enforced by other experts, including the World Health Organization (WHO), have been applied to the large number of migrants repatriated to Bangladesh since the outbreak of COVID-19 worldwide. In particular, how much quarantine, isolation and social distance have been applied and complied with in the case of Bangladeshis returnees to prevent infection and spread during the initial stage of the COVID-19 pandemic?

2.3 Research Ethics

The study asked for full consent from participants where we explained the motivation of study to the participated returnees. They had the freedom to leave the study at any time or may remain silent to specific questions if they were not comfortable. User data was anonymized. All our collected data are securely stored in a locked drive, and only researchers have access to it.

3.1 Methodology

This study is a cross sectional design with quantitative approach. The survey was conducted during the period of 1st February to 31st March, 2020. A total of 3,281 respondents were participated from Barisal (384 respondents), Chittagong (433 respondents), Dhaka (478 respondents), Khulna (395 respondents), Mymensingh (389 respondents), Rajshahi (410 respondents), Rangpur (405 respondents) and Sylhet (387 respondents) division. The survey instrument was constituted close ended questions. The data was collected over smart phone and internet supportive apps and devices in cluster basis. Questions were pre-coded during the survey questionnaire, data processing and analysis. The data were subsequently entered into SPSS version 20.0 for analysis.

3.2 Survey Results

Respondents demographic profile shows that there were men 2,862 (87.22%) and 419 (12.77%) female, and most of them were age range 36-40 years of age (76.45%). All most of the participants agreed that they heard about COVID-19 (99.8%).

3.4 Data analysis

In Table 1.1 below, the total population of Bangladesh is shown according to the 2011 census by division and at the same time the population density in each division is highlighted. Since this project is ongoing, it can be referred to as partial data analysis and data has been collected by selecting different samples for each administrative
division. However, this article is presented as a whole without analyzing it by region. According to the BBS statistics of 2011, 146 million was shown, but now, in 2020, it is estimated to be above 180 million, so the population density will increase proportionately. A total of 3,261 respondents’ data has been analyzed for this paper.

Table: 1.1 Division wise population, density and sample returnees

<table>
<thead>
<tr>
<th>Division</th>
<th>Population (2011)</th>
<th>Density (people/Km²) (2011)</th>
<th>Sample Returnee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barisal</td>
<td>8,325,666</td>
<td>613</td>
<td>384</td>
</tr>
<tr>
<td>Chittagong</td>
<td>29,145,000</td>
<td>831</td>
<td>433</td>
</tr>
<tr>
<td>Dhaka</td>
<td>36,433,505</td>
<td>1,751</td>
<td>478</td>
</tr>
<tr>
<td>Khulna</td>
<td>15,687,759</td>
<td>699</td>
<td>395</td>
</tr>
<tr>
<td>Mymensingh</td>
<td>11,370,000</td>
<td>1,074</td>
<td>389</td>
</tr>
<tr>
<td>Rajshahi</td>
<td>18,485,858</td>
<td>1,007</td>
<td>410</td>
</tr>
<tr>
<td>Rangpur</td>
<td>15,787,758</td>
<td>960</td>
<td>405</td>
</tr>
<tr>
<td>Sylhet</td>
<td>9,807,000</td>
<td>779</td>
<td>387</td>
</tr>
<tr>
<td>Total</td>
<td>146,968,041</td>
<td>1,106</td>
<td>3,281</td>
</tr>
</tbody>
</table>

According to the BMET, there are 169 countries in the world have been working in different professions from Bangladesh, it is seen in Figure 1.1 below that migrants have come to the country mainly from eleven countries during this period. More or less all the countries mentioned have been affected by this epidemic. However, the worst situation is in Italy and the highest 18% came from Italy. The second largest 17% came from Saudi Arabia. COVID-19 has been identified in Saudi Arabia since the onset of the global epidemic shortly after China, and its transmission has been widespread among Bangladeshi migrants there, and the death toll has risen. Widespread panic among Bangladeshi immigrants has also been seen in Singapore as the epidemic has initially spread among Bangladeshi immigrants there and is on the rise, with 8% of respondents coming from Singapore and 13% from neighboring Malaysia. The remaining respondents were from United Arab Emirates 15%, the United Kingdom 9%, Qatar 5%, Bahrain 5%, Oman 4%, Kuwait 3%, the United States 1% and other destinations 2%.
In below figure is shown that respondents stated that the reason they came to the country at this time was that most of the 58% returned home in panic because of the COVID-19 epidemic. However, 25% said it was a pre-planned holiday for them and 19% said they had brought permission for a certain period of time to cater to their family's various needs.

The following table 1.2 presents some of the important issues related to this epidemic and infection before the arrival of all the respondents in the country, the time of arrival, the next 14 days and the present time. It is seen that 99.99% of them did not take the COVID-19 test before coming to the country and none of them mentioned the immigration or any other
government authority COVID-19 test in the state. Although 21.33% underwent general thermal testing, while 78.66% went to their respective destinations without this simple test. According to the prevailing health warning rules, there was considerable negligence in complying with quarantine, isolation and social distance for 14 days, meaning that only 2.74% were officially in quarantine for 14 days. Only 1.98% were lived in 14 days of personal isolation under the Health Care Rules and only 3.38% were adhered to social distance. In addition to the 14 days of the health warning rule, there is also extreme reluctance to comply with the social distance rule during the epidemic, meaning that only 5.05% were complying with the rule at the same time. After coming to the country, a very limited number, i.e. only 0.27%, have tested COVID-19, but none of them have been identified as infected.

**Table: 1.2 Pre-arrival, arrival and within 14 days information**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you tested COVID-19 before boarding?</td>
<td>0.003</td>
<td>99.997</td>
</tr>
<tr>
<td>Have you asked for COVID-19 test on the arrival point?</td>
<td>0.000</td>
<td>100.00</td>
</tr>
<tr>
<td>Have you checked thermal scan on the arrival point?</td>
<td>21.334</td>
<td>78.665</td>
</tr>
<tr>
<td>Have you gone through government quarantine center for 14 days?</td>
<td>2.743</td>
<td>97.256</td>
</tr>
<tr>
<td>Have you maintained self-isolation for 14 days?</td>
<td>1.981</td>
<td>98.018</td>
</tr>
<tr>
<td>Have you maintained social distancing for 14 days?</td>
<td>3.383</td>
<td>96.616</td>
</tr>
<tr>
<td>Do you maintain social distancing?</td>
<td>5.059</td>
<td>94.940</td>
</tr>
<tr>
<td>Have you tested COVID-19 in Bangladesh?</td>
<td>0.274</td>
<td>99.725</td>
</tr>
<tr>
<td>Was your COVID-19 test result positive?</td>
<td>0.000</td>
<td>100.00</td>
</tr>
</tbody>
</table>

The following table 1.3 presents the data of the respondents keeping in view the common symptoms related to COVID-19. It can be seen that some of the symptoms have appeared in them like suffering fever (23.01%), running nose (35.05%), new or worsening cough (11.22%), sneezing or nasal congestion (50.32%), sore throat (10.11%), shortness of breath (2.62%), difficulty swelling (2.37%), hoarse voice (14.50%), nausea (7.10%), vomiting (1.92%), diarrhea (1.61%), abnormal pain (2.83%) and unexpected fatigue (16.24%). It is to be noted that these types of symptoms are more or less observed in the people of Bangladesh during almost all the seasons changing and it looks a lot like an epidemic in the rainy season.
Table 1.3 COVID-19 relevant symptoms information

<table>
<thead>
<tr>
<th>Statement</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suffering fever</td>
<td>23.011</td>
<td>76.988</td>
</tr>
<tr>
<td>Running nose</td>
<td>35.050</td>
<td>64.949</td>
</tr>
<tr>
<td>New or worsening cough</td>
<td>11.227</td>
<td>88.772</td>
</tr>
<tr>
<td>Sneezing or nasal congestion</td>
<td>50.320</td>
<td>49.679</td>
</tr>
<tr>
<td>Sore throat</td>
<td>10.118</td>
<td>89.881</td>
</tr>
<tr>
<td>Shortness of breath</td>
<td>2.621</td>
<td>97.378</td>
</tr>
<tr>
<td>Difficulty swelling</td>
<td>2.377</td>
<td>97.622</td>
</tr>
<tr>
<td>Hoarse voice</td>
<td>14.507</td>
<td>85.492</td>
</tr>
<tr>
<td>Nausea</td>
<td>7.101</td>
<td>92.898</td>
</tr>
<tr>
<td>Vomiting</td>
<td>1.920</td>
<td>98.079</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>1.615</td>
<td>98.384</td>
</tr>
<tr>
<td>Abnormal pain</td>
<td>2.834</td>
<td>97.165</td>
</tr>
<tr>
<td>Unexpected fatigue</td>
<td>16.245</td>
<td>83.754</td>
</tr>
</tbody>
</table>

The information provided by the study participants when asked about the family and social disasters in the case of returnees is presented in Figure 1.3 below. The figure shows that they were mostly affected (72%) by their neighbors, somewhat administratively (22%) and a small part (6%) by non-cooperation.

Figure 1.3 Family and social reaction
Considering the overall situation and the current epidemic, some questions were asked about the mental situation and future thinking of the returnees which is presented in Figure 1.4 below. Analyzing the figure, it is seen that most (29%) of the returning migrants were suffering from uncertainty of their income while 28% think that their future migration process is also going to be uncertain. Of these, 26% were under severe stress and 16% were severely depressed.

Figure 1.4 Individual Psychology

4.1 Discussion

By analyzing the above data, it is found that when the novel corona virus (COVID-19) started spreading around the world, a large number of Bangladeshis came to the country from different destinations between January-March 2020 for three main reasons. Since more than 10 million Bangladeshis have been working in 169 countries around the world in different professions, such arrivals in a short period of time can be considered normal. It is not uncommon for someone to be with their family during a global epidemic. If different countries and if internationally had not shut down all transportation systems, the number of arrivals might have increased many times over. Now the question is, as a result of this arrival, there is a good chance of COVID-19 infection and spread in Bangladesh because in the meantime, other experts including the World Health Organization (WHO) have been advising to follow a number of health rules by identifying an epidemic as highly contagious.
The study found that three of the compliance with health regulations, including 14 days of quarantine, isolation and maintaining social distance, were severely hampered. Indifference has been seen among the returnees in the same way that the government has failed to comply with the above three measures from the very beginning. As Bangladesh is a developing country, perhaps this huge number of returnees has not been able to be monitored and examined in such a short period of time by keeping a 14 days quarantine through government management. Even the returnee fails due to a lack of manpower and measures to maintain the kind of administrative structure and arrangements that were required to keep the returnees in his own home in the mandatory 14 days quarantine / isolation system. Since Bangladesh is a democratic country, the government has not been able to exert that kind of pressure on the people.

All these returning immigrants do not even know whether they have been carrying the virus themselves, their emotions, feelings, overconfidence or even various kinds of propaganda were hindering them from complying with the health regulations. Moreover, the social and family ties in Bangladesh are so strong so that after a long time an earning member has come to the country, to keep him in solitary confinement for 14 days as if their conscience and emotions have severely hampered them, as a result they have gone completely out of health rules. Another important issue is to build the family accommodation and other infrastructure of these returnees in such a way that it is almost impossible for them to comply with the health regulations for 14 days.

5.1 Conclusion

Therefore, this study realizes with deep sadness that in the coming days, there is a good chance that the COVID-19 epidemic in Bangladesh will reach a large scale. This huge influx of returnees could spread the epidemic in Bangladesh at once. The arrival checkpoints in Bangladesh, from where they came to their homes and the type of transport they have come in contact with, are expected to gradually spread everywhere. In conclusion, the study suggests that the current level of health and medical care in Bangladesh, as well as the above-mentioned population density, could lead to a catastrophic epidemic that could be more severe than any other country. Therefore, this study feels that it is very important for the government to take a tough decision very quickly and stop the movement of all people completely for a certain period of time. At all levels there will be a struggle to recover from the global economic
disaster in the coming months and years. Many of migrants will have lost their jobs, livelihoods and savings gained over years of hardship. They will need both financial and socio-economic support to help rebuild their lives and support their families. It is particularly important for national and local authorities to make every effort to ensure that the application of measures will be implemented in a non-discriminatory manner, and prevent situations where migrants and others are subject to abuse, inequity or violence linked to the origin and spreading of the pandemic. The situation in Bangladesh demands further government consideration of social protection through existing schemes and/or ad-hoc payments to all workers, including informal, casual, or seasonal migrants, and the self-employed, through access to unemployment benefits, social assistance and public employment programs.

Declaration of Conflicting Interests

The author declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

Funded by COVID-19 Pandemic: Ethnography, Observation and Survey for Internal and International Migration Project, Migration Research Development and Society of Bangladesh (MRDSB)

References


