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COVID-19 Temporalities

Ruptures of everyday life in urban Burkina Faso

Helle Samuelson and Lea Paré Toé

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Abstract

Globalisation intensifies global interconnectedness; reorders time and space; and stretches social, political, and economic practices across boundaries. However, globalisation is not a linear process; it takes place in discrete phases of short and concentrated bursts. The COVID-19 pandemic is one such time-space burst, or 'eruption'. In this paper, we focus on COVID-19 as an 'emerging epidemic' from the perspective of citizens in Bobo-Dioulasso, the second-largest city in Burkina Faso. We explore how these citizens experience ruptures of their everyday life due to COVID-19 and how their understandings and responses to the pandemic were shaped in a context of instability and political turbulence. We are inspired by Giddens's notion of 'time-space distanciation', which refers to 'the condition under which time and space are organized so as to connect presence and absence'. We focus on the temporality of the pandemic by looking at a specific period during the pandemic, during which the government of Burkina Faso introduced a number of restrictions as preventive measures at a time when COVID-19 as a disease was still an absent phenomenon for most people. The pandemic had not (yet) infected large numbers of people in the country and most people did not yet have any experiences of the disease. We argue that the local responses to the pandemic and the various control measures during this period must be understood in the wider context of Burkina Faso's specific socio-economic, political, and security situations, which are distinctly fragile.

Keywords

COVID-19, Corona, Burkina Faso, Temporality, Epidemics.

Introduction

Well, this disease, as they say, it came to Africa from the countries of the whites. When you analyse the situation, according to many people, it is not a disease of the poor. When you analyse how the whites live and how Africans live, we can say that the disease is not as serious here in Africa as it is in the countries of the whites.

Hamidou, a 42-year-old tailor in Bobo-Dioulasso, Burkina Faso.

It [COVID-19] may infect anybody but it is said that it mainly hits the rich. As far as I understand, it is mainly the rich who are contaminated. When I heard that four ministers were infected with this disease, I was relieved. Really, I was relieved. Why? Because they are the ones that govern us. If it was another disease that France did not have, they would have boarded an airplane in order to be treated in France and returned, finding us here with the disease. But if we get it, we will die. God has decided that they suffer from the disease and that they cannot move [out of the country]. Actually, this gives me an enormous pleasure.

Issa, a 43-year-old shop owner in Bobo-Dioulasso, Burkina Faso.

Statements and reflections about COVID-19 as '*une maladie de blancs*' [a disease of the whites] and/or a disease that '*attrape plus les riches*' [a disease that mostly affects rich people] were common in Burkina Faso during the first phase of the pandemic (i.e., early 2020). Weeks before the first patient tested positive in Burkina Faso, information about this new and unknown virus and the original outbreak in Wuhan had circulated widely in the country. The first case under suspicion was an employee at the Chinese embassy who returned from China in early February 2020 with corona-like symptoms. He was tested and the blood sample was sent to the Institut Pasteur Laboratory in Senegal, where the test results proved to be negative. The Burkinabé press followed the case closely and, when the results were announced, the Burkinabe Minister of Health and the Chinese ambassador jointly confirmed the negative results at a press conference in the capital, Ouagadougou. Most people had heard about COVID-19, or the coronavirus as it was called during the first phase, via radio, television, or from members of their community. They were all well aware that the outbreak had started in China, but the outbreak narratives we heard from citizens in Bobo-Dioulasso did not focus much on the 'exotic' wet markets in China (as was characteristic of outbreak narratives in Europe) but rather on the Global North and high-income connections.

In this paper we examine how citizens of Bobo-Dioulasso, the second-largest city in Burkina Faso, experienced the COVID-19 rupture during the period from the

outbreak of the virus in China to the introduction (and gradually lifting) of epidemic control measures in Burkina Faso.¹ We focus on the temporality of the pandemic in the sense that we look at a specific period during the pandemic during which the government of Burkina Faso introduced a number of restrictions as preventive measures at a time when COVID-19 as a disease was still an absent phenomenon for most people. The pandemic had not (yet) infected a great number of people and most people did not (yet) have any experiences of the disease. We study COVID-19 as an ‘emerging epidemic’ from the perspective of citizens in Bobo-Dioulasso and explore how they experienced COVID-related ruptures of their everyday lives and how their responses were shaped in a context of instability and political turbulence. Inspired by Giddens’s work on globalisation and the notion of ‘time-space distancing’ (Giddens 2013, 14), we aim to discuss the temporalities of the COVID-19 pandemic with a specific focus on the time lag from the original outbreak in Wuhan to the ‘arrival’ of the virus in Burkina Faso and the subsequent unfolding of the pandemic in this new location.

This study is part of a larger project entitled ‘Emerging Epidemics: Improving Preparedness in Burkina Faso’, which is a cross-disciplinary project that combines anthropology, epidemiology, and data science.² The original idea driving this larger project was developed just after the Ebola epidemic in West Africa; we wanted to use our experiences of the Ebola epidemic to develop new ways to involve local communities in the early detection of potential future epidemics. We did not expect a major epidemic (nor a pandemic) to take place during the time of our project, but then COVID-19 emerged. In the present sub-study, we are mainly interested in the phenomenological dimensions of the outbreak and the ways in which COVID-19 has ruptured the everyday lives of citizens in Bobo-Dioulasso (despite the relatively few cases of COVID-19 confirmed in Burkina Faso during our study period). Data for this paper were collected during the months of February through May 2020 in Bobo-Dioulasso. Located in the western part of the country, Bobo-Dioulasso has been the second most infected region of Burkina Faso. The city comprises a diverse range of ethnic groups, with the Bobo as the dominant group. As in other urban areas of Burkina Faso, the majority of the population is engaged in the informal sector, mainly with small-scale business and local trading. However, the unemployment rate is high, particularly among young people, and the level of schooling remains low, both in Burkina Faso in general and also among urban residents of Bobo-Dioulasso.

1 On 31 December 2019, the World Health Organization’s (WHO) country office in China picked up a media statement by the Wuhan Municipal Health Commission from their website which warned of cases of ‘viral pneumonia’ in Wuhan. On 30 January 2020, the WHO labelled this new disease a ‘public health emergency of international concern’ (PHEIC). On 11 March 2020, it was declared a global pandemic (WHO 2020).

2 The project ‘Emerging Epidemics: Improving Preparedness in Burkina Faso’ is a five-year project (2018–2023) funded by the Ministry of Foreign Affairs, Denmark (project number: 17-06-KU).

Even before the start of the COVID-19 pandemic, we were following the government's work to improve its surveillance system and the nation's preparedness for future epidemics as part of our engagement in the larger project 'Emerging Epidemics'. We continued to monitor communications from the Ministry of Health (via its official website and Facebook updates) and to track 'public opinion' on epidemics and security issues in Burkina Faso by following postings in the press (particularly the news network LeFaso.net and the newspaper *Sidwaya*) and on social media (mainly WhatsApp). We downloaded several particularly interesting pieces and are in the process of completing a systematic review of newspapers and social media postings.

We organised a total of 18 in-depth interviews with residents of Bobo-Dioulasso during the month of May 2020, two months after the registration of the first cases in Burkina Faso. The participants were selected purposely on the basis of gender, level of schooling, and occupation. Out of the 18 interlocutors (all between 26 and 52 years old), two were employed in the public sector: one was a police officer and the other taught at a college. The other 16 worked in the private sector, of which most were involved in small-scale businesses. Five women had never attended school and five men had completed primary school. The rest had attended secondary schooling and two had a university degree. The interviews were based on a thematic question guide. We asked how our interlocutors had heard about and understood this new virus, how they understood and responded to the various restrictive measures introduced by the government, and finally how they understood COVID-19 as an epidemic compared to other outbreaks in Burkina Faso.

Both the authors of this paper have conducted long-term research in Burkina Faso. Helle Samuelsen has been engaged in research for more than 20 years and has conducted short- and long-term fieldwork mainly in rural areas of the central-east region, but also in Bobo-Dioulasso. Lea Pare Toe lives and works in Bobo-Dioulasso and has conducted research in this region for more than 20 years in the fields of health and medical anthropology.

Travel restrictions and confinement measures due to the coronavirus and restrictions caused by the current fragile security situation in Burkina Faso inclined us to organise our data collection and writing process in new ways (Hagberg and Körling 2014): in relation to the face-to-face interviews conducted in May, we collaborated closely with a skilled research assistant who conducted the interviews under the close supervision of both authors. The interviews were carried out in either French or Dioula.³ All interviews were recorded and transcribed *ad verbatim*. Interviews in Dioula were translated into French. The travel restrictions, short

3 We use pseudonyms for all our interlocutors.

period of data collection, and short writing process made this work challenging, but we believe that these challenges have strengthened our collaborative work. Our interlocutors showed great interest in contributing to the study, the theme of which they found to be important and pertinent.

In order to provide a contextual framework, we begin this article with a brief outline of Burkina Faso's current political and security challenges. This is followed by a short summary of the course of the epidemic and the government's response during the first phase, from February to the end of May 2020. We then explore local understandings of the COVID-19 pandemic and responses to the implemented confinement measures among residents of Bobo-Dioulasso during a period when only few cases had been confirmed. We argue three related points: first, that, for the majority of our interlocutors, the COVID-19 pandemic was understood as an 'absent other' and a particular type of epidemic that was very different from 'everyday epidemics' such as meningitis, measles, and dengue that citizens of Burkina Faso are familiar with. Secondly, that the radical measures introduced by the government to control the epidemic were experienced as 'out of touch'/disproportionate and were understood to have caused dramatic disruptions to the everyday lives of our interlocutors. Thirdly, we argue that the local responses to the pandemic and the various control measures must be understood in a wider context of Burkina Faso's fragile socio-economic, political, and security situation.

Multiple ruptures: Political crisis and terrorism

Since 2016, a dramatic escalation of terrorist attacks by various jihadist groups in Burkina Faso has changed the country from a relatively peaceful nation with a diverse ethnic and religious population to a country where more than 700,000 people have been internally displaced, ethnic and religious conflicts regularly intensify, and feelings of insecurity increase (MSF 2020). The terrorist assaults, mainly by groups related to AQIM (Al-Qaeda in the Islamic Magreb) and IS (Islamic State), are becoming more frequent and the terrorists no longer restrict their activities to the northern part of the Central Sahel, where the security situation has for years been delicate. In January 2016, two bomb blasts took place at a hotel and a café in Ouagadougou, the capital of Burkina Faso. Both places were known as hubs for western tourists, aid workers, and well-off Burkinabé citizens, and kidnappings of both western and national citizens have since become more frequent (Hagberg et al. 2019, 19–22). Other attacks have followed in various regions of the country, mainly targeting government facilities such as military installations, schools, and health centres. Parallel to the insecurity caused by terrorism, organised crime has also increased over the last few years (Hagberg et al. 2018) and ethnic tensions are growing in some regions. Furthermore, a popular insurrection in 2014 that led to the fall of Blaise Compaoré, who had been Burkina

Faso's president for 27 years, has destabilised the country politically. After a short military coup, a new president, Roch Mark Kaboré, a former ally of Blaise Compaoré, was elected in 2015 (Hagberg et al. 2018; Hagberg et al. 2019). This new government has not succeeded in steadying the country. The fragile security situation continues to persist and it remains unclear whether the government (under Kaboré's second term following the November 2020 elections) have the capacity to negotiate peace or at least a truce with the various jihadist groups operating in Burkina Faso. Citizens of Bobo-Dioulasso and other parts of the country are, in other words, experiencing a number of insecurities and disruptions of their everyday lives. Furthermore, many state institutions are weak, including the health system, which is characterised by the lack of infrastructure and equipment as well as poorly qualified and motivated health personnel (Ostergaard, Bjertrup, and Samuelsen 2016; Melberg et al. 2016; Samuelsen 2020; Pare Toe and Samuelsen 2020).

A large part of the economy in Burkina Faso is based on informal-sector activities represented by medium-sized private-sector businesses and small-scale local trading. About 75% of the population live in rural areas, mainly on subsistence agriculture. The vast majority of the population in Burkina Faso owns or has access to a mobile phone and connections to social media (mainly WhatsApp and Facebook) are widespread. In addition, the classic channels of information—radio, television, and newspapers—circulate information concerning both national and international affairs. As such, information about COVID-19 was circulated in the country via official channels and social media as soon as the disease was documented in China.

The prospective pandemic

In early February 2020, Helle Samuelsen arrived at the airport in Ouagadougou, Burkina Faso on an Air France flight from Paris in order to plan fieldwork activities. Before the arrivals hall's entrance, all passengers were met by a person in a white medical coat, who observed them to ensure that no passengers with obvious symptoms of fever entered the airport. All passengers were also asked to disinfect their hands with Alco-Gel from dispensers placed by the entrance. After departing from Paris, passengers were asked to fill out a 'coronavirus disease surveillance' form; each traveller was required to reveal whether they were suffering from symptoms such as a headache, fever, or cough, and whether they had been in contact with persons suffering from COVID-19 during the preceding two weeks. They were also required to list any countries they had visited within the preceding two weeks on the form. In other words, the disease surveillance and border work was initiated in Paris.

Before the registration of the first COVID-19 case in Burkina Faso, the Ministry of Health elaborated a response plan to face the pandemic. The plan aimed to ensure effective communication, prioritise prevention, and ensure the accurate monitoring of cases in order to control the spread of the disease. On 9 March 2020, the Ministry of Health announced in a press briefing that the country had registered its first case of COVID-19 in Ouagadougou. The news was broadcast widely through official and private media as well as social media (mainly Facebook and WhatsApp). A Burkinabé priest and his wife who had returned home with COVID-19 symptoms from a large religious meeting held in Mulhouse, France, both tested positive. During the initial phase of the epidemic, tests were sent to the laboratory at Institut Pasteur in Senegal, and it was only in March 2020 that the national laboratory facilities in Burkina Faso (Laboratoire National de reference-Grippe) were upgraded for COVID-19 testing. Every day since 9 March 2020, when the first measures to control the pandemic in Burkina Faso were introduced, the Ministry of Health has publicly announced the number of tests performed, the number of new positive cases confirmed, and the number of COVID-19-related deaths, as well as the number of patients who have recovered from COVID-19. Between 9 March 2020 and 12 March 2021, 12,350 confirmed cases and 144 deaths related to COVID-19 were registered (Johns Hopkins University 2021).

The government of Burkina Faso declared the outbreak a ‘public health emergency’ immediately after the first cases were confirmed, and the outbreak quickly became a hot topic for discussion everywhere in Burkina Faso. Many talked about an emerging ‘psychosis of fear’. In late February and early March 2020, many residents in the two biggest cities, Ouagadougou and Bobo-Dioulasso, decided to practice self-confinement, reducing home visits to family members and friends and limiting other types of activities such as going to the hairdresser or the tailor and/or practising group sport. In conversations and in the media, many people requested that the government introduce strong measures in order to contain the spread of the disease. The more well-off households panicked and bought stocks of food products and other essential items. In response, the government established daily press briefings to communicate developments related to the disease. One of the first measures taken by the government was to close the schools. A list of further measures including self-confinement, social distancing, and the washing of hands was introduced. The government also proceeded to close markets, theatres, cinemas, nightclubs, and restaurants, and prohibited gatherings of large groups of people. Furthermore, religious authorities were encouraged to close places of worship. Two weeks after the first case was confirmed, the number of cases had reached 100; three days after, the number of confirmed cases had jumped to 200. Four ministers were among the first confirmed cases of COVID-19. A shortage of alcoholic gel was observed in many places, particularly in Ouagadougou. On 20 March 2020, the president closed the borders

and announced a curfew from 7 p.m. until 5 a.m. and, on 26 March, all cities that had declared COVID-19 cases were placed under lockdown (WorldBank 2020). However, by mid-April, voices were raised (particularly by those running or working in small-scale and medium-sized private businesses) and the dangers of COVID-19 in Burkina Faso were questioned. Many also complained about the negative impact caused by the measures introduced to hinder a further proliferation of the disease. Popular critique of the government's mode of communication increased. By the end of April, a number of demonstrations had taken place in various cities across Burkina Faso demanding the reopening of the big markets (Kini 2020). In addition, a polemic discussion occurred in relation to the first death from COVID-19, a female parliamentary deputy. The Ministry of Health indicated that the woman had died of COVID-19, but family members of the deceased contested the COVID-19 diagnosis. During May 2020, when COVID-19 infections peaked in Europe and the US, the World Health Organization (WHO) anticipated that the disease would also develop into a major health (as well as economic and political) crisis on the African continent. The number of daily COVID-19 tests performed in Burkina Faso remained relatively low, with fewer than 100 tests performed per day during this early phase of the pandemic.⁴ Furthermore, the low testing capacity raised the same questions as we have seen in many other countries about the number of potential 'shadow cases'. Our interlocutors did not refer to specific numbers or data from the Ministry of Health but, as we shall see below, some of them expressed doubt about the validity of the official information provided by the government and questioned the gravity of the situation on the African continent.

Temporalities of pandemics

Pandemics, like COVID-19, are closely tied to processes of globalisation; they 'are the dark side of modernity, medical and political progress' (Kelly, Keck, and Lynteris 2019). In recent decades, the world has witnessed a series of global health crises, with the COVID-19 pandemic as the latest and most serious (in terms of countries affected, number of cases, as well as number of related deaths). The list of recent epidemics also includes severe acute respiratory syndrome (SARS), Middle East respiratory syndrome (MERS), influenza A (H1N1), Ebola, and the Zika virus. After the 2014–2016 Ebola epidemic in West Africa, the World Economic Forum's (WEF) Global Risk Report stated that 'the recent Ebola crisis will not be the last serious epidemic the world faces; indeed, public health outbreaks are likely to become ever more complex and challenging' (WEF 2016, 59). With more than 119 million confirmed cases and about 2.6 million COVID-19-related deaths (as of 14 March 2021) (WHO 2021a), the COVID-19 pandemic clearly epitomises this prophetic statement.

4 As of March 2021, between 400 and 600 tests are carried out daily.

As highlighted by several scholars, globalisation is characterised by an intensification of global interconnectedness. It reorders time and space and stretches social, political, and economic practices across boundaries (Inda and Rosaldo 2002; Comaroff and Comaroff 2012; Biehl and Petryna 2013; Ong and Collier 2005; Giddens 2013). Globalisation is not a linear process; it takes place in discrete phases of short and concentrated bursts (Harvey 1989). The COVID-19 pandemic is one such time-space burst, or 'eruption'. As a pandemic, COVID-19 stretches out (Giddens 2013; 1991; Inda and Rosaldo 2002) in the sense that it affects social and political practices at a distance. In spatial terms, COVID-19 spreads from its point of origin (the wet market in Wuhan, China) to other parts of the world, following the flow of people across frontiers and continents. While the pandemic almost instantly impacted countries of all continents politically and socially, it did not immediately materialise as a disease with confirmed cases and deaths. Instead, local outbreaks emerged and epicentres moved from one continent to the next over extended periods.

In his introduction to a special section of *The Cambridge Journal of Anthropology*, 'The Time of Epidemics', Lynteris defines two basic and distinct registers of temporalities in relation to epidemic outbreaks: firstly, the biological temporality of the pathogen and its relation to its hosts and vectors, and secondly, the sociological temporality of the disease, 'consisting in ways in which the starting point, progress and termination of the outbreak are understood, experienced and made sense of' (Lynteris 2014, 27). Building on existing anthropological literature on the social aspects of epidemics (Caduff 2015; Mason 2016; Wald 2008; Lakoff 2017; Lindenbaum 2001; Hewlett and Hewlett 2008; and Chigudu 2019), we focus here on sociological temporality while recognising that the two types of temporalities are interlinked (Lindenbaum 2015). We examine understandings and responses to the pandemic itself and to the various measures implemented to contain the disease at a particular moment in the political and social history of Burkina Faso when the rupture caused by COVID-19 coincides with other types of ruptures in the country.

Outbreak narratives⁵

We began this article by quoting two of our interlocutors, who stated that COVID-19 came to Africa from Europe and claimed that it is a disease that mainly affects whites and elites. The fact that the first confirmed cases in Burkina Faso, a priest and his wife, were infected in Mulhouse, France, probably played a role in the

5 As emphasised by Priscilla Ward, outbreak narratives are paradigmatic stories that have consequences: 'As they disseminate information, they affect survival rates and contagion routes. They promote or mitigate the stigmatizing of individuals, groups, populations, spaces and locales (regional and global), behaviors and lifestyles, and they change economies' (Wald 2008, 2). For these reasons, it become important to closely examine how specific outbreak narratives are articulated and responded to by 'local' populations.

proliferation of this viewpoint in Burkina Faso. Historically, quite a few epidemics and endemic diseases came from Europe or imperial India to Africa (Ranger and Slack 1995, 241).

Alidou, a male tailor, first heard about the new disease from a shop owner whose shop was located next to his own at the local market. This neighbour, a businessman who imported boxes and rolls of tissues from China, had to cancel a trip to China ‘as a new disease had started there’. Alidou quickly heard that the new virus was believed to be a ‘disease of the whites’. He spoke of a business trip to Cote d’Ivoire in early March: ‘At the stations I saw how the whites [*les blancs*] had been chased upon arrival because it was said that it was the whites who brought this disease.’

The fast spread of the disease and the World Health Organization’s (WHO) designation of COVID-19 as a pandemic shocked many people in Burkina Faso. Rasmata, a 30-year-old hairdresser, expressed her fear as follows:

It is a very [frightening] disease, very contagious. Just a small movement, just greeting somebody, may transmit the disease. I really think you have to take your precautions against this type of disease; it may transmit [across] the whole world, and it is also in the francophone countries. You see there? It kills many, many.

Mouni, who manages a bar in town, talked about the first reactions: ‘It is a disease which ravages the European countries. This disease is ravaging the whole world. We became really, really anxious.’ Many of our interlocutors characterised the pandemic as an exceptional event, something the world had never experienced before. They were shocked about the fact that this disease was affecting people and countries globally, as formulated by a woman selling vegetables at the market:

In all the years—I grew up, I am 45 years old—we have never before seen this kind of situation. Anyway, it is the end of the world. In all my life, I have never heard about [this] kind of thing. We have never before seen it. This is the first time.

In the early phase of the pandemic, before Burkina Faso had any confirmed cases, the outbreak narrative presented in the newspapers focused to a large extent on the Chinese connection (as mentioned above, the first suspected case in Burkina was a Chinese diplomat working at the Chinese embassy in Ouagadougou). However, the outbreak narratives of our interlocutors focused more on the European (and French) connection. The labelling of COVID-19 as a ‘disease of the whites’ and as something that primarily affected the well-off parts of the population reflect this outbreak narrative.

We also asked our interlocutors to reflect on the COVID-19 pandemic in relation to other epidemics they had experienced in Burkina Faso. A few found the coronavirus to be more serious than other diseases, as no cure was yet available. However, others claimed that they had experienced more serious epidemics in the past. Harouna talks about 'bi' [smallpox], saying:

If smallpox enters the country, it can kill more than 30 children in one compound. This is not only something I was told. I have seen it with my own eyes. Thirty people, and it killed everybody in the same compound ... if it enters a country it can kill all the small children. It is more serious than corona.

Boukary reminded us that although the modes of contamination are different, 'the number of AIDS victims are higher than for this disease. Oh yes, I have followed that on France24 [TV channel] they said that AIDS killed more than 40 million people in the world.'

Ruptures of everyday life

In this section, we focus on responses to the various lockdown measures introduced by the government. Generally, we found that the closing of cities to incoming and outgoing traffic and the closing down of markets and other types of businesses had proved challenging to almost all of our interlocutors, particularly with respect to their economic situations. The two public employees continued to receive their salaries, while all the others were affected economically by the confinement measures.

Four of our interlocutors were small-scale businesswomen (they sold vegetables at the central market in Bobo-Dioulasso). They all faced financial problems while the market was closed down. Abzeta, a 45-year-old woman, said:

It gave me numerous problems. Truly, I panicked; I fell ill because I am not used to stay[ing] at home. I cannot sell at the small markets as my stall needs space. Since the business grew, we have been at the central market. Then, when the market closed, staying at home, that made me sick ... Selling vegetables is how we get by and we have to have something to eat. But I have nobody to help me. I still have my mother and if I earn a little I pass [it on to her] to give her something. When they close the market and you don't have other [income] activities, you begin to panic.

Nabila, another woman who sold groceries, said:

The closing of the market caused me an enormous loss and I have had many problems. Don't even mention it ... We had losses and there is no money. The little money we had, we spent during the closing down of the markets,

and now that is also used. We have now returned to the market. We are getting by, little by little, but it is hard.

Alimata, the third vegetable seller, explained that many of her products were rotten and that she had to sort and throw out a lot of vegetables: 'Everything is rotten. I meticulously go through it all and throw out.' Fatimata also spoke about her financial difficulties and her problems with rotten vegetables.

Those involved in other types of commercial activities also reported huge financial challenges. Boukary, a businessman engaged in both wholesale and direct sales, said:

I can say that the closing of the large market for 23 days has really reduced the turnover of my business dramatically. Before this disease, I would have a daily turnover of about 1 million CFA [approximately 1,525 euros]. It varies a lot, but my loss has been enormous due to the closing of the market. In addition, I have [storage] facilities outside of the large market where I have a monthly rent of more than half a million CFA. I was sitting at home [making] a huge loss.

Hairdressers and bar managers faced similar problems. The closing of the markets and government directions to keep socially distanced have reduced their income dramatically. Only one of the bar managers interviewed had not experienced a great financial loss. In the evenings, about one hour before curfew, people stopped by bars in order to buy drinks to take home.

Harouna, a shop owner at the central market in Bobo, did not only experience financial problems, but also fell ill with severe pains in his stomach. Contacting the hospital, he was asked questions about COVID-19 symptoms (e.g., cough, cold, fever) but, when he informed them of his stomach problems, he was tested for malaria and prescribed medicine. Eventually he had an operation costing him CFA 60,000—money, he said, he had planned to use to get through the coronavirus crisis.

Generally, the various measures introduced to contain the coronavirus caused a lot of frustration among citizens in Bobo-Dioulasso. Although most of our interlocutors perceived COVID-19 as a very serious and contagious disease and acknowledged the need for strict measures and directions, they also felt somewhat abandoned by the government and wondered whether the government really understood their precarious situations. In compensation, the government announced that electricity and water would be free of charge during the confinement period. However, Fatimata explained that she still had no electricity in her house and, since water became free of charge, had not managed to get

water at the water pump in her neighbourhood, saying, 'When you arrive at the water pump in the morning, there are so many people. [You] have to go to the market, so you cannot line up. [By] the time ... you leave the market and reach home, you will find that there is a water cut.'

Growing scepticism

Many of our interlocutors stressed that they had never met or seen any patients suffering from COVID-19, neither on television nor within their family or network. They did not question the existence of an outbreak in Burkina Faso, but many of them started to express frustration about the official communication and to criticise the government's handling of the pandemic. The markets were closed for almost a month, but reopened after a number of demonstrations and protests, which were mainly driven by the small-scale business communities. Alimata, one of the grocery sellers, wondered why the markets and mosques were closed when such measures had never been used during previous epidemic outbreaks, such as AIDS and Ebola. She said:

This one [COVID-19] is frightening us; AIDS killed people. We saw those people who contracted AIDS. At that time the mosques were not closed, the markets were not closed. Is this a good thing? Ebola came, did that close the mosques? The mosques were not closed, the markets were not closed. This ... coronavirus, what is [it]? The markets are closed, the mosques are closed. And we have not even seen it with our own eyes. We have heard about it, but not seen it. Oh, this time, the president has given us a difficult task. This is not okay.

By the end of April 2020, the website LeFaso.net reported large demonstrations in the major cities (LeFaso.net 2020). People were protesting against the transport restrictions and the closing of markets and mosques in cities with confirmed cases. Few people had savings and, with more than three weeks of lockdown ahead, many people were facing difficulties.

Issa, whom we quoted above, was convinced that the outbreak was real but that the situation was not as alarming as claimed by the government. He was of the opinion that the government had falsified the number of COVID-19 cases in order to attract funding for their election campaign. He furthermore argued that since the main symptoms of COVID-19 (headache, fever, and cough) were already well-known in Africa, the disease would not hit as hard in African countries as in Europe. Adama, a 52-year-old man working for a private insurance company, also expressed his disappointment in the government's management of the outbreak in Burkina Faso, saying that there had been too much fumbling: 'It is my impression that they have assigned people to this who are not qualified as there has been too

much fumbling at the level of the government.’ When asked whether he saw political motives behind the government’s approach to the pandemic, he replied:

Oh, yes, talking about illness is talking about politics. It is the healthy people who vote, right? If they [the government] hear that somebody who could give them a vote [has] fallen ill, they will treat this person. If you don’t give them your vote, they will let you die. That’s politics.

Yacouba, who teaches at a college in Bobo-Dioulasso, also highlighted the political aspects of the government’s restrictions, saying:

There are a number of measures, but they [the government] have to take our context[s] into consideration. But you see, it is almost the same measures in almost all countries. It is not me saying that. When you take the measures in France and you take the measures in Burkina, well, you will see these measures really emanate from France—the French who colonised us.

Although a few of our interlocutors, as well as users of Facebook and WhatsApp, thought that it did not make sense to open the cities and markets so quickly after the lockdown, expressions of disappointment and even mistrust in the government’s preparedness and handling of COVID-19 in Burkina came out rather strongly in our material. Many people felt that the government had let them down. They had suffered economically and the government’s compensation (such as free electricity and water) were not of any benefit to many of our interlocutors as they did not have electricity in their homes and now had to face impossible queues at nearby water pumps. We found (in parallel with Shepler [2017], who studied Sierra Leone during the Ebola epidemic) that our interlocutors’ responses to the government’s handling of the COVID-19 crisis in Burkina Faso exposes their somewhat contradictory relationship to the state: mistrust is rife, but more support is relentlessly sought.

The temporal stretch of COVID-19

The fast spread of COVID-19 (more than 200 countries and territories have been affected by the virus) illustrates what globalisation entails. In this final section, we will return to Giddens’s (2013) notion of ‘space-time distancing’ as a framework for understanding how residents of Bobo-Dioulasso responded to the prospective epidemic. Taking locality as a starting point, Giddens talks about two different types of social interactions: face-to-face interactions, where people go about their everyday lives in bounded local spaces, and remote encounters facilitated by technologies of transport and communication. The first type is dominated by local ‘presence’ while the other is about creating relations with ‘absent’ others (Street 2012). In this paper, we argue that the coronavirus fulfils the role of ‘absent other’

for people in Bobo-Dioulasso during the specific period of the pandemic we discuss. Although remote interactions are established at high speed, there was nevertheless a time lag in the biological temporality between the original outbreak in China and the confirmation of the first cases in Burkina Faso. While communication about the outbreak was circulated rapidly and Burkina Faso's government reacted promptly by introducing confinement measures as early as possible, the disease itself remained abstract to the residents of Bobo-Dioulasso. In Giddens's conception of late modernity, place becomes increasingly 'phantasmagoric' in the sense that 'locales are thoroughly penetrated by and shaped in terms of social influences quite distant from them' (Giddens 2013, 19). We suggest that Bobo-Dioulasso became a phantasmagoric place to its residents during the early phase of the pandemic in the sense that the curfew, quarantine, and lockdown of central parts of the city's infrastructure were introduced by a government that residents perceived to be very distant. Additionally, the sudden restrictive measures were, as expressed by Yacouba above, not adjusted to the local context; instead, they were social technologies imported from distant places (France).

Similarly, the government's insistence upon social distancing and the use of masks in public spaces was seen as further implementation of distant social technologies unfamiliar to the residents of Bobo-Dioulasso. With any quickly emerging global crisis, including the pandemic, it is important also to pay attention to the 'uses' of time (Benton, Sangaramoorthy, and Kalofonos 2017). The lockdown emerged in Burkina Faso, as in many other countries, as the signature bio-political response to the 'corona-shock'. As a disciplinary technology, lockdowns were used by the government to 'buy time' (Ecks 2020) but, since the number of confirmed COVID-19 cases remained low during this first phase of the pandemic, the 'time bought' by the lockdown was considered too expensive by many residents, who were having to get by without an income. Our interlocutors reported feeling concerned about how long this *emergency time* (i.e., lockdown and other restrictions) would last. For how much longer would they be able to support their families? Although our interlocutors recognised the danger of the pandemic, distrust of the government's motives and methods of addressing the crisis increased with the growing uncertainty regarding the duration of the restrictions. The coronavirus 'stretched out' in the sense that all the emergency measures were introduced at a moment when only few cases had been confirmed in Burkina Faso.

The Ministry of Health's daily announcements, which communicated the number of new COVID-19 tests, confirmed cases, and COVID-19-related deaths, responded to the increasing global demand for metrics (Merry 2011; Adams 2016; Erikson 2016; Tichenor 2016). They demonstrated a will to produce and share data. However, as the testing capacity and quality of the death registry are low in

Burkina Faso, the COVID-19 statistics need to be interpreted with care. The demand for data is always particularly strong during epidemics, and during the COVID-19 pandemic we have seen a strong global tendency to make uncritical comparisons of data between countries.⁶ The data on disease and death rates serve as symbolic tokens and as abstracts 'lifted out' of the local context (Giddens 1991). The health data are 'media of interchange', and are passed around without regard to specific local characteristics. Simultaneously, new social technologies, such as social distancing and the wearing of masks in public spaces, are 'lifted into' new localities and contexts where these measures are unfamiliar. Like money (Giddens's example of a symbolic token), the COVID-19 data became a means of time-space distancing.

Ruptured lives

The citizens of Burkina Faso have, in addition to the disruptions presented by the COVID-19 pandemic, experienced multiple ruptures in their social, political, and economic lives. Furthermore, the security situation has worsened over the last few years, with jihadist attacks increasing in frequency in several parts of the country and old antagonisms re-emerging, leading to new conflicts breaking out between local communities (Cissao and Maiga 2019). This fragile security situation has also resulted in the closure of a large number of health facilities (WHO 2021b). With more than 40% of people living below the national poverty line, many households are vulnerable to food insecurity and other types of shocks (World Bank 2020). The COVID-19 pandemic, or rather the lockdown of essential activities in the country, is, as illustrated by the narratives above, yet another serious shock for many households that live on a day-to-day basis without regular income. We argue here that the COVID-19 is perceived as an 'absent other', a not-yet-experienced catastrophic event which through stretched social technologies has nevertheless become another serious rupture in the everyday lives of citizens and, together with the range of other risks and uncertainties, challenges their already precarious lives. We furthermore suggest that the local perceptions of COVID-19 as a *maladie de blanc* and a disease brought to Burkina Faso by rich people from the Global North and the cosmopolitan national elite relate to feelings and historical experiences of structural abandonment and racial/economic inequality. COVID-19 is understood to strike people who fly and '*ceux qui sont sous les climatiseurs*' [those who are under air-conditioning]. In Burkina Faso, care services have historically taken place in a context of structural violence in the form of inequality and inequity (except for a short period during which Thomas Sankara served as president prior to Blaise Compaoré's coup in 1987). The government's handling of the epidemic, we argue, was experienced by our interlocutors as a new kind of symbolic violence; the

6 See for example Johns Hopkins University's global updates: <https://coronavirus.jhu.edu/>.

lockdown and the various restrictions were perceived as (yet) another assault against the poorest section of the population. The population was taken by surprise by the radical spatial and temporal disciplinary measures introduced during the early phase of the epidemic, as they had no prior experience of such severe measures in relation to epidemic outbreaks. This problem was compounded by the relative invisibility of the epidemic during its early phases and the increasing fragility of the country in terms of security, which spurred further mistrust in the government (Bourdieu 1996; Fribault 2015; Hirsch 2020).

Conclusion

This paper has offered an account of the lived experiences of citizens enduring the COVID-19 pandemic and the lockdown measures in the city of Bobo-Dioulasso, Burkina Faso. By exploring the narratives of our interlocutors, we have shown how critical the confinement measures were at a moment when the country was already shaken by several other types of ruptures. The virus was perceived by many of our interlocutors as a *maladie de blanc* and a disease of Europeans, which (they hoped) would not affect the African population as dramatically. COVID-19 was feared but, in this phase of the pandemic, it was mainly seen as a disease of the ‘absent others’ which nevertheless went on to profoundly influence the everyday lives of people across Burkina Faso, including our interlocutors. This ‘remote relationship’ to COVID-19 demanded new (distant) ways of experiencing face-to-face relations through the confinement measures introduced by the government of Burkina Faso. Uncertainties arose regarding the immediate future; our interlocutors were unsure of how they were going to continue providing for their families if the lockdown continued, and many began to doubt the necessity of the dramatic confinement measures only a few weeks into lockdown. Many took this a step further and began to doubt the government’s handling of the crisis more generally, some going so far as to question the validity of the information and data provided by the government. The growing lack of trust in the government’s handling of the coronavirus, we argue, should be understood in a wider context of the everyday precariousness (characterised by regular political and security-related ruptures) of life in Burkina Faso.

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