

Perceptions and Experiences of Young People during the Covid-19 Pandemic in Dhaka City: A Medical Anthropological Perspective

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Abstract

This article aims to examine the perceptions and experiences of young people during the Covid-19 pandemic in Dhaka City. With this aim, primary data has been collected from youth of various statuses, occupations, and social classes through informal interviews, in-depth interviews, case studies, and observation. Furthermore, articles, research reports, and books on the subject have been used as secondary data sources. The research is qualitative in nature. Based on the findings, this article argues that young people's beliefs about the coronavirus's origins and consequences are largely influenced by their socioeconomic and cultural contexts. Even young people's experiences and reactions to government initiatives aimed at preventing and curing Covid-19 disease are mostly determined by their realities. Consequently, the effectiveness of the efforts also depends on their personal, social, and cultural status. Although the effects of Covid-19 differ by age, social isolation, loneliness, confinement, family conflicts, and concerns about the future have exacerbated the detrimental influence on young people, having far-reaching negative social and psychological consequences. This article, by thoroughly analyzing and presenting the effects of Covid-19 on the youth of Dhaka City, may assist in the implementation of suitable Covid-19 prevention and control strategies by advocating for the youth and enriching the literature of medical anthropology.

Keywords: Covid-19, Young People, Perceptions, Experiences, Dhaka City

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Introduction

In late December 2019, the coronavirus was first detected in a human body in Wuhan, China (Deng, 2020). As human migration has increased in the twenty-first century due to developments in communication technology, increasing inter-communication between states and territories, expansion of trade and business, education, and medical tourism; the virus swiftly spread beyond China's borders eventually. Because of the virus's severity, the World Health Organization (WHO) declared a global pandemic on March 11, 2020. On March 17, 2020 the first coronavirus death in South Asia occurred in the State of Karnataka in India. The Bangladesh Institute of Epidemiology, Disease Control and Research (IEDCR) announced on March 8, 2020, that a patient infected with the virus had been found in the country. As one of the world's most densely populated countries, Bangladesh has found it challenging to keep Covid-19 under control. The government has taken several health-related precautions, including the temporary closure of most institutions and the announcement of lockdowns at certain times. Although the prevalence of infection has dropped as a result of stay-at-home restrictions, maintaining physical distance, lockdowns, and temporary and long-term closures of educational and other institutions, many young people are frustrated and depressed with the situation (WHO, 2021b). Specifically, its far-reaching detrimental consequences for young people are evident in the country. However, there is a gap in the 'lived experience' of this group in the society, as they are alarmingly not getting the attention necessary (Pervez, Naher, Pranta, Banik & Rahman, 2021).

Against this backdrop, the article focuses on young people's perceptions, experiences, and realities regarding Covid-19 and its effects on them. The reasons for the selection of youth are threefold. Firstly, one third of Bangladesh's overall population consists of youth (Akon & Bhuiyan, 2020). If they become infected with this virus, a large portion of the population will become disabled and incapacitated. Secondly, youth exhibit apathy and slight reluctance to follow Covid-19 guidelines (Islam, Talukdar, Siddiqui & Islam, 2020). Thirdly, most of those infected with Covid-19 in Bangladesh so far are young people (WHO, 2021a). Furthermore, the coronavirus has caused many young people to lose their jobs and income, resulting in stress, anxiety, and depression. In this situation, it is imperative to explore young people's perceptions and experiences with the coronavirus and various health-related programs announced by the government to protect against infection, the social and economic shock caused by Covid-19, and the resulting effect on their mental and physical health.

Historically, anthropology has played an important role in studying any disaster, any epidemic and analyzing effects on humans while also formulating strategies for adaption. In this case, anthropologists analyze the epidemics of different periods of human history and their effects, which has enriched the epidemiology branch of medical science. Anthropologists and epidemiologists believe that both disciplines can be enriched through joint work. Epidemiology studies the prevalence, spread and control of disease through a scientific approach with an emphasis on quantitative data collection. Medical anthropology, instead, contributes to understanding human behavior and social relationships through intensive qualitative research, as well as a deep awareness of the role of culture in molding people's behavior and their readiness to change habits in response to public health directives (Baer, Singer & Susser, 2003:26).

To this understanding, HIV (Human Immunodeficiency Virus) and the Plague, for example, have highlighted how people fear social exclusion and prejudice among themselves in recent years (Parker, 2001). Furthermore, the prevalence, global effort, and impact of SARS have been investigated (Mason, 2012). Anthropologists have recently been instrumental in combating the Ebola epidemic by conserving indigenous cultures on the African continent. Initially, the general public did not cooperate with authorities in combating Ebola, and even disagreements arose. Given the circumstances, people were forced to be hospitalized, cremated, and prohibited from performing death rituals, which was contrary to local culture. Later, however, with the efforts of anthropologists and their respect for local culture and people's emotions, the authorities arranged for the burial of the deceased in a remote area without burning (Zaman, 2021). In the case of Covid-19, medical anthropology focuses on the pandemic's origins, development, and social and psychological effects on humans (Adams & Nading, 2020). Meanwhile, this branch has already established the rationale for appreciating the significance and context of local culture in the control of Covid-19. Continuing this discussion, at this point we refer to as Foster (1998) depicts on Etiological Explanation Theory, and Critical Medical Anthropology (CMA) which shape the theoretical framework of this article.

Theoretical Framework

The etiological explanation theory describes people's ideas and beliefs about disease or illness in various societies. Foster (1998) examines different societies' "etiological explanations" and categorizes health beliefs into two types: "naturalistic etiological explanation" and "personalistic etiological explanation" (cited in Begum, 2021). The "naturalistic etiological explanation" holds that all diseases are essentially "subjective" and "mechanical" as a result of natural forces or conditions, such as extreme cold and hot air and limb

imbalance (Foster, 1998). The “personalistic etiological explanation,” on the other hand, contends that people can be affected by any disease due to the influence of supernatural forces. In this case, people may become ill due to the influence of ghosts, phantoms, witches, and so on. So the healer attempts to understand or subdue the supernatural force to restore the affected person to normalcy (Foster & Anderson, 1978). However, the shortcomings of the most prevalent ‘interpretive approach’ to anthropology, such as the researcher’s bias, objectivity, and so on, led to the birth of CMA which emphasizes that a population’s health status and access to healthcare are determined by the greater socio-economic arrangements (Bair, Singer & Sussar, 2003). This theory describes how a person’s health, well-being, disease, and the type and availability of medical care are influenced by the larger socio-economic system at both the local and national levels (Winkelman, 2009). In the case of Covid-19 analysis, the critical expression of CMA is how “universal” or “global capitalism”-controlled social and economic systems put human society at risk (Gamlin et al., 2021). In this instance, medical anthropologists apply anthropological methodologies and approaches to emphasize Covid-19’s genesis, development, and impact in social and historical contexts. In light of the aforesaid theories, the perspectives and experiences of young people on Covid-19 have been presented in the later section.

Research Objectives and Methodology

The goal of this article is to highlight the perceptions, experiences, and impact of Covid-19 on the youth of Dhaka City. Specifically, the objectives are: (i) highlighting young people’s perceptions of Covid-19; (ii) describing the youths’ experience and reality of the government’s steps to prevent and cure this disease; and (iii) examining social, economic shock and the impact of Covid-19 on young people’s mental and physical health. To accomplish this, an anthropological approach, has been used which relies primarily on qualitative data rather than numbers or percentages (Zaman, Rahman, Rabbani & Matin, 2020). Although there is much Covid-19 research in Bangladesh, most of it is based on quantitative data (Rahman & Sathy, 2020). However, for this research, informal interviews, in-depth interviews, case studies, and observation techniques were used to collect primary data from the youth. Although the age range of youth varies, this article refers to people between 18 and 35, as defined by the Ministry of Youth and Sports (2017). Purposive sampling was used to select 40 youths for interviews, 15 of whom were women and 25 men. In this case, the condition under consideration was that the informant must be between 18 and 35 years old. Additionally, secondary sources including published articles, books, government gazettes, periodicals, and print and electronic

media reports on Covid-19 have been used. To ensure the accuracy and validity of the data, triangulation was used, in which data gathered through in-depth interviews and case studies was compared to observations. The collected data was presented and analyzed thematically and manually in accordance with the research's objectives. To ensure the research's ethics, an emphasis had been placed on informants' consent and confidentiality. They were fully informed about the research and intended use of the collected data. Data were collected and analyzed between June and August of 2021 to learn about young people's views about Covid-19. Following is a summary of the research participants.

Table 1: Profile of the Respondents

Age Range	Number	Gender		Social Class*			Occupation**																	
		M	F	LC	MC	HC	GE	GW	DL	VS	ND	Sm	RD	CW	RP	H	ST	BI	St	ScT	HW	TV	Hm	Un
18-22	15	8	7	5	4	3		2						1			2		5	2			1	1
23-27	13	8	5	6	3	4	1						2	1	2	1	1		2		1			
28-32	8	6	2	1	4	3				1		1						2		1				2
33-35	4	3	1	2	1	1							1				1	1						
Total = 40		40		40			40																	

*As perceived by the respondents themselves

**Note: Elaboration: M=Male, F=Female, LC=Lower Class, MC=Middle Class, HC=Higher Class, GE=Government Employee, GW=Garment Worker, DL=Day Labor, VS=Vegetable Seller, ND=Newspaper Distributor, Sm=Salesman, RD=Ride Driver, CW=Construction Worker, RP=Rickshaw Puller, H=Hawker, ST=Small Trader, BI=Banker & Insurance, St=Student, ScT=School Teacher, HW=House Wife, TV=Tea Vendor, HM=Housemaid, Un=Unemployed.

Perceptions of Youth about Covid-19

The youth's perspective about Covid-19 vary depending on their socioeconomic and cultural circumstances. According to Begum (2021), people refer to Covid-19 as "*coronarog*" and classify it as a disease of the affluent, an urban ailment, "*a gojob*", and a threat to life. It is perceived as a disease of the wealthy, a disease of the old, God's vengeance, a divine test, a disease that ruins livelihood, a biological weapon, and so on have all been established as a 'discourse' by the research participants.

As soon as Covid-19 began, there was a widespread assumption among the urban lower class people that it was a disease of the wealthy, opulent, or urban people. As Siddique (24), a rickshaw puller explained,

Rich people live comfortably in their homes, work comfortably in air conditioning, and acquire body fat to have corona. Moreover, the wealthy are capable of adhering to these corona guidelines. However, we are working people. We will not be able to survive if we stay at home. We have to work to survive.

To elaborate, *coronarog* is a social disease characterized by an individual's economic situation. However, educated young people believe the above view is incorrect, and the virus appears to them to be life-threatening. Besides, youth who believe in supernatural forces think that the coronavirus is God's punishment. That is, there is a link between being infected by the coronavirus and religious belief. Such belief was also found in the low-income Black American society where illness was viewed as a punishment for sinful acts (Hellman, 1990). Some religiously inclined young people believe that Covid-19 is a test from God. This is how He provides people with the opportunity to correct their courses. This belief refers to the "personalistic view of the disease," in which it is assumed that supernatural forces or the creator purposefully brought the disease to earth. It is also believed that the coronavirus is a product of the cold war. Abdul Hamid (29), a college teacher stated, "Corona is a human invention. I believe it is a biological weapon. Once upon a time, wars were fought with guns; now, wars are fought with germs." This suggests that the virus was designed to make the manufactured country's position economically and politically powerful. According to Farmer (1992), despite Americans initially producing AIDS, Haiti was blamed for the disease's origins due to socioeconomic and political factors. In this setting, the "conspiracy theory" is useful in understanding the origin and spread of this type of global pandemic in light of the political economy of health. At its inception, the coronavirus was referred to as a conspiracy in numerous publications (Zaman, 2021). People who believe in 'germ theory' think that Covid-19 is a terrible disease means adhering to hygiene rules to the greatest extent possible. A Sub-Registrar named Rabeya (26) said, "While registering the land, various service recipients came to the court, and various documents came to me for inspection through many hands, so I tried to adhere to the hygiene rules strictly." That is to say, corona is a terrifying virus referring to the 'natural causal explanation,' in which a body's infection with the virus causes this disease.

Preventing Covid-19: Government Steps and the Experiences of the Young People

Handwashing on a Regular Basis: The WHO has stated repeatedly that hand washing should be performed with soapy water or a sanitizer to avoid contracting the coronavirus. It seems, however, difficult for young people on low salaries and for floating people to do so consistently. As day laborer Salam (22) explained,

I am unable to get work during corona. As a result, I am struggling to meet my family's basic needs. How am I going to afford all of these soaps and shampoos? Furthermore, I am out all day, carrying products and cannot wash my hands repeatedly.

Given the poor's income constraints, using soap in this manner may seem like a luxury to many (Rashid, 2020). In other words, occupation and economic hardship make it difficult for some youth to follow handwashing requirements. This supports the point of CMA that seeks to explore how an individual's health is shaped by the economic arrangement, especially in a capitalist society. Additionally, the type of awareness-raising information that has been conveyed through electronic media is primarily "urban-centered," with demonstrations of proper handwashing techniques using an artificial water source (tap water). However, only 15 percent of the country's population has access to this tap water (Zaman, Rahman, Rabbani & Malin, 2020).

Wearing Masks: Distinct behaviours are observed among low and middle-income youth in wearing masks. For instance, some youth wear masks exclusively on their faces, while others wear them on their chins, their noses, or their ears. And this practice is inextricably linked to an individual's knowledge, education, socioeconomic background, and, most significantly, culture. However, purchasing a mask daily is prohibitively expensive for low or middle-income youth who work outside the home all day, adding to household expenses. Mashur (19), a construction worker commented that he usually does heavy work so cannot wear a mask at all times. It is expensive for him as well. Some youth believe that if God decides death from the virus, then wearing a mask will also cause this disease. For instance, Salam (27), one of the footpath hawkers believes Allah is in charge of his survival. So he is not afraid to perish. In contrast, conscientious youth have worn masks to work. Taleb (26), a motorcycle ride sharer, stated: "I always put on a mask. Everyday, I put on a new mask. I have never had a mild fever nor corona symptoms yet."

Maintaining Physical or Social Distance: Maintaining physical or social distance is essential for such a pandemic, however, interactions, meetings, conversations, and chats are all considered part of the culture in Bangladesh. In the villages and cities, more than one person frequently lives in the same house, and many families may live side by side. Even families who share the kitchen, the toilet, and the balcony find it difficult to maintain physical distance.

Lockdown: Any pandemic can be effectively controlled by implementing a lockdown (Das & Paital, 2020), however, there are doubts about the enforced lockdown's effectiveness. The social structure is an obstacle to this system due

to economic need, living in a densely populated area, a lack of amusement and food at home, and so on. According to Hasan (2020), people have been traveling from Dhaka city to their home villages despite danger to their lives since the announcement of the lockdown because they perceive their stay in this city is 'temporary'. Young people from low families who live in cramped places with all of their family members are confined for long periods of time, which makes it hard for them to live in. Masum, a 28-year-old salesman, commented that he works for a small company. His parents and siblings share a two-bedroom home. During the lockdown, being at home day after day has made him extremely stressed and frustrated. It is also evident that, although men go out despite the lockdown, the young women stay at home or are compelled to stay as Rupa (18), a university student experienced,

My parents forbid me from walking in front of the house. They do not even allow me to go to other people's residences. My brother, on the other hand, goes out everyday. I think I am stuck in jail!

Food Assistance: According to Levy (1997), citizens must have access to relief to comply with the lockdown. To prevent the spread of the coronavirus, the government imposed a lockdown and provided relief through the "Prime Minister's Relief Assistance" program, promising to provide food through emergency service phone calls, but the reality for relief seekers is quite different (Ali, Hasan & Hossain, 2021). Rezwan (19), a newspaper distributor, said,

I have received relief from the individuals who assisted me personally several times. But, I did not get anything from the local government. Maybe I was not selected as I am not a voter in this area.

Announcement of Educational Institution Closures: Bangladesh is one of the few countries globally that has closed educational institutions for an extended period to prevent the coronavirus from spreading. Later, television and online educational activities began shortly. Rouhani, a 24-year-old private university student mentioned that her university began offering online teaching a week after corona spread, and assessments were also taken online. As a result, they were protected from any session jams. However, there are some barriers to participation in this education for students of poor and middle classes due to a lack of necessary devices and adequate internet access. As a result, an inequality between affluent and poor, rural and urban students has developed in terms of online learning. A public university student stated that his father owns and operates a food shop. However, he does not have an Android phone to help him attend lectures, and purchasing that much internet access for each session is not affordable for him.

Vaccination Programs: Following online registration and subsequent receipt of a text message on a mobile phone, an individual travels to a hospital or specific vaccination center to obtain the vaccine. This procedure appears to be convenient for educated youth. Ruhanı (24) narrated that her educational institution submitted her information to the government, and as soon as the order to register her arrived, she got registered and vaccinated within three days. She adored this procedure. However, young people unfamiliar with the internet think that it is a complicated process. Mizan, a 27-year-old rickshaw puller, remarked,

Is it possible for individuals like us to get vaccinated by going through so many procedures? Obtaining a national identity card, getting registration, waiting for a text message, traveling to the hospital, and standing in a lengthy line to be vaccinated is not a simple task. But it would have been perfect if everyone had been vaccinated in the school's open field.

Covid-19 Diagnosis and Treatment

According to government standards, the IEDCR would collect viral samples from patients exhibiting symptoms during the early phases of the outbreak. When the number of patients increased, the service was directed to do Covid-19 testing at public and private hospitals. There is, however, a debate about the quality and cost of these private service centers. Rehana, a 22-year-old student, stated,

I live with my parents and two sisters. Corona symptoms manifest abruptly. My parents took their tests in a private hospital, and we had to pay 9000 taka for this, so the three of us sisters didn't test for ourselves. Later, we went to a public hospital but it was so crowded, and no one followed the hygiene rules. As a result, we did not go there out of fear. I sought treatment from the comfort of my own home.

Access to corona healthcare services is viewed differently. For instance, young people from well-to-do families have been found seeking services in private hospitals. Raisa's (20) father is employed by a private bank. Everyone in the family had symptoms of Covid-19 that began with her father and progressed to the rest of the family. As a result, they were all examined and treated in a private hospital because the service was better than that of a public hospital. Bablu (21) of a low-income family, on the other hand, had a different experience.

We went to a government hospital when my brother was infected with the virus. There was only one room, with multiple patients so there were no seats. However, the quality of service was relatively good and the cost was low. But the cost of treatment in private clinics was far beyond our means.

Moreover, access to services has also been influenced by social, political, and economic capital. As a result, Covid-19 has intensified the country's healthcare disparities even more. A grocer, Ashfaq (33), said:

When my father developed breathing problems due to the virus, he was hospitalized but was unable to get a bed. I heard that beds were vacant, but reserved for VIPs. We could not afford to go to a private hospital which had comfortable beds. As a result, we had to leave him at the hospital's corridor for treatment.

Social, Economic, and Psychological Effects of Covid-19

Covid-19 has resulted in changes in the country's culture, as well as increased unemployment, uncertainty, and domestic violence. Throughout Covid-19, there has been a shift in how young people socialize, play sports, go on walks, and participate in social events. For instance, Ranil, a 22-year-old university student, remembered:

Prior to corona, we used to socialize with friends, play cricket, and visit relatives' houses, but now we are unable to do so. Social media communication with friends appears to be getting increasingly antisocial.

Additionally, a slew of new "social stigmas" are being generated during Covid-19. The "Black Death" became the focus of such a stigma in the thirteenth and fourteenth centuries. According to Zaman (2021), stigma is created out of fear and ignorance of people who are victims of corona, social oppression, and other forms of oppression. Day laborer Rafiq (34) observed that no one wants to share with neighbours if she/he is Covid positive—if they are stigmatized. The virus has resulted in significant changes to funeral culture as well. Selim (26), a construction worker, explains that one of his neighbors died a few days ago after being sick for a long time. He had kept his illness a secret from his neighbors out of fear. When he was finally admitted to Dhaka Medical College, it was revealed that he had corona. Nobody came to see him when he died. The authority concerned laid him to rest. For lower and middle-class youth, living in a small place, a monotonous life, the loss of a source of income, stress, and future uncertainty has significantly impacted their behaviour. These factors have contributed to an increase in domestic violence, with women being the most common victims. Bilkis (23), a housewife, stated,

My husband drives a highway bus. There is no work now. People have to stay at home all day and stop making money too. His anger from this frustration hurts me. When something happens, he beats me. When he was at work, he was not like this.

According to poorer and middle-income young people, corona is more of a livelihood destroyer than a life destroyer. Some have become unemployed since Covid-19 struck, while others have been forced to seek low-wage positions. Rabiul (33), who works for an insurance company, said,

My job at the company is to make people members of insurance companies, but employees like me are suffering the most losses for maintaining social distancing measures. Since direct communication is not possible, I try to persuade people to join the insurance companies using social media or the phone, but I cannot persuade many clients.

Covid-19's adverse effects have harmed young people's physical and emotional well-being as well. The closing of educational institutions and the inability of youth to play outside has had a detrimental effect on their health. Additionally, specialists believe that in the future, long-term issues may arise in the bodies of young people with Covid-19 (Pervez et al., 2021). Rifat (22) remarked,

Corona made me very weak, even after I recovered and tested negative. I seem to have lost my memory. I am experiencing vertigo. I am disinterested in everything. Everything appears to be monotonous. The doctor said that it was a side effect and that recovery would take time.

During Covid-19, the earning of low-income youth has decreased, which affects their daily diet. In particular, rickshaw pullers, tea sellers, construction workers, garment workers, agricultural laborers, and housemaids have decreased their food intake precipitously (Ali, Hasan, & Hossain, 2021), placing strain on their nutritional requirements. Furthermore, the loneliness of living in a cramped house and the uncertainty of the future are depressing the young, driving some to commit suicide. Time spent on the internet has become a significant impediment to creative thought as a substitute for time spent. A university student, Rupa (19) explained,

I feel extremely out of breath being locked in the house. I am also concerned about the future. I used to do two private tuitions, but they both have been disrupted. As a result, I cannot contribute to my family financially. I suddenly feel as though I should commit suicide in the middle of the night.

Discussion

Without a doubt, Covid-19 has impacted and harmed people of all classes, professions, and genders in various ways. However, young people are the most affected when age groups are considered. Along with the limitations of the

Covid-19 coping strategy, their misconceptions and negligence play a significant role in this case (Akon & Bhuiyan, 2020). As demonstrated, a significant proportion of the population studied views corona as a "personalistic cause." Those with strong religious convictions believe that God's will and reluctance largely determine the disease's origin and transmission. On the other hand, educated young people who are aware of science feel that natural factors have caused this disease. The severity and chances of catching the coronavirus, are also determined by the youth's economic condition, particularly those in the middle and lower classes. The value of life is secondary to the reality of survival for economically disadvantaged and low-income youth. However, due to their financial comfort, wealthy young people are somewhat in a safe position in this scenario. As a result, the economy, culture and surroundings of the youth have a direct impact on how they perceive Covid-19.

Although there are differences in the origins and risks of infection with the coronavirus among young people, the government has taken several initiatives to prevent and cure the ailment. In this situation, social, cultural, and economic capitals have played a significant role in the youth's empirical position. Everyone recognizes the need to follow hygiene norms, but it has not been fully reflected in reality. The impact of the work environment, awareness, and profession may be demonstrated in this situation. Again, because Bangladesh is a society based on family ties, it is not always possible to maintain social distance in all areas as many stop to see and talk to each other (Begum, 2021). Furthermore, despite the fact that the lockdown has been formally imposed, many youths are skeptical of its effectiveness. The emphasis, in this case, is on a balance between life and livelihood, but in reality, livelihood and the economy have taken precedence. However, a significant number of people have endured emotional, physical, and social harm and long-term career consequences (Pervez et al., 2021). Medical anthropology can capture cultural perspectives of Covid-19, group and individual experiences, the larger socio-economic arrangement, and the experiences of the affected communities. In this regard, this article focuses on the disease of Covid-19 among the young population of Dhaka city, cultural elements of faith-building, and how the government's remedies and prevention measures are influenced by their social relations, kinship, power, educational qualifications, awareness, and economic capital.

Conclusion

The youth's perceptions of Covid-19's genesis, spread, risk of infection, cure, and prevention are shaped by their social, cultural, and economic circumstances. Covid-19 has ushered in a new trend in the youth's everyday lives. As a result, there are social and economic concerns and negative consequences for young

people's mental and physical health. Wearing a mask, maintaining social distance, refraining from shaking hands, staying at home in lockdown and imposing new restrictions on all social ceremonies added new dimensions to youth society and culture. However, young people's perspectives on the disease's etiology, progression, and consequences vary widely. Foster's (1998) notion of naturalistic and personalistic etiological explanation has led some to believe it is the creator's wrath conspiracy, or a fatal virus. That is, any disease can originate, spread, and transmit naturally and through supernatural means. This article argues, from a CMA perspective, that larger social and economic systems and realities have increased the insecurity and vulnerability of youth worldwide in the pandemic. This also demonstrates how impoverished young people who lack social and economic capital become victims of the Covid-19 healthcare disparity; as a result, inequality persists as a reality.

Simultaneously, we realize that the article has several limitations that must be considered. Although the fieldwork was conducted in Dhaka City, there were only 40 participants, all of whom lived in the city. More participation and field sites would have offered a more detailed picture of the youth's experience during Covid-19. Nonetheless, this article explores how a large segment of the community views and experiences Covid-19 in urban Dhaka, adding to our understanding of this global pandemic and contributing to the medical anthropological literature.

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