



## IMPACT OF COVID-19 PANDEMIC AND SOCIO-CULTURAL RESPONSE

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### **Abstract**

*During the outbreak of pandemics, human beings are forced to adapt to the infectious diseases both biologically and culturally. Human behavior systems are outcome of an adaptation process subjected to internal structural rules. Taking cue from ecology, All and (1975) applied this adaptation approach to medical anthropology that views health as socially and culturally constituted and examines the nexus between the illness, society and culture. According to this approach, humans adapt to pandemics through genetic change, physiological responses, socio-cultural knowledge and practices. Of which socio-cultural response than physiological ones are playing an important role whenever pandemics outburst.*

*Recent outbreak of COVID-19 have had impact on the millions of lives across the world along with a great jolt to socio-cultural, economic, political, religious spheres. As a result, inequality deepens in the society which in turn led to disparities in medical and economic outreach. Initially, people experience a unique social phenomenon where reciprocity, cooperation, mutual help is limited keep in view of the uncertain future happenings. But slowly they develop socio-cultural responses to combat the consequences of pandemic in the long run. It is so that, tribal and marginal communities have internal adaptive mechanisms to socio-cultural, economic, political breakdown wrought by the pandemics. As such, present paper tries to understand the impact of COVID-19 pandemic on the tribal communities and their socio-cultural response to the stressful conditions wrought by it. In order to understand the empirical reality, present article relied on the ethnographic material of different tribal communities in India to illustrate the local adaptations and coping mechanisms. This paper also highlighted the COVID-19 related stigma and discrimination, misinformation, livelihoods, and socio-cultural responses through cultural mechanisms based on the analysis of available documents. With the empirical evidence, the present paper argues that the efforts of tribal communities are integrative in nature and amenable in confronting pandemic through internal adaptive mechanism unlike the social alienation approach adopted in urban context.*

**Key Words:** COVID-19, Pandemic, Disease, Livelihoods, Discrimination, Institutions, Rites And Rituals.

### **Introduction**

Frequent pandemics caused by viruses such as severe acute respiratory syndrome (SARS), zika, ebola and now novel Corona have not only affected millions of human lives but also the livelihoods, supply chains, invaluable cultural heritage as well throughout the world. When compared to earlier pandemics, novel Corona virus popularly known as COVID-19 causes major setback globally reporting at an average 5,000 deaths per day<sup>i</sup>. In mid of October 2020, total number of confirmed COVID-19 cases comes to 3,80,02,699 whereas total deaths reported to 10,83,234 across 235 countries<sup>ii</sup>. In India, COVID-19 was initially reported in Kerala who had a travel history from Wuhan. During this period, its spread is slow in India and later on it has



created a devastating impact on the people as well as socio-economic condition of the country. At present 64, 47, 591 are confirmed and 1, 01, 782 deaths were reported due to COVID-19. Maharashtra is outnumbering the remaining states in India with 15, 54, 389 cases<sup>iii</sup> followed by Andhra Pradesh, Karnataka and Tamilnadu. Post pandemic conditions in these states demonstrate that COVID-19 is more than a disease which constitutes a complex set of socio-economic, political, and cultural elements along with raising suicide rates and domestic violence, psychological disorders, breakdown of formal education, etc.

At this juncture, pandemics are inextricably linked to syndemics i.e., interaction of virus with undesirable health conditions such as undernourishment, drug abuse, psychological trauma, and stigma that cause more harm in the form of deepening social inequalities, lack of outreach, moral and economic support (Michael and Kristin, 2020 p.6). Such type of syndemics in the form of deepening inequalities due to eruption of novel viruses in country side is a classic example (Mark Nichter, 1987 p.407). During this outbreak, people views it from social and political angle than cultural which have had consequences on the deprived sections of the society. Accordingly, state also reacts use military force to control the situation. This case study reveals the value of local cultural knowledge to gain insights into COVID-19 as new ailment in a social context than by projected by bureaucrats and health officials. Despite of their enormous contribution in development of urban economy, the marginal communities are stigmatized as disease spreaders since the virus knows no boundaries (Srivastava, 2020 p.387).

Pandemics were treated like wars and the resultant emergencies have disrupted the supply chain and livelihoods of marginal communities. For example, the handling of migrant workers, police in-charge of health care system, fining lockdown violations is counter-productive to containing a pandemic (Saiba Varma, 2020 p.2). In such a way panic is created by the state for achieving the different goals than providing security of food, shelter, and health to marginal communities. People in cities and villages are in a state of paranoia during the crisis that unnecessarily suspecting new comers into their territory led to baffling situation which did not existing till the advent of Corona virus. General public were largely confused and deeply anxious for unknown reasons where social relations are mediated through appearances which is termed as spectacle by Guy Debord in 1967. By manipulating the reality, spectacle helps the system to change reality in cunning ways. Despite of such efforts, its intensity is not coming down and hence people started familiarizing with it and made it part of their daily life. Society adjusts with the disease and the consequence without going into a state of collective frenzy and panic (Latief and Haque, 2020 p.29).

### **Impact of COVID-19 on Tribal Communities:**

Initially the spread of novel Corona virus is limited to urban areas whereas slowly it spread to interior areas due to lockdown facilitated reverse migration. At present, the spread of the virus threatening the survival of most vulnerable communities including Great Andamanese, Jarawa, Onge, who are isolated from the mainland India naturally. Once their population is predominant in the Andaman Islands, later on with the contact of civilization, changed food habits, unfamiliar infections and venereal diseases uprooted their population and limited within a thousand. Now the COVID-19 also got affected to Great Andamanese community who are isolated in Strait Island and administration is closely monitoring the situation of endangering tribes of Andaman Island.



In other parts of India, it is crystal clear that migrant labour left the cities to reach their hometown. Among them tribal youth who belongs to Banswara, Dungarpur, Udaipur, Sirohi of Rajasthan; Jhabua in Madhya Pradesh and Dahod, Panchmahals, Banaskantha, Sabarkantha in Gujarat by walking more than hundreds of kilometers in absence of public transport<sup>iv</sup>. Nearly about two-hundred Soliga migrant workers were stranded in coffee estates of Madikeri, Virajpet, Kodagu district on border of Karnataka and Kerala. On hearing the news from media, state government supplied essential commodities such as *ragi*, wheat, sugar, jaggary, and dal<sup>v</sup>.

The abrupt lockdown had massively impacted on the subsistence as well as traditional livelihoods of tribal communities since March which is peak season for collection and sale of Non-Timber Forest Produce (NTFPs). Due to breach of supply chain, no buyers came forward to procure forest produce from tribes. According to Ministry of Tribal Affairs, more than 100 million of tribals depended on minor forest produce for food, shelter, medicine and cash income and provides more than 10 million workdays annually in the country<sup>vi</sup>. Restriction of crowd gatherings hampers the organization of weekly markets that are lifeline for tribals to sale their forest produces and procure essential commodities. Interior villages faced acute crisis of essential commodities and local governments could not make alternative arrangements to supply food grains to these sections of the society. The pathetic situation was highlighted in media from time to time that covers the hunger and starvation among the tribes i.e., Gonds surviving on *roti* and salt at Darera village in Panna district of Madhya Pradesh, Chakmas and Hajongs of Arunachal Pradesh are in dire situation since ration from state government does not cover them under COVID-19 economic package<sup>vii</sup>.

Lockdown further marginalized the lives of *adivasis* of Dahanu in Maharashtra and the reverse migrants resorted to fuelwood collection through tree felling to earn livelihoods. Due to non-availability of essential commodities and vegetables, they relied on forest, a permanent source of livelihood since long for collection of roots, tubers, and wild leaves for survival in addition to supplies from public distribution system. In containment areas, *adivasis* resorted to over-exploitation of available resources through excess collection for consumption during extending lockdowns (Lobo, 2020 p.207). Besides this, a kind of paranoia was developed in the minds of common people towards nomadic communities especially pastoralists who roam with flocks of cattle or sheep. Whenever they enter towns and villages, they were not allowed or move freely causing several problems in obtaining ration, water, and place of stay for their cattle.

Empirical study conducted by Action Aid on the impact of COVID-19 on pastoral communities in five states i.e., Gujarat, Rajasthan, Himachal Pradesh, Punjab, Uttarakhand covering 20 districts highlights the impact of COVID-19 on their traditional life-style. The study revealed that 93% of pastoralists faced multiple problem in the movement of cattle due to increased cost of transportation, tracking and chasing of police due to lack of entry passes, etc. With harassment of police, 32% of pastorals reduced their migration, 30% delayed their migration. However, 38% did not change their usual time of travel and migratory route faced lot of problems due to lockdown. In mobility 31% pastorals trapped in one place instead of moving, 51% reduced the interstate migration. In changed routes of migration due to COVID-19 availability of fodder and medicine has become difficult; thefts and robberies are increased, access to health care was restricted, etc. Due to stigma and social distance measures, pastorals were not allowed into villages due to fear of spreading Corona. As a result, they had to walk few kilometers at night to distant places to



fetch water and buy the ration. Even the government ration could not reach to them since they are on move. Its impact not only limited to access to basic needs i.e., health care, water, and food but also reinforced the stigma and discrimination.

### **Stigma and Discrimination**

According to Michael and Kristin (2020) in health emergencies, ethnographic information is immensely useful in socio-political surveillance to check stigma towards marginal communities, migrants, refugees, etc. Dalits, tribal groups, and minorities are subjected to higher level of stigma and discrimination due to their under-representation in better paid jobs (White and Prakash, 2010 p.10). This scenario exactly reflected during COVID-19 era where marginal communities are prone to high level of social discrimination in times of testing, quarantine, and access to civic amenities in relation to other groups in the society. In case of economically well-off people consults doctors for symptoms of COVID-19, they are advised for self-home quarantine by providing medicinal kit. Whereas marginal groups are enforced to institutional quarantine with inadequate diet and infrastructural facilities. During reverse migration, migrant labour were quarantined at Aston village in Madhya Pradesh where upper castes separated themselves from Dalits. Even the government sponsored work is not properly allotted and they have to wait till the needs of upper castes are fulfilled in case they visit shops. Migrant workers or women have to wait for longer period to collect water from a public bore-well<sup>viii</sup>.

Every year Rabaries of Vrajvani village of Rapar block of Kutch in Gujarat migrate to 300 kilometers distant Borsanda of Patan district for eight months to graze their cattle were welcomed at outskirts by villagers. But this time they were denied the entry and presence of police prevent them from entering the village. Sources of income come down drastically from the sale of milk products and meat since from lockdown due to closure of markets and shops, ban on public gatherings, celebration of festivals, feasts and weddings. Allied activities of animal husbandry got setback i.e., not shearing of wool in time led to parasitic infection to sheep in the rainy season. Since markets are closed, all that wool remained unsold<sup>ix</sup>.

Apart from this, cases of racial discrimination also increased due to stigma associated with north-east tribes in India triggers social divisions and prevent the collective fight against the pandemic. Use of value loaded terms i.e., *Chinavirus*, *chinki*, and so on have caused social boycott of individuals who are not at all related to its place of origin (Kipgen, 2020 p.23). Individuals or groups have intolerant view towards north-east tribes just because Corona virus spread from China. Sometimes people express racism in subtle way i.e., spreading messages through Whatsapp, facebook, and twitter in passive manner<sup>x</sup>.

Stigmatization of one particular group in intellectual institutions, shopping malls, popular restaurants, markets had caused a unknown fear psychosis. Reports of racial discrimination from Tata Institute of Social Science (TISS), National Council of Education, Research and Training (NCERT), denial of entry to North-East people to shopping mall in Hyderabad, refusal of treatment to 24 year-old women in Kolkata to treat for urinary tract infection and forced to undergo COVID-19 test are testimonials to the stigma attached to marginal groups<sup>xi</sup>. Such stigma or discrimination are mainly due to misinformation spread during pandemic through social media, print and electronic media, vested political interests, etc.



### **Infodemics during Covid-19:**

During pandemics, people are highly in chaotic situation and prey to misnomers that spread very faster than the virus. Misinformation about the cause, spread, and cure of the disease had shaken the people's self-confidence, belief on government, science, economy, and world order (Sule, 2020). It is spreading like wild fire and people resorted to unscrupulous way to combat the crisis. In a single Andhra Pradesh state, about 36 people died after consuming the sanitizer and 11 of them exclusively from Kurichedu village of Prakasam district after complete prohibition of alcohol<sup>xii</sup>. Further, more than 20 COVID-19 stigma related suicides fearing of contacting the virus, of which 15 cases reported from Vijayawada city alone reveal the severity of misinformation<sup>xiii</sup>.

Some messages popularized that COVID-19 can be contained with the consumption of cow urine, dung, or *panchagavya*<sup>xiv</sup>. Later people realized that their unusual choice of such items not helping rather making them sick (Sule, 2020). Gujarat government even started human trails of *panchagavya* on COVID-19 patients (Sanghavi, 2020). When medicine or vaccine is not invented people turned towards home remedies using tea, ginger, garlic, lemon or baking soda, nasal rinses using mustard oil. Even people are misguided over the concept of immunity where sale of dubious products ranging from herbal concoctions to sanitizers, face masks, hand wash, and soaps are springing up to boost immunity. All these measures initiated to boost up their commercial interests but the marginal communities fall prey to traps. Initial claims that virus is spreading through meat and chicken through social media, people stop consuming them led to huge losses to poultry sector. Later on, medical experts and authenticated institutions squash them as baseless rather they ensure immunity through supply of high protein content. In addition to this, rumors like consumption of Chinese foods, bats, pet dogs, news-papers, are spreading the virus are spread through whatsapp, facebook, twitter, etc.

### **Response of Indigenous Communities**

The ethnographic data collected through primary as well as secondary sources catalytic in generating pandemic responses to the present crisis situation. It is also valuable in cultural interpretation of the virus incubation period, ritual isolation and taboo in conversion to hand wash, physical distancing, and cleaning surfaces. Prior to socio-cultural adaptation, the native livelihood responses through revival of traditional knowledge is crucial in the context of COVID-19 situation as it ensure subsistence in the form of collection of roots, tubers, wild leaves, and other non-timber forest produce from the forest.

### **Livelihood Response during Lockdown**

Majority of the tribes are busy in agricultural operations during lockdown besides their traditional source of subsistence i.e., hunting and gathering, fishing, animal husbandry, collection of roots, tubers, mushrooms, wild vegetables leaves and fruits, etc. Prior to crisis, many tribal communities possess traditional knowledge of natural resources and manage them to eke-out in crisis period. The Baiga of central India rely on more than twenty-three varieties of *kaanda* (tubers), more than twenty varieties of *baaji* (vegetable leaves), more than twenty varieties of *phal* (wild fruits and berries), twenty-four varieties of *pihiri* (mushrooms), *puttu* (variety of mushroom), *pathaal* (wild tamotos), *kareel* (tender bamboo shoots), *mahuwa* (fleshy fruit), *menhir* (wild vegetable) along with their traditional cereals and millets such as *kodo*, *kutki*, *jowar*, *makka*, *madiya*, *kang*, *sawa*, *balihari*, *ramtila*, *ulsi*, *tiwda*, native variety of *muttor*, *chana*, *barra*, *rai*, *rahar*, etc.





(Prasad, 2019 p.79). Due to breakdown of supply chain and lack of transport, they depended on traditional foods to large extent as it becomes difficult to collect ration from society and local markets. During exigencies, Baiga dries the excess vegetables, wild leaves, bamboo shoots, fish, and so on and store it in gunny bags for consumption during lean periods. This traditional method of preservation strategy aptly benefited them to survive during lockdown. For example, *sarasom* (sesamum) leaves are dried in hot sun and preserved in gunny bags for consumption in winter. Prior to preparation of vegetable, they pick a handful of dried leaves and soak in boiled water for one hour. Later on, they remove the water and soaked vegetable leaves are mixed with oil, onion, tomato, *chilli* powder, turmeric and prepare curry to be consumed along with rice. More or less similar cases of coping mechanisms of tribal communities who reside in resource rich forest areas are evident in the ethnographic studies on Nicobarese (Reddy, 1982), Konda Reddy (Misra, 2005), Koya Dora (Prasad, 2012), Dhurwa and Bison Horn Maria (Bindu, 2020), etc.

### **Social Response**

Generally tribal communities treat disease or illness beyond health perspective rather it involves community oriented magico-religious practices which give relief to the affected ones both psychologically and clinically. Nicobarese of central Nicobar define illness as failure or incapable to undertake any physical labour and attribute to supernatural causes i.e., evil spirits, witchcraft, and sorcery. Similarly, majority of the tribes will not treat positive individuals with COVID-19 disease since they are capable of doing physical labour and other subsistence works. In Nicobarese society, whenever a person gets sick, all his clan or lineage members visit the concern house along with specially made *pandanus* (bread fruit) and banana cakes spend some time with the affected person. In extreme cases, they recall their ancestors and benevolent spirits by singing folksongs for a quite long time by gathering at the affected person's house. The community ambience was facilitated through distribution of *thadi* (toddy), tobacco, *beedi* (cigar) to those who sit in gathering (Prasad, 2013 p.100). Though it had no medicinal value for the affected person, but gives lot of psychological strength to the family as well as to the patient to cope the situation. Besides these magico-religious practices, they also consume the medicinal herbs given by native medicine men. In case anyone requires medical assistance outside their islands, Nicobarese collect money from each house and send them to Port Blair or mainland for treatment. In such cases, the attendees are given shelter and food by the resident Nicobarese institutional mechanism i.e., *hol* (traditional friendship).

On contrary, migrants are known for immense contribution to the growth of national economy is left to their fate without any cooperation or assistance during lockdown. Lack of morality towards migrant labour in urban context enforced the helpless people to risk their lives by undertaking long march. Even during their prolonged journey, two binary approaches are evident in extending assistance i.e., individual families and non-governmental organizations extended food, water and shelter to migrants whereas some others treated them with suspicion and resorted to inhuman activities such as incidence of spraying concentrated bleach solution on arrival of migrant labour shows the level of social stigma associated with virus and marginal communities.

### **Cultural Response**

Every community has its own cultural interpretation of illness and try to understand the symptoms through socially significant outcomes. The scholarly works of Evans Pritchard on Zande medicine (1937), Gluckman's study of social organization of ritual behavior (1972) are



also supporting this fact and believed that culture play a pivotal role in lessening or spreading of sickness. Thus, sickness is the process through which worrisome behavioral biological signs are given socially recognizable meanings. Similarly, tribes of Bastar appease *paragana* deities for good health and to prevent the attack of evil spirits in the form of deadly diseases. Bindu, (2020) observed that during Bastar *goncha* and *dusserah*, Dhurwa worship *hingalajin mata* temple to prevent the entry of contagious diseases. The natives of each village contribute collectively and sacrifice a black goat. On this occasion, *mata pujari* welcomes *chhattar*, *dev lath* and *dev badga*<sup>xv</sup> of goddesses that are brought from the villages of the concerned *paragana*<sup>xvi</sup> at one place. The main objective of this *jatra* is meant for the protection of the animals and human beings from viruses.

After finishing the Bastar *goncha*, a *mela* (fair) is organized at *khanda kankalinmat* temple too. For this *mela*, thirty-two *paragana* symbols of gods and goddesses are invited. On this day, a big *gonchamela* is held. There is no practice of sacrifice in this *jatra*. The deity is worshipped with flowers, coconut, rice, and banana which is known as *fool mela* (flower fair). After this, everybody roams around the *mandir* three times with *chhattar* and the son of *mata pujari* throws *lai* (parched paddy) in the procession by wishing the goddess to protect the village from the evil forces. Main reason for celebration of *jatras* in this region is that to initiate their children to outer world through a special initiation ceremony by the concerned priest during such occasions. After completion of this initiation ceremony only, they allow their children to cross the outskirts of the village; otherwise they believe that child will affect the evil eye. Thus, they made cultural safety vault to protect their children from attack of alien diseases and virus.

Even the concept of isolation and physical distance exists among the Nicobarese since ages. Whenever guests from other islands or places visit their island, they used to provide accommodation in *el-panam* (community bee-hive hut) and concerned clan members or headman provides food during their stay. Further, to protect the family members from the infections during birth and death, they take lot of care during this period. When pregnant women reach the expected date of delivery, she is set apart from the main house and provide shelter at birth-house. The males are not allowed except her husband. The old women and husband attend her needs. They treat her ceremonially unclean for at least a month. During pollution period, food is supplied from the main house along with needed cloth and mats. Delivered mother do not leave the bed until a child is fourteen days old, and sometimes it may extend much longer up to a month.

In case the villagers perceive that the ill person is going to die in a particular house the ailing individual was shifted to death-house, which is nearer to burial ground. Nicobarese hanged cloth to main door of the diseased house which is a symbolic way of communication to the entire community. So that people can maintain safe distance. It is followed by tying of *kutchabeth* (cane twigs or branches) in front of its *tuhet* (lineage) relative's houses. Seven days' pollution is observed after death and all extra-curricular, entertainment and sport related activities are prohibited during this mourning period. Cooking is strictly prohibited in deceased house and food is supplied by his lineage households till completion of pollution period.

Alland (1970) stated that anthropological perspectives are useful in understanding health and hygiene through cultural practices of different ethnic groups. The consumption pattern, food



taboos and restriction, prescribed foods on various occasions are inbuilt in their customs and practices to protect the health of the community as a whole. In Nicobarese society, Prasad (2017) found that food restrictions of the pregnant women start from fifth month which is continued upto post-delivery period. Some variety of fish such as *karat*, *tamblich*, *tokngo*, *chamak*, bat, papaya, beef, crab, pork and chicken is restricted and encouraged to consume *pandanus*, boiled tubers, banana, and so on to supplement nutrition. Thus, tribal communities have their own cultural adaptations in overcoming the problems posed by the infectious diseases.

Settlement patterns, shifting cultivation and collection of forest produce served to reduce exposure to virus spread which is testimony to its social epidemiological distribution. Similarly, the scattered settlements of Baiga and other tribal communities is a perfect match for cultivation surround to their homestead as well as distant fields to avoid congests living unlike in cities. But at the same time, collective celebration of rites and rituals are catalytic in transmission of virus from one place to another. Though settlements of Bison Horn Maria are scattered, celebration of Bastar *goncha* and *dussehrain* Jagadapur is a testimony to this view. These festivals are considered as symbol of unity in Bastar. In these festivals, the tradition of *rath yatra* (car festival) is observed in grand manner, where both tribes and castes accomplish certain traditional obligations. People from distance places visit the marathon event for a period of thirty days where wearing of face mask, physical distance is not possible. To support this, scholarly works Dunn (1976), Nichter (1987), Michael (2020), and so on also highlighted role of human behavior in spreading or minimizing the risks of infectious diseases.

Though government banned mass gatherings, cultural assemblages are quite common in remote tribal areas believing that virus will not reach to interior villages. Observance of agricultural festivals such *asbidri*, *haryali* by the tribes of central India during lockdown demonstrates people's inclination towards their age-old customs and traditions than spread of virus. Collective observance of such cultural practices indirectly responsible for ensuring a psychological strength to counter the Infodemics spread during COVID-19.

### Conclusion

Thus, response of tribal communities to COVID-19 illustrates the Alland's adaptation approach where customary practices, ceremonial observances, food taboos provide space to accommodate the challenges brought by the unexpected pandemic. From the evolutionary perspective, COVID-19 and other viral infections probably the primary agents of natural selection by eliminating the species who are susceptible to disease and survival of resistant ones. During the spread of virus, apart from bio-medical challenges interaction of socio-economic, cultural and ecological issues too had similar implications on marginal communities.

Since virus knows no boundaries, it spread to even farthest places like Andaman Islands where Neolithic people slowly coming into contact with mainstream population. During lockdown, reverse migration generated lot of stress and malnourishment of tribal and other marginal communities across the country. Abrupt lockdown without foreseeing the consequences on these communities have had impact on traditional as well as modern livelihoods including collection of minor forest produce. Though pandemic relief is provided by the government, it could not cover majority of vulnerable groups. This situation led to over-exploitation of natural resources i.e., felling of trees for fuel wood to meet their subsistence needs. The impact of COVID-19 on





hunters and gatherers, nomadic pastorals, industrial labour, and agriculturists are vary in time and space which is evident from the COVID-19 related discrimination on dalits, minorities, and tribal communities due to their economic and political under representation. Such discrimination is evident from testing, quarantine, access to procurement of essential commodities, and other civic amenities during lockdown period. Stigma associated with migration, pastoral communities were subjected to ill-treatment and devoid of essentials such as food, water and medicine. COVID-19 also indirectly responsible for regenerating forgotten racial discrimination by avoiding individuals with mongoloid features believing that virus spread from them. Information on pandemics i.e., Infodemics has generated much chaos on the psychological state of people enforcing to unscrupulous ways to face the virus. Consumption of sanitizers, cow urine, *pachagavya*, etc., are some examples reported from different parts of India. These efforts instead of mitigating the virus spread encouraging dilution of morals in the society.

Despite of such grave impact, indigenous communities revived their traditional knowledge and revert back to their age-old subsistence activities during lockdown. The Baiga of central India with their profuse knowledge on roots, tubers, wild leaves, mushrooms, and native crops like *kodo* and *kutki* for coping the crisis. Traditional methods of food preservation for long period are perfect strategy to non-availability of ration and vegetables. Though magico-religious practices had no medicinal values during the crisis but provide a sense of social security and collective cooperation to combat the pandemic. It is not only the Nicobarese of central Nicobar but majority of tribal communities in India are having such practices which in turn generate society's cooperation instead of extreme isolation and non-cooperation in urban context.

Cultural practices of the tribes of Bastar are key to address the people's worrisome and strengthen the moral support to fight against the invisible virus. Isolation and physical distance are already exists in extending the hospitality to new guests, birth and death related pollution among the Nicobarese community. Besides, food restrictions on pregnant and delivered woman, disease persons resorted to cultural practices to overcome the problems posed by infectious diseases. But at the same time, these collective cultural practices are directly or indirectly promoting the spread of virus. Since it is very much difficult to adhere COVID-19 protocols and safety measures in huge gathering like Bastar *goncha* and *dusserah*. Tribal people across central India busy in making arrangement for *navratri* believing that worship of goddess prevent the virus spread.

Under these mixed responses, anthropologists act as cultural interpretators and trouble shooters when negative community response takes place. With immense ethnographic knowledge of tribes, they provide community acceptable solutions in public health interventions. Further, they also identify social and cultural barriers to local level acceptance of innovations. Thus, application of anthropological knowledge to COVID-19 pandemic is the need of the hour to facilitate community support and co-operation.

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<sup>x</sup> Mani Gayatri, 2020. Hatred Racial Slurs: Northeast Indians in Delhi Deal with Daily COVID-19 appeared in [www.newindianexpress.com](http://www.newindianexpress.com) on 30<sup>th</sup> March 2020.

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<sup>xii</sup> Times of India, 2<sup>nd</sup> August 2020

<sup>xiii</sup> Times of India, 14<sup>th</sup> August 2020

<sup>xiv</sup> It is a kind of ingredient made by mixing five items such as cowdung, urine, milk, curd, and ghee used in traditional Hindu rituals

<sup>xv</sup> They are the symbols of local deities brought from different villages of a *paragana*

<sup>xvi</sup> Cluster of thirty-two villages