

Community Response in Rural West Bengal during COVID-19 Lockdown: Challenging Human Rights

Dr. Soumi Dey*

Assistant Professor. Dept. of Anthropology. Haldia Govt. College. Debhog, Haldia, Purba Medinipur – 721657,

Ms. Anwesha Das*

GNM Staff Nurse (Grade-II). Jeevan Suraksha Nursing Home, Haldia.

*GB Member of a non-profit NGO Howrah Ramkrishnapur Rubi Society for Human Welfare

Abstract- The study has assessed the immediate impact of COVID-19 outbreak, a new form of coronavirus in rural areas of West Bengal, India. With just a four-hour notice, the honorable Prime Minister of India announced a complete 21-day (first phase) lockdown throughout India on 24 March 2020, which was later extended to second and third phases to contain the spread of novel coronavirus. The impact of the sudden lockdown has been remarkable in people's everyday lives and living particularly on village dwellers. This study has tried to explore how the people are becoming victims of this situation and suffering from human rights violations. Their experiences will explain the reality generated out of the COVID-19 outbreak and will contextualize the condition of the rural areas within its political reality. The study has followed ethnographic techniques within a constructivist paradigm for data collection. Phone calls and video calls are the only ways to understand contradictions, complexity, and multiplicity of the realities during the lockdown phase in India. Interpretative analyses have facilitated the comprehension of facts and exploring the meanings based on the understanding of the participants' interpretation of their experiences. Further trouble was added as they were somehow connected to the medical professionals or profession. Lockdown in urgent basis has influenced to refuse people's right to look for security or return to safe places from where they face harassment or torture.

Keywords- Covid-19 Lockdown, Ethnography in Constructivist Paradigm, Human Rights, Violence

Date of Submission: 10-08-2022

Date of Acceptance: 25-08-2022

I. Introduction

COVID-19, a newly discovered coronavirus had infected millions of humans and caused hundreds of thousands of death across the world. On 30 January 2020 the outbreak of this virus was declared a Public Health Emergency of International Concern and a pandemic on 11 March 2020 (WHO, 2020). This pandemic led many nations to call for a complete or partial lockdown to curb the rising number of cases. To contain the spread of COVID-19, the honorable Prime Minister (PM) of India has announced a complete nationwide lockdown from 25 March 2020 (The Economic Times, 25 March 2020). Government of West Bengal announced a complete lockdown in West Bengal from 5 p.m. on March 23, a day before PM Narendra Modi announced lockdown (The Hindu, 2 May 2020). The effect of sudden lockdown has been remarkable in people's lives and livelihoods. People have experienced an unpredictable, quick changing new condition. Their movement has been restricted; they have to stay at home. Regular flows of life and family equations have been remarkably changed. Social life has been stuck up. Peoples' income and work situation have also been affected; many people started working from home, many have temporary or permanently lost their jobs. This situation has increased the levels of stress and a greater exposure to the violence of human rights in forms of domestic or communal (Gausman & Langer, 2020; van Gelder et al., 2020; Ramos, 2020; UN, 2020). The present article is based on three cases, which perhaps are the magnificent examples of victimization due to the government's imposing of the lockdown for the ongoing pandemic of COVID-19 without proper planning and measures. Every human being has the right to satisfactory housing, health, and work for a decent living. Denying social assistance to people is challenging the right to social security. Each story is portraying an ongoing massive human rights violation that is not only restricted to that locality,

rather it is the picture of Indian rural areas in this pandemic situation. Different studies have showed that nefarious may use social isolation as a mechanism to distance and control the access of the victims from their support networks (Coohey, 2007; Menjívar & Salcido, 2002). Fear is most common psychological effect during pandemic. All animates have a measure to protect them from environmental threats. Sometimes self-protection welcome threats to others. The narratives of the respondents had focused on the risk factors for social violence against those who are somehow related to medical profession or medical professionals in the COVID-19 phase. It is expected that the accumulated narratives of these three women will reveal the fact and will help to contextualize the contemporary Indian villages within its political realities.

II. Objectives

The present study has tried to understand the community response during lockdown when peoples' day to day life has been disrupted and human rights has been violated due to sudden outbreak of COVID-19 virus. Study has also tried to explore how the pandemic situation stimulates social harassment and violence.

III. Methodology

The present research is a 'thick description' of the experiences narrated by three study participants named Annapurna Das who lives in a village named Gangra under the Block Nandigram-I, Purba Medinipur; Diya Dey whose residence (in a village) is near Kharagpur, Paschim Medinipur; and Laxmi Das who lives in Chandipur, Purba Medinipur of West Bengal. Researchers have a good rapport with Annapurna's younger daughter Anamika Das for the last two years, and she is the prime source who brought these issues to researchers' notice and encouraged them to carry out this study. She was the only medium who has a connection with the participants. In each case, the informant's name has been changed for ethical purposes. Data have been collected from May 2020 to August 2020. By doing phone calls and video calls from their respective homes, the authors have collected data without participating in direct face to face interview and observation (Gillard, Wale & Bow, 1994). Traditional ethnography supposes to involve researchers in the field setting for some time or it expects at least that the researchers must belong to the group which has been studied. In the complete lockdown it was impossible for the researchers to travel more than 120 km to meet the research participants physically during that period. That's why the present study has followed ethnographic techniques within a constructivist paradigm (Williamson, 2006). As per Williamson (2006), ethnography primarily follows constructivist philosophical techniques where the researcher (who does ethnography) gather data by "studying people in their everyday contexts" or through "participating in social interactions with them" for the understanding of natives' viewpoint. Again, constructivists believe that reality itself is a socially constructed phenomenon produced by an individual's understanding of the world (Saule, 2002). Truth is generated between the fieldworker and the informant (Williamson, 2006). The researcher has tried to understand the context associated with pandemic by interviewing the participants in a semi-structured manner. Prevailing lockdown researchers were unable for cross verification through applying data triangulation and this is one of the limitations of this study. Respondent validation was useful in this case. The narratives articulated by Annapurna, Diya, and Laxmi regarding the contradictions, complexity, and multiplicity of the realities are analyzed in an interpretative way.

The Cases

Case 1

Annapurna Das is a mother of two daughters. Her husband lives in Kolkata for his job. Elder daughter Monika is married and lives in the nearest village named Sona Chura. Her youngest daughter Anamika is a nursing student. She is unmarried and after completion of the final examination, she has rented a room in Garughata, a village under Mahishadal police station. Annapurna used to live within a joint family setup with her in-laws. On 22 March 2020, Annapurna went to Garughata to stay with her younger daughter for a week. Suddenly on 24 March with short notice, the honorable PM of India declared a complete lockdown in India. She got stuck in her daughter's place. Owing to the lockdown she was there for over a month. While she started suffering from a monetary crisis, she decided to return to her home in Gangra in any possible way. Just then, the 3rd phase of lockdown was launched by the honorable PM from 3 May 2020 up to 17 May 2020. As per the announcement of permitted activities for the 3rd phase of the lockdown, movement of individuals and vehicles are allowed only for permitted activities (The Economic Times, 4 May 2020). Thereafter, Annapurna hired a four-wheeler in a contract of paying double the amount to the driver. On the morning of 4 May, Annapurna left

Garughata and reached Gangra near about 12:30 pm. At the entrance of the village, a few local boys stopped her car and started inquiring. They began creating nuisance and restricted her to enter the village. "I arrived at the entrance of our village. I could see the lane to my home but could not cross the threshold," said Annapurna. Those meddling boys called upon some of the busybodies of that village. Some of them asked Annapurna why she has returned to the village when her younger daughter is attached to hospitals by her profession. Annapurna tried to convince them that her daughter is on leave since February 2020 as her final exam had been over and she was not working in any way. The villagers were too obtrusive to their point that Annapurna might carry COVID 19, and she would spread it to the village soon. That very moment, driver left her after seeing that chaos. Annapurna requested them to keep her in an unoccupied room inside the village for the 14 days of quarantine as she had no place to go, but no one considered her words that time. She also reported,

"I called up my brother-in-law. He also requested those busybodies on my behalf and then pressurized them that we might take the help of police. The situation turned worse. They replied that no police or politician could provide security to our family for a full day or even for long. If I try to enter forcefully then they will ostracize our whole family. Villagers will not allow us to fetch drinking water from the tube-well that we use regularly to bring daily water. I was so tensed about the situation. My brother-in-law requested me to go back for the sake of our whole family."

Annapurna felt helpless at that time. She walked for more than half an hour with her luggage bag and reached Sona Chura at lunchtime near about 1:45 pm where her elder daughter dwells with her husband and daughter. Annapurna thought that she had overcome the circumstance for the time being. "But no, I was wrong," said Annapurna. She narrated,

"It was almost 5 p.m., a few local nosy men call up my son-in-law. They listened to the accounts but commented that he and his family should not go outside for two weeks. They promised that the villagers would purchase groceries for his family during that period. Today is 24 May, almost three weeks have passed. We are not supposed to go outside even for bringing drinking water till today. It is so difficult to ask the neighbor to bring water from tube-well every time, particularly at night. People are looking at us with fearful eyes. My grandchild who is only 5 years old is not even allowed to play at the courtyard. We are in constant surveillance by villagers."

Case 2

Diya Dey is a professional nurse. She is 22 years old and works at a private hospital in Jadavpur Kolkata from last September 2019 to April 2020. Diya is very devoted to her profession. Even in this crisis, she has served the hospital with her enormous passion. To Diya, the hospital did not have an adequate amount of Personal Protective Equipment (PPE) for the nurses to protect them from COVID 19 at the time of duty. She shared that the nurses who assisted doctors in Operation Theater were requested to reuse PPE in several cases. But the doctors were provided all protections including PPE and N-95 mask in every case. Sometimes nurses were compelled to reuse their masks and gloves also during their duty period. Diya admitted,

"I felt scared whenever the in-charge allotted my duty in the Emergency ward or OPD (outdoor patient department) without providing any PPE or gloves. I and my colleagues protested against this nuisance, but the hospital authority didn't pay any attention to our words."

Diya and a few of her colleagues were asked for quarantine by the hospital administration. In the second week of May, she underwent COVID 19 test and got a negative result. She left her job in the second week of May 2020 and went back to her home for her mother's sake whose condition deteriorated rapidly for having hypertension. Diya had booked a private car and reached her village. But from the time she has returned, her neighbors have started objecting. A few young local boys encircled her house that evening. They raised protest against Diya's entry into the village and demanded that Diya should be sent to a quarantine center. Diya narrated,

"I became so scared and started crying to see these furious people in front of my house. My father called up the local party president. The crowd was dispensed with the interference of a political person. The next day, a few ASHA (Accredited Social Health Activist) workers visited my house, and they asked for a photocopy of my COVID 19 test report. From that day, our family is facing unpleasant behavior from the neighbors. Few facetious boys labeled my father as corona's father. Even the nearest grocery store is denying to sell us items. Now, my father has to bring drinking water at midnight to avoid the mayhem."

Case 3

This is the case of Laxmi Das, a 38 years old woman who lives in a rented room at Chandipur of Purba Medinipur with her husband and three daughters. Her husband drives the car of a doctor. He earns eight thousand rupees per month. He used to contribute the minimum to his family as he used to send money to his parents. So, Laxmi is the chief contributor to her family. She works as a domestic help. She used to earn Rs. 5000 per month. Owing to the mandatory maintenance of social distancing, all the eight employers of Laxmi objected to her coming to their houses to do household chore since the time lockdown began. Laxmi is under too much economic stress and remains unpaid for more than two months. She narrated,

“While I have called them to ask for some money, two of the employers kicked me out of the job as my husband drives a doctor’s car. Even five employers have refused to pay wages for the last 7 days of March as I was disallowed to do my job since that time. Now tell me how could I run my family smoothly? I have procured ration from my daughters’ school for once. I don’t have a ration card in this address where I’m staying now. Is it possible to live a healthy life in this situation (she cried)? We have drained our savings almost. Even have no money to pay house rent now.”

The participants are somehow interconnected to medical professionals and thus they are paying a heavy price in this COVID-19 battle. Like them, everyday several doctors, nurses and health workers are handling this type of situation and assault due to people’s misconceptions regarding the coronavirus.

IV. Discussion

Within the ‘new normal’ situation produced by the pandemic crisis the risk of social violence has increased. COVID-19 lockdown has witnessed changes in the mutual bonding within community and the individuals and might be provided new characterizations for individuals’ perceptions, understanding, emotions, behaviors as well as cognitions. Even this ‘new normal’ environment has been disrupted the basic rights and freedom of human beings. One of the most important rights of an individual is the right to family and community life. Everyone has the right to live with their family where that person can get safety and protection. The community where a person resides has responsibilities to that person and associated family of helping them to access services. The community must listen to their problems, arrange for shelter, and help when they need it. In every case of this study, it has been found that people of that area where these participants reside have tried to create trouble for them in this moment of crisis because of their misconceptions about COVID 19 infection and futile frighten. Unnecessary panic can never be a reason for separating a person from the family. In this circumstance, governmental interference and intervention of local community centers should have been there to help these families to meet their obligations. Under Article 11, para 1, the International Covenant on Economic, Social, and Cultural Rights of 1966 clearly states that the “States Parties to the present Covenant recognize the right of everyone to an adequate standard of living for himself and his family, including adequate food, clothing, and housing, and to the continuous improvement of living conditions”. Although it does not give an individual the right to housing, it speaks about the right to enjoy ones existing home peacefully. The States Parties will take appropriate steps to ensure the realization of this right, recognizing to this effect the essential importance of international co-operation based on free consent. So, each person should take benefit from the basic subsistence rights, i.e. adequate food and nutrition, housing, clothing, and the obligatory conditions of care when needed. On 16 March, 2020, the United Nations human rights specialists declared that “emergency declarations based on the COVID-19 outbreak should not be used as a basis to target particular groups, minorities, or individuals. It should not function as a cover for repressive action under the guise of protecting health... and should not be used simply to quash dissent” (UNHR Display News, 2020). The government-imposed lockdown executes restrictions on certain rights particularly on those that result from the imposition of quarantine or isolation and confines liberty of people going hither and thither, particularly symptomatic ones. The banning of the journey and limitations on freedom of movement are not discriminatory. These do not refuse people’s right to look for security or return to safe places from where they face torture (Human Rights Watch, 19 March 2020). Protection of human rights on the ground of non-discrimination, intelligibility, and respect for human self-esteem is urgent in the time of crisis. People have the right to participate in regular day to day interaction with other people without any humiliation and embarrassed hindrances. Each person should be capable of enjoying the benefit of the basic needs to concerning self-esteem. These are their indispensable liberty.

V. Observation and Conclusion

Governments are liable for providing information essential for the protection and promotion of rights. They must control the damages that may come from the imposition of exaggeratedly extensive measures that fail to fulfill the actual purpose of the lockdown. People have right to know the correct and up-to-date information on COVID 19 virus including access to services, service interruptions, and other sides of the reaction to the COVID-19 outbreak. The government must put human safety on the top of its priority list as they are responsible for protecting humans against any such violations.

Acknowledgements:

This study is supported by a non-profit NGO “Howrah Ramkrishnapur Rubi Society for Human Welfare”.

References:

- [1]. Coohy, Carol. 2007. The relationship between mothers' social networks and severe domestic violence: a test of the social isolation hypothesis. *Violence Vict.* 22(4):503-12.
- [2]. Gillard, Patricia., Amanda, Bow., and Karen, Wale. 1994. *A Major Line to the Outside World from the House: Defining the Significance of Telecommunication in Social Context.* Royal Melbourne Institute of Technology, Melbourne: Telecommunications Needs Research Group.
- [3]. Gausman, Jewel., and Ana, Langer. 2020. Sex and gender disparities in the COVID-19 pandemic. *J. Womens Health* 29, 465–466. doi: 10.1089/jwh.2020.8472
- [4]. Human Rights Watch. 19 March 2020. Human Rights Dimensions of COVID-19 Response. Accessed at <https://www.hrw.org/news/2020/03/19/human-rights-dimensions-COVID-19-response>.
- [5]. Menjivar, Cecilia., and Olivia, Salcido. 2002. Immigrant women and domestic violence: Common experiences in different countries. *Gender & Society.* 16(6):898–920.
- [6]. Ramos, Gabriela. 2020. *Women at the Core of the Fight Against COVID-19crisis.* Paris: Organisation for Economic Co-operation and Development.
- [7]. Saule, Silta. 2002. Ethnography. In Kirsty Williamson ed., *Research methods for students, academics and professionals Information management and systems*, 176-193. Quick Print: Wagga.
- [8]. Lockdown 3.0 begins today with 'considerable relaxations'; some curbs to continue. 2020. *The Economic Times*, May 4, 01:09 PM IST, Accessed at <https://economictimes.indiatimes.com/news/politics-and-nation/lockdown-3-0-begins-tomorrow-with-considerable-relaxations-some-curbs-to-continue/articleshow/75518139.cms?from=mdr>
- [9]. India will be under complete lockdown for 21 days: Narendra Modi. 2020. *The Economic Times*, Politics and Nation, March 25, 12.43 PM IST, Accessed at <https://economictimes.indiatimes.com/news/politics-and-nation/india-will-be-under-complete-lockdown-starting-midnight-narendra-modi/articleshow/74796908.cms?from=mdr>
- [10]. Coronavirus : The Mystery of the Low COVID-19 Numbers in West Bengal. 2020. *The Hindu*, May 2, 08:59 AM IST. Accessed at <https://www.thehindu.com/news/national/other-states/the-mystery-of-the-low-covid-19-numbers-in-west-bengal/article31484561.ece>
- [11]. COVID-19: States should not abuse emergency measures to suppress human rights – UN experts. 2020. UNHR Display News. Accessed at <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25722>.
- [12]. United Nations. International Covenant on Economic, Social and Cultural Rights: Adopted and opened for signature, ratification and accession. UN General Assembly resolution 2200A (XXI); 16 December 1966, Accessed at <https://www.ohchr.org/Documents/ProfessionalInterest/cescr.pdf>.
- [13]. United Nation. COVID-19 and Human Rights We are all in this together. UN; April 2020. Accessed at chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/viewer.html?pdfurl=https%3A%2F%2Fwww.un.org%2Fvictimsofterrorism%2Fsite%2Fwww.un.org.victimsofterrorism%2Ffiles%2Fun_-_human_rights_and_covid_april_2020.pdf&cclen=1801770&chunk=true
- [14]. van Gelder, Nicoli., Peterman, Amber., Potts, Alina., O'Donnell, Megan., Thompson, Keley., Shah, Niyati, Oertelt-Prigione, Sabine., Gender and COVID-19 working group. 2020. COVID-19: Reducing the risk of infection might increase the risk of intimate partner violence. *E Clinical Medicine*, 21:100348.
- [15]. Williamson, Kirsty. 2006. Research in Constructivist Frameworks Using Ethnographic Techniques, *Library Trends*, 55 (1): 83-101. doi:10.1353/lib.2006.0054.
- [16]. World Health Organisation. Outbreak of Novel Coronavirus. WHO; 2020. Accessed at [https://www.who.int/news-room/detail/30-01-2020-statement-on-the-second-meeting-of-the-international-health-regulations-\(2005\)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-\(2019-ncov\)](https://www.who.int/news-room/detail/30-01-2020-statement-on-the-second-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-(2019-ncov)).

Dr. Soumi Dey, et. al. “Community Response in Rural West Bengal during COVID-19 Lockdown: Challenging Human Rights.” *IOSR Journal of Nursing and Health Science (IOSR-JNHS)*, 11(4), 2022, pp. 11-15.