Sukant K. Chaudhury

ANTHROPOLOGY OF COVID-19: SOME NARRATIVES

Abstract

Pandemics are not new phenomenon in the world. They only differ in impact, number of casualties and intensity of complications in health. The current COVID -19 pandemic has occurred exactly after 100 years. After about one hundred years of Spanish flu the COVID – 19 pandemic came in December, 2019. It is causing severe acute respiratory syndrome and producing worldwide high death toll. While Spanish flu witnessed four successive waves, the corona virus has also witnessed 3 to 4 waves in different countries. The present paper discusses various aspects of the impact of COVID–19 such as social, economic, psychological, religious and health and so on. An attempt has been made to make a qualitative analysis of the whole scenario through some case studies. It is rather an auto ethnographic account of how the author experienced it as well as what is the outcome of both lived in and lived out experiences.

Keywords: *Lockdown, Risk Society, Rituals, Family, Greeting,*

Introduction

The COVID – 19 pandemic has been the biggest crises to hit the humanity since the World War II. The official figures of the death toll in India are more than 500,000 but it could be much more due the subsequent complications. Obviously pandemics are not unknown to the world. They have been happening at regular intervals. The HIV/AIDS pandemic has killed worldwide about 36.3 million people till 2020 (https://en.wikipedia.org/wiki/List_of_ epidemics). The Bubonic Plague came several times killing millions of people and the Spanish flu (1918-20) was a worldwide pandemic which killed about 100 million people. The official estimate of casualties in the world in the current COVID – 19 pandemic is about 10.4 million people (WHO up to 21 May 2021) but people dying with COVID – 19 complications are much more in number. For the analysis we can only compare the Spanish flu which is called the Great Influenza witnessed four successive waves from 1918-1920. The virus lasted for about 4 years and was completely wiped away in 1922. The point of concern is that then the death toll was very high because of lack of modern

SUKANT K. CHAUDHURY, Professor, Department of Sociology, University of Lucknow, Lucknow-226007, E-mail: sukantkchaudhury@gmail.com

healthcare facilities. But today, despite of having modern healthcare facilities maximum casualties came from the advanced countries like Europe and America including the United States. The Third World countries including India got severely affected because of laxity on the part of government as well as people themselves. In light of this I thought of working on COVID- 19 and its impacts on various aspects of Indian society in general and on Lucknow in particular. For this purpose I have relied on various studies conducted by different organisations, reports by print media and electronic media as well as some primary data which include few case studies and interviews over telephone.

Theoretical Background

Here many sociological and anthropological theories can he applied like Medical Anthropology, Sociology of Medicine, Parsons' concept of sick role, Goffman's idea of stigma, Ulrich Beck's idea of risk society and sociology of education. Medical Anthropology deals with the factors, mechanism and processes that play a role on or influence the way in which individuals and groups are affected by and respond to illness and diseases. It also examines the above problems with an emphasis on patterns of behaviour (Falbrega 1972 Chaudhuri cf. (1986). Sociology of Medicine deals with the explanation of behaviour of physician, patients and nurses. It also deals with an understanding of the organisational structure in which they interact. They are not concerned with the action and are only concerned with the understanding of structure and organisation. It also takes into account the studies on doctor patient interaction, social factors offering the delivery of services and obtaining medical care, and social epidemiology of disease (Nagla 2018 : 5-6).

Ulrich Beck (1992) says that the contemporary societies are undergoing transformation but not into post modern society rather into a risk society.

There are three stages of modernity:

a) Pre-modern, it means how many are guided by religion and tradition.

b) Simple modernity mars religion and tradition were replaced by technological rationalism and science and technology for most of the problems, however, the crisis was concerned with the distribution of wealth which gave rise to poverty inequality and unemployment in all the third world countries including India are found in this phase.

c) Reflexive or late modernity – It is marked with no material scarcity and there was no struggle for daily bread. Such societies are found in Western Europe like Germany but they have many more problems. These societies have changed from wealth distributing societies to risk distributing societies. Along with Anthony Giddens he coined the term Risk Society. Risks are not confined to particular social group. They affect the wealthy as well as the poor in a similar manner. For example,

agricultural technology brought surplus food but processed food caused sickness through life style diseases. Nuclear energy provided ample energy but created the risk of nuclear hazard. Aggressive technology produced severe attack towards natural resources causing global warming through ozone layer depletion, modernity, consumerism and all kind of pollution, ultimately leading to severe events through climate change.

COVID-19 can be very well interpreted through this approach. This has become a global risk because of the following factors:

a) It effects all and sundry,

b) It is a consequence of science and technology of the modern era,

c) No one can escape the risk,

d) Globalisation has amplified the risk,

e) The wet market of Wuhan created to provide food, ultimately led to the origin of the novel corona virus which has become the biggest risk,

f) It has neither a geographical limit nor a class limit.

Talcott Parsons (1951; cf. Milton 2004) said that illness is not just a biological condition but also a social role (with a set of norms and values assigned to a role). Illness is a form of deviant behaviour within society as those who are ill are unable to fulfil their normal social roles. Thus they are deviating away from a consensual norm. Parsons argued that if so many people claimed to be ill, then it may have a dysfunctional impact on society. He devised that 'Sick role mechanism' of how ideally a doctor and patient should interact and provided certain rights and obligation to both the roles.

Goffman (1963) influenced the social science with his concept of Stigma, that is, those who are seen outside the realm of normality are stigmatized. Here degrees of stigma are not much of concern comparing to stigma itself. COVID-19 created such social stigma in all the societies in general and conservative societies in particular. Goffman explored the encounters between the normal and stigmatized. Goffman said that stigmas have different degrees of visibility, "how well and how badly the stigma is adapted to provide means of communicating that the individual possesses it." He distinguished the visibility of stigmas from their "*known-about-ness*". Highly visible stigmas such as physical disfigurement cause immediate "*known-about-ness*", in social interaction. "K*nown-about-ness",* of an invisible stigma like a mental health disorder (less so to a trained psychiatrist), depends on rumours or other people's previous knowledge of the person. He/she who possesses an invisible and unknown stigma may seek to control other people's knowledge about it (cf. Vassenden and Lie 2013:82).

The idea of working on COVID-19 and its implications came to my mind since the first day of lockdown in India. In fact, in February 2020, I had a serious thought over it because of one important incident. A learned Professor, Professor Alan Law who works in University of Trent (Department of Sociology), Toronto, Canada came to University of Lucknow, India on my request. I organized an International Workshop on Happiness and Leisure on 17th February, 2020, which was attended by about 200 delegates. Professor Alan Law delivered the key note address[1].

In fact, Professor Alan Law came from his hometown in Australia. Therefore, I was a little perplexed thinking about him being the carrier of the corona virus. During that time, the virus was well spread in China; most of the countries in Europe, the United States, as well as in the parts of Korea and Australia but there were no travel restrictions. Professor Law lived in our University of Lucknow guest house and had lunch and dinner with us regularly. In between, he went to Utkal University, Bhubaneswar to deliver few lectures. During those days, my parents who are quite old, were living with us and we were four people myself, my wife and two daughters. Along with Professor Law, we were having food on the same dining table. When he left for Toronto on 19th February, 2020, I was little disturbed and after fourteen days, i.e. on 5th of March, 2020, I was relieved because we did not have any corona infection. On 22nd March 2020, the Uttar Pradesh Government started lockdown; the Government of India did it on 25th March, 2020. Then I had a sore throat for which, after consulting the Doctor I took some antibiotics and it was cured in about four days. Simultaneously, my wife also suffered from sore throat and it was cured in about four days. We did not do any RT-PCR or antigen test. It was also not popular those days, neither the doctor asked to do so.

Then we had about 41 days of lockdown. The domestic aid including the maid, the cook, the driver, the sweeper (who used to clean the lawn and the garden and three toilets cum washrooms) and the gardener (we have a bungalow accommodation with a manageably large garden and kitchen garden having big trees). Now, one can imagine our woes and challenges of maintenance of the house and cleaning of the toilets in the absence of any help. We divided the work among ourselves and somehow managed the whole affairs. Maintenance of the garden was very problematic and cleaning of the toilets and the washrooms were not definitely amusing.

On 4th May, 2020, there was some relaxation in the lockdown and I started supervising my research scholars in the study room of my residence. In those 41 days of lockdown, I was engaged with some amount of anxiety, watching and reading news and discussing things only among family members, i.e. among four of us. Quite interestingly, neither there was much phone call from others nor I made any call to others (otherwise I used to have at least 25 to 30 calls every day). The analysis shows (after talking to people) that all were relatively anxious and serious about the situation affected by COVID-19. Those

41 days did not have many casualties in India. Then we started online classes, seminars, conferences, all kinds of lectures and so on. I organized two national webinars/e-seminars: one on 'COVID-19: Socio-cultural and Biological Issues'[2], and the second one on 'Ecological Crises and Climate Change in the Himalayan Region'[3].

Besides, I have delivered a total of 57 seminars and conference lectures as well as refresher course and other academic lectures at other universities during a span of 16 months. Further, five students of mine submitted Ph.D. during these months (three of them were awarded). I successfully completed most of the backlogs which included editing four issues of *The Eastern Anthropologist*, writing three research papers: (i) Ecology, Climate Change and Global Warming (2019), (ii) Relevance of Methodology of M.N. Srinivas today (2020); (iii) Inclusive Policies and Development of Tribals in India through Education: Insights from New Education Policy(forthcoming); a few obituaries and book reviews. I organized two conferences: (i) COVID-19: Socio- Cultural and Biological issues; (ii) Ecological Crises and Climate in the Himalayan Region.

Case 1

A very alarming situation struck my life; on 23rd December, 2020, Professor Vinay Kumar Srivastava passed away due to post COVID-19 complications. Then he was holding the post of Director of Anthropological Survey of India and was a former Professor of Anthropology, University of Delhi. A very learned scholar, Professor Srivastava was a Ph.D. from University of Cambridge and had done M.Sc. Anthropology, M. A. Sociology (both Gold Medalist) and M. Phil, Chinese studies; all from University of Delhi. What is important here is that we had many joint academic projects of mainly writing up and lecturing. We were in close interaction, almost daily for about 30 to 40 minutes on phone or in person since 1986. It was very depressing; I was academically troubled and almost orphaned. I used to call him Sir. Sir left from Kolkata on 7th of November 2020 to his home in Delhi with some official work and also to celebrate Deepawali with his wife on 14th of November, 2020. He had to come back to Kolkata on 17th of November, but due to kin pressure, he cancelled the trip to attend a fat Indian wedding on 23rd of November. The next day he felt sick with sore throat, could not speak on phone, and interacted through WhatsApp. He could do the COVID-19 test only on 28th of November despite knowing much detail about COVID-19. He was researching on COVID-19 and also must have given more than 20 lectures on it. He tested positive on 29th of November and was admitted to a hospital, gradually things worsened and he left us in lurch and left for his heavenly abode on 23rd December 2020.

Case 2

In the meantime, the offline classes started for a few days from January to March 2021, before that in September-October 2020, we already had offline

examinations of Under Graduate and Post Graduate students, Ph.D. entrance tests and Viva-Voce and so on with the dangerous threat of getting infected. There were a few students who could not appear in the examinations. Those who could not appear Viva-Voce because of COVID-19 infection were allowed to give Viva-Voce online. Come April 2021, things changed fast; partial lockdown, weekend lockdown then full lockdown - all tentative decisions added with shortage of hospitals beds, ICUs, CCUs, ambulances, doctors, nurses, and other paramedical staff- all produced devastating woes. People got vaccinated once and some twice, got infected and some passed away. Personally speaking I was not scared and followed most of the healthy habits, took first vaccine on 1st April, 2021. My daughter, who visited a friend on 29thMarch, 2021 on the occasion of Holi (festival of colours), had fever on 1st April evening, we cured her at home without any COVID-19 testing. She was out of fever on 4th April evening and me and my wife got fever on 5th and were cured on 7th. The younger daughter had fever on 7th to 11th April. Both the daughters did RT-PCR test on 8th of April and the elder one tested positive, the younger one tested negative but both were quarantined in two separate rooms having attached washrooms. Then the Doctor asked us to do the test and we both (me and my wife) tested positive, we also quarantined ourselves. I was not having fever, sore throat etc. but lost my taste and smell. My wife had a sore throat with mild temperature and without any taste and smell. In the 14 days of quarantining ourselves, everything got cleared. I always took second and third opinion of my doctors, who were my friends. In the meantime, my father-in-law (SK) who lived about six kilometers away from my residence suffered from fever. I could not go because I was quarantined. However, I treated them through some messengers. Things worsened fast: both parents-in-law had COVID-19, father-in-law needed oxygen. Despite being very resourceful in medical and bureaucratic circle, I could not find oxygen and a hospital bed on 26th and 27th April. On 27th April midnight around 12:30 a.m., I was assured of a hospital bed and the next day, i.e. 28th April at 9 a.m., but he passed away at 4:30 am on 28th April 2021, leaving us again in lurch and frustration. We had to hire a few people to carry the body as there was no one to associate with us. My wife lit the pyre which was criticized by a few[4].

Case 3

55 year old ST is a learned person from Lucknow and is working in a semi-government office at Kanpur. After the lock down when the office opened up in June 2020 he started going to the office in Kanpur which is 82 km away from Lucknow. He used to go in the car on a sharing basis along with two to three colleagues. ST was having a fear psychosis of catching COVID because of public dealing, dealing with files, papers, using the office toilet, water tap and so on. According to him water droplet is most dangerous which is found in the toilet therefore use of public toilet is most dangerous. Ultimately ST caught COVID on 1st July 2020 with flu and sore throat. He got it from a colleague

with whom they were having lunch together. Then ST got transferred to Lucknow sometime in August 2020. On 31st March 2021 he got the first vaccination, however, on 5th April 2021 there was a COVID testing camp in their office and he again tested positive but asymptomatic and that was very painful experience for him. On 31st July 2021 he got the second vaccination. His wife also had COVID. ST believes that third wave might come which may not be that severe like the 2nd wave.

Case 4

GP and his wife AP have a 20 years old son and a 3 years old daughter. They were a marginalised family having no land holding; hence GP migrated to Ahmedabad to work in a construction site in 2015. Subsequently, he moved to Mumbai and finally worked in Chennai. They belong to Manapalli village in Khallikote block of Ganjam district of Odisha. Chennai is about 1000 km away from village. His son joined him in Chennai, worked as labourer after passing class 12th in 2019. Finally his wife and the little daughter also joined them in February 2020. The three could earn about Rs 1500 per day but the misfortune came on 25th March in the form of COVID- 19 lockdown. There was no job, no food and no transport. Walking and cycling back 1000 km home with a small child was not possible. Somehow they could arrange Rs 10,000 to catch a bus but the son could not come back because of lack of money. It took 70 days for them to get back home. They are bound to live in a mud house without any resources. Though the village has electricity facility they do not have piped water facilities. At the earliest they have to go back to Chennai (Mohanty and Jyoti: 2020).

Case 5

60 year old RP was a bank officer in Bhubaneswar. His wife 57 year old LP was having kidney related ailments and after prolonged illness died on 17 April 2021. RP was attending her in the hospital and got infected with COVID. After few days he passed away leaving his children: two sons in lurch. His two sons (25 years and 27 years old respectively) are working in the banking sector, are shattered and yet to start their independent lives.

Case 6

IL, about 59 years lived with her husband NL, 63 years old and mother-in-law SL about 82 years old in Lucknow. They did not have any child. Unfortunately both NL and SL passed away due to COVID-19 infections in April 2021. IL was a severe trauma, her life got jeopardized. She had to go back to her parental house in New Delhi. Her 96 year old father also succumbed to COVID-19 in early May 2021. However, her mother and siblings supported her and she is staying with them. She came to Lucknow along with her sisters to settle down her claims to the bank balance of her husband and mother-in-

law. She also has a brother-in-law and a sister-in-law who are son and daughter of SL. She had to convince the bank officials and made a legal heir certificate to make the claim because NL did neither have a Will nor have a nominee in the bank. It was a very tedious process for her.

Case 7

GG, about 35 year old research scholar under my supervision, was a dedicated and honest person. He belonged to a lower middle class rural family from the district Lakhimpur Kheri of Uttar Pradesh, India. He got selected as a lecturer/Postgraduate Teacher (PGT) through Uttar Pradesh Madhyamik Shiksha Board and Assistant Professor in an aided college through Uttar Pradesh Higher Education Service Commission (UPHESC) and was likely to join as an Assistant Professor (Sociology). He had completed 75 per cent of his Ph.D. work and was about submit his theses. Throughout the lockdown of 41 days in 2020 he was very cautious as he already had a kidney transplant in 2008. However, on around second week of August he left for his village to live with his parents and find better protection[5]. However, he developed severe health problem in the village and had to be admitted to Sanjay Gandhi Postgraduate Institute of Medical Sciences at Lucknow, infected with COVID-19 and finally succumbed on 24th August 2020. A promising career and a gentleman loss have been very traumatic for whole academic fraternity.

In this manner most of the people think that by following the new normal they may not catch COVID-19. It includes use of mask & sanitizer social distancing and having nutritional food. It is only a kind of campaign but not the real action. Most of the people touch their mouth, nose and eyes frequently, they do not use mask and forget social distancing.

On 31st December 2019 COVID was noticed for the first time. Then on 9th January 2020 the virus was isolated. World Health Organisation gave the term COVID-19 for corona virus disease. It is a RNA virus consisting of protein molecule which is found in the fat. It is a non living thing that can survive for a long period of time. On 10th March 2020 W.H.O. declared it as a pandemic. The first lockdown in India was from 25th March to 3rd of May 2020. The 2nd lockdown varied from state to state, from weekend lock down to one week lockdown to few weeks of lockdown.

Social Aspects

COVID-19 has affected almost all factors of social organization. Here, we will be dealing with marriage, family, kinship, caste, clan, values and food habits. In India, marriages are held with pomp and show and invite huge gatherings. Because of lockdown and subsequent restrictions such marriages have been cancelled or postponed. In some cases, citing urgency people got married with limited guests. In most of the cases of such marriages some

people got infected and some of them passed away causing deep crises to the bereaved family. On the other hand, divorces or separations have risen subsequently. The reason is conflict in the family particularly between husband and wife. In many families all the members are living together with online classes and online jobs. Husbands are staying at home and have become very demanding: good food, most of them are drunk even in day time, demanding frequent sexual favours from wives; it is causing huge problems for the wives and children because the drunken husbands become violent in the family. Some husbands know that they are cooperating in household chores, and helping their wives but it is only superficial, just to post the photograph in social media- not undermining many husbands and other family members who have truly cooperated. In many cases it is reported that pre-marital and extra-marital cases are on decline due to COVID-19. Both sexual intimacy and hugging and kissing incidences have declined. Even husband-wife sexual intercourse has been affected due to the pandemic.

In front of the family both fission and fusion models are found. Members of the family, who are working outside, lived together for a long period of time. The workloads of women have increased many folds. In addition domestic violence has increased. The cases of marital rape have increased in lower class families. Many children left homes, the shelter homes had no space. Human trafficking increased, child marriages were reported from Rajasthan, and child labour has been subsequently increased. Out of all these consequences, alcohol abuse has been severe. It produced low self-esteem and sexual abuse.

The Govind Ballabh Pant Social Science Institute, Prayagraj, India conducted a survey on the migrant labourers of Uttar Pradesh and Bihar who returned from various destinations (Hindustan Times 2020a). The study says that there are about 453.6 million internal migrants in India as per 2011 census and Uttar Pradesh accounts for 25%, whereas, Bihar accounts for 14% of them. They interviewed 250 migrants comprising of Dalit, OBC and upper caste migrants who came from Mumbai, Delhi, Surat and Pune to their respective homes in Uttar Pradesh and Bihar. They studied six quarantine centres in each of these two states. They found out that a new form of social distance and untouchability emerged during the quarantine period. For example, a Brahmin youth from Mumbai returned to his village in Bundelkhand where he faced a lot of trouble, the villagers hated him and treated him more than an untouchable for 14 days, subsequently called him as Corona. His wife was stopped by his own caste people from taking water from the well. However, in most of the quarantine centres there has been a breakdown in caste and community divides, people helped each other cutting across caste and community lines (Hindustan Times 2020a).

Economic Aspects

It has led to multiple economic problems in India. It created a very disruptive scenario: the fourth quarter of fiscal year 2020 went down to 3.1%.

In 2021 first quarter, the contraction of over 40% of GDP was reported. Unemployment rose from 6.7 per cent to 26 per cent. About 140 million people lost employment and many-faced salary cut. There was heavy loss to the Indian economy and almost all the sectors faced deep crises.

The Indian Institute of Management, Lucknow conducted a study (Hindustan Times 2020b) and said that lockdown period and subsequent phases have produced a platform for change in social condition of living. It has been a quality time for members within the family. Many took it as a vacation at home to have leisure activities as well as working at home online with both leisure and pleasure. It did not demand formal makeup: some people even were dressed up with a shorts and shirt with a tie, creating funny scenes for the family members. The food habit has changed. People started having nutritious food and drink, like green vegetable, organic vegetable, pulses, cereals and healthy drinks including *KADHA*, Aloe Vera juice and varieties of juices of Baba Ramdev. All these happened under the pressure of better immunity.

New Normal

The proximity norms had changed and greeting with folded hand has been popular, even the USA President Donald Trump acknowledged it. Those societies where greeting people with kissing have faced much trouble with infection. However, in India the routine traditional way of greeting people with folded hand 'Namaste' has been there since time immemorial. In some regional cultures bowing down and touching the feet is also a way of greeting. Most of the new normal things like washing and cleaning of hand and feet or taking bath after coming back home are not uncommon in the Indian culture. The traditional way of day-to-day activities included all the above things (see Srinivas 1966). The norms of temporary pollution have been followed, such as cutting of hairs only in the morning and before taking bath; having breakfast only after bath; not entering the kitchen without bath; not cooking and performing rituals during menstruation and puberty of women; taking bath after going to a crematorium and also after going to the deceased's family; not having food and water in the deceased's family; keeping shoes outside the house then washing the feet and then going inside the house; not using slippers inside the house; after going inside the house changing the cloths; washing hand and feet, sometimes also taking bath, keeping two bags, one for getting vegetables and other items and the other for getting non-vegetarian items like fish, chicken and meat; keeping separate utensils for vegetarian and non-vegetarian items; even going to the hospital and nursing homes means coming back and cleaning everything.

Concluding Observations

On the analysis of the above case studies several generalizations emerge. It has been a sudden attack on most of the families who were caught

unaware. It has been declared that people having co-morbidities, were at a higher risk if they are infected with COVID-19 and it has been found to be true. However, there are many who did not have co-morbidities but got infected: a few of them succumbed, a few got post COVID-19 complications, some of them were in ICU, some of them suffered from loss of taste and smell and some of them still were asymptomatic.

Most of the people were scared of their dangerous consequence that is death. After death psychological and financial worries have disturbed their families. SK was a government employ who passed away due to COVID-19, neither had a Will for inheritance of property nor had a nominee in his bank accounts. Similarly, IL faced the problem when her husband NL, about 63 and mother- in- law SL about 82, passed away due to COVID-19. IL confronted the some problem of legal heir and nominee. In these two cases and probably many other cases, people have to run from pillar to post to get things done. Adding to their woes is the unbending attitudes of bank officials, advocates, revenue official on so on. There are some families like RP who did not have financial problem but his two unmarried sons are not able to forget the traumatic experience of losing both the parents. Both are unmarried even after five months of death of their parents they do not know how to move on.

Coming to the theoretical interpretation, Parson's idea of Sick Role has been relevant here in the sense that COVID-19 is not only a biological condition but also has a social role. The other thought of keeping away from the COVID-19 patients due to the fear of getting infected. In this manner it had some dysfunctional impact on the society in the sense it affected the families in several ways: (a) frustration or psychological problems among the members, (b) marital rape, (c) severe conjugal conflict and domestic violence, (d) serious economic problem due to loss of jobs and unemployment etc. The reverse migration to Uttar Pradesh and Bihar from Mumbai, Surat and Delhi and other places were also been very traumatic, it has destroyed many families, in this manner the society faced severe disintegration from various aspects.

Coming over to Goffman's idea of stigma, undoubtedly COVID-19 has created serious social stigma for the infected. Those patients who were hospitalized were virtually stigmatized. In practice, the friends and kin could not attend the patients neither in the hospitals wards nor in the ICU, even the friends and kin were not allowed to carry the bodies for last rites in case of death.

Discussing the concept of the Risk Society, COVID-19 has produced the real risk for all the societies. The rich and the poor are affected alike as It has neither a geographical limit nor a class limit. It has embraced the whole world. In Beck's term, the biggest concern of 'Late Modernity' is the problem created by Science and Technology. Whereas, in 'Reflexive Modernity' people reflect upon modernity itself and the problem it creates. For example it can be

analysed that China is concerned with reflecting upon its own modernity and it has led to the creation of such a big problem.

Other countries in the world could not escape the risk. It is supposed to be transmitted from China. It has lead to decline of class and prompted individualisation. COVID-19 affected all classes, thus it is not a class based problem. We all experience the risk as individuals and not as belonging to a particular class. We ourselves worry about it individually and ourselves try to mitigate it by wearing masks, sanitisation and maintaining social distancing. Besides, COVID-19 pandemic has become a major political issue for all the countries. This is true as per Beck's words: Risk affect all classes and become issue of political concern. In this manner Beck's concept of Risk Society has been very useful to analyse the COVID-19 pandemic.

Further, this pandemic would surly contribute towards Medical Anthropology as well as Sociology of Medicine. In developing countries like India there were not much health care facilities and people were not concerned about health and well being. Today, after two successive waves of COVID-19 people are much concerned about health, medicine, home cooked food, health drinks, physical exercise, practicing Yoga, and consulting doctors, telemedicine, AYUSH (Ayurveda, Yoga and Siddha, Unani and Homeopathy). In this manner it has brought the true action mode into existence.

Notes

1. There is a research committee on Sociology of Leisure (RC -13) of International Sociological Association in which I was Vice-President (2014-18), and President (2018-2023). One of the objectives of the RC is to organise conference and workshops.
2. It was organised by the Ethnographic and Folk Culture Society (established in 1945 by Professor D. N. Majumdar in which currently I am the General Secretary) and hosted by the Department of Sociology, University of Lucknow on 30th June and 1st July 2020.
3. It was organised by Society for Himalayan Environment and People's Action (SHERPA) in collaboration with the Department of Sociology, University of Lucknow and Ethnographic and Folk Culture Society, Lucknow on December 16-17, 2020.
4. It is customary among Hindus that the son or any agnate should give the *Mukhagni* (lighting the funeral pile), but the deceased's son was in Australia who could not come, so a choice was implemented.
5. GG lived in Lucknow city on a rented accommodation and during July and August 2020; COVID-19 related death was higher, producing lot of fear psychology among the people.
6. Baba Ramdev is a very popular Yoga trainer in India and businessman of various Ayurveda medicines and health products.

References

Beck, Ulrich.

1992. *Risk Society: Towards a New Modernity*. London: Sage Publications.

Chaudhuri, Buddhadev. (ed.)

1986. *Tribal Health: Socio-Cultural Dimensions*. New Delhi: Inter India Publications.

Falbrega, Horatio.

1972. Medical Anthropology, in Biennial Review of Anthropology, 1971, Edited by Bernard J. Siegal, 167-229, Stanford: University Press.

Goffman, Erving.

1963. *Stigma: Notes on the Management of Spoiled Identity*. New Jersey: Prentice-Hall.

Hindustan Times.

2020a. "COVID Helped Break Down Caste, Community Divides: GBPSSI Research", Lucknow Edition, 15-07-2020.

Hindustan Times.

2020b. "Many Viewed Lockdown as Family Time, Vacation: IIML Study", Lucknow Edition, 07-07-2020.

Milton, Damian E. M.

2004. "*Talcott Parsons and the Theory of the Sick Role*", https://kar.kent.ac.uk/62743/ accessed at 2:45pm on 24.08.2021.

Mohanty, Debabrata and Dhrubo Jyoti.

2020. "Pandemic teaches a tragic lesson in Migration". *Hindustan Times,* 3 July 2020.

Nagla, Madhu.

2018. *Sociology of Health and Medicine.* Jaipur: Rawat Publications.

Parsons, Talcott.

1951. *The Social System*. Glencoe, IL: The Free Press.

Srinivas, M. N.

1966. *Social Change in Modern India*. New Delhi: Orient Longman.

Vassenden, Anders and Terje Die.

2013. "Telling Others How You Live—Refining Goffman's Stigma Theory Through an Analysis of Housing Strugglers in a Homeowner Nation", *Symbolic Interaction*, Vol. 36, Issue 1, pp. 78-98. (online library.wiley.com).

RECEIVED: 22TH MARCH 2021 **REVISED:** 3RD JULY 2021 **ACCEPTED:** 15TH AUG 2021

This document was created with the Win2PDF “print to PDF” printer available at
http://www.win2pdf.com

This version of Win2PDF 10 is for evaluation and non-commercial use only.

This page will not be added after purchasing Win2PDF.

http://www.win2pdf.com/purchase/