Impact of the COVID-19 pandemic on communities in Nepal, Indonesia, and Vietnam

Oxford University Clinical Research Unit (OUCRU) in Hanoi, Vietnam (remote) | Funded by CHW under the Health Grand Challenges program

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INTRODUCTION

When COVID-19 started spreading globally, public health measures, including hand washing, avoiding face touching in public, wearing masks, and social distancing, were implemented to reduce the transmission of the virus and to avoid overwhelming the already stretched healthcare systems. In high-income countries, the unintended consequences of these public health measures had been partially mitigated by government support. However, in low-income and middle-income countries, the safety nets were insufficient or non-existent, disproportionately affecting vulnerable populations.

Indonesia, Nepal, and Vietnam all took action to prevent and slow the spread of the virus using non-pharmaceutical interventions (NPIs) including restrictions on travel, restrictions on gatherings, social distancing mandates, mask mandates, quarantine and isolation, closures of schools, closures of public facilities, and closures of non-essential businesses. These non-pharmaceutical interventions greatly impacted the lived experiences of communities in Indonesia, Nepal, and Vietnam.

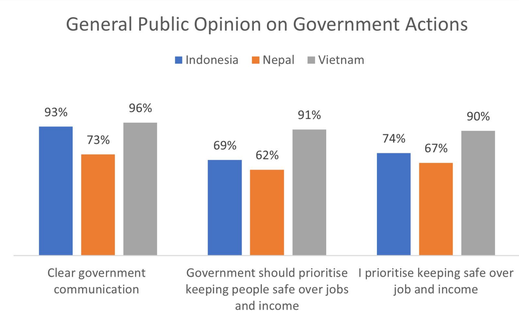
OBJECTIVES

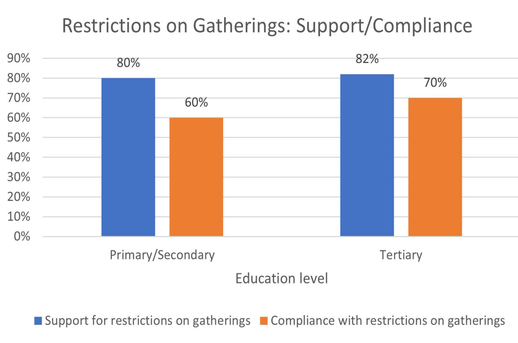
1. Describe the impact of the COVID-19 outbreak on vulnerable communities in Nepal, Indonesia, and Vietnam.

METHODS

- Researched the living conditions of vulnerable populations during COVID-19 globally and in Indonesia, Vietnam, and Nepal
- Processed the data collected from participants with online surveys
- Used descriptive statistics to describe the range of participants and their responses to individual questions
- Compared the statistics between groups of participants (i.e., country, sex, age, income level, education level, etc.)

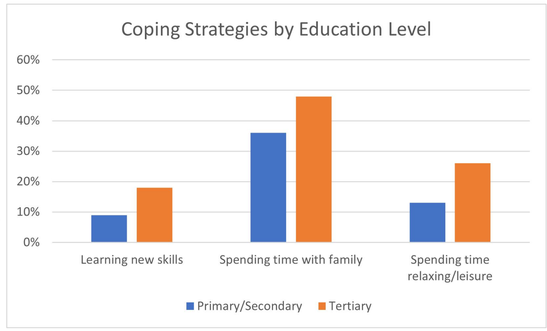
RESULTS





As shown in the figure on the left, the greatest proportion of community members perceived their government to communicate most clearly to the public in Vietnam while the lowest proportion of community members that agreed with that statement were Nepalese. Survey participants in Nepal also ranked lower in the prioritization of safety over economic wellbeing than both Indonesia and Vietnam.

The figure on the left compares the support for certain NPIs with the compliance with the same NPIs. While support for gathering restrictions was comparable across income levels, the compliance for gathering restrictions was lower in the lower income level. Similarly, the support for gathering restrictions was comparable across education levels, but compliance was lower among the participants who received less education (primary or secondary).



As shown by the figure on the right, participants who are less educated also engaged less in learning new skills, spending time with family, and spending time relaxing after the pandemic compared to participants who are more highly educated. Similarly, lower income participants engaged less in learning new skills, spending time with family, and spending time relaxing after the pandemic compared to participants with greater incomes.

Survey results also showed that elderly participants engaged in response behaviors at a lower or comparable rate, with the notable exception of taking drugs from the pharmacy, praying, and avoiding eating outside the home. Women reported switching to working from home and worrying about being unable to work with children at work at a greater proportion than men. Urban participants expressed worries about various aspects of the pandemic such as getting infected or general recession more than their rural counterparts. Nepalese respondents also expressed worry around the health system being overloaded, among multiple other aspects of the pandemic, such as getting infected with COVID-19 and someone close dying of COVID-19, at a much higher rate than respondents from Indonesia and Vietnam. The greatest proportion of participants who reported bulk-buying non-medicine pharmacy items such as masks or hand sanitizer was in Nepal.

DISCUSSION

The level of stringency of government policies in Nepal dipped comparatively low during the survey period, which may explain why a low proportion of Nepalese community members indicated that the government of Nepal communicated clearly to the public and prioritized safety over economic wellbeing. The healthcare system in Nepal was overloaded during the survey period, which is emphasized by how Nepalese participants reported the most worry around the health system being overloaded. The high proportion of Nepalese participants who reported bulk-buying non-medicine pharmacy items such as masks or hand sanitizer was also consistent with the shortages and panic-buying reported across the country.

The pandemic disproportionately affected women's employment. Women tend to shoulder more responsibility for child rearing and home duties, so there is a larger impact on their work life upon switching to remote work.. Urban participants seemed more impacted by the pandemic, expressing greater worry, which may be due to COVID-19 outbreaks being more rampant in densely populated areas. The pandemic also disproportionately affected lower income and lower education community members. Although low income and less educated participants equally supported restrictions on gatherings, they complied less, which may indicate that it may not have been feasible for them to avoid gatherings, e.g. due to crowding in living or working environments.

CONCLUSION

Nepal was hit particularly hard by COVID-19 during the survey period compared to Indonesia and Vietnam. Across all three countries, women, those living in urban areas, those with lower incomes, and less educated individuals were disproportionately affected by the pandemic.

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