The Socio-Economic Impact and Implications of Covid-19 in Bangladesh: A Sociological Study According to Sociological Theories and Social Determinants

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Abstract

The whole economic, social, medical, educational systems of the world suddenly meet such an epidemic that is unexpected to all. The COVID-19 pandemic halted all the development progresses of our society, particularly the health system of less developed countries severely hampered by this global disease. Besides, a significant number of people are suffering from mental agony due to financial crisis and some people trying to attempt suicide. In the context of Bangladesh, people are more vulnerable because we have limited resources to mitigate such an unpredictable epidemic. A large number of people lost their jobs and a huge number of people died due to inadequate medical facilities; students were deprived of their education because they did not attend the class or exam. Moreover, this pandemic created new unemployed and poor people who had a secure life before this pandemic. We can analyze it according to some theories to understand the situation properly. In this paper, we focus on the plight of people in Bangladesh and discuss the social determinants that are related to the pandemic.

Subject Areas

Sociology of Health and Illness

Keywords

Pandemic, Vulnerable, Medical Facilities, Unemployed, Victims, Sufficient, Economy, Society, Migrants, Determinants, Health

1. Introduction

The initial outbreak of coronavirus infection occurred in Wuhan, Hubei prov-
Coronavirus infection is a major threat to the worldwide community, with confirmed cases and deaths estimated on June 8, 2021 at 174,000,000 and 3,744,378 respectively [1]. The virus features a high mutation rate and its massive transmission infects people very quickly. The World Health Organization (WHO) has declared COVID-19 as an epidemic due to its significant spread throughout the world. The pandemic of coronavirus disease of 2019 is taken into account as a possible threat to public health that gained global attention. The prospect of COVID-19 mortality is around 1% and may kill infants, adults and elderly people with previous medical issues. The clinical presentation varies from asymptomatic illness to severe respiratory failure and shock. COVID-19 affects different people in different ways. Figure 1 shows the number of daily affected peoples in Bangladesh during this time. People have different common and serious symptoms. Symptoms include fever, cough, tiredness, loss of taste or smell, sore throat, headache, aches and pains, a rash on skin or discoloration of fingers, red or irritated eyes, difficulty breathing or shortness of breath, loss of speech or mobility and chest pain [1]. This pandemic situation is not any longer limited to health rather it’s extending an unprecedented devastating impact on the social, economical sector and it seems to be dispersing scars at the end of the day. The novel coronavirus has created tremendous negative impacts on the livelihood of the marginal population in Bangladesh. Many of them working in the informal sectors or small private companies have lost their jobs, some people got half of their salary or no salary and moved to the countryside as they are unable to survive in the city without a job. The unemployment rate and poverty among

![Daily new confirmed COVID-19 cases](last.fm)

*Figure 1. Daily new confirmed Covid-19 cases in Bangladesh.*
both urban and rural areas throughout the country have rapidly increased.

2. Impact of COVID-19 in Bangladesh

The ongoing COVID-19 pandemic has created an unprecedented economic and social crisis in Bangladesh. In every aspect of life people face traumatic situations. Health sectors, economy, education, and other social activities diminished by it [2].

2.1. Impact on Economic Sector

The COVID-19 pandemic has badly affected household and individual level earnings in Bangladesh with around 13 percent of individuals becoming unemployed, being women in informal employment more likely than men to ascertain their working hours reduced. The pandemic has taken an important toll on most sectors of the economy most notably, it’s caused a discount of exports by 16.93 percent imports by 17 percent and also an 11 decline of average revenue for all small and medium enterprises by 66 percent in 2020 compared to 2019. Even though garment factories were allowed to continue operating under the country’s lockdown, an estimated a million garment workers or one quarter of the workforce were laid off thanks to declining orders for export [3].

2.2. Impact on Education

Bangladesh has approximately 200,000 educational institutions across the country and over 40 million students. In March, Bangladesh closed all of its educational institutions to scale back the spread of COVID-19. Initially on 17th March, when Bangladesh had only 8 confirmed cases, the govt announced all schools would be closed for the rest of March. Dhaka University was also closed for an equivalent period. The education ministry announced an extension of the closures to April 9th. However things weren’t improving. In August, the ministry of education confirmed the varsity would remain closed until 3rd October. Dhaka University began online classes on July 1st, 2020, as other universities and schools started their activities online. Students have voiced concerns about accessibility to online classes for students particularly who reside in the countryside in Bangladesh, poor students, lack of device and internet connectivity to participate in their classes. Standardized school examinations are impacted by the varsity closure. The HSC, JSC and PEC exams could not be held after that the educational institutions remained closed until August, 2021 [4].

2.3. Impact on Children

This pandemic has a noticeable adverse effect on the psychological state and development of youngsters. Children and teenagers become bored as they cannot do anything or go outside to play. They spend their time only watching YouTube, operating video games, consequently they are scolded by their parents or olders, their productivity badly hampered during that time. Within the lockdown situa-
tion, children could interact rarely with their peers and had reduced opportunities of physical activities. As a consequence, they experienced several health problems including anxiety, sleeping disorder, stress and depression. Moreover, it has been predicted that pandemic factors like increasing infection rate, news of death, lack of abnormal behavior of stressed and economical damage of the family may cause devastating psychological impacts on children [5].

2.4. Impact on Health

Public health becomes affected by a sudden epidemic. The health care system of Bangladesh is fragile and people rarely get the medical facilities regarding physical and psychological disorders. During this time, females’ health becomes ignored as they are a much more vulnerable group in Bangladesh. Insufficient medical equipment, doctors and nurses are unable to tackle the huge number of patients. In COVID time, general people hardly get the essential medical services such as fever, pain or related disease. On the other hand, during the lockdown many patients suffering cancer, kidney disease and sophisticated diseases couldn’t get proper treatment. As government hospitals can’t deal with the COVID patient, the private hospitals face pressure and 77% COVID patients take treatment from private hospitals. The country spends only 5% of its GDP on health, which isn’t consistent enough with our population [6].

2.5. Impact on Recent Graduate Employability

This pandemic made vulnerable newly graduated people looking for a job. Government and private companies as well as NGOs postponed their recruitment and laid off their employees. This group of people is more vulnerable at this time as they cannot contribute their families, or manage any job. A noticeable number of graduates attempted suicide during this time because they were suffering from severe mental pressure due to unemployment [7]. Figure 2 shows the graduate unemployment comparative chart. Figure 3 shows the number of people unemployed in Bangladesh during COVID-19 pandemic.

2.6. Impact on Transport

In March, Bangladesh closed all flights including domestic and international to manage the spread of the virus. Initially direct flights to the United Kingdom
and China were exempted from the flight suspensions, but the United Kingdom was suspended in April too making China the only exception. Presentation of a COVID-19 negative certificate became mandatory for all Bangladeshi tourists wishing to travel abroad from July 2020. The government stipulated that each one passenger must possess a document certifying a negative test result which had been administered within 72 hours before traveling. In April 2021, with cases rising steeply, the govt announced another national lockdown and therefore the suspension of all international flights to and from Bangladesh was carried out [8].

2.7. Impact on Migrant Workers

A significant number of migrant workers have been sent back to Bangladesh and many are in constant fear of being sent back due to the impacts of COVID-19 in their host countries. Thousands of migrant workers are forced to return due to job layoffs, short working hours and isolation. On the other hand, their dependent family members are suffering from a severe financial crisis and it created mental pressure on them. Consequently, remittance is becoming reduced as migrant workers lose their jobs. The social and economic condition of these workers is getting deteriorated because they are not capable enough to cope up with these traumatic situations [9].

2.8. Impact of Rohingya Refugees

At the time of the pandemic Bangladesh was housing over 1,000,000 Rohingya refugees in refugee camps in Cox’s Bazar. The high population density, poor sanitation facilities and limited access to healthcare within the camps are all conducive to the spread of viral illness like COVID-19. As of 23rd June 2020, 46 Rohingya refugees had tested positive for the virus and five deaths had been confirmed. The fear of breathing or losing a beloved one is often very distressing for a toddler, especially when many have already experienced it. Trauma and loss

Figure 3. Unemployed rate of Bangladesh (2010-2020).
had been forced from their homes in Myanmar and stuck during a congested camp for the past three years. There are concerns that COVID-19 might be devastating for the elderly Rohingya refugees [2].

3. Socio-Economic Implications of COVID-19 in Bangladesh

The COVID-19 outbreak has already begun to affect different sectors of the economy. Firstly the immediate impact of the pandemic is temporary shutdown of the factories and business as an affected country; as a result the production is declined [10].

3.1. Agricultural Sector

Access to agricultural products, materials, markets and advisory services was restricted during the lockdown which greatly impacted farming. Agriculture processing and trade faced problems with impaired production activities by quarantine measures and low consumer demand particularly thanks to limited hotels, restaurants and occasional shop operations. Farmers are still facing difficulties with having mineral fertilizers, veterinary supplies and machinery spare parts. The country’s fish and dairy farmers are now bearing their brunt. Crabs, Shrimp and fish farmers faced export restrictions leading to major economic losses [10].

3.2. Industrial Sector

The COVID-19 pandemic has had a profound impact on the availability chain and demand for the apparel sector due to challenges of staple source and cancelled orders. Bangladesh’s garment sector has withdrawn from many foreign orders and lots of garment workers have lost their jobs. Garment sector faced devastation and the government announced subsidies in this sector to recover the losses. Similarly, the pharmaceutical industries are affected as active pharmaceutical ingredients which are raw matters for the pharmaceutical sector are impact dependent [10].

3.3. Banking and Financial Sector

Banks globally could face increased credit and default risk since businesses generate cash insufficient to service debt thanks to business closures, shut-downs and lower demand for goods and services during the pandemic. Many lending or investment decisions being postponed for now might not see light again [10].

3.4. Tourism and Travel Agency

Tourism and hospitality industry has also stopped and is suffering from the pandemic. The corona virus outbreak affects the worldwide tourism and hotel business due to travel restrictions, fear of illness abroad, fear of using airports and other centers of mass gathering etc. Travel agencies constitute a fragmented sector in Bangladesh and due to COVID-19; many small ones are expected to shut down their offices and most of the airline’s hotels are badly hit [10].
4. Social Determinants of Health

The social determinants of health are the non-medical factors that influence health outcome. WHO defined social determinants of health as the “conditions during which people are born, grow, live, work and age”. The social Determinants of health have a crucial influence on health inequities—the unfair and avoidable differences in health status seen within and between countries. In countries with the lowest levels of income, health and illness follow a social gradient: the lower the socio-economic position the more severe for health hazards. The samples of social determinants of health are given below:

- Income and social protection;
- Education;
- Unemployment and job insecurity;
- Working life conditions;
- Food insecurity;
- Housing, basic amenities and the environment;
- Early childhood development;
- Social inclusion and non-discrimination;
- Structural conflict;
- Access to affordable health services of decent quality.

The social detriment of health features a higher impact on population health than healthcare. Health and healthcare include access to health care, access to medical care, insurance coverage and health literacy. Low health literacy can cause patients to navigate the complex social community context are the circumstances an individual lives, learns and works in. Lower mortality rates are related to social and community support and cohesion. Economic stability includes employment, poverty, food security and housing stability. Unemployment impacts an individual’s health in many ways because it has associations with depression, violence, drug abuse and physical illness. Low income reduces access to healthcare and nutrition food and increases hardship. Socio economic inequality plies health complications on top of the financial woes already burdening disadvantaged segments of the population. The social Determinants of health are interrelated and played a serious role during COVID-19 pandemic. It’s positive and negative impact on COVID-19.

4.1. Relation between Social Determinants of Health and COVID-19

There are transmittable and mitigated strategies include healthy hygiene practices, staying home when sick, practicing physical distancing to lower the danger of disease transmission and use of a cloth face covering when physical distancing can’t be maintained. When experiencing COVID-19 symptoms accessibility of testing is additionally needed to scale back disease spread. Social Determinants, like access to health care, income inequality, housing and neighborhood density and cultural beliefs about testing may influence COVID-19 incidence. Bangla-
Desh is a developing country with a high population and most of them are unaware about health. Poor Working people don’t get the health facilities. Thus, the poor people face different troubles during this COVID-19 time. They cannot stay home despite sickness because they need to earn their livelihood during this time. Social Determinants are associated with COVID-19 as social determinants can be reduced the impact of COVID-19 [11].

4.2. Access to Healthcare

Access to medical facilities is indeed a fundamental right, but the strain that the COVID-19 pandemic places on healthcare systems affects medical care provision for several people. It is believed that they’re infected with the COVID-19 virus to seek testing or immediate medical aid. Majority of people in Bangladesh are poor, they don’t have medical insurance, medical treatment which requires a referral from a medical provider. In some areas, there could also be unavailable testing sites and treatment facilities, such as in rural areas compared to larger metropolitan cities. In addition inadequate access is additionally driven by a long-standing distrust of the health care system and financial implications related to missing work to receive care. Therefore the poor village people suffer a lot more than the metropolitan people [12].

4.3. Housing and Neighborhood Density

The body of communities, like proximity to resources like grocery stores, green space, the combination of companies, amenities and housing collapse due to the effects of COVID-19 pandemic. High-density housing and group quarters accelerate transmission of the coronavirus, disproportionately affecting older adults in nursing homes and other people with compromised health in overcrowded communities. In Bangladesh, the labor people sleep in the crowded slum where the prospect of spreading coronavirus is extremely high and therefore the poor and village people are more likely to measure in densely populated areas, further increasing their contact with people. These neighborhood characteristics make it tougher to take care of physical distancing and self-quarantine to curb COVID-19 transmission. So, housing and neighborhood density has negative impacts on COVID-19.

4.4. Income Inequality

Unemployment may be a curse in Bangladesh. Many of us haven’t any work and lots of low paid uncertain jobs. The garment workers, rickshaw puller and day laborers or hand-to-mouth people’s income is extremely low. They need to try to work every day for their livelihoods as they need fixed money or insurance. The labor people are at greater risk of infection as working in essential industries who must still work despite the outbreaks in their communities or thanks to their economic situations. Workers without paid leave could be more likely to still work even once they are ill. This can increase workers exposure to other workers who
may have COVID-19. So, the income inequality may increase the likelihood of COVID-19.

4.5. Education and Food Security

Educated people have a secure job and food security. During this epidemic they’re more conscious and maintain distance as they need less tension about livelihood. So, education and food security may reduce COVID-19 in Bangladesh. After the discussion we will say that, social determinants of health and COVID-19 have some relief for people who have money, who are educated and have enough food availability. Social determinants of health have positive or negative impact on COVID-19 in Bangladesh. Because economy, education, housing, food security and cultural beliefs are directly or indirectly associated with the pandemic.

4.6. Culture Beliefs

Cultural beliefs and perceptions in fact of disease contribute to health behaviors. Many poor and uneducated people think there are not any infectious diseases within the world therefore they don’t maintain any kind of social distance. Many of them believe that pious and noble people could not be infected by Covid-19. They are not aware of wearing masks, and don’t be conscious about hand sanitization, especially people who live in rural areas. Social cohesion and social gatherings are of great importance in many cultures that’s why cultural beliefs impact on COVID-19 in Bangladesh [14].

5. Related Sociological Theories to This Pandemic

We can relate several sociological theories with COVID-19 pandemic. We will relate Functionalism theory, conflict theory and symbolic interactionist theory [13].

5.1. Functionalism Theory

Functionalism sees society as a posh system whose parts work together to make solidarity and stability, consistent with individual health and effective medical aid are essential for a society’s ability to function. Unhealthiness decreases our ability to perform our roles in society and too many of us are unhealthy. Society’s functioning and stability suffers. “Sick role” may be a concept created by Parsons. Sick role may be a term that explains sickness and therefore the rights and obligation of the affected. Parsons argued that being sick means the sufferer enters a task of “sanctioned deviance”. A sick individual isn’t a productive member of society. Parsons sees illness as a sort of deviance that disturbs the affair of the society, the physician-patient relationship is hierarchical. The physician provides information and therefore the patient must follow them. So, we will relate functionalism theory with COVID-19 pandemic. As many of us are infected by coronavirus disease, numerous economical and social institutions remain closed as people can’t participate in their work properly. Therefore, affairs also disrupted
society, losing its stability and solidarity.

5.2. Conflict Theory

Conflict theories emphasize the social, political or economic inequality of a group. It also emphasizes inequality within the quality of health and of health-care delivery. People from disadvantaged social backgrounds are more likely to become ill as they need proper food, housing, sanitation and that they need to exert for an extended time. Poor people aren’t getting adequate health care and drugs to recover their illness. In Bangladesh coronavirus also created treatment inequality. The poor people that work regularly for his or her livelihood are more susceptible to be infected by coronavirus. But they do not get proper medical facilities. We will see that the rich and powerful people get the right oxygen facilities, ICU facilities and doctor’s services. But, poor people aren’t getting proper treatment facilities, albeit they do not get a bed in hospital [13].

5.3. Symbolic Interactionist Theory

The interaction approach emphasizes that health and illness are social constructions. So, various physical and mental conditions have little or no objective reality but instead are considered healthy or ill conditions defined by society and it’s members. Interaction perspective refers to how people create meaning during social interaction, how they present and construct the self and the way they define situations of co-presence with others. Medicalization of deviance refers to the method that change “bad” behavior into “sick” behavior. Medicalization refers to the method when “sick” behavior is normalized again. We will also relate symbolic interaction its theory with COVID-19 pandemic. Functionalism, conflict theory and interactionist approach are closely related theories with COVID-19 pandemic [13].

5.4. Some Recent Studies Regarding Covid-19

Corona destroyed each sector in Bangladesh particularly, education, economy as well as health. The outcome of coronavirus is terrible as people are not capable enough to recover from financial issues rapidly, students already lagged behind from their regular study, the medical system is not developed enough to tackle this horrific situation and the young graduates cannot get suitable job opportunities. Here we can see some latest statistics regarding the impact of the corona pandemic in Bangladesh [14].

6. Conclusion

It can be said that regarding the COVID-19 outbreak, as a country with a massive population and limited resources, our socio-economic scenario has been broken and both government and non-government organizations should come forward to handle this sudden outbreak. Monetary and financial strategies face significant difficulties in stabilizing the economic climate. As a lockdown has
been imposed to regulate coronavirus disease, people can’t continue their work properly particularly in Bangladesh where marginal people need to meet their basic needs. While our medical resources or facilities are not enriched enough to mitigate these sudden traumatic situations, people suffered a lot for treatment during this time. People face changes in every aspect of life, they have to change their lifestyles to cope with coronavirus disease. Finally, it should be said that, coronavirus disease changes the whole world including Bangladesh.

Conflicts of Interest
The author declares no conflicts of interest.

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