

## FAMILY AND KINSHIP TIES AMIDST THE COVID-19: FINDINGS FROM A CROSS- SECTIONAL STUDY IN BANGLADESH

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### Abstract

*Many people across the world have been affected by the deadliest COVID-19 since its advent at the end of 2019. A plethora of studies are already in place to realize its severity on humanity, public health, economies, and society. The current study focuses on the significance of family and kinship amidst a massive health emergency like COVID-19. This is a qualitative cross-sectional study based on semi-structured interviews with 30 coronavirus survivors conducted in three divisional cities in Bangladesh. The data of the study were analyzed narratively using direct quotations to manifest the experiences of their lives as victims of a mysterious virus. The study has relevance to the functionalist perspective of society that considers the family as a fundamental social institution that serves the needs of individuals to retain social order. The study portrays that once infected with the coronavirus most participants had to go through formidable challenges including managing a place for isolation at home, doing household chores and childcare, and coping with the economic losses caused by the illness. In such a situation, cooperation and support from other family members and kinfolk have been found precious regarding their survival in all aspects.*

**Keywords:** Bangladesh, Challenges, Coronavirus, COVID-19, Family, kinship

### 1. BACKGROUND AND INTRODUCTION

A pandemic like COVID-19 has an undesirable connection with human history throughout the world more than any other biological factor (Stein, 2010). Based on Roman history, a couple of centuries before the Christian era Antonine plague or plague of Galen took the lives of 2000

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people per day (Littman & Littman, 1973). During the medieval period, the deadliest pandemic called the Second Bubonic Plague killed 50 million people in Europe and the Middle East and caused the loss of one-third population of the world (Ole, 2005). After a couple of centuries, the smallpox pandemic claimed the lives of 25-55 million people across the world from its advent in 1520 till its eradication in 1980 (Rosenwald, 2020; CDC, 2016). In the last century, the estimated death toll from the 1918 to 1919 Spanish flu was 40 million across the world (Reid et al., 2001). The current century has already been affected by several infectious diseases such as; SARS, MERS, Ebola, and the most recent COVID-19 also known as the novel coronavirus outbreak, the first cases arose in the Chinese city of Wuhan (Koley & Dhole, 2020; Wu et al., 2020) a previous unidentified coronavirus, currently named as the 2019 novel coronavirus#, emerged from Wuhan, China, and resulted in a formidable outbreak in many cities in China and expanded globally, including Thailand, Republic of Korea, Japan, United States, Philippines, Viet Nam, and our country (as of 2/6/2020 at least 25 countries. Till April 2024, COVID-19 has taken the lives of 7,010,681 people worldwide and it has killed 29,493 people in Bangladesh (Worldometer, 2024). According to WHO, the virus has infected 704,753,890 people worldwide, and in Bangladesh, the number of infected coronavirus patients reached 2,049,377 (Worldometer, 2024). Infection with the highly contagious COVID-19 virus imposed a clinical obligation in which every individual tested positive needs to undergo an isolation period for 14 days in a separate room to combat its spread (Kaufman et al., 2023; Ouassou et al., 2020) and the impact of public health policies on this experience. This study aimed to develop a framework to understand the lived experience of families with a child testing positive for COVID-19. We applied a qualitative study design, using grounded theory. The study took place in Melbourne, Australia between July and December 2020, during the first major Australian COVID-19 wave. Parents of children 0–18 years tested at a walk-in clinic at a paediatric tertiary referral hospital were invited to participate. Two interviewers jointly undertook in-depth interviews with parents of children who tested positive. Interviews were transcribed and two analysts used an inductive, critical realist analysis approach with NVivo and a virtual whiteboard. Results are presented incorporating a stratified reality (empirical, actual, real).

In the beginning, most COVID-19 patients in Bangladesh struggled for treatment and hospital services to combat the deadly virus, which frustrated

people from all walks of life about the unprecedented situation (Anwar et al., 2020). However, once government hospitals began to run corona units to address the devastating health emergency that somehow brought hope to the people. Nevertheless, with a breakneck increase in infection rate, hospital facilities for COVID-19 patients became scarce within a short period of its advent in Bangladesh in early March 2020 (Raman & Islam, 2020). To tackle the severity of the COVID-19 outbreak, some private hospitals and clinics also opened up corona units but that remained out of reach for most people due to the excessive treatment costs (Mizanur, 2020). The present study shows that except for the challenges related to treatment, the infected individuals had to go through other challenges, such as managing an isolation period at home, doing household chores, and coping with the economic hardship during infection and in the aftermath. In such a situation, support from other family members and kinspeople became crucial to encounter the challenges. With this background, the research question of the study was: *What sorts of life crises did the COVID-19 patients go through as victims of an unprecedented pandemic? A further question was: How did the family and relatives help in overcoming their unanticipated situation and end up with their survival?*

The study finds that coronavirus infected individuals, though not all, lacked a safe place for isolation at home. Nevertheless, other family members willingly arranged a place for their infected family members by disregarding their own lives. Besides the health issue, challenges in managing household chores, and childcare, as well as sudden income loss severely affected their [the COVID-19 survivors] lives during infection and in the aftermath. In such circumstances, family and kinship ties play a significant role during their unprecedented plight and uncertainty of life.

Numerous studies have examined the multifaceted impacts of COVID-19 on public health, economies, and societies, revealing that the pandemic extended beyond merely a health crisis (Alizadeh et al., 2023; British Academy, 2021). It intensified pre-existing social and economic disparities, with many people struggling with inadequate housing for remote work or schooling, worsening mental health, misinformation, and navigating the social security and justice system (Ben Khelil et al., 2021; Caceres et al., 2022; Carneiro, 2021; Erbay, 2024; IHPL, 2020; Narayan et al., 2022; Newton et al., 2020; Rahman et al., 2021; Stanford et al., 2021). Many studies have also explored the impact of COVID-19 on the life chances and employment prospects of people worldwide, as well as

the professional and social difficulties faced by healthcare providers during the pandemic (Basyouni & El Keshky, 2021; El Khawli et al., 2022; A. Hossain et al., 2024; Ness et al., 2021; Sultana et al., 2020).

Despite the breadth of research addressing COVID-19's effects on various aspects of life, many studies lack a theoretical framework in their analyses. The current article focusing on the challenges related to managing new risks and caring for vulnerable family members and kinfolks seeks to examine family and kinship dynamics during the COVID-19 pandemic through the lens of the functionalist perspective – a key theoretical approach in sociology and anthropology (Eriksen, 2013; Giddens, 2009; Kottak, 2002; McGee & Warms, 2008; Miller & Weitz, 1979). By embracing this perspective, the article highlights the enduring importance of family and kinship in human life and society. It examines their historical roles as well as their significance during the COVID-19 pandemic, considering the implications for future academic discussions. The core purpose of the article is based on this analysis.

## 2. METHODOLOGY

This is a qualitative cross-sectional study based on both primary and secondary data. The primary data of the study has been gathered by interviewing 30 coronavirus survivors conducted over the telephone, whilst, secondary data consists of related books, articles, and newspaper reports. These days, telephone interviews are one of the most common data collection methods in qualitative research and have been considered an effective method for one-to-one discussion. The interviews were conducted from 11 December 2020 to 23 February 2021. The study includes participants from three different divisional cities of Bangladesh: Dhaka, Chattogram, and Rajshahi. Among the 30 interviewees, 14 were females and 16 were males, and they were selected purposively. The researcher reached the study participants via connections which included relatives, friends, and acquaintances. The interviews were made in Bengali using a semi-structured questionnaire and the answers were noted on the paper, and later transcribed in English. The interview data have been analyzed narratively using direct quotations to manifest the experiences of their lives as victims of a mysterious virus which matches with qualitative research coherently (Neubauer et al., 2019).

The interviewees were told about the purpose of the study when contacted by the connections to have their consent, if they wished to

participate, then were asked for a recommended date and time from their end to make the interviews. Additionally, before the interview session, they were once again informed about the purpose of the interview to avoid any sort of moral transgression. In this way, all the interviews were conducted having their final consent. To this end, participants' identifying information has been kept anonymous throughout the article to comply with the ethical obligation, and the names used in the paper are pseudonyms.

If the interviews were conducted through face-to-face interaction that might have helped ask the questions more precisely for the interviewer and answer more clearly for the interviewees. Nevertheless, due to the pandemic, having the interviews over the telephone was convenient for both the interviewer and the interviewees. These days, telephone interviews are one of the most common data collection methods in qualitative research and have been considered an effective method for one-to-one discussion (Doyle et al., 2020). Conducting some test interviews could have helped to make a better questionnaire, but that seemed difficult during the pandemic. However, the researcher managed to review the questionnaire by one of the learned colleagues before finalizing its substances. All in all, the challenges faced by the study participants due to coronavirus infection, and the response from their families and relatives to their unanticipated situation stayed at the center of the inquiry.

### **3. FAMILY AND KINSHIP—THE FUNCTIONALIST PERSPECTIVE**

Functionalism holds that society is a complex system whose various parts work together to produce stability and solidarity. Functionalists e.g., Auguste Comte and Emile Durkheim often use an organic analogy to compare the operation of society to that of a living organism. They stated that the parts of society work together, just as the various parts of the human body do, to benefit society as a whole (Giddens, 2009). Citing Comte and Durkheim Anthony Giddens elaborates that the heart in the living organism plays a vital role by pumping blood around the body and its other organs. Likewise, a social institution functions to maintain the health of a society and its usual continuance to the end. (Giddens, 2009). Anthropologist Radcliffe-Brown, a prominent heir of the functionalist school, presented a convergent exegesis of his predecessors (e.g., Comte and Durkheim) comparing the functions of social institutions with the living organisms that function in their natural settings. He further explains that living organism functions with the combined actions of cell

molecules in an integrated manner, similarly, society is an amalgamation of different institutions that are functional for the continuation of society and its existence (McGee & Warms, 2008). Notably, functionalists attempt to describe the various institutions that made up society, explain what they do, and show their contribution to the overall maintenance of society (McGee & Warms, 2008). The functionalist perspective considers social institutions as collective means to meet individual and social needs (Charles et al., 2020; Giddens, 2009). Usually, the functionalists analyze the relationship between the society and its existing institutions, and their functioning contribution to social stability (Eriksen, 2013). There is no doubt however that within the social structure family, religion, education, and government stay at the forefront in all socie-ties (Charles et al., 2020; Giddens, 2009; Miller & Weitz, 1979). In the interest of the present study, for example, a simple question can be raised, “What is the function(s) of the family?” as it has been and is one of the most ancient social institutions in human history (Kottak, 2002; Miller & Weitz, 1979). It is essential to have the answer to this question as the current study focuses on family and kinship ties amidst a massive health emergency like COVID-19.

From the functionalist point of view, family plays an important role an individual requires to survive in the social setting (Giddens, 2009). Fundamentally, a family consists of a group of individuals directly linked by kin connections, and kinship refers to an intimate relationship among individuals through marriage or the lines of descent connected by blood relatives (Giddens, 2009). Family is such a kin group that has been and is conspicuous in human societies at all times, similarly, kinship and descent have huge roles in organizing human life for much of our history (Kottak, 2002). Family appears at various levels of civilization, in the most primitive hunting-and-gathering time as well as in the most modern industrial states, and kinship is one of the several basic attachments that all people have in all societies (Miller & Weitz, 1979). The kinship system is an unwritten constitution for social interaction, a set of rules for the distribution of rights and duties (Eriksen, 2013). Taking again the ‘functionalist perspective’ kinship touches upon many areas of social life, it is an artifact that primarily shapes people (Miller & Weitz, 1979). In a nutshell, family and kin relations are the most elementary form of bonding maintained by individuals in any society. Family and kinship have been and remain at the core of anthropological concern (Kottak, 2002; Miller & Weitz, 1979).

Derived from the above illustrated functionalist perspective of society, family plays an important role an individual requires to survive in the social setting. These include reproductive issues, childrearing, economic needs, elderly care, care of sick members of the family, etc. Although, with the advent of industrialization, in modern societies, the family became less important as a unit of economic production and more focused on functions like procreation, nurturing, and socialization of the children, it is by no means completely isolated from other kin ties (Giddens, 2009). Nevertheless, many theorists from different schools (e.g., the followers of Karl Marx and Louis Wirth) claim that urbanization and industrialization led to the decreasing importance of household functions and the weakening of the traditional form of the family (Gmelch & Zenner, 1996). These theorists have elaborated their claim by saying that for example, in economic needs credit is provided by banks or any other financial institutes rather than by the kin. In a similar vein, childcare centers and schools take an increasingly important share of childrearing. Whilst, hospitals, public welfare departments, senior citizen centers, and old age homes are more significant than family and relatives in the care of the ill, the needy, and the aged (Gmelch & Zenner, 1996). However, does this shift have relevance to all societies that is a matter of inquiry and forms the research problem of the current study which is discussed and analyzed in the context of Bangladesh.

Through this study, I would like to argue that though there has been a change in family structure over time due to urbanization and industrialization wherein other institutions (e.g., hospitals, public welfare departments, senior citizen centers, and old age homes) are in place in the care of the ill, the needy, and the aged, nevertheless, it is not true that family values are collapsing as claimed by the e.g., the followers of Karl Marx and Louis Wirth (Gmelch & Zenner, 1996). However, the roles of the family may vary in different societies resulting from economic advancement and the advent of modern social institutions, but the significance of kin ties is still vital in an individual's life and for the maintenance of social order (Giddens, 2009). To this end, the current study acknowledges family has been and is one of the cornerstones of society. It performs essential functions that are required for an individual's life thus supporting social stability and social cohesion (Charles et al., 2020; Giddens, 2009). The following section of the paper places the shreds of evidence in favor of this with particular references to the lived experiences of the coronavirus survivors from Bangladesh during the COVID-19 pandemic.



#### **4. THE SIGNIFICANCE OF FAMILY AND KINSHIP TIES IN OVERCOMING THE CHALLENGES FACED BY THE COVID-19 INFECTED INDIVIDUALS**

As mentioned earlier, at the beginning of its advent the COVID-19 infected individuals in Bangladesh struggled for treatment and hospital services to combat the deadly unknown virus, which frustrated people of all ages and classes. However, the initiatives by the government and private hospitals and clinics to some extent brought hope to the masses in the later phases. Nevertheless, with the speedy increase of infected persons, and inadequate government provisions, most people had to resort to family and kinfolk to manage the life crises they experienced during the infection and in the aftermath. The study depicts that managing a place for isolation, household chores and childcare, and in many cases, economic needs were the most severe issues for them to endure as victims of COVID-19, which is presented in this part of the paper based on the data obtained from their end.

##### **Challenges in managing a place for isolation**

Most participants in the current study mentioned that it was very difficult for them to manage a place for isolation at home because they lived in a shared home consisting of several family members. Moreover, when an infected family member had to use a separate room for isolation that reduces the chance for other members to have a place to sleep at night. In some cases, it has been found that to provide a room for isolation for the infected members, others in the family had to move into a different place to combat the spread of the virus. Despite having these difficulties, the other members of their families were not annoyed about the inconvenience, rather they were very caring for and emotionally attached to the infected members. The participants acknowledged the mental and environmental support they were provided by the other members of the family and by their relatives too. Expressions of some interviewees can be heard to know what happened within the inpatient families during those days. A 35-year-old homemaker Ayesha said:

*“Once infected with coronavirus, I isolated myself using the bedroom where me, my husband, and our children used to sleep. During those days my husband and in-laws along with our children stayed in one room which made their lives difficult*



*and uncomfortable. Accepting all these troubles, my mother-in-law provided me with meals timely, and whatever I wanted to eat she tried her best to cook. My husband consulted with the doctors using telemedicine service and monitored my situation with patience.”*

Challenges in managing an isolation place for a COVID-19 patient and sacrifices of the other family members in this regard can be also heard from a 51-year-old watchman named Robin, who said:

*“When I let the owner of the building know about my infection, she compelled me to go to my village. Once reached there, my wife and daughters moved to my in-law’s home to avoid the spread of the virus and to keep the neighbors calm about the situation. During the isolation period, my wife and daughters brought meals for me from my in-law’s home. They could not even sleep properly thinking that if I called them in an emergency.”*

Home isolation has been even much tougher for some corona infected individuals than illustrated by the above-mentioned participants, the cases of two respondents are presented here to know its reality. A 55-year-old female nurse named Surma illustrated her experience:

*“I was tested COVID-19 positive after my rotation duty in the corona unit of a hospital. Unfortunately, the hospital authorities did not have good isolation arrangements, therefore, I came home. Upon my return, the owner of the building locked the collapsible gate and did not want to allow me to get in. Finally, he let me come in when my husband wanted to call the police.”*

In another incident, a 50-year-old man named Bebek said,

*“To give me a separate room for isolation, several family members including my children, my spouse, and two of my sisters had to sleep in one room till I was cured. My children were crying to meet and hug me, but I could not even open the doors of the room due to the fear of spreading the virus. As it was emotionally touchy, finally they were sent to my in-law’s home and stayed there until I got cured.”*

### **Difficulties in Managing household chores and childcare**

In Bangladesh, rich and middle-income families usually employ house help for all sorts of homemaking issues. Nevertheless, amid the COVID-19 outbreak inpatient families, especially those hired maids in previous days experienced serious trouble managing such things. For example, a 33-year-old woman named Nurjahan proclaimed:

*“I kept myself isolated in a separate room right after I tested positive with COVID-19. Nevertheless, when my husband also got infected, there was no one at home to take care of our children and do the household chores. Before the pandemic, a house help was employed for these purposes, but this was not possible due to the COVID-19 health emergency. To tackle the situation, our children were sent to my parents for two weeks. Whilst a cousin of my husband helped to do the basic cleaning of our home and buying the necessities when needed.”*

Similarly, a 32-year-old homemaker named Shahana mentioned:

*“First my husband was infected with COVID-19 and he was admitted to a private hospital for two weeks. He returned home after testing negative. A few days later, I got infected and isolated myself in a room at our home. My sister-in-law took our children to her home as my husband was not able to take care of them because of the post COVID-19 complications. My sister-in-law also sent meals for us till I was cured.”*

Such difficulties have been echoed by a 40-year-old mother named Karimun, who expressed:

*“First my mother-in-law got infected with coronavirus and a week later my husband became infected too. The infection of my husband brought huge trouble for our family concerning financial issues. When I got infected that worsened our situation even further. However, my mother-in-law had returned to health two days earlier of my infection. Upon discussion, we sent my mother-in-law and our children to the village where my sister-in-law took care of the kids till the time we got cured.”*

In another incident, a 40-year-old businessman named Atik stated:

*“Once I tested corona positive, I sent my mother resided with me to our village to avoid the chance of infection for her. As I was alone at home, I requested one of my cousin brothers to come to my home to help me. My cousin cooked and did all the household chores for me during his stay at my home. Without his support, I could have fallen into severe troubles in managing my life during the period of infection.”*

### **Economic challenges**

Besides the above-mentioned challenges, e.g., lack of a place for isolation, and managing household chores and childcare issues, most inpatient families had to go through economic hardship too. It is particularly more evident in the families when male members or the breadwinners of the families became infected. The misfortune of financial uncertainty caused by coronavirus infection was a severe problem for a considerable number of interviewees in the current study. In such a situation, other members of their families or relatives extended hands to overcome their agony. For example, a 47-year-old male participant named Imdadul, who added:

*“When the owner and the residents of the building where I worked as a watchman forced me to move my village home due to COVID-19 infection, I thought that the owner would pay me the salary of the current month and for the period I would be away from work. Nevertheless, I received only the bus fare and was told to receive the rest after my return which I have not received yet. My older brother supported us for over three months till the time when my employer asked me to come back to work again.”*

The loss of livelihood sources due to COVID-19 infection did not only affect the families of full-time employed persons but also those who managed their living from part-time employment. Two such cases have been cited here as examples. A 22-year-old university student named Iramoti shared her economic hardship resulting from her infection with the COVID-19 virus, she elaborated:

*“While studying at a university in Dhaka, I managed my living and education costs by working as a home tutor for some stu-*

*dents studying in the schools. I could also send money to my aged parents every month from my earnings after meeting my needs. Once got infected with coronavirus, my parents wanted me to move to the village. Once I was cured, I wanted to come back to Dhaka, but my parents did not allow me. This situation made my family; me, my parents, and two younger siblings unable to meet the necessities as before. A few days ago, my mother borrowed some money and daily food items from one of his brothers to manage the situation.”*

Likewise, a 24-year-old respondent named Mahbub who worked in a government office on an ad hoc basis said:

*“I worked on a ‘no work no pay’ contract, and several other employees were working at the same office with a similar condition. I hoped to secure a permanent position there by working hard during the ad hoc period to get attention from the respective authorities. My absence due to COVID-19 infection has reduced the chance as I am yet to return to work. These days, I am completely dependent on my parents for meeting necessities.”*

The sufferings caused by income loss due to COVID-19 infection can also be heard from a 27-year-old newly married man called Hasan, who expressed:

*“I joined a company a few months earlier of the pandemic. The company where I work does not have any sick leave policy for the employees who are in the provision period. Therefore, I did not receive salary for a month when I was sick. Finally, my wife had to sell some valuables received from her parents during our wedding to manage the necessities of our family.”*

Fear of losing the job, loss of income, forced leave, and salary cuts have been found as the common threat to the economic lives of the respondents in the current study. And when a person fell into such a situation due to COVID-19 infection that badly interrupted their economic lives. A 40-year-old respondent named Mohsin, who hinted:

*“I work in the private sector. Jobs in the private sector are never considered permanent because management can anytime de-*

*cide whether they would keep one or not. Although I resumed working at the same office after suffering from coronavirus infection, I have not received one month's salary and one festival bonus. If my parents-in-law did not come forward, then we could not even buy our necessities regularly till I received my salary again."*

Falling into a severe economic crisis due to COVID-19 infection has also been described by a 51-year-old petty businessperson, named Mobasser, who said:

*"I have been operating a petty business selling fruits in the footpath for years. Nevertheless, when I got infected with COVID-19, I had to pause the only source of my livelihood. I did not have any earnings for two months. Earlier my wife had lost her job as a housekeeper due to the lockdown and the unwillingness of the employer to have her during the coronavirus outbreak. My two sons, one pulled a rickshaw and the other worked in a car fixing garage helped us to buy the necessities, though it was tough for them as they have their own families. I am lucky that I have been blessed with two good sons, otherwise my wife, my two dependent daughters, and myself had to starve."*

Economic hardship was also extremely severe for the patients with comorbidity due to staying in the hospitals for a long period. Excessive treatment and medicine costs made them run out of money though they belonged to the well-off economic conditions. For instance, a 52-year-old government employee named Hosen described his tragedy and said:

*"Once I got infected with COVID-19, I admitted myself to a government hospital. When my situation turned better, hospital authorities released me as they had to allocate the bed for patients with more complications than me. As I was a patient with comorbidity, I avoided going home unless I returned to a good health condition. Although staying in the government hospital was almost free, when I moved to a private hospital that cost me a lot, which made me spend all my savings. In such a situation, I had to seek help from my offspring to meet the rocketing*

*increase in my treatment expenses. When I returned home about one and a half months later, I was completely penniless. My daughter took me to her home and buy necessities including the medicines till I received the next salary.”*

## 5. DISCUSSION

Several studies conducted on COVID-19 reveal that it has severely impacted the lives and livelihoods of the infected people and their families, regardless of age, sex, and economic status (Braam et al., 2021; Chew et al., 2021; Hasinur et al., 2020; M. I. Hossain, 2021; Reza et al., 2020; Taylor et al., 2008; Zahangir & Rokonzaman, 2022) closing borders, schools, limiting travel and prohibiting most group functions. However, the impact of the pandemic in Somalia thereafter remained unclear. This study employs a novel remote qualitative research method in a conflict-affected setting to look at how some of the most at-risk internally displaced and host populations were impacted by COVID-19, what determined their responses, and how this affected their health and socio-economic vulnerability. Methods: We conducted a remote qualitative study, using Katikati, a 1-to-1 conversation management and analysis platform using short message service (SMS). As limited government provisions barred many COVID-19 patients from having institutional support for treatments, an inpatient family had to undergo huge pressure in managing the situation (Kamol, 2020), amongst providing a place for isolation to the infected family members found as an initial challenge for the families (Humaira et al., 2020). When a safe place for isolation was not possible to arrange that happened to infect other members which increased the suffering of the inpatient families (UNICEF, 2021). Therefore, COVID-19 infection for one family member in some cases has been found to cause infection for other family members too. Moreover, when the other members of an inpatient family had to arrange a separate room for isolation for its infected member their normal lifestyle was affected in several ways (Humaira et al., 2020). Despite all these problems, other members of an inpatient family neither showed unwillingness to cooperate nor were irritated by the sudden disruption in their lives.

In the urban areas of Bangladesh, most families especially the rich and middle-class people manage their household chores and childcare issues by employing full-time or part-time house help (Kazi & Mia, 2021).

The COVID-19 pandemic restricted such outsourcing due to a prevailing perception among them that employing a house help during the outbreak of the highly contagious coronavirus can increase the chance of infection for family members (Barrenche, 2020). The current study reveals that when the wives or both spouses were infected that impacted a lot on homemaking issues. To tackle such a situation, many of them resorted to kinfolks for help. The study also depicts that COVID-19 infection of the female member [of a family] resulted in more difficulties in homemaking issues, whilst infection of the male members caused more economic hardship for them. It was also found that when the wife or both spouses in a family suffered from the COVID-19 infection they required help from relatives for homemaking and childcare or/and other issues.

Fear of job loss and a salary cut during the COVID-19 pandemic was one of the most common issues for working individuals across the world (OECD, 2020). Several studies show that such a phenomenon led many individuals to a state of great depression and frustration while suffering from COVID-19 infection (Basyouni & El Keshky, 2021; El Khawli et al., 2022; Obrenovic et al., 2021). In a country like Bangladesh, employees in private sectors are not organized by a labor union, if there are some, those are very much politicized and rarely serve the purpose of the union members (Haque, 2022; Taher, 1999). In such a situation, employers can make any decision whether to prolong their work contracts or not. Moreover, the worldwide economic downturn caused by the COVID-19 pandemic led many companies to lay off their employees (BLS, 2021; IMF, 2020; OECD, 2020), when someone got infected by the coronavirus that increased his/her chance of falling into the group of lay-off workers as the current study also reveals its fact. Once it happened, that severely affected the infected individuals and their families in managing the necessities.

To tackle the above-illustrated crises or challenges of the infected individuals during their COVID-19 affliction, family and kin relations have been found remarkably effective during their unprecedented woes and uncertainties in life. The current study reveals that when government provisions for COVID-19 infected individuals turned scarce, individuals could only resort to their families and relatives. The 'functionalist perspective considers society as a set of social institutions that perform specific functions to ensure continuity and consensus (Giddens, 2009), making great sense in the context of the present study. The present study postulates that family and kinship as one of the most fundamental social



institutions was very much functional as manifested in the functionalist theory of family and relationships. Although, urbanization and industrialization have partially shifted the roles of family and kinship to some modern institutions, the values of this paradigmatic social institution are not collapsing in the realm of modernity (Giddens, 2009). As with Giddens, the current study witnesses that the significance of family and kinship relations in the lives of individuals is still enormous.

With the devastating effects of coronavirus since its advent in Bangladesh in March 2020, people of all ages and classes fell into various sorts of misperceptions, prejudices, disparities, and frightens followed by a reckless breakdown of social cohesiveness across countries (Mahmud & Islam, 2020). Many of the COVID-19-infected and suspected individuals become the victims of social stigmas, prejudices, and other kinds of unruly practices of others living in the same community even under the same roof. A couple of such vicious incidents shocked commoners of all ages. For example, in May 2020 a mother was taken to a forest far from her home by her children, who considered her corona affected once she got a cough and had breathing difficulties (Mahmud & Islam, 2020; New Age, 2020). In another incident, in June 2020, a middle-aged man who worked in a gas station died in a locked room due to suffocation once he returned home with a headache and fever. Upon his return, his wife and daughters took for granted that he was corona infected, and therefore interaction with him should be avoided, consequently, he was locked in a room that lacked enough oxygen for a human to survive (Daily Observer, 2020).

On the other side of the spectrum, an incident from Bangladesh waved over printed and social media, shows that in a southern district of Bangladesh in July 2021 a woman alone stayed with the body of her husband who died from COVID-19 at the crematory ground/smashan ghat overnight waiting for relatives and neighbors to hold the funeral of the deceased. However, neither any relative nor a neighbor came forward to conduct the burial out of fear. Finally, the impossibility of fulfilling the ritual for her husband's corpse came to an end on the 2nd day when several community volunteers from Muslim families held the rituals (Dhaka Post, 2021).

The incidents cited above can be discussed using the term social dysfunction (Koch, 2000). The dysfunctional aspects of social behavior mean focusing on features of social life that challenge the existing order of

things (Giddens, 2009). When misperceptions, prejudices, disparities, and frightens related to COVID-19 led to unusual family relationships that can be taken as simply a social disruption that occurred in an individualistic manner but unlikely to change family and kinship functions and their contribution to social cohesion. The current article witnesses its truth.

## 6. CONCLUSION

Family and kinship as the liver of society have been found highly significant in individuals' lives during the COVID-19 pandemic. The findings of the current study reveal that family and kin relations have not lost their traditional form. Although urbanization and modernization have taken some traditional roles of families to modern institutions, those institutions were not enough capable to support the individual's needs in massive social crises like the COVID-19 pandemic. In the context of the current study, there is no doubt however that when other institutions [e.g., hospitals, clinics, banks, labor unions, etc.] were exhausted, and incapable of tackling the unwanted situation that the infected individuals fell into, family and kinship have been found as the last resort for the survival of individuals and their dependents in all aspects.

The current study recommends that more studies should be conducted to find out the challenges faced by the patients and their families during an unprecedented pandemic like COVID-19, thus, helping in the preparedness plan of the authorities to manage any public health crisis better. In a similar vein, people from all social strata should be taken under health insurance schemes to meet treatment expenses in general and during any public health crisis thus preventing disparity in healthcare service. For example, none of the interlocutors had any sort of health insurance, though that does not affect the rich segment of society that severely, most respondents of the current study had difficulties managing the treatment costs.

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