Research Update

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Crisis of Communication During COVID-19
A Rapid Research Report

1. Introduction

Although COVID-19 has affected the entire world, each country has experienced it differently. To deal with disease, fear, panic, and uncertainty during a pandemic, it is imperative to ensure that the information provided to people is accurate.

Sometimes, however, how this information is delivered is even more important. A pandemic not only creates a public health and economic crisis but also generates misinformation and severe communication crisis. As the virus continues to wreak

havoc by transmitting through social routes, insights of social sciences are crucial in understanding how people are adapting to the new practices in their everyday life. In response to the COVID-19 pandemic in Bangladesh, several government and non-government organisations have been providing various types of information in various ways through different forms of print and electronic media. This study aims to understand how Coronavirus-related information is being received, interpreted, and enacted within the everyday life of the recipients.

2. Objective

The main objective of the study is to explore the emic experience of the pandemic. Concurrently, it also intends to:

- Identify the sources from which people get information regarding COVID-19;

- Examine the perception and understanding of the local people regarding Coronavirus-related information;

- Explore their interpretation and compliance with the instructions; and

- Examine whether the socio-economic and cultural diversity of this huge population is taken into consideration while developing the messages/information.

3. Methodology

Anthropology primarily relies on qualitative research and explores the stories behind the numbers. Knowledge in this discipline is produced by intensively interviewing and observing a specially selected small group of people. Given the existing lockdown situation and time sensitivity, it was nearly impossible for us to conduct direct interviews or carry on field observations. As a result, data had to be collected in other recognised alternative ways, i.e. online-based observations, content analysis, and telephone interviews with key informants. In order to ensure reliability and validity in generating data, we have triangulated the following number of methods: Content analysis of print and visual media: We have conducted content analyses of various print and electronic media on the issues related to Coronavirus. Netnography: This is a data collection method that includes observation of online activities on various social media.

Telephone interviews

We have conducted 82 telephone interviews with respondents from different classes, gender, and locality in four different clusters—rural areas, district towns, urban slums, and middle-class areas in Dhaka. The respondents, where possible, were selected purposively from existing qualitative samples of earlier studies. New respondents were also selected purposively.

Shadow observation

This is an alternative way to replace the participant observation with the observation of the researcher's trusted source who has access to the real-life situation. The observation note was shared through telephone interviews or video conference calls.

4. Findings

Findings have been divided into the following five broad categories:

4.1 Definitional ambiguity

In light of the current situation, we see that people are very confused about certain words and phrases, such as "stay at home," "social distancing," "quarantine," and "lockdown." The way they perceive these terms are also diversified among people of different clusters. For example, a conversation with a rickshaw puller was observed through a collected Facebook post, where he was asked about his understanding of the lockdown. The man's reply literally translated to,

"The lock has fallen down and is broken."

This provides an insight into how information is being understood by the mass people.

4.1.1 Local understanding of "stay at home" and "social distancing"

Our study shows that the word "home" means different things to different groups of people. In villages, for instance, home is not just a single

house, but a collection of several houses in close proximity that are shared by multiple families. For example, *Sarkar Bari* in a village does not refer to a single house, but a combination of houses. One of the respondents who often visited his relatives' house made the following remarks:

> "I don't go outside my home. *Due to the lockdown, I try to stay inside our house. Every day, I go to spend some time in the houses of the relatives who live just close by.*"

From his narrative, it was understood that to him, his relative's house (Bari) is his home (*Bari*) and not a different house.

Most of the people in the village said that lockdown to them meant restricting their mobility and activities to the neighbourhood or *para*. This definition of a lockdown stems from the notion that a single neighbourhood is their unit of territory, just as a *moholla* is the unit of territory to the people in district towns.

The concept of "home" is even more complicated in slums of the city. This is because a single corridor is home to eight to ten different families, with shared kitchen and bathroom. This is somewhat an inseparable unit. Only to the middle-class people in Dhaka "staying at home" means staying in their flats. Apparently, the term "stay at home" is understood differently in different places by people with different socio-economic backgrounds. And it is quite natural that different understandings will result in different behaviours.

Similarly, the idea of "social distancing" generates different types of receptions. "Social distancing" is a rather unrealistic idea for slum-dwellers; who said that when all the members of a family—often eight to ten people—live in a room and more than ten families share a single kitchen and a toilet, it is hard to understand how to maintain a "social distance" of 3 meters from each other. One respondent said,

> "Allah can show mercy and only He knows what is going to happen next or how long this situation will last. If any member of my family is infected, then it would be difficult to isolate that member, as we only have one room. In that case, I will probably sit outside the room at night."

Some parents believe that Coronavirus cannot be transmitted by children; so, their children can play with other children in the slum. A confusion regarding "social distancing" and what the distance should be was another aspect which could be observed among the villagers. For instance, some people tend to measure with *Haath* (indigenous measurement practice), and others present confusion within ranges of 2-5 feet. They believe "social distancing" is something which should be practised outside the home and not inside.

Moreover, many people in the village and district town said that it is rather rude to maintain social distance with acquaintances. As a result, in many cases, they cannot or do not want to practice social distancing. However, in regards to family interactions within the home, small gatherings, and socialising among friends are considered a frequently practised phenomenon. One respondent noted,

> "Known ones might become offended if I maintain social distancing within them—it goes against my norms. As there are no Corona infected patients found in that area, they think that their area is safe and social distancing measures are not taken seriously."

The middle-class in Dhaka sees maintaining social distance as a "suffocating experience." Some respondents, however, have presented high levels of awareness—everyday interaction within the family is maintained with "social distancing" practices. One respondent said,

> "Staying at home all day long is very boring. I feel mentally pressured. We are not habituated with this sort of situation and practice. It is especially very hard to keep the older family members inside the house."

Constraints presented with child care include tensions and emotional stress. For parents and caregivers, it is difficult to maintain "social distance" with their children inside the home.

The concept of "quarantine" is also ambiguous to most people.

At this point, we can see that the terminology used internationally to deal with the pandemic can produce very different meanings in the local context. Observations have shown that many people consider the "social distancing" guidelines to be just a communiqué by the government and do not accept or understand how the risk of contracting the Coronavirus is related to these guidelines.

Our observations have also shown that people are avoiding these instructions in various subversive ways. Since these guidelines and instructions are failing to convey the message, the gravity of the situation and the risks involved are not well understood by the people.

4.2 Information source and reliance

In regards to all the studied groups—rural areas, district towns, urban slums, and urban middle-class—there are common sources of information that are accessed by all. These include cable television, social media, interpersonal discussion, news portals, newspapers, and street miking (mass announcements).

In the village context, there are some specific information sources that are presiding; these include Bangladesh Television (BTV), mosques, street miking (mass announcements) done by various stakeholders (e.g. local government, NGOs, etc.), and interpersonal discussion.

Similarly, slum dwellers have certain sources of information—such as interpersonal discussion, cable TV, and employers—that they rely on. Sources like the internet and social media are not feasible options for everyone in this group.

There are some shared sources among district town respondents and those from the urban middle-class. These include cable TV, social media, local government, administrative body, social discussions, and word-of-mouth.

On the other hand, the urban middle-class relies on several sources of information, such as international media (BBC, CNN, Al Jazeera), online discussion, research papers, and social media. We observed that a level of scrutiny is involved in absorbing information within this particular group. Education and behaviour reflect the credibility of the information received.

4.3 Translation of information

The COVID-19 epidemic has undoubtedly created a public health, economic, and political crisis, but the crisis of communication is underplayed in the context of Bangladesh. Communication does not work in a vacuum; it is, therefore, important to understand the lifeworld of the recipient.

4.3.1 Hand washing

The practice of and information specific to hand washing have taken up a narrative of its own. Most people have doubts and confusion about the rules of "hand washing." In view of the pandemic, people have increased their frequency of hand washing as a necessary precaution and have also increased the use of soap while washing hands. As seen in the countryside, soap is tied with tube-wells in innovative ways. No one, however, is aware of the proper hand washing method. Many people have misinterpreted the instructions to wash hands for 20 seconds in various ways. Some said that the government has asked them to wash their hands for 20 minutes, while others said that they have been asked to wash their hands 20 times a day. Moreover, the communication message about hand washing is very much urban-biased, where almost all the visual demonstrations in the media are showing tap-water to teach hand washing to a population of which only 15% have access to tap-water. In addition, the misinterpretation of messages is due to disorientation with the specific context of the people, i.e. language, culture, education, economic status, etc. Consequently, the information is reaching to the people but is not being properly translated into their practice. Without taking these facets into account, information about hand washing practices falls through the cracks.

4.3.2 Mask narratives

Masks should be worn—this important guideline, too, is seen as just another government instruction. And many are symbolically following this instruction by hanging the mask on either side of the ear or placing it under the chin. This behaviour is partly due to the global confusion about the use of masks. Some countries have made using masks mandatory, while others have not taken the use of masks seriously. This international confusion has reached Bangladesh by spreading through the media. Many have said that since world leaders themselves cannot agree on the use of masks, they do not see the benefits of using them.

The use of masks has produced a multifaceted response among respondents from villages, district towns, urban slums, and urban middle-class of Bangladesh. This includes wearing masks when travelling or participating in public gatherings. As masks are tangible and visible (unlike hand washing), it is regarded as a necessary measure.

The fear of law enforcement bodies and societal pressure to wear protective gear has increased mask use.

Masking is also a performative ritual, a status symbol. We have seen relatively wealthy people use N-95 masks. We have also seen those who cannot get N-95 masks, but belong to the same class, refraining from wearing one altogether, fearing that their social status would be tarnished. Some have expressed their concerns regarding inadequate protection provided by regular masks. They express the need to use N-95 masks as a more appropriate tool and the lack of N-95 masks exacerbates their worries about the inability to be protected against the virus. In this regard, a respondent from the urban middle-class said,

> *"Masks which we usually use cannot protect from the virus. But it may help to reduce the social trauma. People may not take it normally if I do not use a mask. So I use masks for social reasons."*

Moreover, the use of masks is considered by many to be inappropriate. Many people find it *rude* to talk to elders or customers wearing masks. Consequently, what happens is even more ridiculous—people wear masks when they are alone! And whenever they face an elder or a client or a friend, they take off their mask as an act of civil gesture. This is counterproductive and involves severe health risks. We have also received information that criminal activities have started to increase in various places, taking advantage of the opportunity of covering the face with a mask.

4.3.3 Coronavirus—an interesting narrative

The enemy is microscopic. But people are only used to fighting visible enemies. As a result, how a germ—that cannot be seen with the naked eye—has been presented graphically through various means is also creating different meanings. It is not surprising that rural people do not have the concept of microscopic organisms. As we saw in a YouTube video, when an elderly villager was asked what the Coronavirus was, he replied,

> *"It is a ball-like spiky thing as I have seen on television (TV). It comes flying towards people and kills them by hitting."*

Not everyone can be expected to have the ability to symbolically translate the large graphic of Coronavirus microscopic images that are constantly shown on TV. But communicators may have not given much thought into it while the communication messages were created.

4.4 Disease management

No one among our respondents has a clear idea of what to do if they contract the Coronavirus. This is true everywhere regardless of whether they are dwelling in a village, town, city, or slum. Many have mentioned the Institute of Epidemiology, Disease Control and Research (IEDCR) telephone numbers, but they have also said that they are more interested in talking to people they know at health centres or medical facilities than talking to anyone on the telephone. Besides, finding telephone lines constantly busy is a terrifying experience for anxious people. Many said that they failed or had trouble calling the IEDCR numbers. People in villages and district towns said that if they contract the virus, they would go to the pharmacies or to doctors they know. Others talked about going to the district hospital or medical college. Some village respondents informed that they tend to believe in religious and indigenous remedies. One of the respondents from the rural cluster said,

> *"If someone recites Surah Fateha first with Bismillah and then eat honey, black cumin, and dates, s/he will be cured of the Corona disease."*

In urban slums, some expressed their lack of trust towards the existing Coronavirus treatment service. Hence, they are unsure whether they should call the IEDCR telephone numbers or seek help from the doctors they are familiar with if they contract the Coronavirus. One of the respondents said,

> *"I have heard that people are saying that the government and doctors are taking away the patients and not treating the infected patients. Instead, they are leaving them in hospital beds and killing them if they do not recover."*

Middle-class people in Dhaka said that they would consult a doctor they are acquainted with. In general, there is a deep uncertainty and confusion in everyone about the Coronavirus treatment.

4.5 An infodemic

According to the World Health Organization (WHO), an infodemic is "an over-abundance of information, some accurate and some not that makes it hard for people to find trustworthy sources and reliable guidance when they need it." In other words, infodemic can be defined as excessive, conflicting, and unclear information, making solutions more difficult.

We are also noticing that a large amount of information, often confusing and ambiguous, is being circulated on different news media. TV channels often unnecessarily dramatise and sensationalise their presentation. One TV channel even circulated a ridiculous plan of a so-called scientist to tackle this virus as its lead news. Social media, on the other hand, are overflowing with Coronavirus-centric rumours and claims of discovering the cure for COVID-19. Religious leaders have also weighed in to spread various contradictory statements on social media. Alternatively, there is a sentiment towards religious speeches by leaders within the community and local people tend to highly depend on such sources and regard them with great credibility. These sources tend to contradict government advice and directives. Uncritical transfer of global messages which are unfit for and inapplicable to local reality has resulted in reluctance among the locals to follow practical public health-related advice and information from national and international sources.

As the information is new and under constant revisions, it has resulted in ambiguity and restlessness among the people. Based on the discussion above, the following flowchart depicts the situation during this pandemic and how the infodemic has developed:

Figure 1. How the current infodemic has developed
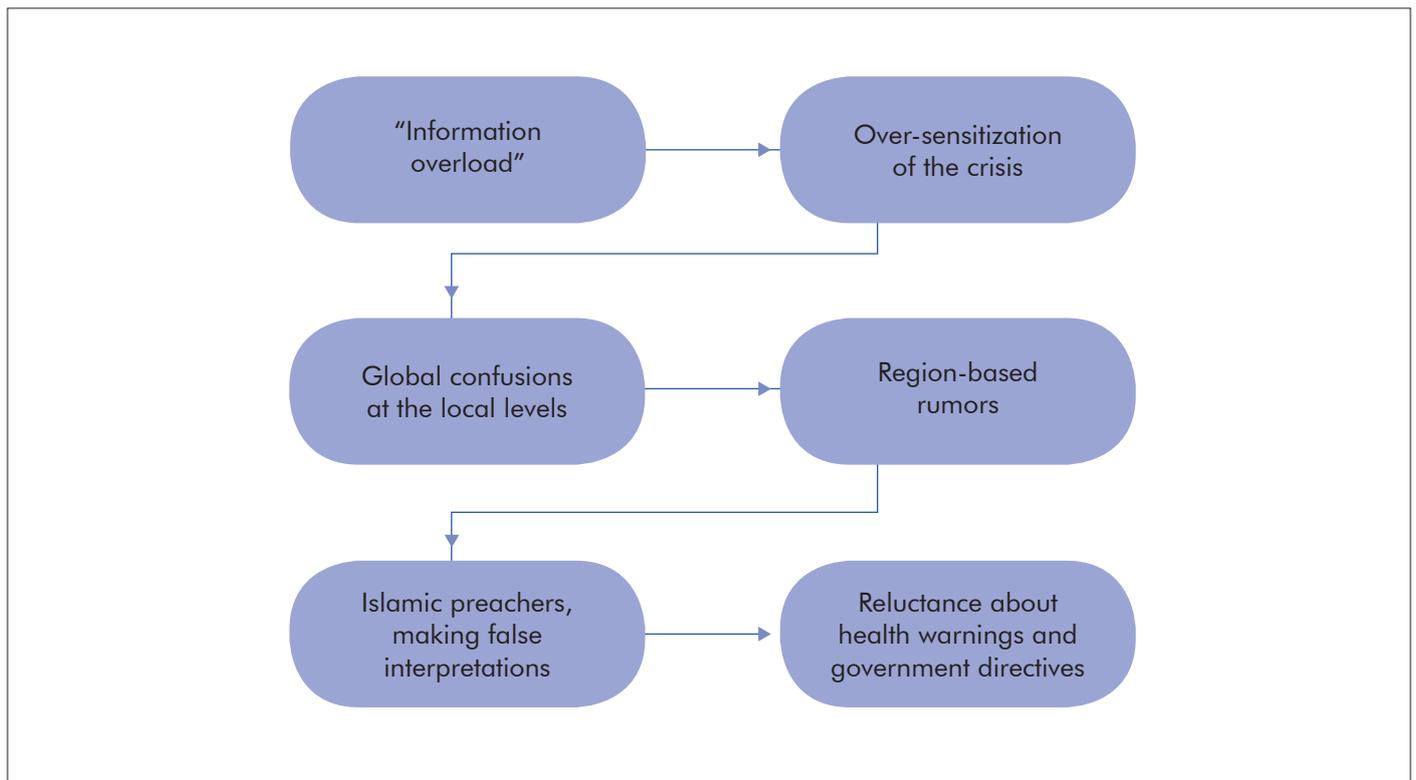
5. Discussion

The ongoing pandemic has been associated with problems and challenges of its own. Available information is being miscommunicated, making the situation worse. However, increased precaution, awareness, and some preventive measures have been observed among the people, though these practices are inadequate. Overall, we have noticed widespread confusion about the pandemic among different people. To some extent, this has varyingly contributed to exacerbating the situation and creating panic across all socio-economic groups. In many cases, generic guidelines developed in the western countries have been uncritically transferred to our country without considering the local geographical, economical, and cultural context. We think that it is very important to clearly define the concepts of "staying at home," "social distancing," "quarantine," "lockdown," etc. in line with the lifestyle of the target population. As the intended messages are not being transmitted and absorbed, it has resulted in improper understanding and practices that vary across different socio-economic and cultural contexts. The influence of social media and various interpretations of religious leaders is monumental. Mainstream media has also contributed to producing fabricated information. This has resulted in the development of an infodemic that is responsible for misconstrued understandings of crucial information. Moreover, we have seen that the information sources vary across region, class, age, and educational level. Which is why, information should be purposively and separately designed for villagers, townspeople, slum-dwellers, and urban middle-class and distributed to them through proper communication channels.

6. Conclusion

The impact of various forms of media, such as television, social media, news platforms, mass announcements, etc., are important mediums of communication in this time of crisis. These public media tools have the ability to influence the mass people; and, therefore, need to be careful about giving contradictory or redundant information. There is also a need for building confidence in people by promoting the positive news and initiatives that are taking place in the country. We have noticed widespread uncertainty among almost all classes of people about what will happen if they get infected with the Coronavirus. Therefore, information—as the overwhelming evidence in the research findings suggests—needs to be disseminated in regards to the appropriate context, i.e. geographical location and socio-economic culture. Clear instructions about what people can do in this regard should be widely circulated in forms, e.g. flowcharts, that people can easily understand. Otherwise, misinformation will leave people more helpless and panicked, as we already have seen in various cases.

7. Recommendations

The recommendations categorised into three levels— national level, community level, and individual and household level— are as follows:

National Level

- Coordinating messages developed for targeted groups;

- Clustering message for different socio-demographic groups;

- Avoid sensationalising news, and highlighting positive news or initiatives; and

- Avoid publicising false claims of cure.

Community Level

- Clearly defining certain new terms (social distancing, quarantine, isolation, stay at home, lockdown, etc.) by keeping local context in mind;

- Operationalising the definitions, e.g. maintain social distancing within your own unit of residence (*para, moholla*, corridor, etc.); and

- Using innovative ways of social distancing.

Individual and Household Level

- Sneezing into the elbow and clearing the most frequently used surfaces in the household; (Nicaragua)

- Visually demonstrating the use of soap; and

- Using easy-to-understand flowcharts for disease management and dead body management.

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Rapid Research Response to COVID-19 aims to generate rapid and actionable research-based insights to policy and program actors, on the socioeconomic impact the COVID-19 pandemic on our lives, focusing on the poor and vulnerable population of Bangladesh.

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