The coronavirus disease (COVID-19) pandemic continues to cause serious damage to human lives and livelihoods. Countries have used movement restrictions and lockdowns as a key pandemic control strategy. The consequences of lockdowns: Lockdowns and movement restrictions are usually implemented as a package that include closure of schools, colleges, and universities, ban on mass events and gatherings, mandatory use of face masks, work from home mandates, improved hand hygiene, sanitation, and other measures. A review of non-pharmaceutical interventions concluded that isolation and quarantine, physical distancing and use of face masks may be effective.¹

Pros and cons of lockdowns: Lockdowns may decrease human-to-human transmission by limiting contact.² Lockdown components such as avoidance of mass gatherings may work but it is uncertain if other measures are effective. During lockdowns people are forced to stay at home. Individuals who are asymptomatic spend extended periods of time with their families some of whom maybe old and frail family members and relatives. In low-and-middle-income country (LMIC) settings families often stay in cramped dwelling spaces. Low wage essential workers are willing to take higher risks by going out to earn their livelihoods, while wealthy, healthy citizens can stay at home. These individuals who go out to work or interact with others in the cramped spaces they share with others like shared bathrooms and washing areas can acquire the COVID-19 infection and can more easily transmit it to their family members as they spend prolonged periods in their cramped dwellings.

Lockdowns in LMICs: Lockdowns can reduce immunity by limiting individual’s ability to exercise and be exposed to sun light, delay care seeking for other chronic conditions and may worsen their prognosis. This may not be restricted to LMICs but individuals in high-income countries can find it easier to exercise in their backyards and other surrounding spaces which can be more difficult in LMICs. A recently published article has proposed a policy framework for identifying and mitigating the equity harms of COVID-19 interventions.³ Major harms of lockdowns are anxiety, depression, food insecurity, loneliness, and domestic violence. LMICs may implement policy choices like high-income countries (HICs) bowing to international pressure.

Stay home, stay safe? Authorities commonly advertise their lockdown measures among the public.

Key words:
COVID-19, developing countries, pandemics, physical distancing, quarantine, social interactions
public using the slogan ‘Stay home, stay safe’. This is mostly correct, but the Devil is in the details. Safety is probabilistically determined. While a high guarantee of safety may be true in the scattered, independent homes and small family size in HICs it may not be that effective in low-income ones. In LMICs, homes are usually clustered in smaller geographic units, highly dense, with more persons living within a dwelling unit owing to bigger family sizes. Particularly in the urban squatter settlements, high-density shanty towns and crowded apartments finding the space and the resources to maintain physical/social distancing is almost impossible. The surrounding space serves as an important area of social interactions and recreation and is regarded as an extension of the home.

Institutional quarantine in times of crisis? Use of masks and maintaining physical distancing even at home may be effective but are unlikely to be practiced. Stay at home provides a sense of security as a prevention method for COVID 19 infection. However, many homes lack adequate light and ventilation. Regular cleaning may reduce the risk of infection. When health systems are overwhelmed, home quarantine may be risky and ineffective in LMIC settings. There should be facilities for institutional quarantine at no personal cost for individuals requiring them. Also, vulnerable communities should be assured of economic support, proper food and nutrition and mental help and counseling. People should be educated regarding proper behavior to reduce the risk of transmission. Generating adequate resources for these at a time of economic hardship and decline in revenues will be challenging.

CONCLUSIONS

The slogan promoting staying at home may be modified to ‘Stay home, stay safer’ though ‘Stay home, stay safe’ seems catchier. Following safety procedures and standard operating procedures at home can be challenging and becomes more difficult as the pandemic is prolonged. Individuals should be educated that though difficult, safety precautions should be followed even at home. Authorities should also be aware of the challenges individuals will face in adhering to safety precautions as mentioned in the article. Active and aggressive case detection, contact tracing, and vaccination are imperative to contain the pandemic. In a democracy people should be given freedom to make informed choices based on available evidence and should be aware that staying home may reduce the risk of getting infected but may not guarantee total and absolute protection. Close attention must be paid to contextual factors that are conducive for household and community transmission during lockdowns. The Devil is in the details!

REFERENCES


