

## Disaster Perceptions, Experiences and Responses to Covid-19: A Gender Analysis

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### Abstract

This article explores how different individuals perceive, experience, and manage disasters such as the Covid-19 pandemic. The study adopted a qualitative approach and in-depth interviews were used for data collection. The findings portray a gender divide across public and private spaces in Bangladesh during the first wave of the pandemic. Fear of the virus was higher among urban educated women, which triggered them to follow public health guidelines strictly. In contrast, guided by traditional gender norms, men mostly showed a reluctant attitude towards the disease as well as government directives issued for managing the pandemic. They came forward to handle outside tasks that allowed women to stay safe. Men felt more constrained than women to stay home as they were socialised to be more mobile. Both men and women participated in community care during the pandemic. However, men tended to serve the broader community, whereas women mainly supported family members and close ones. The study finally conveys that the concerns about Coronavirus, the lockdown experience, and the efforts to mitigate disaster risks and impacts varied depending on people's gender, age, socioeconomic status, religious beliefs, and Covid-19 management restrictions in rural and urban areas.

**Keywords:** Gender, Covid-19, Disaster, Perception, Vulnerability, Resilience

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## Introduction

It is widely believed that women and men experience disasters differently due to their socially sanctioned gender identities and roles. Therefore, a vast body of literature on gender and disaster has drawn attention to the vulnerable condition of women in disaster situations. Researchers of this strand have been able to portray the adverse disaster effects referring to women's worsening economic condition, psychological and reproductive health, mounting unpaid workload, incidences of violence, and other discriminatory and exclusionary practices (Enarson & Chakrabarti, 2009; Juran & Trivedi, 2015; Kapur, 2020). On the contrary, focusing on women's agency, another group of researchers has been able to articulate women's strength or ability e. g. traditional knowledge, coping and adaptation strategies, or prominent role in keeping family and community intact during and after disasters (Nasreen, 2012; Paul & Routray, 2011; Tanjeela, 2015; Wisner, Blaikie, Cannon & Davis, 2004). At the same time, a new genre of researchers remains critical to the simplistic representation of women either as 'victims' or 'super powerful' in the context of disasters. They question the idea of shedding light only on one gender category and emphasise enlarging the frame to address diversity and difference instead of being obstructed by the zeal of essentialism, which as the growing empirical work supports, rarely exist in reality (Moss, 2002; Neuhauser, 2018; Resurreccion, 2013).

In line with this, feminist and gender scholars active in the disaster field argue that gender, intersecting with various markers of difference such as race, class, ethnicity, place or nationality, shape individuals and groups' experience of disasters and their level of integration into disaster management and recovery processes (Bradshaw, 2013). It is, therefore, vital to consider different social identities (including gender) and power relations to examine individual and community women's and men's real encounters and responses to devastating situations. While over-viewing the burgeoning literature on gender and Covid-19 pandemic with this understanding, we found a similar gap - the focus largely remains on underscoring the social impacts of the pandemic on women (and girls), and it leads to their portrayal as the worst victims (Anwar, Araf, Newaz, Ullah, Hoque, Sarkar, Reshad, Islam, Ali & Hosen, 2020; Sifat, 2020; UN Women, 2020). Except for a few examples (Anwar et al., 2020; Chang, 2020; Sultana, Khan, Islam, Hossain, Hasan, Kurasaki & Sikder, 2020), little has been done to highlight either women's contribution to managing disaster risks and effects or the experiences of men (and other gender categories) in the context of the global pandemic.

Given this backdrop, this article, based on a qualitative study, aims to interrogate and broaden the understanding of how different women and men see and

experience the Covid-19 pandemic and participate in managing its detrimental effects. Conceptually, we have applied an intersectional lens to underscore the influence of social positions and geographical locations on individuals and groups' capacity to anticipate, cope with, resist, and recover from the impact of a disaster (Bradshaw, 2013; Chambers, 1989). This framework helps us analysing 'differential vulnerability', meaning some women and men become more vulnerable to disaster shocks due to their disadvantaged social, economic, cultural, political, demographic or geographical situations. In the context of a disaster, the multiple factors associated with vulnerability tend to intersect and are stratified based on gender and other social identities, allowing some to suffer more than others (Bradshaw, 2013; Flato, Muttarak & Pelser, 2017; Gaillard, 2020; Thomas, Hardy, Lazrus, Mendez, Orlove, Rivera-Collazo, Roberts, Rockman, Warner & Winthrop, 2018). Along with these structural constraints, we have focused on exploring nuanced human agency that facilitates identifying the capacity of resilient actors to cope with and defend against the assumed disaster effects. The following section discusses the research methodology.

## Methodology

The study adopted a qualitative research approach to understand the reality in detail, and primary data had been collected through in-depth interviews. Considering the problem of physical movement amid the government declared general holiday or lockdown, we decided to collect data via telephone, zoom and skype. Research participants were selected purposively from the list of contributors of an online questionnaire survey administered by three of us as a team to know about the situation of the virus in Bangladesh. The selection of the interviewees was made based on the survey participant's gender, occupation, age, residential location, and accessibility to the internet or mobile phone. At the first step, we interviewed five women and five men living in Dhaka. We later proceeded to include participants from small towns and villages.

Further, we moved on to incorporate the voices of the marginals who had not been able to participate in the online survey. The participants were approached through snowball sampling with the help of the people we interviewed at the first step. We reached a saturation point after polling a total of 26 individuals (11 men and 15 women) and stopped further data collection (Table 1).

Moreover, we interviewed six key informants: a community organiser, a lawyer and women's rights activist, a nursing supervisor, a police officer, and two government officials. The interviews were conducted in 2020, starting from 25 May to 31 July. All discussions, with the permission of the participants, were

recorded and transcribed for analysis. To substantiate the database, we also reviewed scholarly articles, newspaper reports, and publications of national and international organisations.

**Table 1: Profile of the Research Participants**

Code	Occupation	Age	Education	Marital Status	Location	Family Type
M1	NGO Worker	42	Masters in Social Sciencs (MSS)	Married	Urban	Joint
M2	Businessman	44	MSc & MBA	Married	Urban	Joint
M3	IT Entrepreneur	40	MSc	Married	Urban	Nuclear
M4	Businessman	42	MA	Married	Urban	Joint
M5	University teacher	45	MSS	Married	Urban	Nuclear
M6	Former high school teacher	69	BA	Married	Urban	Joint
M7	Car driver	25	No schooling	Married	Urban	Nuclear
M8	University student	19	BSS Honors (1 <sup>st</sup> year)	Unmarried	Rural	Joint
M9	Electrician	41	9 <sup>th</sup> grade	Married	Rural	Joint
M10	Farmer	48	BSc	Unmarried	Rural	Joint
M11	Barber	25	Illiterate	Married	Rural	Joint
W1	Homemaker	43	MSc	Married	Urban	Joint
W2	Homemaker	50	12 <sup>th</sup> Grade	Married	Urban	Nuclear
W3	Homemaker	52	B Com	Married	Urban	Nuclear
W4	Head of the operation, FM radio channel	37	MBA	Married	Urban	Nuclear
W5	Private Service holder	40	MSS	Married	Urban	Joint

W6	NGO worker	43	MA	Married	Urban	Nuclear
W7	College teacher	45	MSS	Married	Urban	Nuclear
W8	University teacher	78	PhD	Married	Urban	Joint
W9	Field research officer	45	MPhil	Married	Urban	Joint
W10	Government service holder	45	MSS	Married	Urban	Nuclear
W11	Government service holder	43	MSS	Married	Urban	Joint
W12	University Student	21	BSS Honors (4 <sup>th</sup> year)	Unmarried	Rural	Nuclear
W13	School teacher	48	MA	Married	Rural	Joint
W14	Manager, Marketing section of a collectorate school	28	BA	Separated	Rural	Joint
W15	Homemaker & home-based worker	25	5 <sup>th</sup> grade	Married	Rural	Joint

### Covid-19 in Bangladesh: Initial Stage

The Institute of Epidemiology Disease Control and Research (IEDCR) announced Bangladesh's first confirmed Covid-19 cases after three people tested positive for the infectious virus in the capital Dhaka on 8 March 2020 (Hasan & Shaon, 2020). IEDCR reported the country's first Corona related death on 18 March 2020. Subsequently, the number of confirmed Covid-19 cases and related deaths in Bangladesh started to climb as testing expanded to thousands of people. The first 100 patients were detected within four weeks since the first confirmed cases had been announced, while the numbers multiplied by 220 times in the next eight weeks (World Health Organization [WHO] Bangladesh, 2020a). The first wave of Coronavirus outbreaks in Bangladesh, which started in March of 2020, lasted until the third quarter of the same year (Asjad, 2021; Khan, 2020).

The Government of Bangladesh (GoB) started implementing social distancing measures in early March 2020 and postponed all mass gatherings (Mahmud, 2020). Afterwards, all types of educational institutions were declared closed until the situation improved in the country (WHO Bangladesh, 2020a). The government issued a lockdown order, announced as a 'general holiday', to halt further transmissions on 26 March. It was extended up to a seventh phase till 30 May 2020 (Mannun, 2020). Later, offices, public transport, stock markets, and marketplaces were declared open but in a limited manner and under specific instructions (Shawon, 2020).

The outbreak of Corona infection and the government's response to the Covid-19 situation, especially the decision to impose lockdown, had halted the regular course of economy, society, and individual living in Bangladesh. As of May 2020, the Dhaka division was the worst hit in terms of both confirmed cases and casualties (WHO Bangladesh, 2020b), with the capital 'Dhaka' and its nearby cities Narayanganj and Munshiganj experiencing the worst outbreak. On the contrary, Khulna and Barisal divisions, with lower population density and a higher proportion of rural areas, had been hit the least (WHO Bangladesh, 2020b).

Field data of this study confirms that the capital city along with the divisional and district headquarters were under strict administrative control during the first month of the general holiday. Except for emergency services, all shops, offices, public places, and institutions were closed. Social distancing was strictly maintained in the public sphere. Members of the local administration (Army, BDR, TNO, Police, *Choukider*, Union Parishad) were proactive in the small *upazila* towns and villages. They took several steps to prevent the spread of Coronavirus among masses. Daily *bazars* had been allowed to operate for a few hours and shifted to the spacious playground to ensure physical distancing among people. In the small towns and villages, local administration tried to raise awareness via announcements using hand mikes. The residents were requested to wear facemasks and maintain social distance. Army and police personnel patrolled different areas to restrict social gatherings. Flags were used to mark houses of infected (confirmed and suspected) patients. Members of those marked households were kept in isolation from the community for at least 14 days. Food aid, hand wash, and masks were distributed among the economically marginal families. All these directives and interventions had seriously interrupted public life, and people had been pushed to stay at home to remain safe. We will present the field findings in a summary below to illuminate gendered subjectivities and encounters in terms of how individual women and men perceived Covid-19 and passed the general holiday or period of lockdown.

## Fear of the Virus

Relevant literature and field data collected suggest that initially there were many misconceptions among Bangladeshi people regarding Covid-19. Many individuals strongly believed that the virus would not affect Bangladeshis. Certain educated groups of people tried to make scientific claims, forwarding the idea that the virus would not spread in Bangladesh because of its location in the tropical region, its high temperature, which were believed would offer natural protection against the viruses of cold areas. There was a religious group that believed the virus would not attack lands with Muslim populations. Whereas people who belonged to the marginal segment of society thought that it was a disease of the aristocrats - the poor would not suffer from it. All these perceptions had implications for disaster preparedness and the lived experiences of the pandemic.

Field data collected for the study indicates that although people were not very aware or concerned about the unprecedented disaster, with the declaration of a general holiday or lockdown, the fear of death, detachment, social exclusion, and an uncertain future accelerated quite rapidly. There was a lack of authentic information about this 'unknown' disease and a deficiency of health care services for covid (and non-covid patients) across the country. It made the masses extremely afraid of falling sick and facing exclusionary practices that spread in society towards the early days of the Covid-19 surge in Bangladesh. Rumours spread, and the convention of remaining absolutely isolated in the hospital or getting buried by Government officials if death occurred made some extremely worried. However, the data we collected indicates that it would be difficult to make generalised claims about the fear or concern about Coronavirus because levels varied among women and men across different social positions and urban-rural areas.

Women who participated in this study were more afraid of the 'deadly' disease than men. However, educated women who regularly followed media reports and scientific research studies related to Coronavirus were even more scared. This escalated level of fear was also associated with the anticipation of socio-cultural consequences of the disease. A pious Muslim woman (W2) narrated:

Usually, I don't fear death. Because sooner or later, we all will die in some way; none of us can escape from it. But dying from Coronavirus is harrowing. No *janaza* [cxequy] is performed; no one is present during one's *dafon* [burial], no one even comes to see the patient. All of these painful things are happening around us. When I think of them, it really saddens me.

Alongside, women's fearful responses unfolded a strong association with their typical gender role in the domestic sphere and the emotional bond they hold for family members and relatives. The narrative of another woman (W9) echoed this standpoint:

Tension often fills my mind as I'm very timid [...] I panic after I read or watch any Corona related updates in the media [...] I'm praying to God. Who will help me if I fall prey to covid? Who will take care of my son? How can I isolate my son from me if it happens?

On the contrary, men who participated in the study expressed little worry about the disease, and they preferred not to share much about the matter. They mostly acted 'brave' while stating their opinions on this. The least fear was also recorded among the economically marginal men. When interviewed, one of the participants, (M7), said quite promptly, "I'm not afraid of Coronavirus at all. It will not attack me. The virus strikes people who fear it."

Narratives presented in this section demonstrate a difference of perception within social groups. It distorted the actual threat of the pandemic among some (Agrawal, 2018), especially the marginal men. At the same time, the gender difference reflected in the narratives represents typical masculine and feminine traits embedded in the personalities of the participants. Those indeed mirror the patriarchal society in Bangladesh, where men are expected to be strong, unemotional, and protectors - a process of social engineering that begins early at home. In contrast, women are socialised to become soft, docile, compassionate, and remain under the control of men throughout their life cycles. We will further reflect on how the research participants exhibited this social construction and marked contradictions while passing months in lockdown.

### **Experiences of General Holiday**

Like the varied levels of fear, announcement of a countrywide general holiday or lockdown did not impact every woman and man in the same way. It is apparent in the interviews that people living in urban areas, especially in the capital city Dhaka, experienced the highest administrative control over human mobility and all sorts of activities in public places. On the contrary, rural people encountered the highest restriction on economic activities, but they faced minor impositions on the social and personal spheres of life. This difference created varied experiences, and a sharp gender gap was evident in the collected narratives.



As for the interview participants, a gender divide in public and private spaces existed in Bangladesh, even during the general holiday. Women, especially urban residents, rarely went outside. In some cases, men strongly opposed women's mobility, even if required, based on the logic that there would be no one left to care for the family; the usual question posed, 'who would take care of the family if women got infected?'. Therefore, men came forward to handle the 'risky' tasks (e.g. weekly *bazar*, emergency purchases) outside the home. It allowed women to stay safe. A few offices (e.g., banks), which remained open, followed a policy of permitting women workers to stay at home whereas men had been put under rotational duty. Alongside, amid high risk of transmission, urban men continued to visit mosques for daily or weekly prayers and sometimes even met friends and acquaintances nearby.

Similarly, rural men showed reluctance to adhere to the lockdown. Except for avoiding public places under army and police control, they spent most of their time outside the home for various non-emergency reasons. Consequently, it may be contradictory to the everyday disaster exposure of women (e.g. *Juran & Trivedi, 2015*), but men were more heavily exposed to Coronavirus. This trend might correlate with the higher infection rate among Bangladeshi men (*Hossain, Jahid, Hossain, Walton, Uddin, Haque, Kabir, Arafat, Sakel, Faruqi & Hossain, 2020*). The interviewees also reported that men frequently faced monetary fines and punishment like baton charges by the police and armed forces for violating lockdown rules.

The interviews also reflected that the sudden closure of public places and a life of perceived captivity made men feel more constrained than women because they had never experienced long hours confined to their homes. Compared to them, the women we interviewed did not find the lockdown days very unusual and unpleasant because they had been taught to be homebound and avoid public places as much as possible from early childhood. So, restrictions on human mobility did not bring much change to their lives. The study findings confirm that rural women passed the months with daily household chores like they did before or by visiting neighbours. In contrast, urban women spent time at home during the emergency doing household chores, cooking special dishes, watching media content, conversing with family members, or taking care of children and home gardens. Overall, life confined to the home was quite 'relaxing' for women who were relieved of a few routine activities.

One homemaker (W1) stated:

Now, most of the activities my children engage in outside have stopped. Therefore, I have more free time. However, I have lost my household help, and the burden of managing the family health and

hygiene has become heavier than before. Still, the Coronavirus has freed me more than before. I am now only tending to the household chores like cooking, cleaning, and taking care of my children.

In contrast, the experience of staying at home for 24 hours was not pleasant for many other women. It was primarily related to the heavy burden of daily household chores. However, we are not going to discuss this in detail here since much has been reported about these super active homebound women (e.g. UN Women, 2020); we will instead refer to some other disorders urban women encountered during the crisis. The participants repeatedly talked about suffocation within the urban jungle, uneasiness with the newly introduced online-based office, absence of proper working space (as quiet and separate rooms were reserved for men), unavailability of reproductive health care support; and their partner's lack of cooperation, enhanced demand, and insolent attitude. Unlike them, rural women did not feel very differently than their previous mode of life, except handling the hassle of managing food and daily necessities with the cessation of men's income. The most elderly research participant (W8) referred to the significance of age that led to multiple challenges:

At times, I feel incredibly frustrated within four walls. [...] It has been three months since I have seen the sun. At times, I feel like a captive inside my own home. Considering the grave situation outside, I can not go out. And as I am pretty aged, I need to be extra careful [due to diabetes] [...] Now, I need to take online classes with the students [of a private university]. But it is not that easy. I am not that good with computers and technologies. I, therefore, remain under a lot of mental stress.

In a similar vein, a pregnant woman (W10) shed light on her needs and challenges:

At times, I start feeling very restless and suffocated. When it happens, I go to the balcony to get some fresh air. Because of my [2nd] pregnancy, my husband does not even let me go to the terrace. He thinks it might be overcrowded there. So, when I start feeling restless, the balcony is the only place I can go to.

The urban women reported that they remained highly anxious about their family members' lives and health issues during the general holiday. According to the key informants, it was not that men did not get worried about the direct covid risks, but they were less open to sharing their concerns. Interviews with men indicated that the growing economic precarity primarily moved them. They felt upset about job losses, wage cuts, sudden unemployment, or the uncertain future of their livelihoods. Indeed, lockdown had become a severe concern

for Bangladeshi men, especially petty business holders and day laborers. It infused, also reported in several studies, a condition of rising gender conflict and violence within the home (see Sifat, 2020). A rural electrician (M9) described:

I had no income [...] I borrowed BDT 10,000 from a person. Now I must pay BDT 50 as monthly interest for BDT 1000. What am I supposed to do? I need three kilograms of rice every day. How will I buy it without any source of income? Chaos has increased in my family. One day, my wife asked me for-cooking oil, another day for fresh fish. I could not manage these and she started scolding me; the argument went on for a long time. I did not say anything. Finally, she stopped. If the lockdown days are not over soon, I will simply go mad.

However, the lockdown days were not very hammering for those men who had a steady flow of income. They took a cheerful break from the rat race of life, passed quality time with children, enjoyed special meals prepared by the family's women, browsed movie channels and Facebook, took care of office activities and professional up-gradation, and sometimes extended a little help to household work. Thus, the subjective experiences of the lockdown period inform that on the one hand, physical and mental health perils and economic vulnerability increased; on the other hand, life became more enjoyable to some women and men.

## **Managing the Covid-19 Disaster**

### ***Response to Lockdown Rules***

According to the research participants, during the lockdown, a group of educated people living in Dhaka showed the highest level of awareness. They consciously used masks or covered their faces with a hand or scarf and maintained physical distancing strictly. Like them, educated people in the towns were aware of maintaining distance, especially those who returned from Dhaka. Outside Dhaka, the residents of Khagrachari district showed awareness by carrying safety essentials. Adherence to the preventive directives was the lowest in remote villages, where the infection rate was also minimal. A young man (M8) reflected on the existing situation in the Sundarban area:

Around 70% of people of the locality are not aware of Covid-19. They think Coronavirus will not attack them or do much to them. Allah will save them, they say. They are ignorant, most of them do not have any education. Maybe that is why they do not care.

Our fieldwork affirms that women obeyed the lockdown measures properly, especially the rules of staying at home, wearing masks, and maintaining physical

distancing. Opposed to this, men participated in games within open spaces or looked for a chance to meet friends at *bazars* during the stringent lockdown. One reason was their normative gender responsibility, but many went out of the home even when there was no emergency. Men rarely maintained a distance of six feet in public places; the directive was followed only when the police came. They became more reluctant when administrative control over public life started diminishing after around one month of lockdown, particularly after the re-opening of the shopping malls before Eid in May.

### ***Mitigating Disaster Risks and Impact***

Our findings demonstrate that women were more likely to adapt to the more protective behaviour and followed protection guidelines more closely (also see the study of Chang, 2020). Among them, urban educated women were more active. For reducing chances of infection, they took extra care of home cleaning and sanitising, hand washing, and restricting family members from going outside. Moreover, they emphasised on a healthy diet, meditation, prayer, herbal medicine, and physical exercise to keep their family members physically and mentally fit. W9, the woman we quoted before, said:

I am trying to do everything I know to curb a potential Corona attack. I'm making *masala* tea mixing various spices, herbal leaves, honey, etc. We have that tea several times a day. I take garlic, ginger, and honey every morning before having breakfast. Also, I have finished a three-day course in homeopathy. I have stored several medicines, including Napa, antihistamines, Vitamin C tablets, zinc supplements, etc. I'm praying to God.

Interviews further revealed that men living in urban nuclear families also managed health and hygiene essentials. Still, their contribution was negligible because they were not experts in taking care of womanly tasks. However, women's unpaid care work was the most vital support to the Corona victims. Although some cases were reported in the media of helpless patients being abandoned by family members, our data suggests that during the emergency period, Corona patients survived primarily drawing on the nursing of family women and the support from relatives and friends. In a few cases where women themselves became infected, the gender gap disappeared; family men shouldered the responsibility. A Covid-19 survivor (W3) stated:

Personally, I did not want all of them to know about me. Because news of the Coronavirus was terrifying and everyone would become anxious when they heard about it. None of my friends knew about my illness either. I chose not to break this news to anyone apart from my extended family. But those who knew about it responded positively.

They kept praying for me [...] They called me regularly. While talking to them over the phone, my time used to spend well inside quarantine. It worked as mental strength for me. The family works as tremendous support during crises [...]. When I was in quarantine, my husband used to wake up before me. First, he used to serve boiled eggs to me followed by a cup of herbal tea. Later, he bought boiled water for me. He also kept a table in front of my room.

Along with this, both men and women participated in community care during the pandemic. Using the digital platform, men raised social awareness about the virus while women mostly confined themselves to the care of Corona-affected people. They offered mental support to their friends and neighbours and passed little financial help to the nearest people who had lost jobs due to the crisis. For fewer family responsibilities, men we interviewed spent approximately two hours daily for community work while women could spend around one hour. A key informant (K1), the convener of a home-based worker's association, reflected on his activities, saying:

Since the arrival of the pandemic, I have been so busy that I failed to make any time to meet my only daughter in the past three months. Every day, I talk to my wife over the phone only once [...] The most significant pressure has been helping our members. [...] We asked the poor members not to come out of their homes. Instead, we try to send relief goods to their homes. I have lost count of days and nights. I get no time to rest.

Internet access and mobile phones allowed women and men in rural and urban areas to connect with people outside and extend support. This connectivity also helped them to reduce personal stress and shocks. In the urban areas, affluent individuals and youth groups were active in delivering emergency relief to impoverished people. The crisis was acute in the rural areas, where there were only a few people to support the poor. Interview participants complained about grabbing government relief materials by powerful men in their villages (UP chairman & member) or distributing those to their acquaintances. However, as they conveyed, some women's cooperatives supplied essential relief items to their member families. Volunteers, especially young men, supported the rural community by motivating people to follow public health guidelines and providing them with food, face masks and hand sanitisers. One of them (M6) described his activities during the pandemic:

I am helping my family [by taking part in household agricultural activities alongside his father] and doing something for my community. I tried to make people conscious about Covid-19. I tried to make them aware of the preventive measures. After collecting money from a few people in my network, I distributed slight relief among poor people. This is how I am trying to help the people of my locality.

To recapitulate, the narratives of days in the pandemic mirror typical masculine and feminine images, conventional gender roles, private-public dichotomy, and significant differences between women and men. Parallely, the contradictions stimulate counting the risks, challenges, and harms encountered by particular groups of women and men during the public health emergency. This complexity leads to not just assuming women are more vulnerable to disasters than men, but to understand carefully how individual women and men live through a catastrophe differently (Bradshaw, 2013).

## Conclusion

This article explores individual subjectivities, vulnerabilities, and resilience in the context of the Covid-19 pandemic in Bangladesh. By analysing the narratives of the research participants, it shows that the perceptions, experiences, and responses to the unprecedented disaster are gendered, and vary among different social groups.

The narratives cited in this article represent women as 'timid' and 'emotional', hence more concerned about Corona related threats. In contrast, 'brave' men remained less careful about health impacts, but they expressed the most significant concern about economic insecurity like 'rational' subjects. Similarly, as disaster managers, women primarily upheld the conventional caregiving role, whereas men mostly worked for the wider community (Momsen, 1991). Implicit here is the argument that age-old gender norms, beliefs, and practices continue to shape women's and men's behaviour and actions even during a disaster or an emergency. At the same time, by employing an intersectional lens, this article shows that individuals had been subjected to differential vulnerability during the first wave of the Covid-19 disaster (Bradshaw, 2013). This disparity was determined not only by gender difference but also by other factors such as age, education, occupation and income, religious belief, and disaster management policies and interventions in different locations. This article vividly portrays the needs and challenges of some specific groups, including poor men, the elderly, pregnant women, wives and mothers during the emergency. Simultaneously, it brings to the fore various resilient actors within the home and community. Their power or ability to keep moving on without adequate emergency relief, social protection, or therapeutic intervention undoubtedly contributed to halting assumed devastations of the pandemic in Bangladesh.

Based on the study findings, we suggest a few recommendations. First, during an emergency, women and men's gender-specific needs and challenges should be identified and addressed. Second, emergency aid and healthcare services should reach the most vulnerable groups who

need immediate care and support. By observing the prolonged period of the pandemic, we finally suggest that people, irrespective of gender and other differences, should be mobilised to become more aware of personal protection. At the same time, they should be encouraged to play active roles in supporting disaster-prone citizens by utilising scientific knowledge, an empathetic attitude, existing social and financial capital, and information and communication technologies.

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