



COVID-19, MOBILITY AND SELF-ISOLATION. EXPERIENCES OF THE SERBIA'S CITIZENS IN THE TIMES OF GLOBAL PANDEMIC

COVID-19, mobilnost i samoizolacija. Iskustva građana Srbije tokom krize izazvane korona virusom

ABSTRACT: *The COVID-19 pandemic caused by the SARS-Cov-2 virus and closing the state borders across the world led to the mass return of the citizens of Serbia immediately before and after the declaration of the state of emergency in March 2020. The measure of placing under health supervision and the obligation of self-isolation, were the key means of mobility management in the situation of the health crisis in Serbia. How were the given measures implemented? How did they affect the citizens who returned to the country? What resources did they have at their disposal and in what way did they meet their basic needs during self-isolation? How was their experience of self-isolation shaped by public media perceptions of diaspora by representatives of the authorities and by their own social environment during the state of emergency? The aim of this paper is to answer these questions relying on the results of the online survey of 305 returnees, conducted during April and May 2020 by the researchers from the Institute for Sociological Research of the Faculty of Philosophy in Belgrade.*

KEY WORDS: COVID-19, Mobility, Self-isolation

APSTRAKT: *COVID-19 pandemija izazvana virusom SARS-Cov-2 i mere zatvaranja granica u brojnim zemljama sveta doveli su do masovnog povratka građana Srbije u zemlju neposredno pre i nakon proglašenja vanrednog stanja u martu 2020. godine. Mera stavljanja pod zdravstveni nadzor, a potom i obaveza samoizolacije predstavljale su ključna sredstva upravljanja mobilnošću u situaciji zdravstvene krize u Srbiji. Na koji način su date mere sprovedene? Kako su uticale na građane koji su se vratili u zemlju? Sa kojim resursima su raspolagali i na koji način su zadovoljavali bazične potrebe tokom samoizolacije? Da li je i kako je njihovo iskustvo samoizolacije oblikovano javnim medijskim percepcijama*

pripadnika dijaspore od strane predstavnika vlasti i njihovog društvenog okruženja tokom vanrednog stanja? Cilj ovog rada je da odgovori na data pitanja na osnovu rezultata istraživanja u kojem je učestvovalo 305 povratnika i koje je sprovedeno tokom aprila i maja 2020. godine od strane istraživačica Instituta za sociološka istraživanja Filozofskog fakulteta u Beogradu.

KLJUČNE REČI: COVID-19, mobilnost, samoizolacija

1. Introduction

At the very end of the year 2019 media in Serbia timidly reported on the news from the Chinese province of Hubei about a hitherto unknown type of virus that was transmitted from animals to humans. What seemed like passing news at the time, one in a series of similar bizarre phenomena affecting other parts of the planet, rightly caused growing nervousness among political and health authorities on the European continent in the first months of the new year. At the beginning of the year 2020 it was acknowledged that the infectious agent, with human transmission, was novel Corona virus (SARS-CoV-2), and in February 2020 the disease caused by the virus was named COVID-19². The virus continued to spread beyond the territory of the province in which it occurred, and then outside China itself, causing growing panic about the unknowns related to the clinical manifestations of the disease, modes of transmission, virulence, mortality rate and potential consequences it leaves on human health. Although the reports coming from the Asian continent were already dramatic, the World Health Organization (WHO) declared a state of global danger of spreading the infectious disease (pandemic) on March 11th 2020 when drastic consequences were already evident in European countries, primarily in Italy and Spain, and in other parts of the world³.

Given that one of the basic ways of transmitting the virus is from human to human, the issue of stopping the global spread of the infection very quickly was no longer only health, but also became political, economic, legal and social problem. Among others, it opened up the questions of free movement of goods and people – the key factors of global economy, closure of state borders and selective principles of implementation of different measures (raising questions such as human rights violations or social inequalities reproduction). The spread of the infection and the measures taken to stop it have significantly affected the mobility of people, both at the micro level of daily activities and at the level of mobility inside and outside the countries (domestic and international mobility). By the end of March 2020, around 91% of global population lived in countries with restrictions on people arriving from other countries (who were neither citizens nor residents) due to COVID-19, while 39% lived in countries with

2 <https://www.who.int/news-room/detail/29-06-2020-covidtimeline>, accessed on July 21st 2020.

3 <https://www.who.int/news-room/detail/29-06-2020-covidtimeline>, accessed on July 21st 2020.

borders completely closed to noncitizens and non-residents⁴. Furthermore, following the physical distance recommendations, a number of governments have implemented self-isolation and lockdown measures, often closing non-essential services and sectors of economy and instructing citizens to stay in their homes.⁵

Measures taken by governments to prevent the spread of the virus have significantly changed intensity and patterns of population mobility. Millions of people, who found themselves outside the borders of their countries, were forced to return quickly. With them, significant number of diaspora members returned to their home countries due to precarious work conditions abroad, loss of job or income, or lack of health or social insurance (Šantić & Antić, 2020). How did Serbia react to the crisis? Which mobility management measures have been introduced, how they changed and how have they affected mobility? How did the returnees cope with the health induced crisis and mandatory self-isolation? What resources did they have at their disposal? One of the goals of this paper is to answer these questions, relying on the results of an online survey conducted during April and May 2020 with returnees to the country, organized by the Institute for Sociological Research of the Faculty of Philosophy.

2. Conceptual Framework

2.1. Cross-border mobility

The processes of globalization, coupled with the expansion of transport, technology and communication means and expansion of capitalist markets have enabled the hitherto unseen movements of the population (Castles, de Haas, Miller, 2014). In addition to traditional forms of cross-border movements (labour migration, forced migration, etc.), globalization processes are accompanied by the new forms of cross-border movement of population or at least by a significant increase and acceleration in the old forms, such as tourism, business mobility, student mobility, medical mobility, climate induced migrations, etc. This diversification of the forms in which modern migrations appear, as well as changing contexts, regulatory policies or often blurred boundaries between different types of population movements and the lack of their stable patterns, have imposed the need to reconsider and rethink the basic concepts and classifications in use in the field of migration studies and to introduce the new ones (Bobić and Janković, 2017). One such concept that is increasingly coming into use represents an attempt to capture these diverse, both migratory and non-migratory population movements. It is a concept of human mobility, which is broader and more comprehensive than the concept of migration (IOM, 2019; Bobić and Vesković Anđelković, 2017).

4 <https://www.pewresearch.org/fact-tank/2020/04/01/more-than-nine-in-ten-people-worldwide-live-in-countries-with-travel-restrictions-amid-covid-19>, accessed on April 30th 2020.

5 <https://towardsdatascience.com/lockdowns-rebounds-e0db643f8961>, accessed on July 22nd 2020.

Migratory movements, according to definition of United Nations (UN, 1998, cf. from Tsapenko, 2018: 370), are characterized by permanent or temporary change of the country of habitual/usual residence. The main criteria for distinguishing migrant and non migrant movers are the length of the stay and goals. Migrants are considered those who move to another country for more than three months, including short term (staying in another country for less than a year) and long-term stays (over a year) (Gushulak, Weekers and MacPherson, 2009). For both categories, destination country becomes country of residence, at least for a certain period of time. As for the goals, they are numerous, but the most common are employment, asylum seeking, family reunion, or education. Additional criteria for distinguishing migratory from non migratory movements are sociological. Namely, they are related to combination of territorial movement and social change, including change of social environment, social status, or identity – features that are often absent from non migratory types of movement (Tsapenko, 2018: 370).

Cross-border (or international) mobility, as a sub-type of human mobility (see definition in IOM, 2019), includes migratory movements, but also different types of cross-border population movements that are not being encompassed with the term international migration (tourist visits, short-term business trips, religious pilgrimages, holiday trips, short travels, visits to friends and relatives, medical visits, commuting and daily cross-border movements, etc.). The umbrella term of (cross-border) mobility encompasses all different forms of migratory and non-migratory mobility, including circular, repetitive and seasonal labour migrations that do not meet the criteria of the length of the stay and therefore represent borderline types (Tsapenko, 2018). At the same time, this term preserves distinction between “proper” migratory and non-migratory mobility. Giving the fact that the focus of our analysis will be on experiences of self-isolation of all people who entered the country just before and after the pandemic was declared, we will use the broader term mobility/mobile citizens in order to encompass different categories of international movers.

2.2. Mobility management in situations of health crisis

Another important issue arising from the contemporary global mobility is related to the increasing control and management of migrations and population movement, multiplying strategies, policies and concrete measures implemented by the local governments, individual states and wider political entities (King and Lulle, 2016). Migrations often mobilize regulatory machinery through mechanisms of “migration management” (Bobić and Janković, 2017), especially in the context of health crises caused by the spread of infectious diseases (Gushulak and MacPherson, 2010) or other natural or man-made disasters. The relationship between travel, migration and disease has long history (Guchulak and MacPherson, 2006). Evolving global migratory context and increasing mobility imposes enlarged risks of microbial threats (Miller, 2010). As Gushulak and MacPherson (2010: 63) noted, concrete “activities to mitigate the risks of infectious diseases of public health significance resulting from international migration reflect the characteristics of the migratory process at the time they were developed.” Today’s cross-border movements represent a continuum of several

phases – pre-departure, transit and arrival – including repeated return and onward travel. Each of these phases is associated with factors that may have consequences on health of both mobile and stationary populations. Traditional disease control policies are usually not robust enough to cope neither with contemporary forms of continuous, circular, rapid, repetitive and high-volume population movements nor with the varying disparities between health determinants of the source, transit and host destinations (Gushulak and MacPherson, 2010).

A history of migration management in the situations of health crisis is long (dating back to 14th century Europe and even earlier) and includes practices such as quarantine, *cordon sanitaire*, health screening or placement under health supervision (Gushulak and MacPherson, 2010; Gregurović et al, 2020; White, 2020). Global governance of health security has not remained constant over time, changing its nature, extent and understanding of threats to health security, as well as dominant approaches to mitigating them (more on the historical changes in global health security regimes, see in: Hoffman, 2010). By the 19th century, the spread of epidemic disease became a problem that required coordinated, international response. Most of international agreements and conventions aiming to stop the spread of infectious diseases were designed in such manner to maximize the health protection and minimize effects on the trade and travel (White, 2020). The recent advancement of the new types of short-incubation respiratory infections (SARS or H1N1) has generated new global surveillance and emergency preparedness investments, based on modern diagnostics and information technologies. However, COVID-19 infection represents a precedent. Due to the fact that the world is dealing with a novel virus, which is potentially spreading quickly with inconceivable health consequences, there is no clear blueprint on how to insure most effective ways to protect the health of the population and to enable safe border-crossing and mobility (IOM, 2020). Therefore, it is not surprising that a large number of governments have resorted to dramatic responses, closing their borders, restricting population movements and introducing isolation measures (Sirkeci and Yüceşahin, 2020)⁶. Social, economic, health, psychological, labor and other effects of pandemic and response measures are far-reaching and have yet to be assessed. However, it is clear that pandemic situation will change the scope and patterns of cross-border mobility, prompting governments to develop new mobility cooperation platforms and to plan stronger investments in global health security systems (IOM, 2020).

COVID-19, Mobility and Self-Isolation. The Case of Serbia

The first case of COVID-19 in Serbia was officially reported on March 6th 2020. It was the case of the infection imported from abroad⁷. On March 14th 2020, the Government of Republic of Serbia has closed Serbia's borders for all foreign citizens, additionally imposing the measure of obligatory 14-day self-isolation for Serbian citizens coming from abroad, and 28-day self-isolation for

6 <https://migration.iom.int/>, accessed on October 26th 2020.

7 <https://www.reuters.com/article/us-healthcare-coronavirus-serbia-idUSKBN20T152>, accessed on July 20th 2020.

Serbian nationals coming from the “hotspot” areas and countries affected by COVID-19⁸. On March 15th 2020, the state of emergency was declared.

The closure of borders, a measure that other countries have also resorted to⁹, has caught a significant number of Serbian citizens abroad. Quite a few of them were forced to return to the country, causing congestions at border crossings. However, the reaction of the government officials was rather odd – they blamed their own citizens who returned to the country for not respecting self-isolation measures or for concealing the fact that they were infected¹⁰. In line with that, the President of the Republic of Serbia made an unequivocal accusation against returnees, stating that from March 5th to March 21st, 317 854 people entered the country, some of whom knew that they were infected but came to be treated in Serbia for free¹¹. In this way, the returnees were directly blamed for importing the virus and for the increasing number of COVID-19 cases in Serbia¹². Furthermore, as the processes of border closures were progressing all over the world, a number of Serbian citizens faced the problem of returning to the country from more or less distant destinations, in a situation of non-functioning regular air traffic. Even though the Government of Serbia organized air transport to return them to the country¹³, a significant number of these citizens failed to reach the airports to which the Government sent planes, being left to manage on their own.

During the first several weeks of the crisis, when Serbia faced the largest number of returnees from abroad, the protocols related to self-isolation measures changed several times. The first measure was introduced two days prior to declaration of the state of emergency, on March 14th, imposing obligatory 14-day self-isolation only for those returning from “COVID hotspots”¹⁴. At first, the task of the police was to inform those who arrived from abroad about the obligation of self-isolation, i.e. house quarantine, but after the introduction of the state of emergency, it was extended to monitoring compliance with self-isolation measures. Police officers were allowed to give orders to those infected

8 <https://www.srbija.gov.rs/vest/en/151422/measures-of-the-state-of-emergency.php>, accessed on July 22nd 2020.

9 <http://www.oecd.org/coronavirus/policy-responses/managing-international-migration-under-covid-19-6e914d57/>, accessed on October 26th 2020.

10 <https://www.srbija.gov.rs/vest/en/151650/huge-influx-of-serbian-citizens-from-abroad-causes-major-concern.php>, accessed on July 22nd 2020; <https://balkaninsight.com/2020/04/03/serbia-pins-coronavirus-blame-on-returning-serbs-concealing-infection/>, accessed on August 10th 2020.

11 <https://www.bizlife.rs/aktuelno/vesti-dana/u-zemlju-uslo-300-000-ljudi-ne-pitajte-se-sto-imamo-veci-broj-zarazenih/>, accessed on July 22nd 2020.

12 <https://indeksonline.rs/2020/04/vucic-izmedu-24-000-i-32-000-zarazenih-uslo-u-zemlju/>, accessed on July 22nd 2020.

13 <https://www.srbija.gov.rs/vest/en/151893/state-support-to-citizens-stranded-abroad.php>, accessed on July 22nd 2020.

14 The next day, the self-isolation measure for citizens who entered Serbia from the “hotspot” regions was extended to 28 days, while the 14-day quarantine was introduced for citizens who arrived in Serbia from other countries (<https://www.paragraf.rs/koronavirus/strucni-komentari/pregled-svih-propisa-donetih-pre-i-posle-proglasenja-vanrednog-stanja.html>, accessed on July 23rd 2020).

or suspected that they are infected to reside at the address of residence or stay, with the obligation to report to competent health institutions (Đorđević, 2020).

The implementation of the notification procedures for citizens who entered the country did not go smoothly. For example, citizens who entered Serbia from “COVID-19 hotspots” before the declaration of the state of emergency were invited to inform border officials only if they had symptoms of the disease, receiving a paper with a recommendation to reduce social contact during the next 14 days. The decision on mandatory self-isolation was not handed to them. Only after the state of emergency was declared, the citizens entering Serbia was given signed official order for self-isolation, and from this moment on, the police started implementing self-isolation control measures¹⁵. Based on the facts that some citizens were retroactively informed about obligatory self-isolation even up to ten days after they had entered the country, while others were subjected to control immediately, it was clear that the notification system was lacking coordination. However, even larger problems occurred when people who were not informed that they were the subjects to health and quarantine supervision, were detained by the police for non-compliance (Đorđević, 2020).

Another measure that met a strong reaction from the public was mandatory 28-day state-organized quarantine for persons who came from the “hotspot” countries within special facilities (such as dormitories, former migrant camps or military objects). This measure has been implemented since March 20th, mostly affecting groups repatriated by the state (students whose universities have been closed, workers who have lost their jobs, tourists who have been waiting at airports for government planes to pick them up, etc.) (Stojanović 2020). Many of these citizens complained that they were not informed on where they would be accommodated or how long they would be quarantined¹⁶.

There are no reliable data on how many people entered the country during the state of emergency and several days prior to its declaration. As it was said earlier, the President of the Republic of Serbia stated that more than 300 000 people returned in the period from 5th to 21st March 2020. While there is no doubt that the largest number of people entered the country during the first few weeks of the crisis, this figure seems rather exaggerated. According to the information available at the Open Data Portal of Republic of Serbia, a measure of mandatory self-isolation was imposed on 74 885 people by April 3rd 2020 (mostly on people residing in Belgrade and in border municipalities in which citizens are engaged in daily cross-border mobility)¹⁷. Given the fact that this measure was not imposed on everyone who entered the country during the

15 Additionally, on March 18th, the state announced that a health or sanitary inspectors could also give an oral order for self-isolation, with the possibility of obtaining a written form upon request and ten days later mandatory self-isolation has been retroactively extended from 14 to 28 days (<https://javno.rs/analiza/kada-je-srbija-naredila-samoizolaciju-za-sve-koji-dolaze-u-zemlju>, accessed on July 21st 2020.)

16 <https://javno.rs/analiza/kada-je-srbija-naredila-samoizolaciju-za-sve-koji-dolaze-u-zemlju/>, accessed on July 22nd 2020.

17 <https://data.gov.rs/sr/datasets/covid-19-dnevni-izveshtaj-o-obaveznoj-samoizolatsiji-na-teritoriji-republike-srbije/>, accessed on July 22nd 2020.

pandemic, the total number of returnees during the first several weeks of the crisis is probably higher.

3. Methodology and Data

The data analyzed in this paper were obtained through on-line survey of the Serbian citizens who entered the country from February 21st 2020 until the end of the survey. The survey has been designed and implemented by the research team of Institute for Sociological Research of the Faculty of Philosophy (University of Belgrade)¹⁸. The questionnaire had two sections – one was intended for those entered the country before the first case of COVID-19 was officially registered in Serbia (on March 6th 2020), and the other for those that entered afterwards. The survey was active from April 14th until May 24th 2020 and distributed via social networks (mainly Facebook). Since the sample of respondents who filled the questionnaire is not random probability sample, it is not representative for all citizens that entered the country during the “first wave” of this health crisis. Therefore, the ambition of this paper is not to draw conclusions about all “border crossers” during the observed time period, but to describe the experiences and characteristics of those who filled the questionnaire.

The sample counted 305 adult respondents, out of which 26 had entered the country before the first case of infection was officially registered. Most of the respondents entered the country by plane or by car and little under 10% of them came with transportation organized by the Government of Serbia. Gender distribution of respondents was rather uniformed (51,2% of females and 48,8% of males), while in terms of their age, clear was domination of active users of social networks (through which the call for survey was distributed) – younger and middle aged respondents (28,9% of them were younger than 30 years, while 49,5% of them were between 30 to 45 years old). The method the questionnaire was distributed and filled – through on-line platform – caused another possible sample bias¹⁹: namely, almost 50% of respondents have college or bachelor degree, and in addition to that, around one fifth have a master's or doctoral degree. In terms of territorial distribution, just fewer than 40% of respondents reported they were temporary or permanent residents of Belgrade, again testifying on the bias of the sample due to the way the questionnaire was distributed and filled in: namely, data on self-isolation measures issued by authorities, available at the Open Data Portal of the Republic of Serbia, indicate that in absolute terms the largest number of self-isolation measures was imposed on Belgrade residents in comparison to residents of other municipalities, but this number does not make nearly 40% of the total number of imposed measures²⁰. In terms of destination

18 The team consisted of Dunja Poletić Ćosić, Tamara Petrović Trifunović, Milica Resanović, Aleksandra Marković, Anđelka Mirkov, Milica Vesković Anđelković, Jelena Pešić and Vlasta Kokotović Kanazir from Geographical Institute “Jovan Cvijić” SASA.

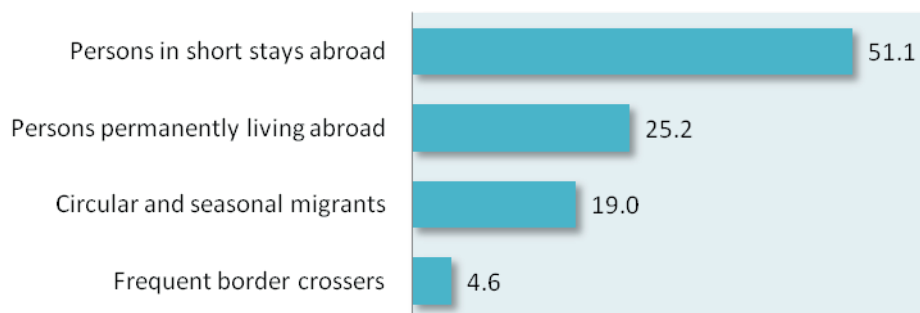
19 At this point, it is only possible to assume that the sample is biased because the sample frame of persons who entered the country during the pandemic is not available.

20 <https://data.gov.rs/sr/datasets/covid-19-dnevni-izveshtaj-o-obaveznoj-samoizolatsiji-na-teritoriji-republike-srbije/>, accessed on July 22nd 2020.

of departure, almost equal number of respondents departed from Western European and Central European countries; however, the biggest category were those departing from distant and oversee locations, such as South-East Asia, United Arab Emirates, USA, but also Turkey.

In terms of categories of mobile citizens who entered the country we have singled out the following: 1. Serbian citizens which have permanent place of residence abroad (people who work abroad, students, family members of those who work or study abroad, beneficiaries of foreign pension funds); 2. citizens who were staying abroad short term (circular work migrants including seasonal workers); 3. people who found themselves abroad (tourists, visitors, persons on medical treatments, business trips or conference attendants); and 4. citizens who were crossing borders as part of their everyday activities (mostly those residing in borderline municipalities). The largest category in our sample are respondents who were in a short stay abroad when the crisis begun (in a tourist, business or other short visits) – 51,1%, followed by those who lived abroad (25,2%) or worked there on temporary basis (19,0%). Daily border-crossers make only 4,6% of the sample (Chart 1).

Chart 1: Categories of mobile citizens (percentage)



5. Results

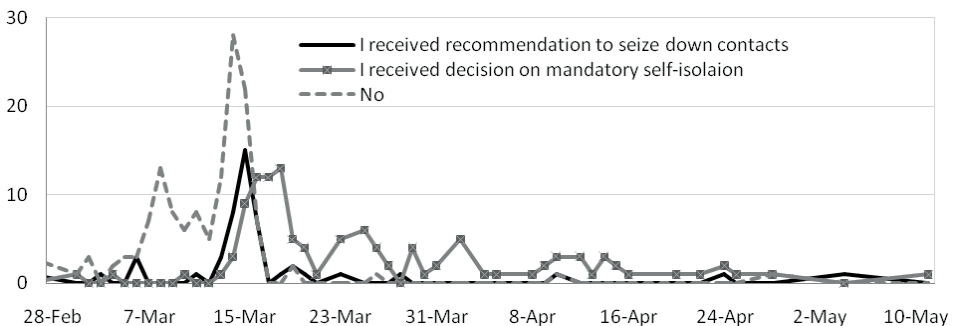
1.1. Information on self-isolation

For most of the respondents, self-isolation began with obtaining information about being placed under medical supervision. How did this process go? As stated, mandatory self-isolation of returnees to the country or those who were engaged in daily border-crossings did not always start immediately after entering the country. Depending on the time at which they entered the country (as well as on the type / location of border crossing and on the form of transport), the protocols differed, as did the information they received from state authorities about being placed under medical supervision. Until March 15th 2020, the protocol included oral information at the borders on the obligation of reducing contacts and reporting to doctors if symptoms appear (the protocol was not the same for all passengers and differed for those who came from “hotspots” and

those coming from countries that were not marked as “hotspots”). After the declaration of the state of emergency, the protocol was changed and included the obligation of 14-day, and then retroactively prescribed 28-day self-isolation. Subsequently and retroactively, the obligation of self-isolation was prescribed also for those who entered the country by March 15th 2020.

The majority of our respondents entered the country during the period from March 7th until March 20th, and the peak was just on the day the state of emergency was declared (March 15th). The data presented within Chart 2 indicates several patterns which are in line with time-line of protocol changes: by March 15th, the number of people who had not received any notification on mandatory self-isolation was growing (which is in line with the increase in the number of those returning to the country); after the declaration of a state of emergency, the share of those who did not receive any information decreased, as well as those who received only oral information, while the share of respondents who received a written decision increased. However, it is interesting that during the short time interval of 3 days (March 14–16th), all three “protocols” were present at the same time, testifying to the confusion and to the lack of coordinated notification procedures: namely, even before the state of emergency was declared, some respondents stated they have already received a written orders; others were only orally informed, while the rest stated that they got neither, even after the emergency has been declared. Since the notification system was not functioning consistently at the border crossings and due to rapid changes of protocols, the state authorities subsequently informed some returnees about being placed under medical supervision and on mandatory self-isolation by phone or by visiting them. Forty percent of those who did not receive notification on mandatory self-isolation when they entered the country were subsequently visited by state authorities (police officers); 23,6% of respondents stated that police representatives notified them on self-isolation by phone, 27,3% learned about it from the media, and the rest of them from relatives, friends, neighbour, etc.

Chart 2: Information on mandatory self-isolation at border crossing by entry dates (answers to question: “Were you informed about the obligatory self-isolation measures at the passport control?”)



The differences in the means of notification on self-isolation were not the only ones; they also manifested in terms of how clear the instructions given by the representatives of authorities were. Namely, when asked to rate how clear it was what was expected of them during self-isolation, 36,9% of respondents stated it was completely clear, another 31,8% that it was mostly clear, while the rest assessed that it was not clear to them at all or that it was only partially clear. These differences in the degree of clarity of information reflected at their behavior during the period of mandatory quarantine.

Before we move on to the practices and experiences of self-isolation, another piece of information, relevant for the consistency of the protocols, is important. Namely, the goal of the measure of self-isolation of returnees was to prevent possible import and spread of the infection and to protect the population. Having this in mind, it would be expected that returnees would be contacted by medical workers to monitor their health. However, 75% of respondents stated they were not contacted by medical staff at all; 22,1% of them were contacted by phone, while a small number of them were visited by medical workers at home. Such uneven practices, and especially the fact that representatives of health authorities visited a small number of returnees, indicate not only inconsistencies in implementation of the measures (which is to some extent understandable given the lack of experience with such situations), but also that the measures taken were aimed at protecting the population from returnees and to lesser extent at protecting the health of returnees. This finding is indicative in the light of the statements of the state officials from the beginning of the crisis in which the returnees were directly accused of being responsible for the spread of the infection as well as for coming to the country for treatment at the expense of the state.

1.2. Housing and material resources during self-isolation

One of the elements that determines the experiences of self-isolation are the resources that households or individuals possess, with economic and social resources being one of the most important. Economic resources refer to housing and material resources on disposal to the households and their members, while social resources refer to the networks of solidarity and support that are available to them and that are crucial for maintaining communication with the outside world, but also for meeting their basic needs.

Majority of the respondents were isolated in their own homes. Only 8,8% of them stated they were placed in special facilities upon arrival to the country (among them, the largest number returned to the country by organized transport of the Government of Serbia). Little less than 1/5 of the respondents who were in self-isolation stated that they lived alone so they did not have a problem of how to organize quarantine in terms of the space. In addition, 26,5% stated that all household members were in isolation. However, 2/5 of them stated that they were the only members of the household mandated for self-isolation, and an additional 10% stated that some of the household members were mandated for isolation and others were not. In other words, around half of respondents

potentially faced the problem of how to organize their living space in order to ensure physical separation from other household members.

Just little less than 40 % of respondents actually reported that they had problems in ensuring physical separation between household members in isolation and those who were not. This means that in 2/5 of the households returnees that had to be isolated actually lived in the same premises as other household members. Others respondents managed to resolve the problem of physical separation by moving out from their homes. In this process, they relied on various resources: 1% of the rented an apartment, 3% got to use friend's or relative's housing facilities, while 6% had their own additional housing unit. At the same time, 54% of respondents stated that they had no problems in securing separation within their own housing unit.

In addition to housing resources, the possibility of separation also depended on who they stayed with in the household during self-isolation. As it was already mentioned, 18% of respondents stated that they live alone. However, a significant number of respondents lived in a households with their own or spousal parents (44,2%), children (23,2%), their partners (40,9%) or with somebody else (9,1%). In other words, for a significant number of them, the obligation of self-isolation meant a complete reorganization not only of their living spaces, but also of daily activities and interactions with other household members. It is therefore not surprising that respondents living with their parents, compared to other categories, expressed above-average concern that by returning to the country they have put people from their nearest environment in danger.

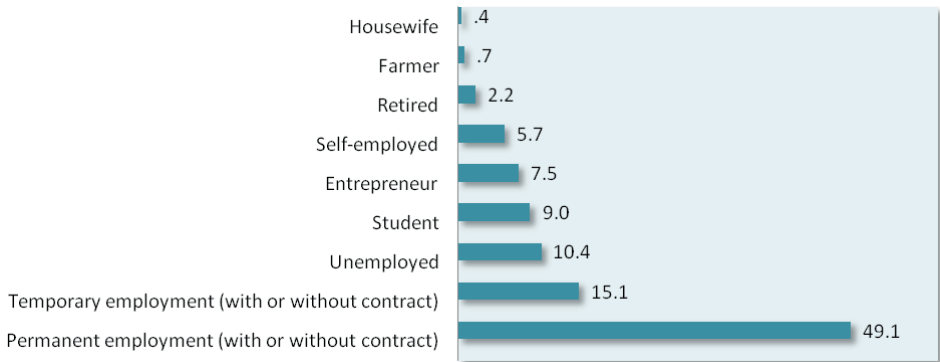
Other important economic resource is income, i.e. the existence of sources of income. This resource can be of key importance, given that the obligation of self-isolation implied complete inactivity during a period of 14 or 28 days, respectively. According to the estimates of the International Labor Organization, as stated by Babović and Obradović (2020), during the first quarter of the year 2020, due to the pandemic, 130 million full-time jobs were lost in the world. According to the estimates of the same authors, in Serbia, every 12th person who worked in February 2020 was unemployed in April.

Our data show that before the pandemic outbreak around 20% respondents were dependant persons (students, housewives and unemployed), 2,2% were pensioners, while others reported they had some sort of employment or income source (Chart 3). However, 15,1% of them were only temporary employed and additional 5,7% self-employed. This means that at least 1/5 of respondents were at high risk of loosing their primary source of income during the period of inactivity. A little less of ¼ of respondents stated that their employment status actually changed during the pandemic, i.e. that they lost their jobs. Among them, around 60% were those who have been temporarily or permanently residing abroad (belonging to categories of permanent and circular / seasonal migrants).

Contrary to claims made by the government officials that the diaspora was returning home to benefit from free health care, the data show that a significant number of them had been forced to return because they have had been left without a source of income (little less than 1/3 of the respondents that had temporary

or permanent residence abroad returned to the country due to this reason), or did not have covered health insurance or visa residence permit abroad (15%); additionally, a number of them lost their jobs abroad because they were unable to return to their residence countries (around 40% of respondents belonging to categories of temporary or permanent migrants had found themselves on vacation or in family visit in Serbia when the boarders closed; another 12,6% returned to the country in order to take care for family members in need, while 8.9% stated that they returned because they had more trust in Serbia than in the government of the country they lived in). These finding are very much in line with the claims made by diaspora representatives that “only seasonal workers, those working in informal sectors, and those who had lost their jobs, housing and social security had returned” (Šantić and Antić, 2020: 9). To sum up, when it comes to material resources, the biggest relative losers of the pandemic were citizens with temporary or permanent residence abroad who returned during the health crisis to the same socio-economic environment from which they had previously been forced to leave. This category of respondents, more often than others, stated that their biggest problem during self-isolation was reduction or loss of the income sources. For them, returning to the country was an existential necessity, but also potential temporary failure in their household strategy to ensure diverse, secure and durable livelihood (de Haas, 2010).

Chart 3: Employment status before the outbreak of pandemic



1.3. Daily practices during self-isolation

The situation of a pandemic crisis and mandatory self-isolation represents a new life experience for most people. As we have seen, some respondents possessed the necessary housing and/or economic resources to provide physical separation from other household members, while others did not. However, how did they cope with meeting everyday life needs?

Official data suggested that most of the citizens who returned to the country from abroad respected the self-isolation measures (Šantić and Antić, 2020). The data obtained from our sample are somewhat similar: the majority of the respondents (90%) reported that they did not go out at all during self-isolation

period, 9,6% of them went out occasionally, while only 0,4% admitted that they did not comply with quarantine measures very often. Among those who went out during mandatory self-isolation period, the majority did it in order to meet their daily needs, such as shopping (50%) or throwing garbage (50%), or, in a smaller share, to pay bills (4,5%) or visit a doctor (9,1%). However, a number of them reported that they went out just in order to walk their pets (22,7%) or to take a walk (40,9%)²¹.

In terms of the problems they most often encountered during self-isolation, the order is somewhat surprising. The largest percentage of respondents reported they have difficulties in coping with the lack of physical activities (47%), followed by the lack of direct contact with people (39,7%) and mental difficulties (23,3%)²². Satisfactions of the key needs – meeting physiological needs, such as physical activity, but also socializing or maintaining mental stability – which are more or less taken for granted in regular circumstances, are the first to be hit in a situation of crisis which implies physical and social isolation. Surprisingly, these results are in line with Maslow's hierarchy of basic human needs as motivators of human behaviour, and show unusual consistency in societies facing quarantine and isolation as measures implemented in response to a pandemic (Matias, Dominski and Marks, 2020). The fourth group of problems, in addition to physiological, psychological and social, are of a socio-economic character. Namely, a large number of respondents faced difficulties in procuring key foodstuffs or medicines (22,4%), or those related to the reduction of income sources (20,1%), putting them in a situation of not only social and psychological, but also existential insecurity. Finally, it is important to mention that one fifth of the respondents reported they were unable to take care of their family members in need or, to lesser degree, to take care of their pets due to physical isolation (Chart 4).

Chart 4: Difficulties respondents encountered during the crisis



21 Since this was multiple response question, each item was treated as separate dichotomous variable, within which the stated percentage represented the share of those who chose the specific answer in comparison to those who did not chose it.

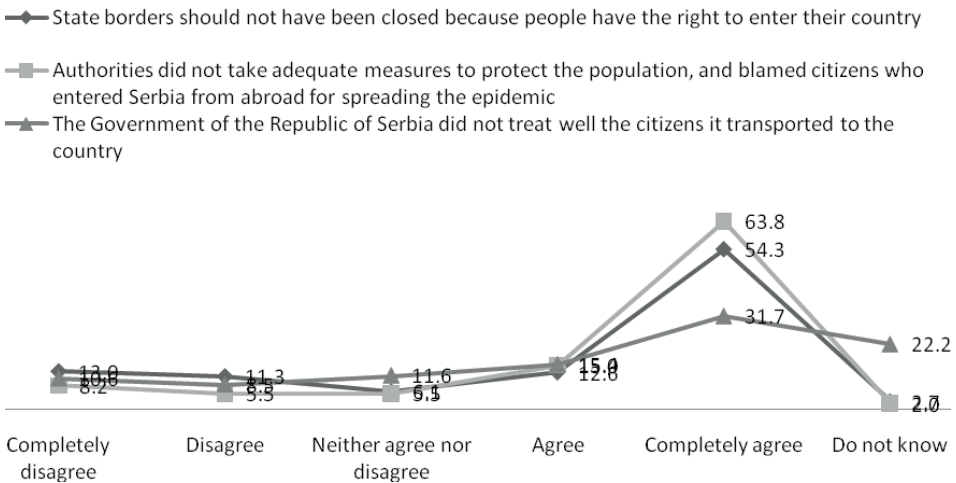
22 Multiple response question with each item treated as separate dichotomous variable.

1.4. Perceptions

Another important aspect is related to the perceptions of the respondents of the measures government has implemented in order to manage mobility in situation of the health crisis. As Šantić and Antić (2020:8) noticed, citizens returning from abroad were caught between accusations of spreading the virus and a plea for healthcare and other key workers from the Serbian diaspora to help Serbia.

The data show that majority (65,4%) of respondents felt that measures implemented by the Government were too strict (another 6,8% of them thought measures were not strict enough, while 27,8% expressed their feeling that measures were neither too strict nor not strict enough). Specifically, more than 2/3 of respondents agreed with the statement that state borders should not have been closed for Serbias' citizens and that they had right to enter they own country, while little less than ¼ disagreed with the statement. Furthermore, 78.8% of respondents agreed with the assessment that the Government did not take adequate measures to protect the health of the population, accusing, at the same time, returnees from abroad of spreading the epidemic. Finally, slightly less than half of the respondents agreed with the statement that the Government did not adequately treat citizens repatriated by government-organized transport (Chart 5). In other words, majority of the respondents were not satisfied with the measures implemented by the government, considering them too strict, but also insufficiently adequate. This impression was reinforced by the fact that returnees were the first category of population at which the measures were implemented, while at the same time serving as a scapegoat for the failure of state authorities to adequately prevent the spread of the epidemic (Stojanović, 2020).

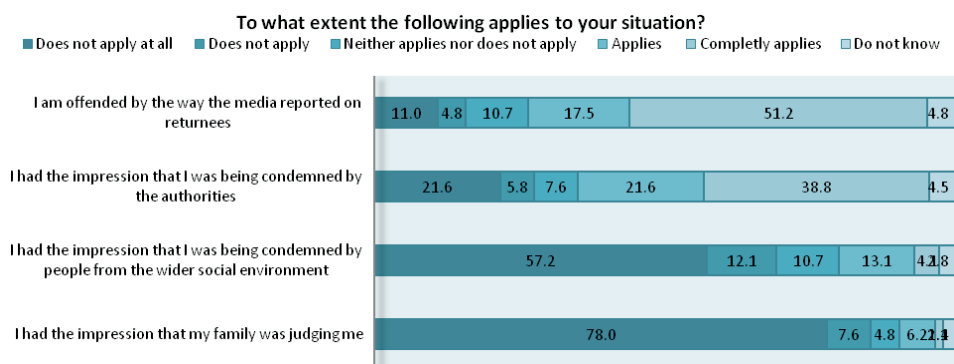
Chart 5. Attitudes of respondents on the measures Government has implemented



How did these measures and media reports affect the respondents? Has the media discourse, in which government officials postulated returnees as the main culprits for the spread of the epidemic, influenced the attitudes of the immediate and wider social environment towards returnees?

First of all, about 2/3 of the respondents felt offended by the way the media reported on them. Only 15% of the respondents reported they felt unaffected by media reports, while another 10% felt neither affected nor unaffected (see Chart 6). Furthermore, more than a half of respondents reported they had an impression that representatives of the authorities have condemned them because of the return to their own country (which, for many of them, was the only option at the time). However, a similar impression does not seem to prevail when it comes to perceptions of the reactions of people from their wider or narrower (family) environment. Namely, only 1/8 of the respondents indicated that they experienced condemnation from members of the wider social environment, and 7% of them experienced similar reactions from their family members.

Chart 6: Perceptions of the returnees



6. Conclusions

The health crisis caused by COVID-19 and the measures taken by the states to protect the population as a consequence had mass reverse migration from destination to country of origin (Šantić and Antić, 2020), but also a mass return of the citizens who found themselves outside the country for various reasons. For most of them, entering the country meant immediate or subsequent placement under health surveillance measures, i.e. self-isolation for 14 or 28 days. For a certain number of citizens, the state organized quarantine in special facilities. However, the crisis has shown a lack of preparedness of the state, its institutions and local communities for safe and responsible mobility management that takes care about the citizens' needs.

The first problem that arose was related to the lack of adequate preparedness of the community and institutional network in response to health crisis (Comfort and Zagorecky, 2004; Mileti, 1999). The lack of institutional coordination, as

shown by the findings of our research, was strongly manifested in the system of informing citizens about being placed under health control and surveillance. Although the spread of the epidemic and the need to respond to it implied dynamic mobility management, where measures changed almost on a daily basis, it seemed that their implementation was not consistent and uniformed, producing confusion and feeling of insecurity among repatriated citizens, but also pointing to potential lack of their effectiveness (especially in situations in which these measures were implemented retroactively).

Secondly, being put under self-isolation or quarantined represents a situation in which most respondents have not encountered so far. It implies physical isolation of the whole household or individual members during which satisfaction of the basic human needs – for movement, psychological support, for contact with other people, procurement of food and other goods, etc – is limited. Given the lack of preparedness of the wider community for this type of crisis, the lack of more careful design of targeted measures and the lack of mechanisms of citizens' assistance in meeting basic needs, it seems that the latter depended almost exclusively on the housing, economic, and social resources that citizens and households had on their disposal. In a society where these resources are unequally distributed (Manić and Mirkov, 2019), the health crisis and the measures taken to protect the population, paradoxically, have induced the reproduction of existing social differences. Those who had the economic or housing resources to properly isolate themselves, opportunity and resources to work from home (mainly people doing certain types of non-manual and intellectual work – see in: SeConS, 2020), and adequate social support network in meeting daily needs for food or medicines (Pitas and Ehmer, 2020), were less likely to violate self-isolation measures and to be sentenced for it, less likely to lose their jobs (in case they were employed) or other sources of income and at a lower risk of exposing their household members to potential infection.

Finally, the third issue relates to the government's attitude towards mobile citizens. In the midst of the pandemic crisis the returnees were recognized by the representatives of the authorities as the importers of the infection and the main culprits for its spread in Serbia. They were appealed not to return to the country and not to misuse "free healthcare" that Serbia provides them. Our data, however, reveal that most of the returnees were people who found themselves abroad on short (tourist, business or family) visits; therefore, when the pandemic broke out, they had no other option than to return to their homes. They were followed by the migrants who found themselves in Serbia in short visits when the borders closed; some of them lost their jobs abroad due to the fact that they were "trapped" in Serbia. Finally, among the respondents who purposely returned to the country, dominant were categories of returnees who lost their sources of income abroad, students whose faculties and campuses were closed or those whose legal status was not regulated. For most of them, return to the country during the pandemic represented existential necessity.

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