BRAC JPGSPH COVID-19 RAPID RESEARCH BRIEF


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COVID-19 Rapid Survey: Developing Appropriate Health Messaging for Urban and Rural Populations

I. BACKGROUND

The following research brief analyses the data of 1309 respondents who participated in the COVID-19 rapid survey conducted by the BRAC James P Grant School of Public Health (BRAC JPGSPH), BRAC University. The survey was initiated on April 6, 2020 and focused on socio-cultural understandings of the novel coronavirus (COVID-19) amongst the urban and rural populations of Bangladesh. We randomly selected samples from several surveys (RMG survey, Bhansentek survey and NNS survey) conducted by the BRAC JPGSPH. These surveys covered a wide range of population groups like: RMG workers, residents from informal settlements, rural poor, adolescents, adult men and women. Considering the current situation, the rapid survey was conducted over the phone and each survey took 45 minutes to complete on average. Informed verbal consent was taken from each respondent prior to the interview.

The survey was focused on understanding the possible effects of the pandemic on several aspects of a household or family such as consumption, income, health beliefs, practices, prevention and coping strategies, psychological well-being, and gender. This brief, however, focuses only on the socio-cultural understandings of health, as shared by respondents. There is a critical need in research to understand a population's perception of disease in order to have culturally appropriate contextualized health messages and campaigns.

II. KEY FINDINGS

A. Local Health Beliefs of Coronavirus

From the survey data, we came to know that the virus is commonly known as corona or coronavirus within their communities. There are no specific or alternative local terms in Bangla or other dialects. However, terms people associate with the virus and use to describe it in their responses shed light on how they understand what this disease means (See Table 1).

Table 1: Terms used to describe coronavirus

	Bangla term	Definition
1.	*Mohamari*	Epidemic
2.	*Shoktishali*	Strong
3.	*Bhoyaboho*	Fearsome
4.	*Khotikor*	Harmful
5.	*Moronbaydhi*	Deadly or fatal
6.	*Choyache/ shonkramok rog*	Contagious disease
7.	*Prakritik durjo*	Natural calamity

Majority of the responses reveal that coronavirus is understood to be extremely contagious and can spread from human to human due to close contact, touching, coughing or sneezing too close to others:

"This is a virus that causes coughing, sneezing and fever. Local people call it coronavirus. It affects you if you get in touch with corona positive people."

- (Anonymous respondent, Male, 37 yrs.)

"It (coronavirus) happens due to cold and cough. If anybody has a cold and cough, then they are most likely at risk of coronavirus."

-(Anonymous respondent, Male, 25 yrs.)

It is important to note that the majority of respondents perceived the presence of a cough, cold or fever to be coronavirus. Very few respondents differentiated between a simple fever to fever that persists for more than a week, dry cough versus mucus cough.

High levels of panic and fear of being infected existed. Perceptions include inevitable death, and understanding that the disease had little to no treatment. Many of the respondents shared that Coronavirus was ''deadly, dangerous'' and ''there was no cure.'' One respondent said,

''Someone with the symptoms of a cold, cough or simply a cold, is assumed to be infected with Corona, with death imminent and inevitable.''

-(Anonymous respondent, Female, 32 yrs.)

Fewer responses perceived the virus to be airborne:

"This is a virus that spreads in the air. This was not in our country before, it has come from China. If you stay unclean, you may be infected with it."

-(Anonymous respondent, Male, 28yrs.)

Additionally, a few respondents also shared that the disease had spread from Bangladeshis returning from other countries who had carried the virus back to their homes/areas, and viewed it is a foreign disease:

"This (coronavirus) spread from China because they eat animals such as snakes, frogs, dogs. It can spread through cough or bodily contact with an infected person, or wearing his or her clothes. You should not go near a person who is infected."

-(Anonymous respondent, Male, 20 yrs.)

B. Here is No Cure for Coronavirus

There is a popular understanding that this virus is fatal with no cure and majority of the responses drew the correlation of being infected with inevitably dying:

"This is a dangerous disease. If anyone is affected by this disease, he will die within 14 days."

-(Anonymous respondent, Female, 25yrs)

"This is a fearsome disease and people will not touch you if you die from this disease."

-(Anonymous respondent, Male,31yrs.)

"We live in the village; my son and I will survive by working in the fields. Sometimes we hear things about this (coronavirus). From what people say I gather that there is no cure for this, no vaccine or medicine can help you. Everything is up to Allah now, if he keeps us alive then we will stay alive."

-(Anonymous respondent, Male, 60yrs.)

"It is a scary disease which spreads from infected people. There is no treatment and can only be prevented by maintaining social distance and washing hands frequently."

-(Anonymous respondent, Female, 36yrs.)

It is important to note that while the majority of responses indicate that the symptoms for the disease were cough, cold and fever, very few of the respondents mentioned taking medicines (such as paracetamol) at the time of the interview as a method of care for their symptoms. As these were phone interviews, the stigma related to indicating one was sick may have affected these responses.

One response indicated that using local or traditional medicines like herbal plants (such as thankuni leaves or Indian pennywort) was believed to be effective in minimizing the impact of the disease.

C. Stigma around Coronavirus

There are widespread anxieties related to getting coronavirus that are leading to stigma and victim blaming within the population. This is further reinforced by the nationwide shutdown which is additionally amplifes the perception of the severity of this virus.

For most of the poor, maintain the precautionary guidelines (social distancing, hygiene and hand washing) is an impossible challenge given their social, economic, and living condition. Combined with the fear of death, these perceptions can result in discrimination and social ostracism[1].

[1] *Stigma is a huge problem and widespread in two mini rapid case studies we undertook in Dhaka city, with families being harassed and forced to leave the slum.*

An account of a rickshaw puller highlights the anxiety and shame associated with this novel coronavirus:

> *"I believe I will not get this disease because I work under the sun all day, the heat will do good. I don't ask anyone about this disease (coronavirus). I fear people will shame me for not knowing or suspect me of having it (the disease)".*
>
> ***-(Anonymous respondent, Male, 40 yrs.)***

This highlights the fear of being socially outcast and shunned by the community if one is infected. It can also be inferred from this that people may then tend to underreport their own symptoms, instead preferring to hide their medical history.

D. 'Sinners' and Susceptibility:

Across the responses, there was a recurring perception that certain (religious) groups, by their commitment to the faith, guarantees them a certain kind of protection and physical immunity to the disease:

> *"It's a punishment from Allah, those who pray five times a day they are safe, but those who don't believe in Him, have a greater chance to be infected by this virus."*
>
> ***-(Anonymous respondent, Male, 30yrs.)***

> *"The imam in our mosque has said that this is Allah's wrath, we are all sinners, we are not pure Muslims and this is our punishment..."*
>
> ***-(Anonymous respondent, Male, 41yrs.)***

> *"If someone gets infected, they die. I don't know why Allah has given us this disease. We sin a lot, this is a punishment for our sins."*
>
> ***-(Anonymous respondent, Female, 35yrs.)***

The perception that this virus will only affect 'infidels' and sinners, or less pious persons, constructs a moral value to the virus, with those who are affected may be viewed as deserving of it. Responses also mentioned bad hygiene practices, *"not being clean, not maintaining hygienic practices''* coupled with not being *"religious"* as factors for being susceptible to the virus:

> *"Coronavirus is the devil's disease. We pray namaz and stay clean and indoors, so this will not happen to us."*
>
> ***-(Anonymous respondent, Male, 33yrs.)***

Attributing proper hygiene practices for prevention has commonly been a part of religious beliefs. Cleansing with water (ablution) is[2] a nearly universal metaphor for all faiths, so it is not surprising that many linked hygiene and cleanliness with religious purity (UNICEF, 2017) and for maintaining good health.

While all populations can be stigmatised, certain sections of the population – those who are the poorest, with large numbers of family members sharing space in confined tiny rooms, living in congested areas (particular to urban slums), with limited access to water and sanitation facilities, and unable to practice any of the messages, may be more likely to be suspected of being ''carriers.'

Anecdotal news reports, and our own rapid case studies from marginalised populations indicate that there are high levels of stigma and discrimination already taking place within households and in the community.

III. RECOMMENDATIONS: APPROPRIATE HEALTH MESSAGES FOR THE COMMUNITIES

This data shows a growing need to focus on a few key areas to address stigma, misinformation, and key practices for health-care seeking if and when infected:

1. The need for health messaging to emphasise facts around COVID-19

- Address and remove confusion around general colds and coughs and its immediate conflation with COVID-19.
- Important to address confusion around basic understandings of the disease, specifically - that cold and coughs DO NOT immediately signify COVID-19 and lead to death; that there is treatment or options if any of these symptoms persist
- There appears to be less knowledge or understanding around symptom management
- Information on what are the key signs and symptoms to watch out for, duration and timing of seeking care, pathways to seek care.
- Generate messages that address local beliefs, which creates fear, panic and stigma
- Important to provide messaging that encourages sharing of any symptoms and to communicate with a community health worker/formal provider

[2] *UNICEF. (2017). Retrieved from: https://www.unicef.org/about/partnerships/index_60180.html*

2. It is increasingly becoming critical to address Stigma, blaming of individuals/ communities if cases grow exponentially across the country.

Stigma around the disease will lead to increasing incidences of scapegoating, cases being underreported, people opting for negative coping mechanisms, and so forth. In such conditions, it is important to:

- Recognising the constraints of poor households/ populations living in vulnerable settings and their inability to follow some of the recommended precautionary/preventive methods.
- Take steps to address some of these constraints in order for the most vulnerable to protect themselves.
- This will mitigate fear or misinformation-based shaming (particularly for poor and ultra-poor households).
- Emphasize the ways/methods in which key influential community figures (such as - imams, community leaders, political figures, celebrities and health workers) can play an active role in destigmatizing. This is a critical area for health messaging and intervention.

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