



COVID-19 IMPACTS ON LIVELIHOODS AND HEALTH

BANGLADESH NATIONWIDE SURVEY FINDINGS

INTRODUCTION

Since March 2020, Bangladesh has been experiencing multiple stages of COVID-19 pandemic that have not only impacting the health sector with the infections & fatalities. The COVID-19 induced containment measures, especially lockdowns, have intensified the needs of vulnerable groups, especially in informal sectors in terms of their livelihood. Many people have lost their jobs and income sources, resulting an increase in unemployment and poverty in both urban and rural areas throughout the country. Those who have less/no access to social protection, smaller savings or limited alternative sources of income both in urban and rural settings are the most affected ones. This study tries to identify some of the impacts that COVID-19 has imposed on different sectors especially livelihood and access to health including the vaccine hesitancy among the population.

METHODOLOGY

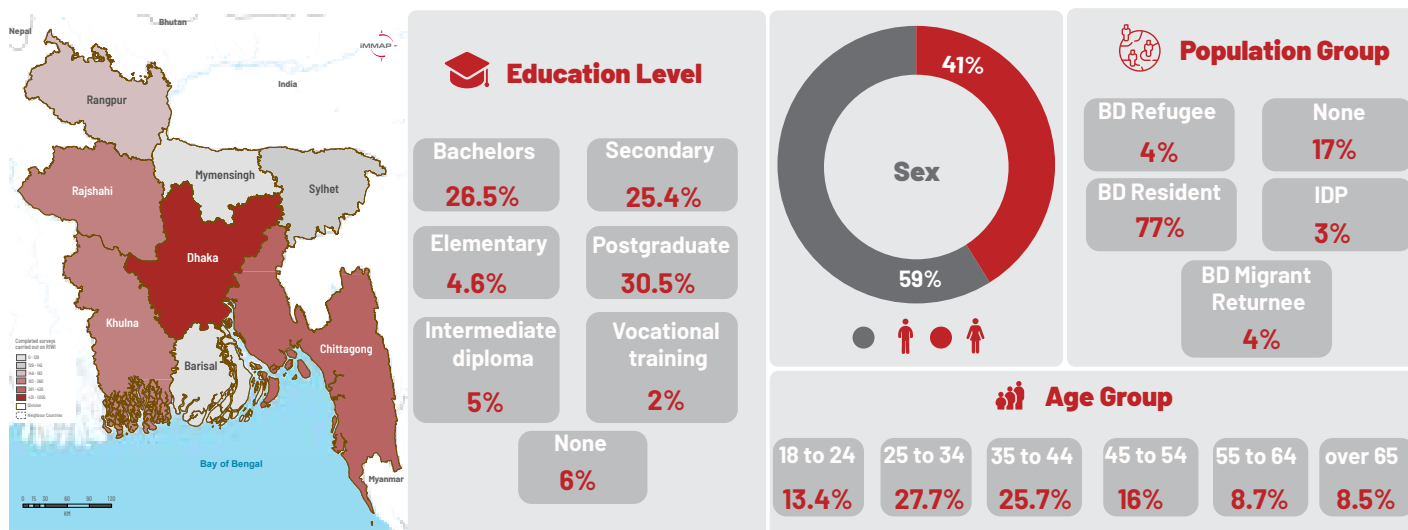
This product contains the analysis and visualization of primary data collected in collaboration with [RIWI Corp.](#), to assess impacts of COVID-19 on the livelihoods and health of Bangladeshi population. IMMAP partnered with RIWI Corp. to conduct a web survey in Bangladesh between 20 July and 1 August 2021. The questions were designed based on key issues identified in other [Bangladesh Situational Analysis products](#), as conducive to collection of primary data. The data was collected using a method developed and patented by RIWI Corp. by which web users encounter random anonymous opt-in surveys when they encounter lapsed or dormant website destinations (e.g., phonyurl.com) into the URL bar. All Internet users over the age of 18 throughout whole Bangladesh had a random probability of inadvertently landing on the web page where the survey is posted.

The survey was conducted in English & Bangla and contained 37 questions, although a respondent never answered more than 20 questions owing to conditional display. Wherever the survey was not completed, the incomplete responses were still collected, so the level of response to each question varies. The first question collected demographic information, such as gender, age group, displacement situation, department of origin in Bangladesh, disability status, and educational level. Data was then weighted by RIWI for age and gender based on [US Census Bureau projections](#) and [methodology](#), to aid better representation of the population of Bangladesh. However, one limitation of the methodology is that the sample is only among people in Bangladesh who use the Internet, so certain demographic groups are underrepresented. Findings can be taken only as indicative. The analysis was conducted by iMAP country team in Bangladesh.

RESULTS

Demographic characteristics of the respondents:

The respondents of the survey represent the demographic composition of the 2,529 persons (Those who had answered all the questions from the 10,257 respondents) with an equal ratio of female (41.2%) and male (58.8%) respondents, polled from all the eight divisions of Bangladesh. The largest number of respondents were from Dhaka (58%), while Chattogram and Rangpur had 7% and 3% respondents, respectively. The dominant group of respondents were Bangladeshi residents (76.7%), followed by refugees (4%) and migrant returnees (3.7%). Persons aged between 25-44 years comprised 53.4% of all respondents, while persons aged 45-64 made up about 25% of the respondents.

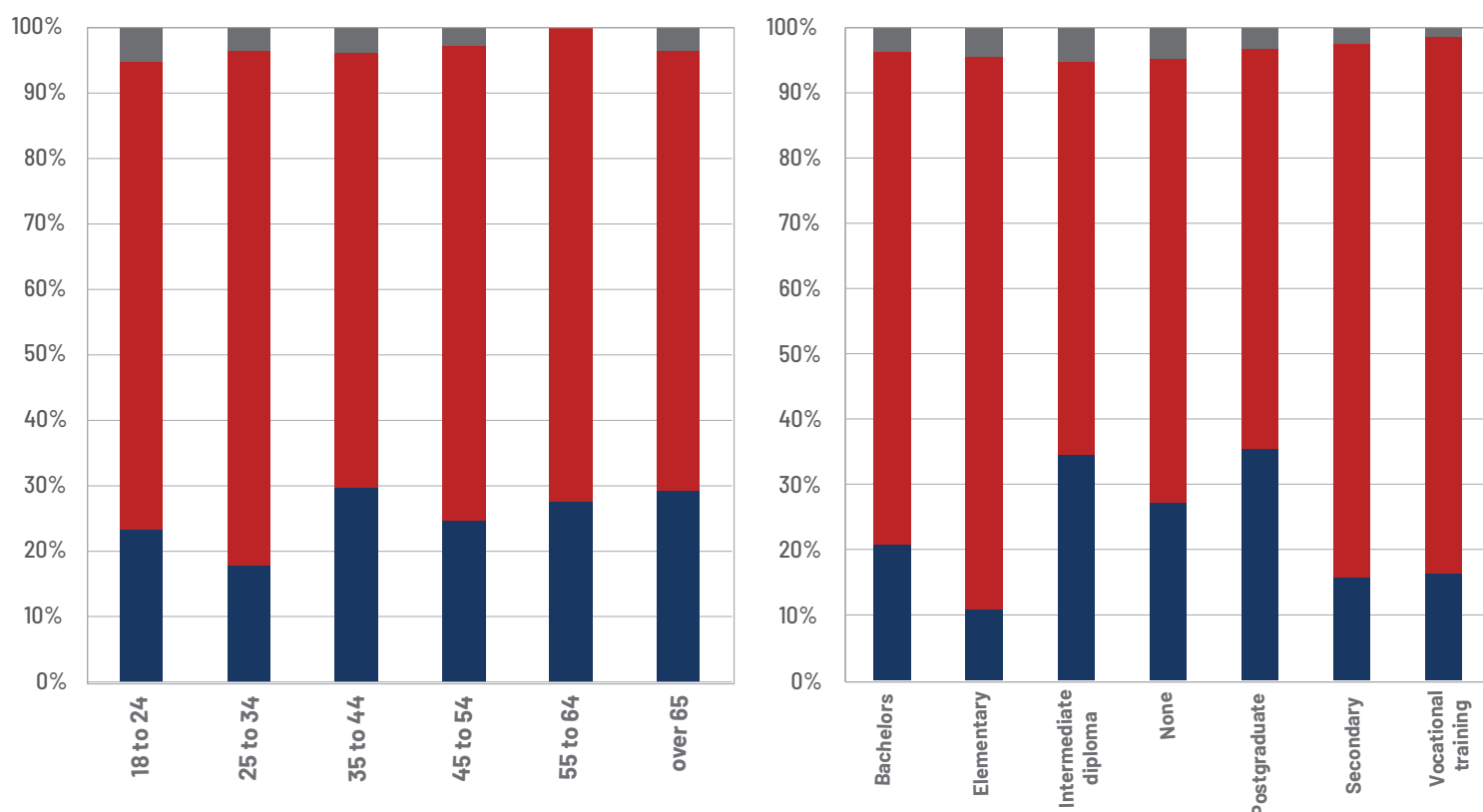


LIVELIHOOD

Survey results show that most of the respondents (72%) experienced a decrease in household income during the COVID-19 pandemic whilst 3.4% of survey participants saw an increase in their household income. The most commonly quoted reasons for a decrease in income were; reduction in informal work due to pandemic (40%), the loss of their job as their employers were out of business (16%) and income reduction due to unpaid leave resulting from COVID-19 (19%).

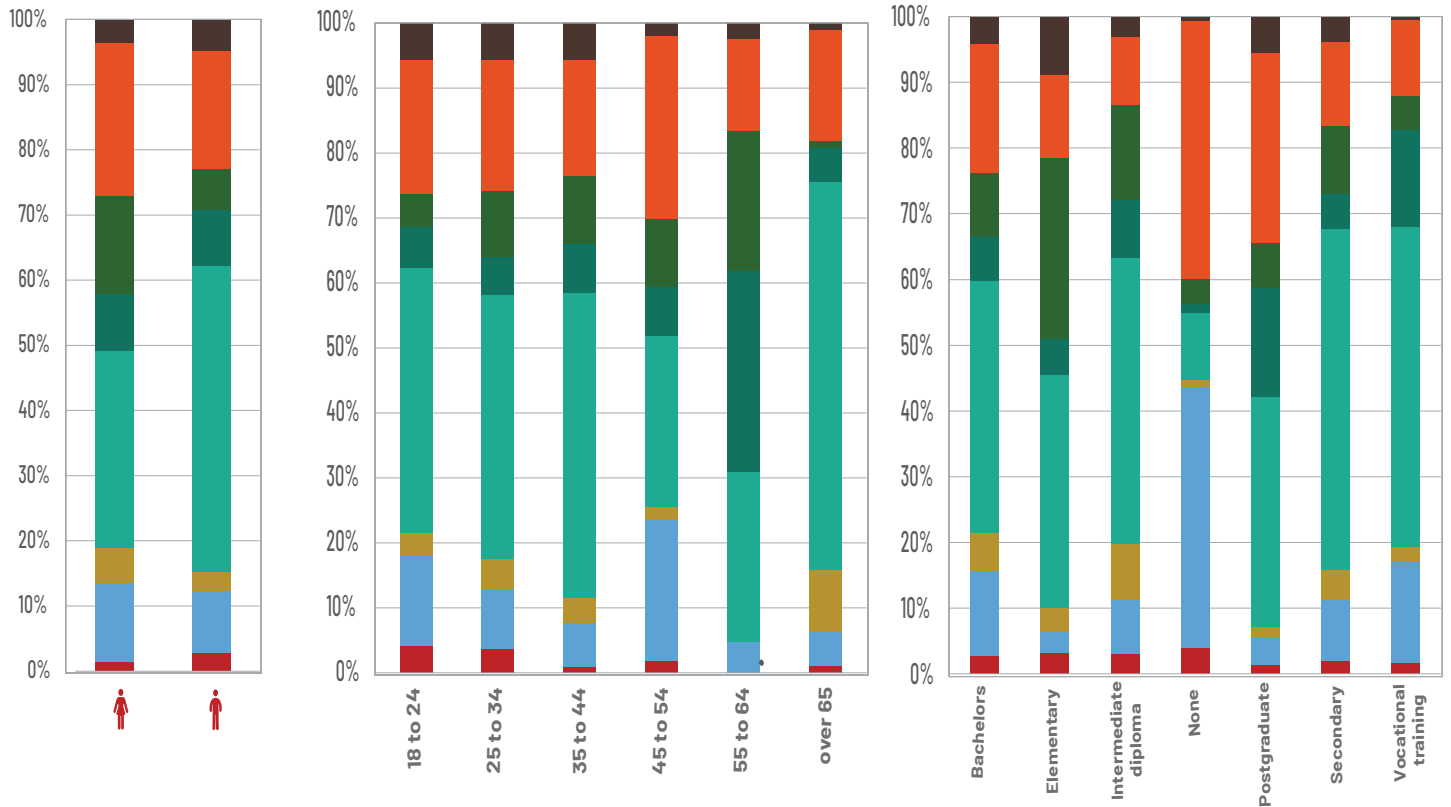
COVID-19 impact on household income

● Yes, income increased ● Yes, income decreased ● No change



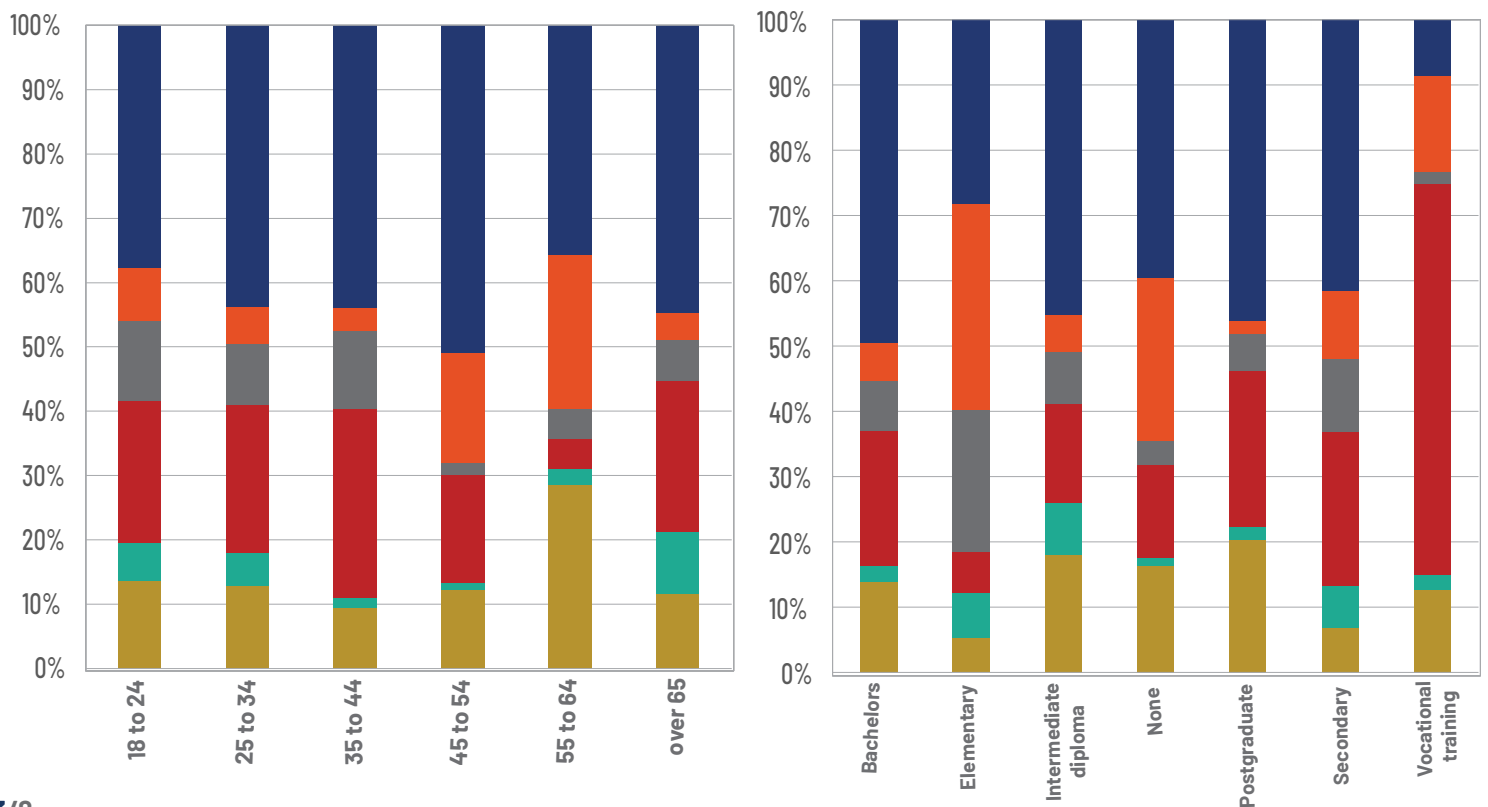
Main coping mechanism

- Accepting dangerous work
- Farming
- Get assistance & support/charity
- Increasing debt
- Selling assets
- Started new business/trading
- Using savings
- Working extra hours



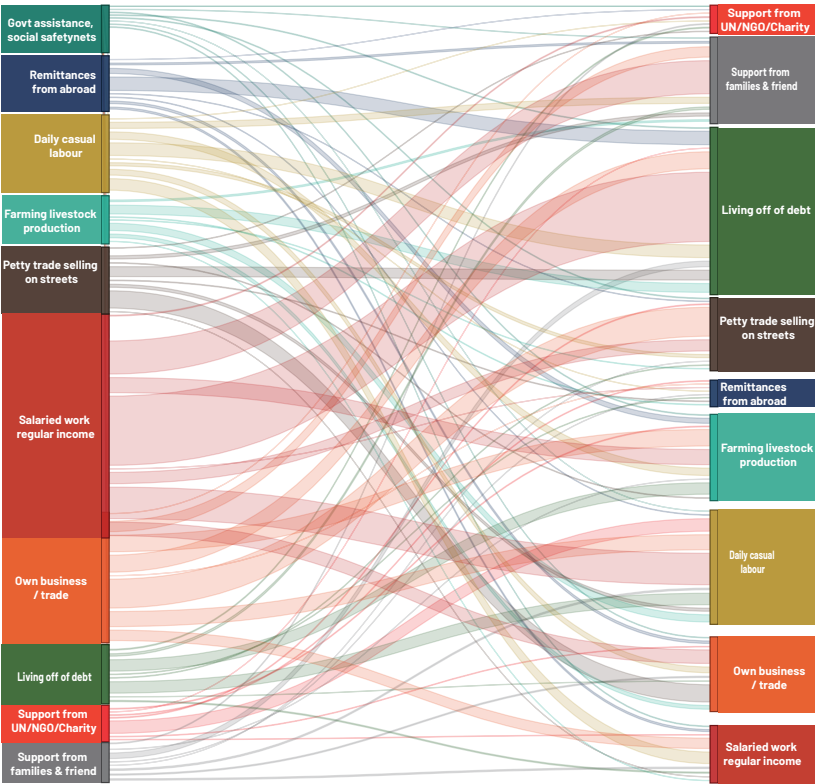
Duration of using the coping mechanism

- Less than a week
- Between one week & one month
- Between two & three months
- Between four & five months
- Between six month & one year
- More than one year



With declining or no income opportunities, people adopted different livelihood-based coping mechanisms to survive the pandemic situation. The majority of those are negative coping mechanism such as debts and loans. More than 40% said they started living off debt, increasing their burden of loan as well as uncertainty. Among others, 20% said they had to use their savings, while only 10.6% of the respondents turned to agricultural works or farming. The survey also indicated that 44% of the respondents have been using their coping mechanism for over a year, while the rest of the respondent were using coping mechanisms on monthly basis (40%) and daily basis (37.6%) respectively. The survey results indicate that without assistance, income source of the most respondents (32%) could last less than a week.

Income sources in pre-pandemic and during pandemic



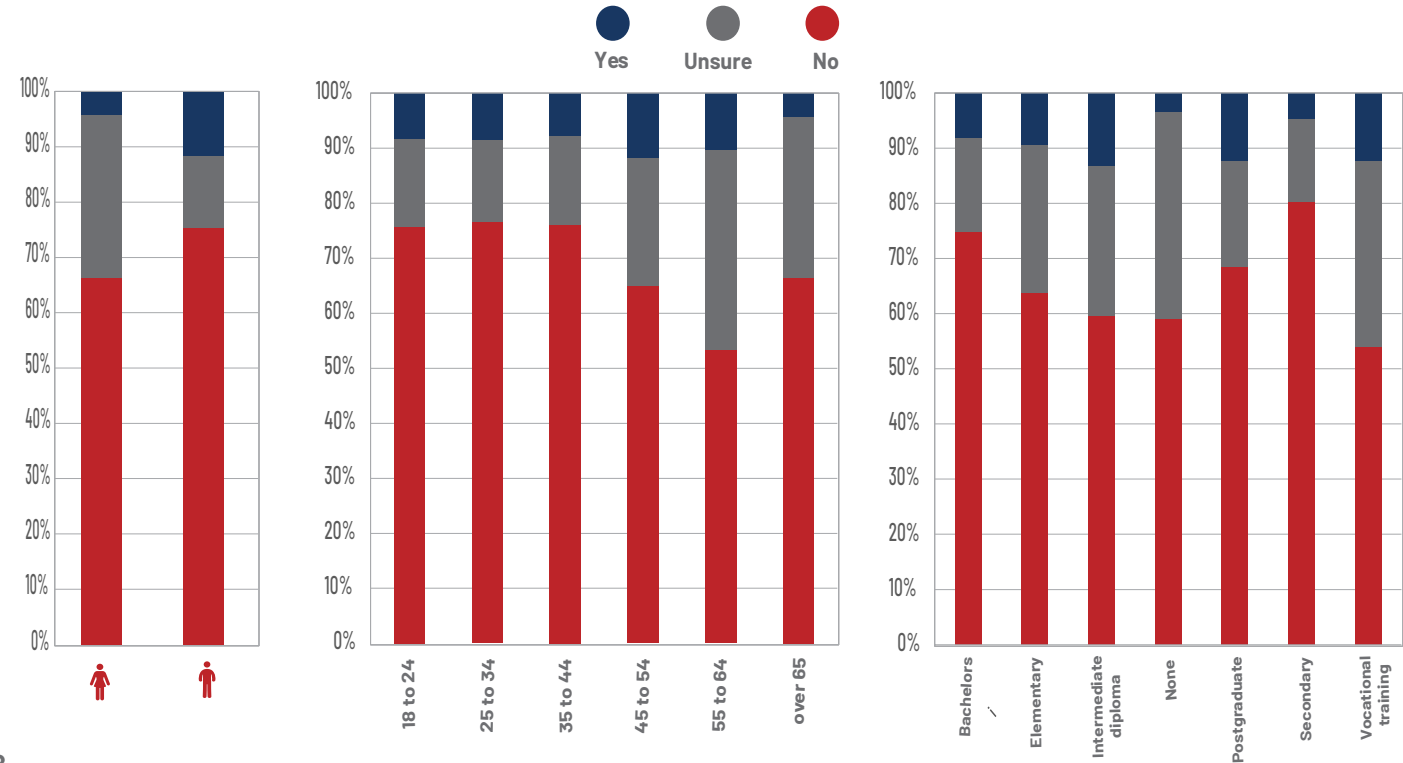
Before the pandemic, salaried jobs, business, and daily casual labors were the main sources of income for about 73% of the respondents. With the decline in salaried job & business incomes during the pandemic, there has been a significant increase in debt (23%), and relying on supports from family & friends (8.41%), while daily casual labors and farming/ livestock production experienced a leap compared to the pre-pandemic period.

More women (6.17%) than men (3.68%) began new start-ups, thanks to booming e-commerce & social media-based entrepreneurial environment that emerged during lockdown.

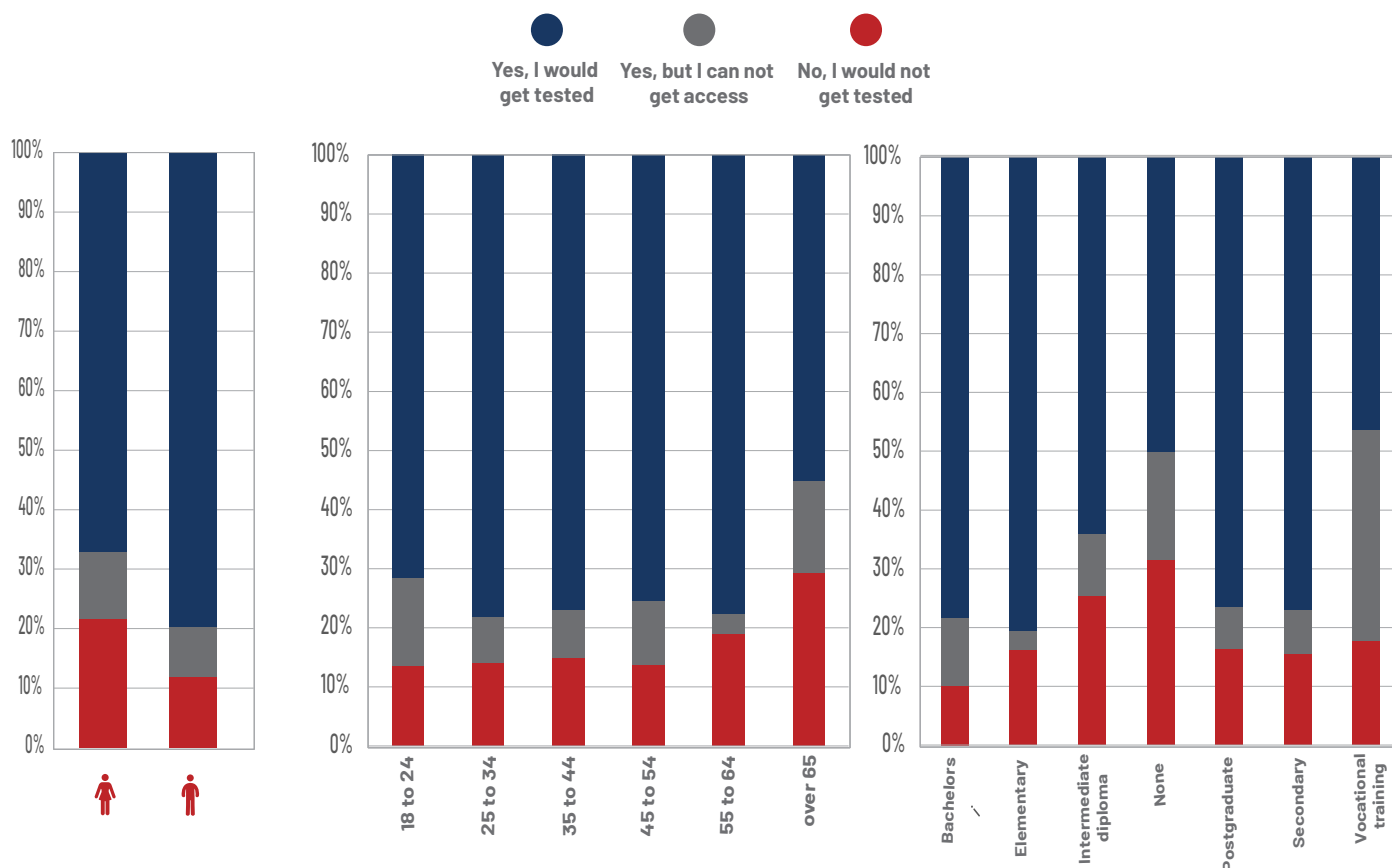
HEALTH

Seventy-two percent (72%) of respondents said they had not been infected with COVID-19, while 8.5% said they had contracted COVID-19 during the pandemic. The rest 19.8% were unsure if they had been infected with COVID-19 since the beginning of the pandemic.

Self reported on history of infection with COVID-19



Willingness to get tested for COVID-19

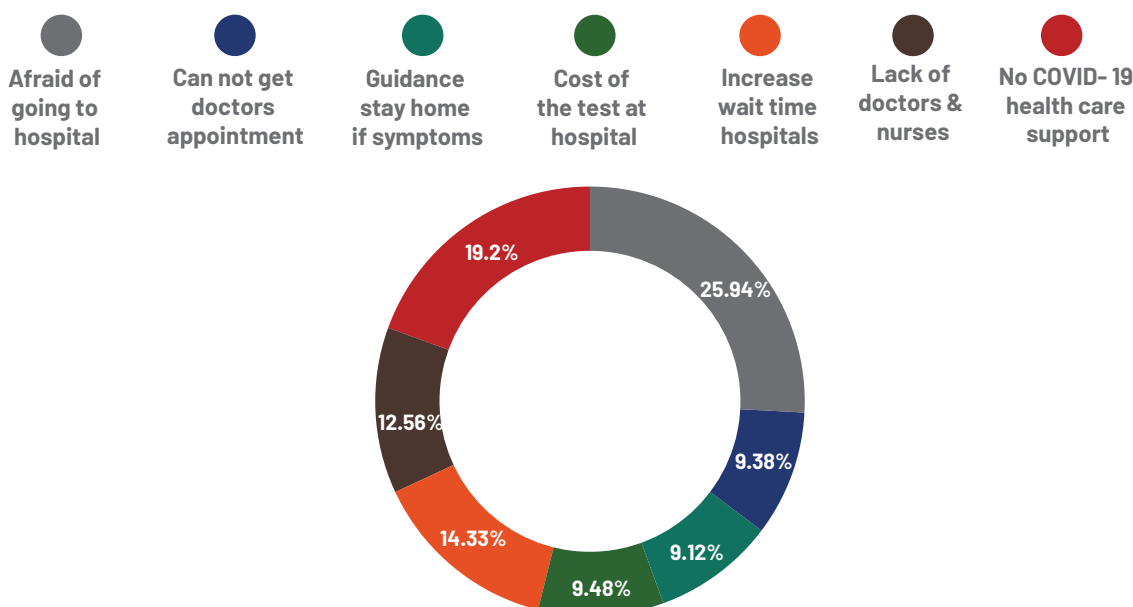


COVID-19 TESTING

While most of the respondents expressed a willingness to get tested for COVID-19 (74%), educated people (with secondary to postgraduate level education) seemed more willing to get tested for COVID-19 (76%). Overall, 83% of male and 27% of female respondents expressed their willingness to get tested for COVID-19. In terms of population groups, respondents who are Bangladeshi residents account for the largest percentage showing willingness for taking the COVID-19 screening while respondents who identified themselves as internally displaced persons in the general population make the lowest percentage (1.61%) as they expressed reluctance for the screening.

The primary reasons for the respondents not being willing to get a COVID-19 test is that they felt the virus was not dangerous enough to get tested for, while others respondents cited affordability of the screening cost as their main reason for not getting tested.

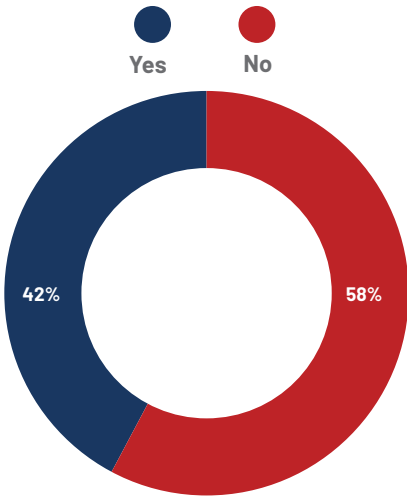
Reason behind not willing to seek treatment if suspected having COVID-19



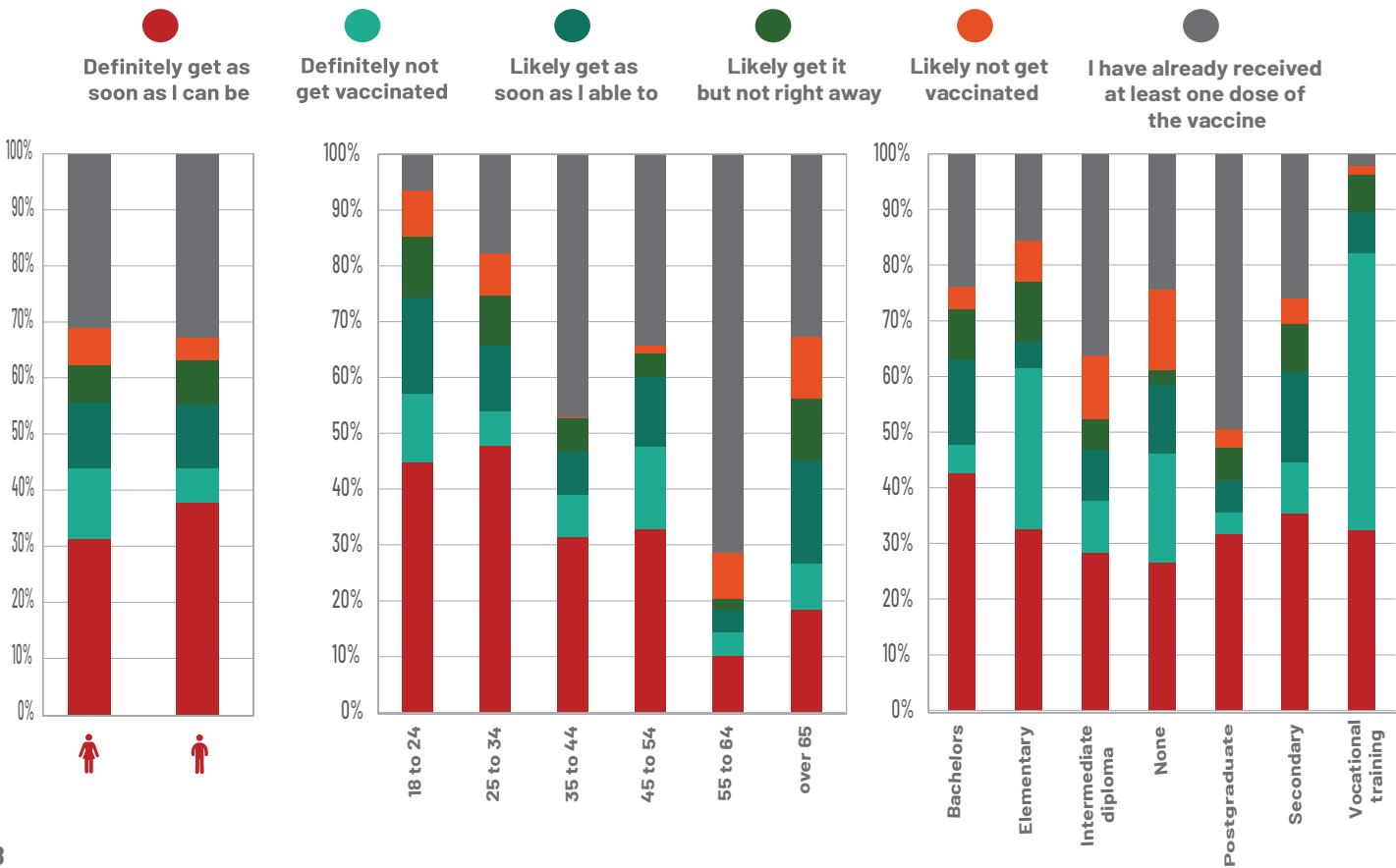
On the willingness to seek treatment for COVID-19 in case of noticeable symptoms, 26% of respondents, said they were afraid of going to the hospitals fearing contamination of the virus. Other 19% and 14% of respondents respectively mentioned that they did not have any COVID-19 health care support nearby, and the prolong waiting hours at hospitals discouraged them to seek COVID-19 treatment. When asked whether COVID-19 impacted the availability of healthcare and nutrition services, the majority (51%) were not sure. The second largest group of respondents (19%) said the pandemic situation has affected their access to both healthcare and nutrition services, while 6% to 7% of the respondents noted that only one of health or nutrition service availability was impacted by COVID-19.

When inquired about their willingness to receive free COVID-19 vaccination, 35% of the respondents said they wanted to receive free COVID-19 vaccine, 32% said they had already received at least one dose of the COVID-19 vaccine, while 14% responded that they will “likely not” or “definitely not” receive the COVID-19 vaccine. Meanwhile, respondents who were determined against COVID-19 inoculation mentioned preferring natural immunity (15%), while others were concerned about other issues such as the distrust for the vaccine(13%), side effects(13%), safety of vaccines(11%), and 9% said the vaccine was against their religious belief. More than 15% of respondents either lack proper documentation or do not know about the vaccination registration process.

Willingness to pay for vaccine



Willingness to receive a (free) vaccine



Reason behind not to receive a (free) vaccine

It is against my religious beliefs

It can modify my DNA

It is difficult or inconvenient for me to go get the vaccine

I distrust the medical system because it has mistreated people like me

I don't know how to get registered

I am worried about the safety of COVID-19 vaccines

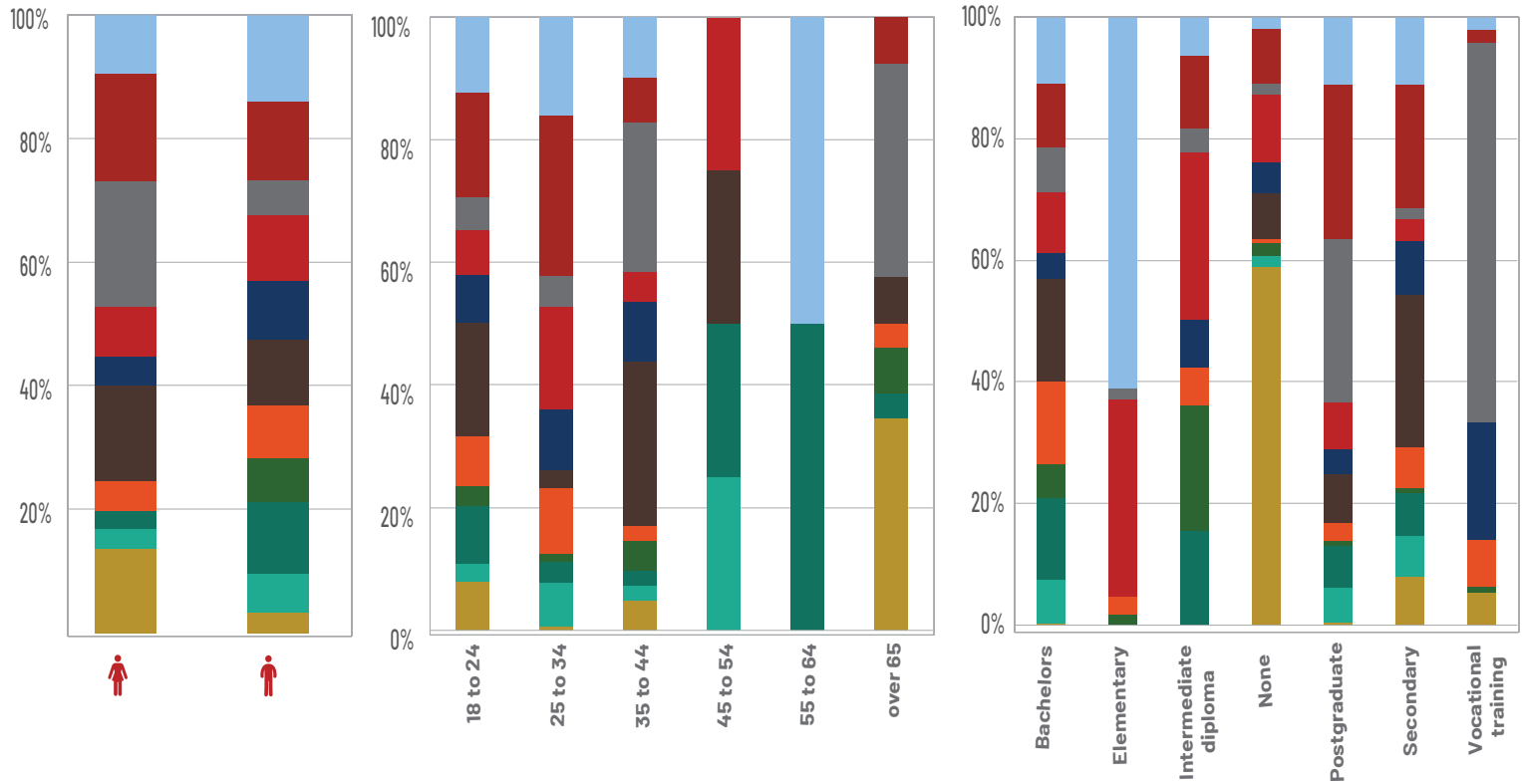
I have a health condition that may put me at increased risk for COVID-19 vaccine side effects

I lack proper documentation

It can lead to long-term health problems

I don't think the COVID-19 vaccines are likely to protect me from COVID-19 or the variants

I prefer natural immunity by recovering from COVID-19 myself



Mix reaction was observed in terms of respondents willingness to pay for COVID-19 vaccination. Forty-two percent (42%) of respondent indicated that they are willing to pay for COVID-19 vaccine, while 58% of them indicated they were not willing to pay for COVID-19 vaccine. It was a common perception that people with less education are more reluctant against vaccination, but considerable number of respondents with higher educational backgrounds (with bachelors/postgraduate degrees) are also having doubts. Inadequate information and communication, ineffective mass awareness could be one of the underlying reasons behind this. Lack of proper knowledge of the necessary documentation and registration process is also preventing people with higher educational qualification from COVID-19 vaccination. Meanwhile, the survey showed that females (8%) are more hesitant against COVID-19 vaccination than males (6%). Female responders who indicated their reluctance to take the COVID-19 vaccine cited that they do not believe the vaccine was effective to protect them (11%), while 9% preferred natural immunity and 8% believed the COVID-19 vaccines have risk of side effects. Most of the reluctant men are worried more about the safety and accuracy of the vaccines while some of the men just preferred natural immunity (6%).

ABOUT THIS REPORT

This product is part of a series of analyzes that iMMAP has been carrying out within the framework of a global project that involves 6 countries, including Bangladesh, where this survey was carried out. Due to COVID-19, humanitarian access to vulnerable communities has been limited to essential movements, interrupting some of the essential services, as well as assessments and monitoring of the situation. To overcome these limitations and allow the humanitarian community to obtain latest information on the spread of the COVID-19 Pandemic, iMMAP initiated the COVID-19 Situation Analysis project with the support of the USAID (United States Agency for International Development) / BHA (Bureau of Humanitarian Assistance).



Disclaimer:

The views expressed herein are the result of primary data collection undertaken by iMMAP and RIWI. The data does not necessarily reflect the views of USAID, the United States Government, national Governments or the humanitarian organizations operating in the countries in question.

THANK YOU.



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