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The Impact of the COVID-19 Pandemic on the Mental Health of the Rickshaw-Puller in Bangladesh

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ABSTRACT

The COVID-19 Pandemic has affected people's health, mental health, livelihood, and well-being of people across all sectors. In this research, we were interested in studying first-hand accounts of rickshaw-pullers, a segment of informal workers in Bangladesh who have suffered greatly from the virus and its effects. The pandemic has undoubtedly resulted in an increased level of anxiety and fear among the rickshaw-pullers. This article features an in-depth interview conducted by 11 respondents about their experience during the COVID-19 Pandemic. We explored the rickshaw-pullers' perceptions and attitudes toward the COVID-19 Pandemic and its effect on their mental well-being, considering the consequence of present circumstances.

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Introduction

Rickshaw-pullers are the most disadvantageous part of the people participating in transportation activities for earning money, though rickshaw pulling is a menial and risky occupation. Despite the activity of the rickshaw-pullers either in waiting for passengers/commodities or in pulling the rickshaws to transport passengers and commodities from one location to another from early morning to late evening or whole night and even, sometimes, around the clock, they are not in a position to earn the required money to fulfill their basic needs for life (Islam et al., 2016).

In January 2020, the World Health Organization announced the emergence of a new coronavirus disease, COVID-19, to be an internationally concerned public health emergency (World Health Organization, 2020a). Due to the government's lockdown to fight the COVID-19 pandemic, the streets of the capital remain largely empty. Bangladesh's rickshaw-pullers, most of whom are the only earning members of their families, struggle immensely as the number of passengers in the past couple of months has seen a sharp decline (Rahman, 2020). This article aimed to understand the

social, economic, mental health effects on the lives of deprived and marginalized rickshaw-pullers in Bangladesh during the COVID-19 situation.

The situation in Bangladesh during COVID-19

The first confirmed coronavirus case was reported on March 8, 2020, in Bangladesh (World Health Organization, 2020b). In times of the COVID-19 crisis, suicide, domestic violence, mental disorders, anxiety, depressive disorders are already increasing in Bangladesh (Sifat, 2020a). It has been estimated that a quarter of the population, including rickshaw-puller in Bangladesh, is struggling with mental health problems while managing the challenges of daily life. Unfortunately, people's direct and indirect vulnerability to COVID-19 threats can increase the risk of a mental health crisis (Shah, 2020). Health experts predict that about 300 million people suffer from fear and anxiety problems and warn that our mental health may be at high risk due to loss of income and fear of COVID-19 (Sifat, 2020b).

The urban poor in Bangladesh are mainly slum dwellers who work every day, and their occupations range from being rickshaw-pullers, bus drivers, and garment workers, with an average income of about 250 Taka a day. During the outbreak of the COVID-19, the average income among the poor people, including rickshaw-puller, has dropped by almost 80 percent (Monjur, 2020). Fears of economics and food shortages have put unnecessary stressors on a population, including rickshaw-pullers still anxious and sensitized (Kamal, 2020). A case was reported on April 16 about a 30-year-old rickshaw-puller who committed suicide because he was unable to provide food to his family during the lockdown due to lack of income (Bhuiyan et al., 2020).

Methodology

The research conducted a qualitative study using a purposive sampling approach. An in-depth interview of 11 rickshaw-pullers drew evidence based on inductive reasoning. In addition, extensive use of secondary materials from various journals, reports, conference proceedings, newspapers and government documents has been extensively checked for data triangulation. The perspectives of the participants were constantly balanced to identify comparisons. Verbatim transcription has expressed a precise narration of rickshaw-puller's situation due to COVID-19 pandemic. As the study progressed, variations and patterns of data emerged leading to an accurate study that helped to guide researchers in the direction of the subject or person to be further examined in order to determine or contrast the progress of the data analysis.

Findings

Coronavirus pandemic has changed the pattern of our daily life. COVID-19 is creating a significant impact and a change in everyone's lifestyle, including rickshaw-puller. The earnings of rickshaw-puller were negatively impacted during the COVID-19 as they could earn just a fourth to half of their earnings before the pandemic. The severe economic and social effects and increased mental stress arising from the pandemic could make the problem worse.

A 31-year-old rickshaw-puller mentioned:

I usually made about 20–21 trips before the COVID-19 pandemic and received at least Taka 800 per day. Now I earn only 150–200 Taka. I want to go back to that time. I am just passing the toughest times of my life.

Another 55-year-old, Abdar Sattar said:

Currently, I am earning an average of 180 Taka per day, from which I must pay a rent of 100 Taka to the rickshaw owner. Besides, I have to bear the livelihood cost of five members of my family who live in my hometown, but given the current situation, I cannot send back enough money for their sustenance. Therefore, my whole family is struggling due to coronavirus, which is causing heightened mental pressure.

36-year-old, Soleman Rahmat mentioned:

Earnings decreased during the period of Corona. Apart from renting a house, it is becoming difficult to run the family with the rest of the money. My wife left me in this situation. At this moment, my life is a mess. How long am I going to live like this without money and with fear of COVID-19?

A 26-year-old, Mir Sayed stated that:

During the COVID-19 Pandemic Crisis, we faced anxiety about money and food. We neither can get out of here nor can we make money. No one hears about our problem. The stress is killing me.

A 21-year-old Raihan Sanowar said:

I used to make 800–900 Taka before. And now, even in the last five days, I am not able to make 800 Taka. I usually eat from roadside food hotels because the prices are quite cheap. But now that most of these stores are closed, thus food is expensive to eat from elsewhere. It has really put me in depression and anxiety.

53-year-old Harun-Ur-Ikram said:

Mostly, I spend my days with other day laborers in my house in the slum area. Before the COVID-19 situation, my daily income was about 500 Bangladeshi Taka. I do not have any savings left for my family to buy food. The majority of rickshaw-pullers are living in this slum are suffering the same fate. I am going to fall into serious depression. How can I live without my money? I need to buy food, medicines, and I need to pay home rent as well.

49-year-old Wafi Mubashir mentioned:

In the early weeks of the lockdown, I received a sack of rice and a liter of oil as social agency assistance, but I did not have the money to buy other foodstuffs for my family. Every day my daughter tells me to buy her chocolates. Well, I cannot give it to her. I have not paid house rent in the last three months, and every day my landlord rebukes me. Where will I go? How can I survive? It is better to die than deal with the present stress.

58-year-old and family of 8, Biswas Nayar said:

I was planning to survive doing basic manual labor in my village. But I barely received any work there in the last three months. I cannot provide for my family this way, so I decided to come back to Dhaka. Before the viral outbreak, I usually made about 20–25 trips and earned at least 600 Tk per day, but now it is not possible. I want these stressful days to end.

20-year-old Dewan Mujtabir said:

Everyone is so scared of the pandemic that people hardly leave their homes. The number of trips I used to make a day has dropped dramatically. At the end of the month, I am concerned about paying the cost of my accommodation. I do not have enough food and grocery in stock to allow me to stay at home for a certain period. I cannot bear any more stress.

32-year-old, Alama Rohid said:

I earn at least Tk 500 driving a rickshaw for three hours in town before, and now I can only earn Tk 130 between 9:00 a.m. and 12:00 a.m. on Friday. Whereas I have to pay Tk120 as the rental cost of a rickshaw a day, and Tk180 more to pay for three meals a day. Most importantly, at least TK 15000–20000 has to be sent to my family every month in Rangpur. If I cannot send the money, my five-member family will face tremendous hardship. God knows how I will run my family.

45-year-old, Akkas Mosamel said:

For the last few months, my income has been going down. I cannot even make enough money to meet the rental cost of the rickshaw. I do not have the choice of not working for a single day. My family of four depends on my income. If I get unemployed, I am going to have to starve. I might end up committing suicide.

Discussion

The findings reflected the situation of rickshaw-pullers in Bangladesh, a group who are among the poorest in the country and who are among those suffering the most from the virus. The rickshaw-pullers are more likely to resort to exploitative jobs as uniform, and inadequate distribution of humanitarian aid does not give them enough safety nets.

The respondents explicitly spoke about immense pressure on their shoulders at the onset of the pandemic and subsequent lockdown. Rickshaw-pullers suffer from increased food insecurity, inability to pay

house and rickshaw rent, debt due to critical health care costs, and lack of ability to cope with shocks due to lack of savings for low or no surplus income and savings. Amid the pandemic, laborers have drastic income losses, which have put them under severe socio-economic and psychosocio-demographic stress. The study depicts a vivid picture of acute mental stress, frustration, and anxiety due to income loss, stress on the manageability of procurement of food, and other daily necessities suggesting that there has been a significant rise in the trend of decline of mental health since the pandemic on the day laborers.

From Kamruzzaman (2020), we find that more than 3,300 slums in the capital of Dhaka house about 646,000 residents are mostly made up of poor day laborers and rickshaw-pullers. The average income in the slums of Bangladeshi cities and rural poor has decreased by more than 80 percent since the coronavirus outbreak, and 40 percent of the poor and 35 percent of the vulnerable non-poor have already decreased their food intake.

Hence, rickshaw-pullers and their families are suffering immensely from mental stress as they are the sole breadwinner of the family. The lockdown has relegated the day laborers to society's fringes due to failure to meet their demands. Rickshaw-pullers are moving away from their former living conditions and experiencing a greater social exclusion. The Rickshaw-pullers are forced away from their earlier standard of living and relegated to the peripheries of society.

They are found to be earning an average of 180 Taka per day, from which they have to pay a rent of 100 Taka to the rickshaw owner. Besides, they have to bear the livelihood cost of five members of their family who live in their village, but given the current situation, they cannot send back enough money for their sustenance. Therefore, the whole family is struggling due to coronavirus, which is causing heightened mental pressure. Majority of the respondents revealed that during the COVID-19 Pandemic Crisis, they were very anxious about money and food.

Informal laborers are groups who are not privileged to be able to earn by sitting at home. Amid the crisis, there was no way for them to get any help as everyone was equally terrified. The stress of not having enough money to meet ends is unequivocal. Hence, the informal laborer's life is the most susceptible to such an economic and health crisis such as the COVID-19. It is a big question for them about how long they can live without enough earnings, not being able to meet ends, and with fear of the novel coronavirus.

Before the pandemic, a Rickshaw-puller ate from street food or road-side food vendors that are affordable by them. But at the outset of the pandemic, all the street-side vendors are shut-down, thus food is expensive to eat from elsewhere. When asked about how they spend their time they said

they spend their days with other day-laborers. The rickshaw-pullers were not even able to pay rental cost of the rickshaw let alone their house rent. Outstanding rents were accumulating, for as much as 3 months or more, and there are proprietors who solely depend on the house rents thus they also pressured the laborers by threatening about getting them out if they do not pay the house rents promptly. They also thought of alternative jobs such as planning to survive doing basic manual labor in their village. But the scenario was worse in the village. Bangladesh is very centralized, and people come to Dhaka city for work because there are extremely limited opportunities back in the village. Hence, when these informal laborers went back to the village in numbers, they came back again to Dhaka only to realize after three months that there is no income generating activities in their villages. Informal laborers have to live in a lowered standard of living with the anxiety of not being able to meet their necessities, and pressure of their families all awaiting in hope for them. No earnings mean starvation for them and their families and hence, even if coronavirus does not kill them, no earnings and the pressure will defiantly kill them. Chambers (1989) said people who are pushed to the peripheries of society are on the brink of high vulnerability, exposure to elevated risk, and defenselessness to shock and uncertainty. Thus, the rickshaw-pullers have reduced freedoms, reduced protection, reduced resource access, and reduced opportunities. They are more socially marginalized as the poverty situation continues and worsens over time.

Conclusion

The study provides a detailed understanding of diverse pandemic-related mental health challenges among the rickshaw-pullers whose livelihoods depend entirely on daily wages. Moreover, the findings suggest that continuous support for psychosocial well-being in the rickshaw-pullers should be of utmost priority during the outbreak. As mental pressure may lead to various illnesses, health experts should recommend implementing free counseling services during this pandemic. The government should establish community clinic services in all the districts and sub-districts areas, especially for mental health issues. There is a need for widespread education campaigns across the country to increase knowledge and belief about mental illness. It is expected from the government, NGOs, and voluntary organizations to fulfill the rickshaw-pullers demands both financially and socially so that they can get proper access to their basic needs during this pandemic. It is necessary to ensure basic needs facilities under social safety programs for the rickshaw-pullers. Future empirical studies are encouraged to be explored.

Ethical Consideration

All the interviews have been carried out with informed consent, and the respondents were informed. All procedures performed in studies involving human participants followed the ethical standards with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

Disclosure statement

No potential conflict of interest was reported by the author(s).

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References

- Bhuiyan, A. K. M. I., Sakib, N., Pakpour, A. H., Griffiths, M. D., & Mamun, M. A. (2020). COVID-19-related suicides in Bangladesh due to lockdown and economic factors: Case study evidence from media reports. *International Journal of Mental Health and Addiction*, 1–6. Advance Online Publication. <https://doi.org/10.1007/s11469-020-00307-y>
- Chambers, R. (1989). Editorial introduction: Vulnerability, coping and policy. *IDS Bulletin*, 20(2), 1–7. <https://doi.org/10.1111/j.1759-5436.1989.mp20002001.x>
- Islam, M. S., Hakim, M. A., Kamruzzaman, M., Safeuzzaman, Haque, M. S., & Alam, M. K. (2016). Socioeconomic profile and health status of rickshaw-pullers in Rural Bangladesh. *American Journal of Food Science and Health*, 2(4), 32–38.
- Kamal, R. S. (2020). Fear, hatred and stigmatization grip Bangladesh amid Covid-19 outbreak. *The Business Standard*. Retrieved from <https://tbsnews.net/thoughts/fear-hatred-and-stigmatization-grip-bangladesh-amid-covid-19-outbreak-61129>
- Kamruzzaman, M. (2020). Coronavirus: Poor income drops 80% in Bangladesh. *BRAC Institute of Governance and Development*. Retrieved from <https://bigd.bracu.ac.bd/news/coronavirus-poor-income-drops-80-in-bangladesh/>
- Monjur, R. (2020, June 09). How can we tackle the mental health epidemic? *Dhaka Tribune*. Retrieved from <https://www.dhakatribune.com/opinion/op-ed/2020/06/09/op-ed-how-can-we-tackle-the-mental-health-epidemic>

- Rahman, M. (2020, April 1). Coronavirus: The agony of Dhaka's rickshaw-pullers. *Dhaka Tribune*. Retrieved from <https://www.dhakatribune.com/bangladesh/nation/2020/04/01/coronavirus-the-agony-of-dhaka-s-rickshaw-pullers>
- Shah, P. (2020). Psychological well-being: A challenge in Covid-19 regime. *The Financial Express*. Retrieved from <https://thefinancialexpress.com.bd/views/psychological-well-being-a-challenge-in-covid-19-regime-1586186005>
- Sifat, R. I. (2020a). Impact of the COVID-19 pandemic on domestic violence in Bangladesh. *Asian Journal of Psychiatry*, 53, 102393. <https://doi.org/10.1016/j.ajp.2020.102393>
- Sifat, R. I. (2020b). COVID-19 pandemic: Mental stress, depression, anxiety among the university students in Bangladesh. *International Journal of Social Psychiatry*, 1–2. Advance Online Publication. <https://doi.org/10.1177/0020764020965995>
- World Health Organization. (2020a). Mental health and psychosocial considerations during the COVID-19 outbreak. Retrieved from https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf?sfvrsn=6d3578af_2
- World Health Organization. (2020b). WHO Bangladesh COVID-19 Morbidity and Mortality Weekly Update. Retrieved from https://www.who.int/docs/default-source/searo/bangladesh/covid-19-who-bangladesh-situation-reports/who-update-25-20200817.pdf?sfvrsn=500afa3b_2