

# Coping Strategies of Urban Poor Households in Bangladesh During the COVID-19 Pandemic

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## ABSTRACT

This paper forwards the coping strategies of urban poor of Bangladesh during COVID-19 pandemic situation. Bangladeshis used a variety of coping mechanisms during the pandemics of corona virus. It is significant to distinguish the communal coping strategies during the rapid recovery of a pandemic, as this helps to expect the concerns, especially in the livelihood assets. The study was empirical in nature in the sense that it has explored data derived from Questionnaire Survey, In-depth interview, Focus Group Discussion (FGD), Case Study and Key Informant Interviews (KIIs). Findings from the survey analysis reveal that urban poor experienced unique stresses and hardships during COVID-19. During the COVID-19 epidemic, Bangladesh's urban poor experienced many difficulties, and their coping mechanisms demonstrated both their creativity and the brutal reality of their situation. The main strategies were resilience and innovation, adaptation to Health Guidelines and hungeriness, community support network, aid from GO, NGOs, job switching, selling their furniture and fixed assets, shifting their residence, reducing their consumption adjusting with more activities and so on. This study also finds a few of the respondent which are unforeseen transitory financial stress, psychosocial stress, and marketplace and consumption-related stresses. Based on the appraisal theory of stress, our data analysis reveals that two emotion-focused coping strategies—social support and religiosity—coexist and work together to help people in Bangladesh, a developing nation, overcome their well-being issues. As a result, managers and policymakers that aim to address the serious effects of the COVID-19 pandemic on socioeconomically subsistence customers could find it especially interesting.

**Keywords:** Coping Strategies, Urban Poor, Households, COVID-19.

## INTRODUCTION

According to the world history, COVID-19 is one of the worst epidemics in the world. There is less room to prevent these kinds of natural disasters in a global setting. Therefore, everyone ought to consider solving this issue. Coping strategies is a technique to overcome this pandemic situation, especially the marginal people of a country. However, the effects of corona virus and the lessons learned from the globe have never been conferred (Sansa, 2020). The significant lesson learned from the world pandemic is; there are no consistent and accepted tools for estimating the economic impacts of COVID-19. From the existing literature and survey the present study will contribute new knowledge about adaptation on pandemic situation of the country. Globally, there have been unquestionably positive repercussions in addition to the negative consequences of the COVID-19 epidemic. Thus, it became crucial to comprehend the features of pandemics and forecast the future spread

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of these illnesses. Fears of an impending global economic catastrophe and recession have also been heightened by COVID-19. Social distancing, self-isolation and travel restrictions have led to reduce directly to the income, food safeties, health facilities, child education, social safeties and indirectly to production of goods and services which effect on formal and informal economic sectors of our country.

## LITERATURE REVIEW:

A study by Rahman et al. (2020) gives a comprehensive grasp of the intricate impacts of COVID-19 on the lives of urban poor people while illuminating the challenges and coping mechanisms faced by affected communities. This chapter from Oxford Academic looks at the social and economic impacts of COVID-19 on the poor, particularly those working in informal jobs. It provides unique insights into how certain populations of Bangladesh's poor and vulnerable were impacted by COVID-19, how they coped, and how well policy support was used.

In a different analysis, Summer et al. (2020) estimate that COVID-19 may have a short-term economic impact on global monetary poverty by causing per capita household income or consumption to decline. They use the IPL of US\$1.90, US\$3.20, and US\$5.50 per day to compute the impact of each of these moves on the poverty headcount. Their measurements are based on three terms: low, medium, and upper global reductions of 5%, 10%, and 20%. These papers by Rahman et al. (2020) give a comprehensive grasp of the intricate impacts of COVID-19 on the lives of urban poor people while illuminating the challenges and coping mechanisms faced by affected communities.

Rahman and Matin (2020) conducted a critical Rapid Research Response study on the Corona Pandemic. The COVID-19 epidemic has triggered a worldwide financial crisis, with the poor and people with vulnerabilities bearing the brunt of this tragedy. The study involved interviewing over 6,000 HHs in urban and rural slums in two of the three phases—phase I in April and phase II in June—to learn more about the effects of COVID-19 on these individuals' livelihoods, how they were handling the ongoing crisis, and what kind of support they needed to recover from the problem created by COVID. In the first quarter of 2021, the survey's third phase will take place. The findings of the study's two phases demonstrated that COVID-19 had a clear harmful effect on vulnerable communities' earnings, notably those of urban informal workers. By June, the income level had increased following the release of the lockdown. For the highest HHs, it was farther below the pre-COVID level. Low income was causing an enormous number of urban poor people to relocate to less urban areas, increasing the possibility that many HHs would become trapped in a long-term poverty cycle. Brief surveys were done in both phases. Rather than computing these variables efficiently and deeply, the study relied on the proxy indicators of reported income, savings, and consumption. As a result, the study delivered assumptions rather than accurate findings. (Rahman and Imran Matin, 2020)

Maalla (2020) mentioned in a study, almost 100 million children are exposed to violence each year. The overwhelming instant and long-term effect of violence on the mind of children is well established. This article shows how the threat of children experiencing violence has augmented and how the pandemic has damaged the capacity of intellectuality and child protection to respond. The article outlines for child protection, psychological health and other interior services to be prioritized pre and post situation of the pandemic. A failure to do so will challenge the international ability to reach the SDG by 2030 and to fulfill its requirements under the UN Convention on the privileges of the Child.

In this study, Ghosh et al. (2020) concentrated on the extra effects on the economy, human life, and environment caused by the growing number of COVID cases. While the environment showed a beneficial influence, the economy and human life experienced a negative one. How India handles these three issues during and after the COVID scenario has been examined in this paper.

Nicola et al. (2020) concentrated on a study that raised concerns about an impending global economic crisis and recession. In several economic sectors, travel restrictions, social alienation, and self-isolation have reduced the workforce and led to the loss of many jobs. Schools have closed, and there is less demand for manufactured goods. Conversely, the need for medical supplies has increased significantly. The food business is seeing increased demand as a result of the rise in panic buying and stockpiling of food products. In reaction

to this epidemic, we give a summary of the socioeconomic effects of COVID-19 on particular aspects of the world economy.

According to a review study on the health and economic conditions in Bangladesh, conducted by the PPRC (Power and Participation Research Center) and BAGD (BRAC Institute of Governance and Development), the current nationwide government shutdown imposed to stop the spread of COVID-19 has resulted in an 80% decrease in the per capita daily income of poor people in both rural and urban areas (Mohiuddin, 2021). Almost 40% and 50 %t of this group have taken out loans to pay for their everyday needs. Of the 127,000 hospital beds in the country, 91,000 are found in government-run hospitals. Researchers estimate that the nationwide closure is costing the nation's economy BDT 33 billion daily due to the agricultural and service sectors.

Using the livelihood framework as a guide, the study aims to show how the poor manage urban life through home techniques. Information was gathered from 500 urban poor people living in three different neighborhoods in Dhaka, Bangladesh, using a methodical questionnaire. The study found that people in poverty have developed a variety of coping strategies in their households to cope with their adverse social and economic conditions, which make them particularly vulnerable. The study argues that the urban poor utilize these household-based survival strategies because they have little access to the existing economic and social frameworks. (Sahadat, 2005)

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## **METHODS OF THE STUDY**

### **Population, Sample Size Determination and Sample Distribution**

The study needs an analytical and compassionate methodological framework to comprehend the daily realities of urban impoverished populations. In order to provide a comprehensive picture of the socioeconomic difficulties excluded groups confront, this study uses a mixed-method approach, combining quantitative and qualitative data. By combining descriptive and analytical methods, the research design guarantees a methodical examination of the connections between important factors while staying sensitive to the opinions of individuals impacted. This study mainly adopted deductive approach which was concerned with developing a hypothesis based on existing theory and designed a research strategy to test the hypothesis to draw conclusion based on evidence through critical study of the previous research and reports of different institutions. (Wilson, 2010, p. 7).

Data was collected from both primary and secondary source. Primary data was collected from field level urban poor and secondary data was collected from different books, journals, research papers, dissertations related with livelihood of marginal poor. A research population is a homogenous or heterogeneous group that defines all stakeholders, persons, organizations, students, or users where all units have certain characteristics in which the researcher has an interest (Sekaran & Bougie, 2016). The potential and targeted respondent of this study were urban poor who are living in different urban areas in Bangladesh. The present study has conducted on workers of the urban poor. The population of the study size was known. The target population of this study is the urban poor who are living poverty or under poverty or under poverty line. The respondents will be chosen using convenience sampling technique as his technique is easy to collect the matters. Although easy to collect and being economical are the most common reason to convenience sampling technique however this study mainly considers this sampling technique as the respondent are readily available in their residence or workplace. (Aborisade, 2013, p. 48) Every HHs at urban area was the sampling unit of this study.

## Sample Size

For selecting representative sample size, the first task of a researcher is to identify the population of the study area. The sample size should not be fewer than 200 when using a sophisticated model with numerous interconnected relationships (Hair et al., 2021, p. 197). On the other side, indicated that the sample size should be 200 and 400 responses to be accurate and appropriate.

For obtaining a representative sample size, a statistical formula used from books of Kothari <sup>3</sup> has been adopted for known population (Comrey, A. L., & Lee, H. B., 2015). Assuming, P= 0.5 (maximum variability) and 95% confidence level the resulting sample size of study was 384. Tabachnick and Fidell, stated that the sample size should not be less than 300, with 500 being very good and thousand being great.<sup>4</sup> So, the recommended sample size is 385 young people.

Since the initially determined sample size ( $n_0$ ) is 385 and the population (N) is known (1,214,545), the researcher has used following equation (p.76)<sup>5</sup> for determining appropriate sample size for this study—

$$n = \frac{1+n_0}{1+\frac{n_0-1}{N}} \text{-----}(1)$$

Where,

n is the appropriate sample size for known population, and

N is the study population size.

$$n = \frac{1+n_0}{1+\frac{n_0-1}{N}} = \frac{1+385}{1+\frac{385-1}{1214545}} = 384.88 \approx 385$$

Using equation (1), the researcher finds that the sample size remains unchanged due to the large number of populations. So, 385 young people from the study areas could be the final sample size (n).<sup>6</sup> But the researcher in this study used 400 respondents, as it can ensure a little bit more accuracy and increase the level of precision in the analyses. Finally, for collecting data, the researcher has surveyed the respondents selected through probability proportionate to size (PPS) sampling. Sample size has been divided into the following two criteria on the basis of stratified random sampling. The participants of this study were urban poor in Bangladesh.

<sup>3</sup> Note:  $n = \frac{z^2 pq}{e^2}$  adjusting formula Valid where n = sample size, Z = the value on the Z table at 95% confidence level =1.96, e = Sampling error at 5%, p = maximum variability of the population at 50%. i.e. (0.5), q = 1-P = 0.

<sup>4</sup> A. L Comrey, and H. B. Lee. "Interpretation and application of factor analytic results." Comrey AL, Lee HB. *A first course in factor analysis 2* (2001): p. 588.

<sup>5</sup> William G. Cochran, *Sampling Techniques*, 3rd ed. (New York: John Wiley & Sons, 1977).

<sup>6</sup> Cochran.

According to poverty maps of Bangladesh there are a total 1,214,545 urban poor.<sup>7</sup> The researcher targeted a sample size of 384 to 450 participants for this study, and based on the explanation above, the sample size that was actually acquired in the current study is 400.

### Distribution of Sample

For selecting representative sample size, the first task of a researcher is to identify the population of the study area. By using the following formula, we can determine the sample size. Sample distribution is shown the Table – 1

**Table – 1: Sample distribution**

Division	District	City/Poursava	population***	Urban poor%**	Urban poor	Respondent*
Dhaka	Dhaka	Dhaka South CC	4,299,345	16	687,895	226
		Savar	286,008	3.1	8,866	3
	Narayanganj	Narayanganj CC	967,724	3.2	30,967	10
		Rupganj	522,000	5.1	26,622	8
	Gazipur	Gazipur CC	2,674,697	8.8	235,373	77
		Tongi	3,50,000	9.5	33,250	11
	Faridpur	Faridpur Sadar	146921	10	1,4690	5
		Bhanga	34,148	9.6	3,278	2
Barisal	Barisal	Barishal CC	419,351	32.9	137,966	44
		Bakerganj	29,890	24.4	7,293	3
	Jhalokathi	Jhalokathi	54029	23.8	12,858	5
		Nalchhity	35278	43.9	15,487	6
Total- 2	6	12			1,214,545	400

\*\*\* Source: [https://en.wikipedia.org/wiki/List\\_of\\_city\\_corporations\\_in\\_Bangladesh](https://en.wikipedia.org/wiki/List_of_city_corporations_in_Bangladesh)

\*\*Poverty Maps of Bangladesh.pdf

\*Sample ( $n_i$ ) from the study area is calculated by the following formula,

$$\text{Respondent, } n_i = \frac{N_i}{N} \times n$$

### Data Collection Tools and Techniques

Primary as well as secondary sources used to collect data. The researcher followed the techniques of Questionnaire survey, In-depth interview, Focus Group Discussions (FGDs), Case Study and Key Informant Interviews (KIIs) to collect primary data from the study areas. Secondary data also bearing a great significance which was collected from different publications, Dissertation, books, journal articles, GO and NGO publications, reports and websites.

Primary data was collected from field work in the selected study areas through questionnaire survey among the urban poor. In addition, qualitative data has collected through FGD, Case Study and KIIs. A structured questionnaire developed to collect data from workers of informal sector having both open ended and close

<sup>7</sup> World Bank, *Bangladesh Interactive Poverty Maps*, accessed May 20, 2022, World Bank.



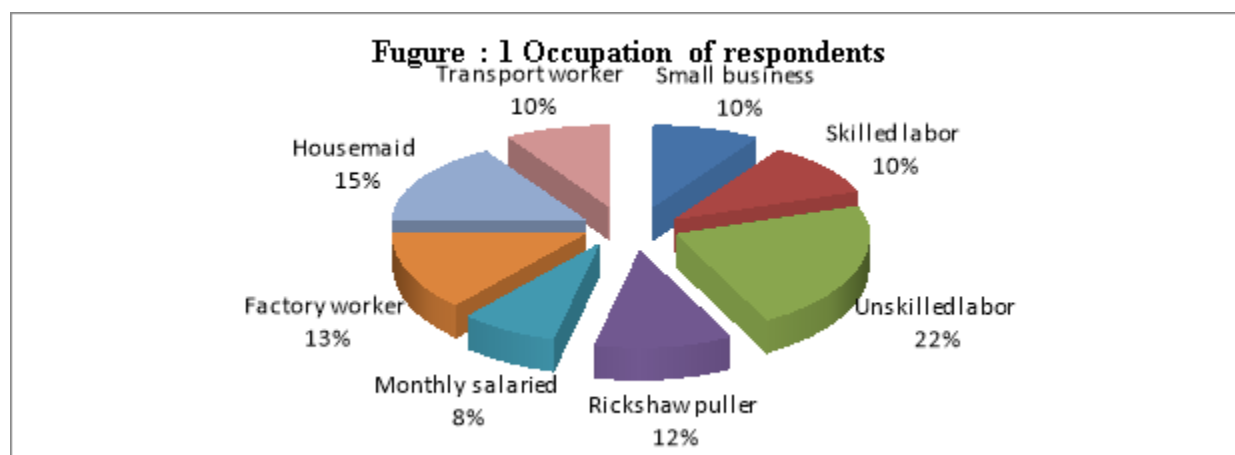
ended questions at the selected area. The researcher himself approached the respondents, asked questions and wrote down answers in front of them. A popular data collection method of qualitative research is the case study. Interview schedule had some limitations in extracting adequate data for the case study. Six case studies took from six divisions. In the field of the study, there are some persons or officials who have in-depth knowledge about employment, income level of urban poor and managerial policy of pandemic situation and related with the coping strategy of marginal poor during COVID. The researcher will be enriched by their valuable comments on the issue with in-depth clarification. For this, 15 persons in the field level will be selected purposively as key informants to include their views, ideas and comments to perceive their scenario comprehensively. Qualitative data from KIIs, in-depth interviews, and secondary sources has been analyzed by using content analysis technique. The names or identities of the participants in KIIs and in-depth interviews have been kept anonymous in this study. After analyzing primary and secondary data, findings have been discussed and triangulated, aligning with the existing literature (Creswell, 2009). Finally, maintaining the above procedure, data has been analyzed by using descriptive and inferential statistics with the help of statistical software IBM SPSS Statistics version 22.

## Result of the Study

The COVID-19 pandemic significantly impacted domestic migration patterns in many countries. In our country, population was declining in major cities (Rahman, 2022). The internal migration of the urban poor in Bangladesh during COVID-19 revealed significant challenges and trends. Mass exodus, economic impact, economic strain, health risks during travel were the main reasons for shifting their residence temporarily or permanently. The urban poor, often living paycheck to paycheck, were hit hard by the sudden loss of income (Rahman, 2022).

## Occupation of Respondents

There are eight types of professions visible in the study survey. These are small businessmen, skilled labor, unskilled labor, rickshaw puller, monthly salaried, factory worker, housemaid, and transport worker. Types of professions are presented in figure 4.1:



Source: Own survey, 2022.

The results show that, 22 percent of the surveyed respondents had no skill for work who did not contribute a lot for the family. 15 percent respondents were working as a housemaid. It was found a little amount, 8 percent respondents who were monthly salaried.

## Adapting policy in accommodation

### Shifting house during COVID

Many families depended on jobs and with job losses, these financial flows diminished, exacerbating poverty in rural areas as well.

**Table 2: Shifting house due to COVID**

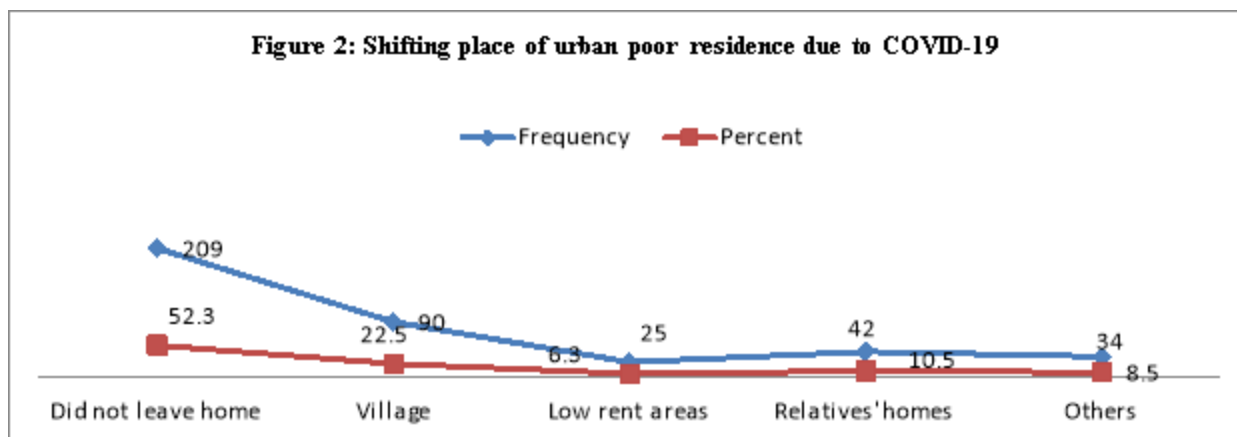
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	210	52.3	52.3	52.3
	Yes	190	47.7	47.7	100.0
	Total	400	100.0	100.0	

Source: Own survey, 2022.

The frequency and proportion of families that moved as a result of COVID-19 are shown in Table 2. Of the 400 households who responded, 190 homes (47.7%) said they had moved, while 210 households (52.3%) said they had not.

### Shifting place of urban HHs during COVID

Among the 400 HHs 47.7% (Table:5.1) were shifting house due to COVID. Though the 52.3% HHs did not leave home but 22.5% (Figure:1) were going at rural area, 10.5% defended on their relatives and 6.3% went at low rent area.

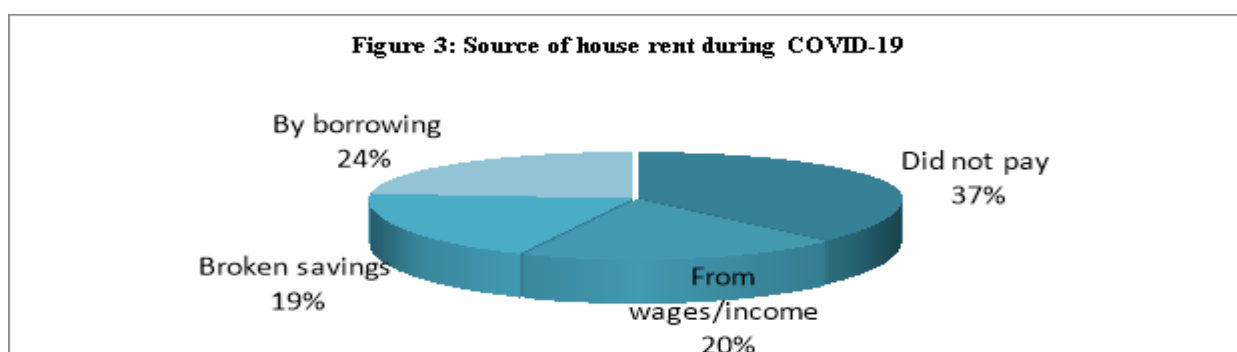


Source: Own survey, 2022.

According to these statistics, almost half of the families polled had to relocate during the pandemic, indicating a serious disturbance in housing stability.

### Managing source of during COVID

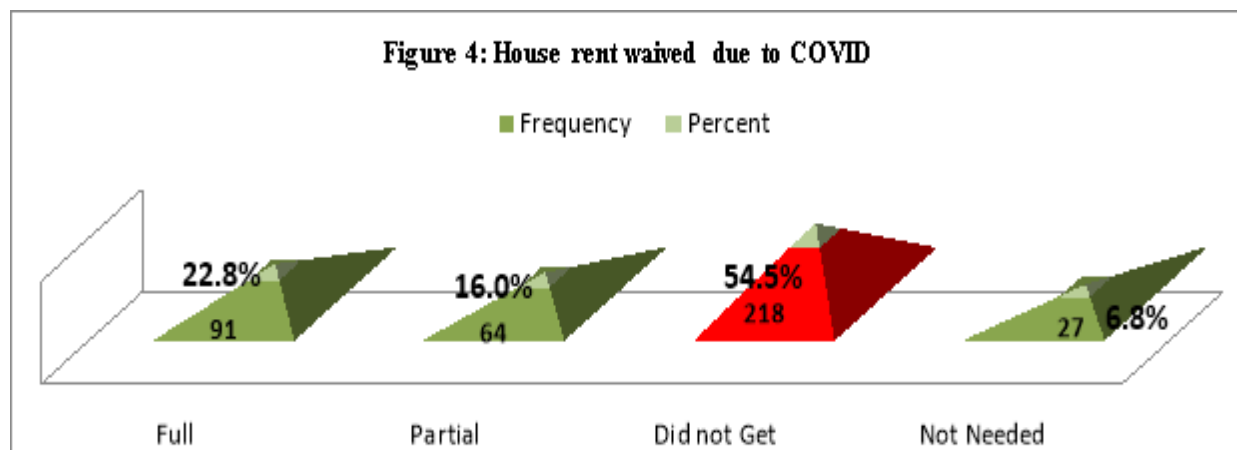
The COVID-19 pandemic had a profound impact on the urban poor, particularly regarding housing and rent which increased housing insecurity during COVID.. In figure 2 shown that the pandemic situation 37% poor were not able to pay their house rent 24% HHs bound to pay by borrowing and 19% paid by broken savings. Only 20% paid from their income.



Source: Own survey, 2022

## Waving house rent due to COVID

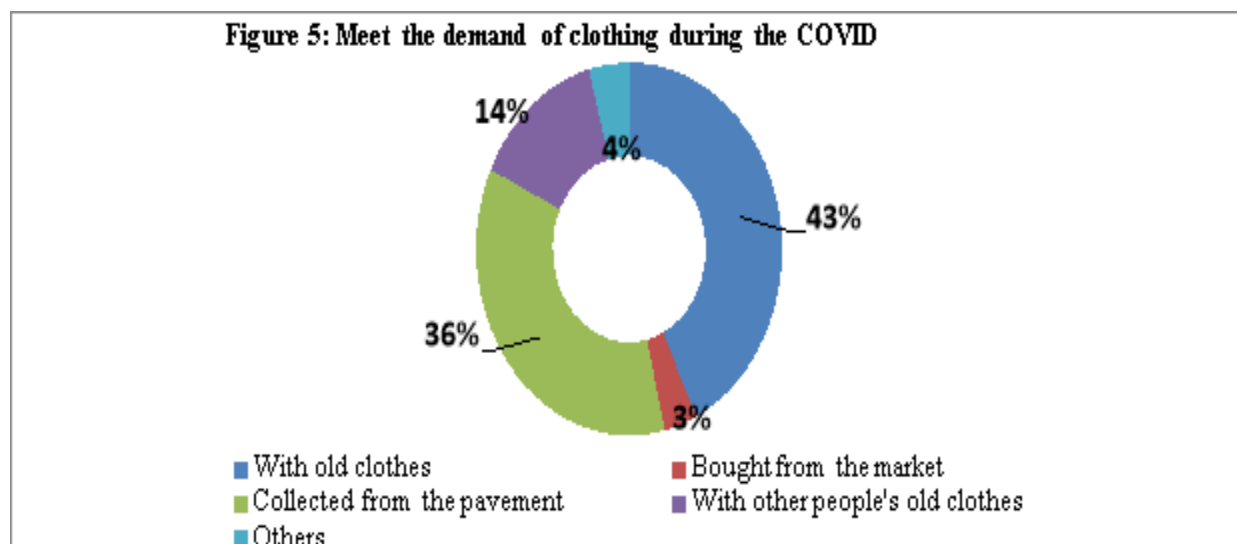
In this perspective some of the owner gave sympathy to the poor about house rent payment. But in this study 54.5% did not get any waived at house rent during COVID. 22.8% poor people of urban area got fully waived at house rent. 16% of them got partial waived at house rent. There are no effects on 6.8% HHs.



Source: Own survey, 2022.

## Meet the demand of clothing during COVID

The urban poor HHs main thinking were food, they cannot fulfill their demand of clothing during the COVID smoothly. 43% met their demand with old cloths, 36% collected cloths from pavement, and 14% managed by with other people old cloths.



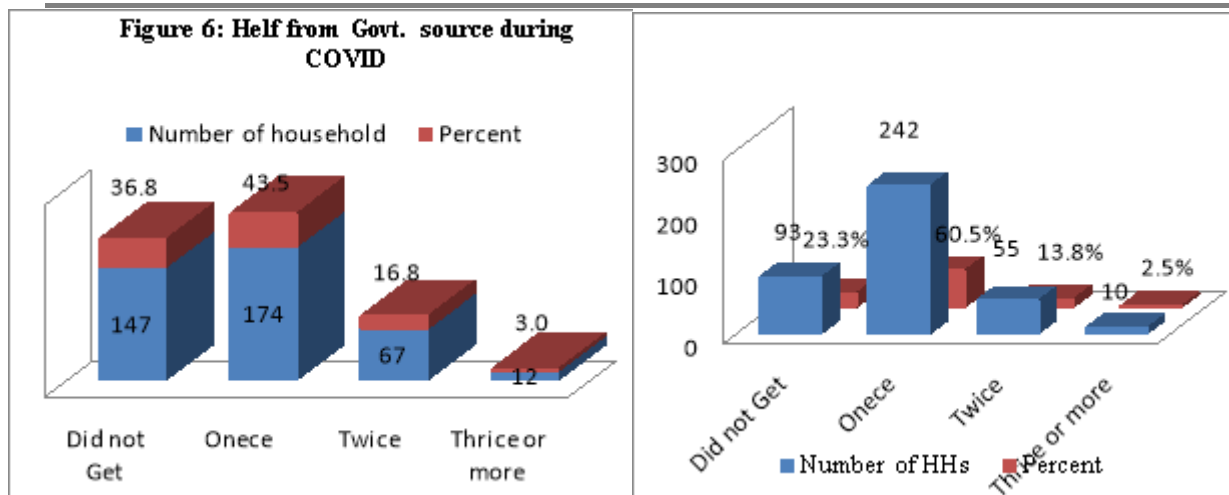
Source: Own survey, 2022.

The HHs got help from Government, non-government, relatives and neighbors. In Figure 6.5 shown that 36.8% urban poor did not get help from the Govt. source during COVID, 43.5% of the HHs were getting help from this source one time and 16.8% got help in second time. Only 3% poor got help thrice or more.

## Help from government and non- government source during COVID

It was found that 60.5% poor got help from non-govt. sources, though 23.5 percent of poor did not get help from this sources, 13.8 percent got twice and 2.5% got three or more times. The results are presented in Figure 6.





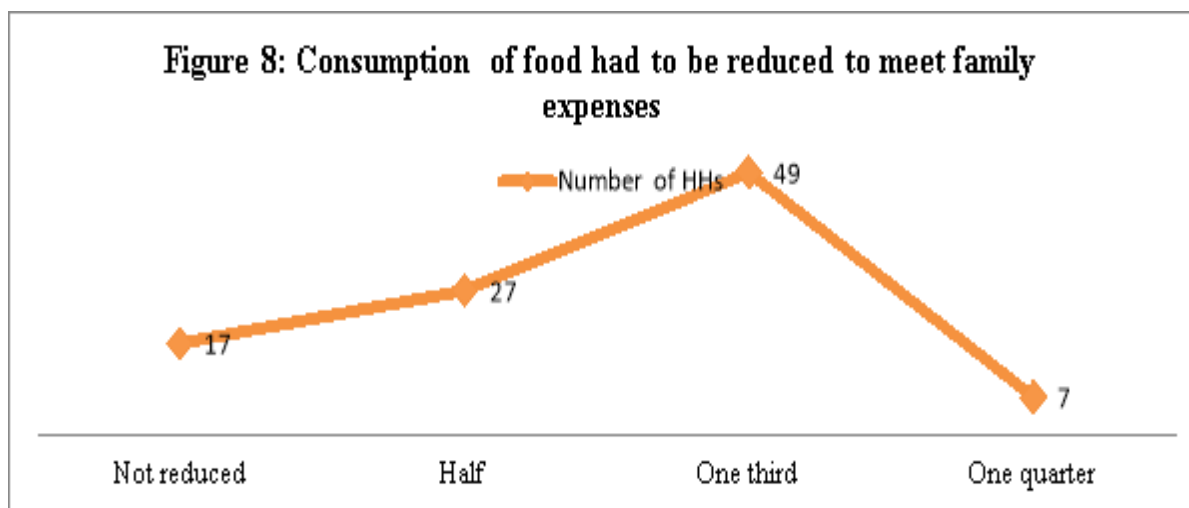
Source: Own survey, 2022.

### Figure 7: Help from non-govt. source during COVID

In our study areas, it was found (Figure 7) that; some of the respondent sacrificed their food to meet family expenses. 27 percent HHs reduced half of the food consumption to meet family expenses during COVID-19. Most of the surveyed HHs (49 percent) reduced consumption one third of their food because of pandemic. 7 percent urban poor reduced one quarter of food consumption to face the COVID situation.

### Reducing Food consumption

On the basis of the information of WHO infectious and viral disease linger to appear and bring a serious threat to the health of mass people and well-being of society (Gambhir et al., 2020).



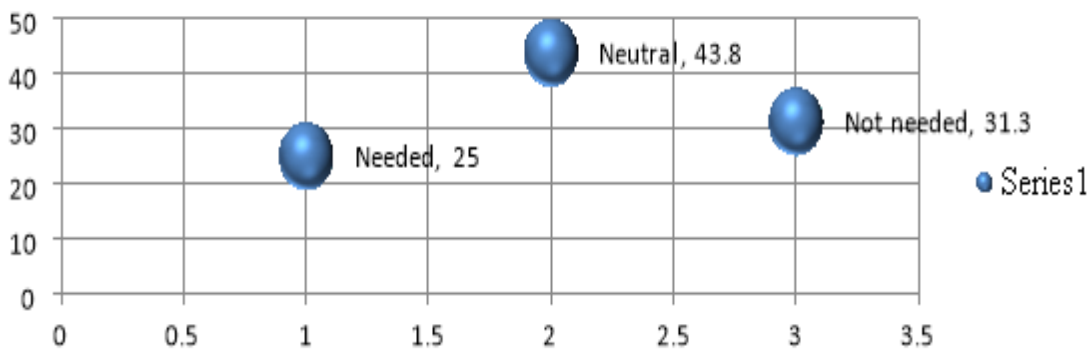
Source: Own survey, 2022.

Different types of attempts were taken by Government, society and community for the prevention of COVID. Lock down, social distancing and isolation built multiple complexities for the urban poor in Bangladesh. They showed individual difference about isolation. 43.8 percent were neutral on isolation. 31.3 percent were thinking, there is no need of isolation. The results are shown in Figure 8.

### Opinion about Isolation:

The result shows that 43.8% respondents seem that do not give their opinion, 31.3% seem that not needed Isolation and less portion of the total respondent agree that they needed isolation.

**Figure 9: Opinion about Isolation at home**

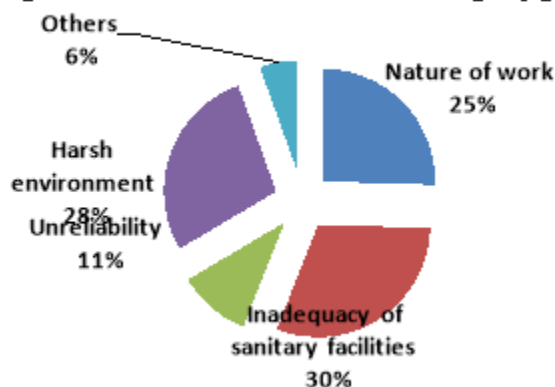


Source: Own survey, 2022.

### Reason of not maintaining hygiene

The poor people who live in urban are were falling at risk in maintaining hygiene during COVID. It is shown in figure 6.9 that; most of the HHs (30 percent) thinking inadequacy of sanitary facilities is the main barrier of maintaining hygiene. 28 percent gave their opinion

**Figure 10: Hindrance in maintaining hygiene**



Source: Own survey, 2022.

harsh environment was liable for the hindrance in maintaining hygiene. 25 percent HHs did not maintain hygiene for their working environment.

### Opinion of HHS about treatment apart from admitting into the hospital

During COVID, admission into hospital was a pandemic and costly so the poor people thought alternative way for infected at corona virus. Maximum of the HHs have taken medicine by their self-direction (36.3%) or advice of pharmacy men (28.8%) in the Table 6.2. 16% believed on kabiraji treatment and 13.8% urban poor seemed that Homeo treatment for COVID-19 was better than any other treatment.

**Table 3: Opinion of HHS about treatment apart from admitting into the hospital after being infection with Corona virus.**

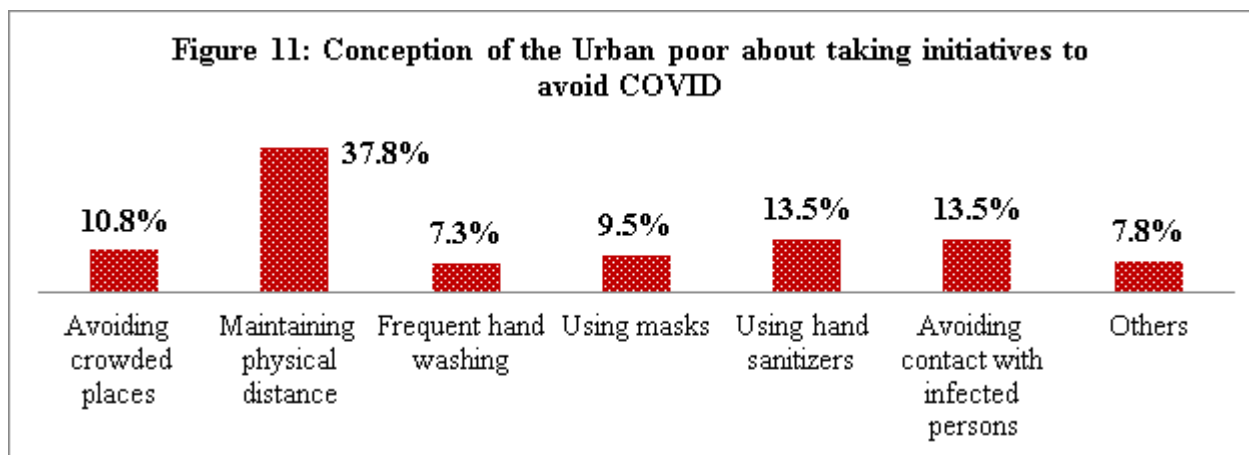
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Been on isolation	21	5.3	5.3	5.3
	Homeo treatment	55	13.8	13.8	19.0
	Taken kabiraji treatment	64	16.0	16.0	35.0

Self-treatment	145	36.3	36.3	71.3
pharmacy men	115	28.8	28.8	100.0
Total	400	100.0	100.0	

Source: Own survey, 2022.

### Conception of the taking Initiatives during COVID:

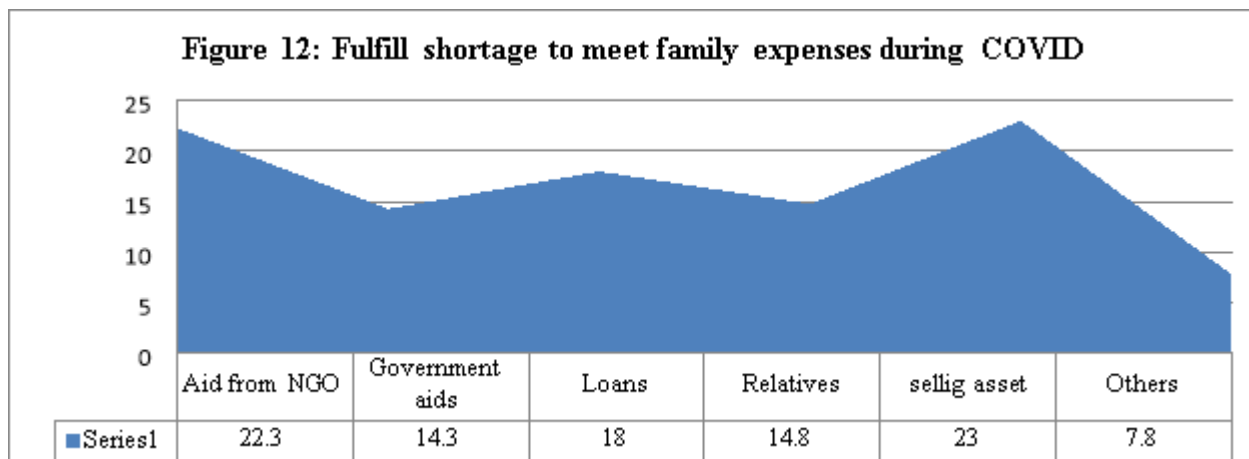
COVID itself was a physical and mental torture for the all over the world especially for the poor people of underdeveloped or developing countries like Bangladesh. In this case urban poor was trying to avoid COVID pandemic The poor persons who live in urban area were given their opinion about the activities to avoid the protection of COVID. 37.8 percent HHs seemed that maintaining physical distance is the main imitative for avoiding the infection of COVID-19.13.5 percent gave opinion to avoid contact with infected person, or using hand sanitizers, 10.8 percent thought about avoiding crowded place and 9.5 percent emphasized on using mask.



Source: Own survey, 2022.

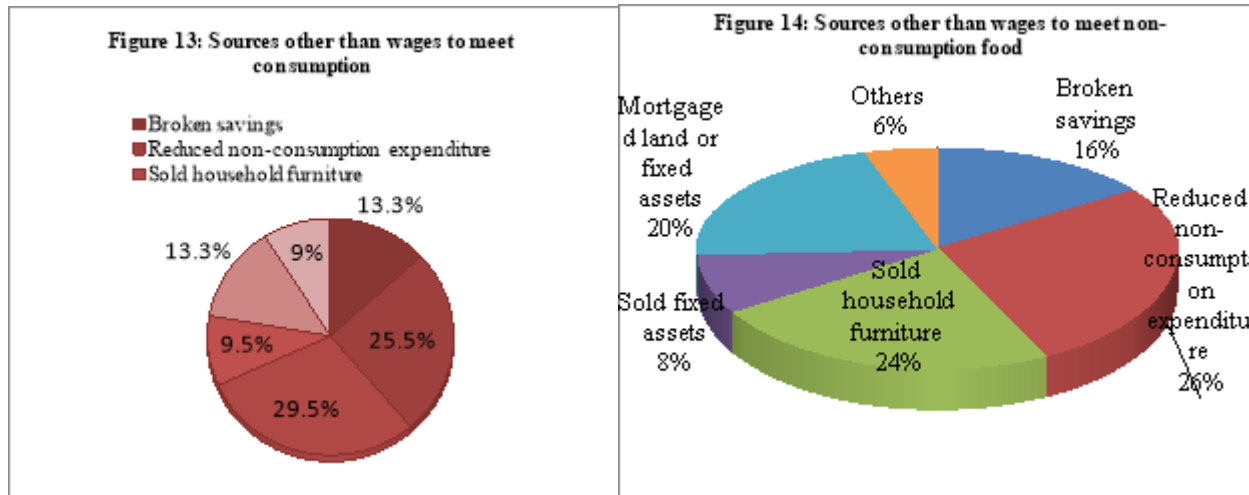
### Fulfill the shortage to meet family expenses during COVID:

To meet the shortage of income during COVID, most of the HHs (28.5%) depended on aids, 28% depended on borrowing, 17.3% has broken savings and 20.5% was reducing consumption to face the pandemic. The results are shown in figure 12. To fulfill the shortage of family expenses during COVID the poor are depend on different sources like Aid from GO, NGO, relatives, neighbors and loans. In figure 6.12 shown that, Majority (23 percent) HHS have sold asset during the COVID situation. Urban poor people got more help from NGO (22.3%) than GO (14.3%), 18% HHs fulfill their shortage by loan and 14% met by their relatives.



Source: Own survey, 2022.

## Fulfill the shortage to meet family expenses during COVID:



Source: Own survey, 2022.

The urban poor HHs were facing many difficulties like reducing salaries, job switch or job loss. So, they had to decide managing consumption food. Non consumption food like health, education and other costs were managing with difficulties. The HHs tried to manage consumption food. In the figure 13, 26 % respondents reduced non-consumption food, 20% mortgaged land or fixed assets, 24% sold household furniture, 16% managed by previous savings. Even 8% HHs sold their fixed asset to face corona pandemic.

## Reasons for not being able to buy products at affordable prices from the TCB/ OMS

All the urban poor were not being able to buy products at affordable prices from the TCB or OMS package announced by the government for different aspect. Though 58.8% poor were able to purchase products but 21 percent did not purchase for the lack of money, 11.5 percent for the long queues, 5.5 percent for the low quality of products and 3.2% did not buy for the fixed item of the commodities during covid-19. These results are shown in Table 4.

**Table 4: Main reason for not being able to buy products at affordable prices from the TCB/ OMS package announced by the government**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Long queues	46	11.5	11.5	11.5
	Fixed item of the commodities	13	3.2	3.2	14.7
	Poor quality of products	22	5.5	5.5	20.2.
	Lack of money	84	21	21	41.2
	Other factors	235	58.8	58.8	100.0
	Total	400	100.0	100.0	

Source: Own survey, 2022.

The poor were not getting loan in sophisticated way from Govt. sources without any mortgage. (Lalon, 2020). During COVID 40.3% person had no loan from Govt. or Non-govt. sources.

## Getting loan to meet the expenses during COVID

Among the 400 HHs 24% managed loan from private institutions, 24.3% able to take loan from working authority, relatives and friends. Only 4.5% got the facilities of loan from government institutions. On the other

hand, most of the household (40.3%) did not get any loan. They were facing severe financial crisis. The results are shown in Table 6.

**Table 5: Getting loan to meet the expenses during COVID.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No loan	161	40.3	40.3	40.3
	Government institutions	18	4.5	4.5	44.8
	Private institutions	96	24.0	24.0	68.8
	Working Authority, Relatives and friends	97	24.3	24.3	93.0
	Others	28	7.0	7.0	100.0
	Total	400	100.0	100.0	

Source: Analysis of field survey data

### Opinion of respondents about not getting Govt. and Non-Govt. loan

There were some complexities to get government and non-government loan. In the perspective of Govt. institutions 53% HHs and 18.3% at non-government institutions seemed that; reason of not getting loan was lack of communication with the institutions during COVID. 27.5% HHs did not manage mortgage at GL and 14.5% at NGL to occupy the loan. Another great issue for the respondents was guarantor. 9.3% at GL and 51.8% at NGL could not submit guarantor for this purpose. Urban poor are basically floating, so the lack of goodwill issue, 7% at GL and 8.5% at NGL did not get any loan. The results are shown in Table 6.

**Table 6: Opinion of respondents about not getting Govt. and Non-Govt. loan**

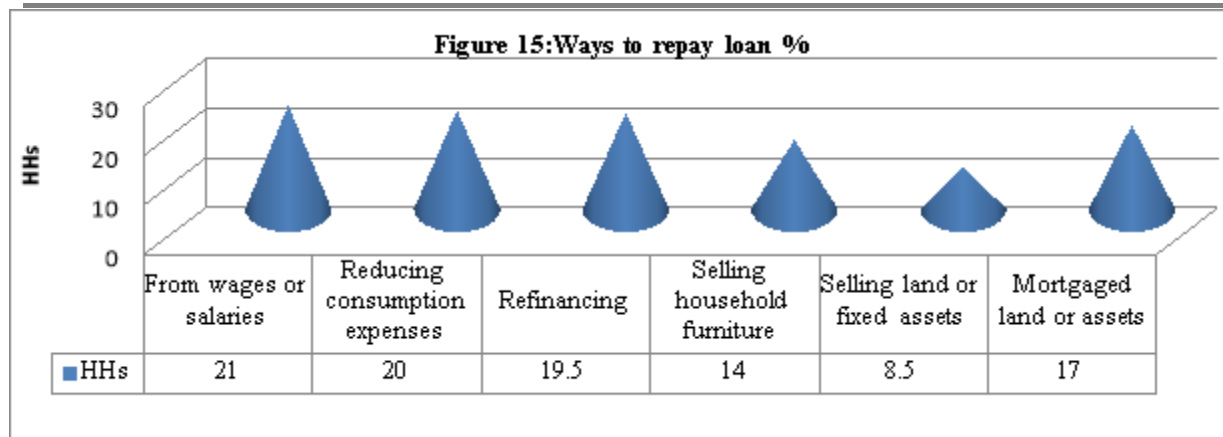
Reason	Opinion about not getting GL% (Government Loans)	Opinion about not getting NGL% (Non-Government Loans)
Couldn't get source of communication	53.0	18.3
Couldn't pay mortgage	27.5	14.5
Couldn't get guarantor	9.3	51.8
Lack of goodwill	3.3	7.0
Others	7.0	8.5
Total	100	100

Source: Analysis of field survey data

### Ways to repay loan

Urban poor HHs did not pay the loan installment by the normal procedure because of pandemic situation. 21% HHs paid from their wages or salaries, 20% reducing their consumption, 19.5% HHs refinance from other institutions, 14% HHs were selling household furniture and 17% of the respondents mortgaged their land or assets to pay the loan installment.

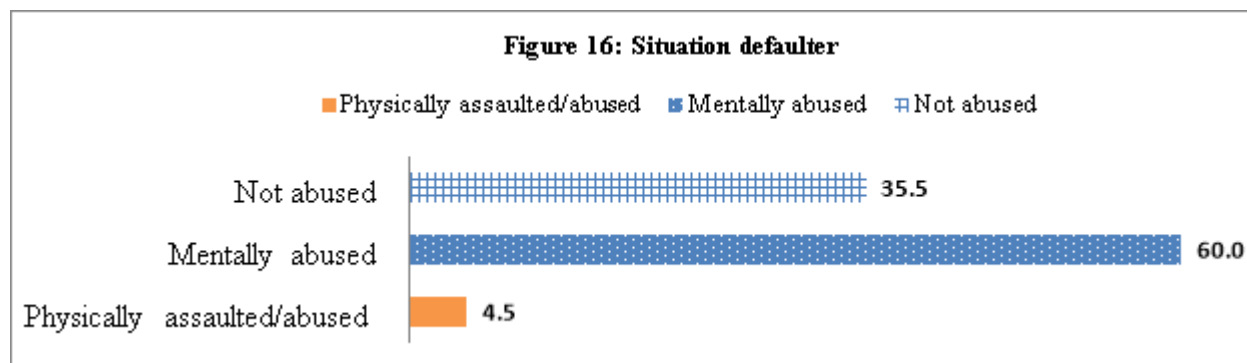




Source: Own survey, 2022

### Situation of loan defaulter

To fulfill the perspective, the poor received loan from different sources such as GO, NGO, neighbor and relatives. Among the 400 respondent, 60 percent of the respondents had mentally abused for unpaid loan or irregular installment. Even 4.5 percent HHs had physically abused for unpaid installment.



Source: Analysis of field survey data

## DISCUSSION

HHs of urban poor spent more than 50% of their income on utilities and rent, lived in inadequate housing or both (Malpezzi, 2023, p. 9). Findings demonstrate that the pandemic situation 37% poor were not able to pay their house rent 24% HHs bound to pay by borrowing and 19% paid by broken savings.

It was found in Figure 6.7 that; some of the respondent sacrificed their food to meet family expenses. 27 percent HHs reduced half of the food consumption to meet family expenses during COVID-19. Most of the surveyed HHs (49 percent) reduced consumption one third of their food because of pandemic. The government also launched a special Open Market Sale (OMS) operation on 6 April amid the COVID-19 lockdown. The program sold rice at just US\$0.12 per kilogram, but desperately hungry people have been attacking the relief convoys. (Government of Bangladesh, 2020).

Government has taken decision about the punishment of the people regardless of social status position and party affiliation (elected representative, political party activists of the ruling regime and government officials) who would be found involved in corruption, irregularities and misappropriation of the fund allocated for the poor people. (Lata, 2020).

Studies indicate that 58.8% of poor households were able to purchase products, but 21% could not due to lack of money, 11.5% avoided shopping due to long queues, 5.5% cited low product quality, and 3.2% refrained from buying due to fixed item limitations. The economic hardship that disadvantaged communities endured

during the crisis is shown by this change in purchasing behavior. Although government initiatives like subsidized food programs tried to lessen these difficulties, accessibility issues persisted. (Schmidt et al., 2021) Food security in Bangladesh was severely disrupted by the COVID-19 epidemic, which caused price instability, extensive disruptions in food supply networks, and an increase in hunger among vulnerable groups. Ullah (2024) Urban poor health was arresting by COVID-19. Almost one billion people that are estimated to live in urban slums are highly vulnerable to COVID-19 infection since fundamental needs food, health and sanitation, shortness of adequate housing. (Corburn et al., 2020, p. 348)

Study shows that 60 percent of the respondents had mentally abused for unpaid loan or irregular installment. Even 4.5 percent HHs had physically abused for unpaid installment. Financial hardship during the COVID-19 epidemic resulted in instances of loan-related abuse, including as physical coercion against debtors who were having difficulty repaying their obligations. According to reports, some people were harassed and intimidated by lenders, especially in the unofficial lending industry. Bangladesh Bank. (2021).

Studies indicate that 36.3% of households relied on self-directed medication, while 28.8% followed advice from pharmacy personnel. Furthermore, 13.8% of respondents favored homeopathic therapies above standard medical care, and 16% believed in Kabiraji, or traditional herbal therapy. (Hasan et al., 2024) Among the 400 HHs 47.7% (Table:5.1) were shifting house due to COVID. Though the 52.3% HHs did not leave home but 22.5% (Figure:1) were going at rural area, 10.5% defended on their relatives and 6.3% went at low rent area. This study looks at how household relocation was affected by the pandemic, including relocation to rural regions, reliance on family, and changes to lower-rent housing. (Rahman 2024).

## CONCLUSION

In conclusion, during the first wave of the pandemic, Bangladeshis employed a range of coping strategies, with approach coping and coping through religious activities being the most popular. Men reported using more coping strategies than women in every category. Trustworthy information sources, professional advocacy and counseling, adequate healthcare assistance, and reducing the uncertainty of livelihood may all contribute to the increased use of positive coping strategies, particularly among urban dwellers, educated people, and men in the workforce.

The present study has mainly attempted to investigate a research question about special techniques that handle the COVID-19 stressors. To define and examine the emerging data and answer the study objectives, an appraisal theory of stress (Lazarus, 2006) was used. According to the findings, the COVID-19 pandemic caused including psychological stress, unexpected temporary financial hardship, and stress associated to the marketplace and consumption that hindered the application of constructive coping mechanisms.

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