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## **RELATION BETWEEN SOCIAL DISCRIMINATION, RELIGION AND COVID-19 PANDEMIC: THE CASE OF BENGAL VILLAGES.**

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### **Abstract:**

Discrimination, religion and Covid -19 pandemic, these tri magnitudes are very much interrelated in recent days particularly during the phase of lockdown time. As all aware about the artistic factors of social discrimination of our society in general. In spite of these bases that are accountable to make a hierarchy among the societal beings, covid-19 pandemic is also encompassed as a new hint for crafting of social inequality particularly in lockdown time and it is considered as a new social problem in society. In this case, to spurt from this social delinquent, how religion is playing a role of doctor so that we can maintain a brotherhood as well.

**Key Words:** Covid-19, Discrimination, Inequality Religion, Rituals etc.

### **Introduction:**

Religion serves as an intermediary platform via which people's various levels of heartfelt connectedness can be seen. The relationships between people are represented in culturally mediated patterns by various religious systems that have their roots in certain cultural places. Physical distance between people is part of the World Health Organization's (WHO) mandate, which at first glance seems to run against to what religion stands for, in order to safeguard humanity from the COVID-19 epidemic. But the tension between the known and the unknown, the close and the far, is essential to intersubjectivity, especially in the context of religion. In the midst of a pandemic of the same size as COVID-19, religion plays a greater role in reducing this tension.

The COVID-19 pandemic in India is a component of the global coronavirus disease pandemic of 2019 (COVID-19), which is brought on by a coronavirus that causes severe acute respiratory syndrome (SARS-CoV-2). With 44,107,588 reported cases of COVID-19 infection as of 5 August 2022, according to official statistics, India has the second-highest number of confirmed cases in the world (behind the United States of America) and the third-highest number of COVID-19 deaths (behind the United States and Brazil), at 526,600 deaths. However, it is believed that these figures are significantly understated. On January 30, 2020, three Indian medical students who had just returned from Wuhan, the pandemic's epicentre, were found to have the first instances of COVID-19 in India. Lockdowns were announced on March 23 in Kerala and on March 25 in the rest of the nation. In September, infection rates began to decline. Over 90,000 instances were reported daily at their peak in the middle of September, before falling to under 15,000 in January 2021. Beginning in March 2021, a second wave was significantly more destructive than the first, resulting in shortages of vaccines, hospital beds, oxygen tanks, and other medical supplies in several regions of the nation. India has the most recent and active cases worldwide by the end of April. It was the first nation to report more than 400,000 new cases in a 24-hour period on April 30, 2021. In late August 2021, Soumya Swaminathan claimed India may be in some stage of endemicity when the country learns to live with the virus. Experts stated that the virus may reach an endemic stage in

India rather than entirely disappear. India had 78,190 active cases as of December 23, 2021, the fewest in 573 days. In March 2022, this number dropped to 21,530.

On January 16, 2021, India started its vaccination campaign with the indigenous Covaxin and the Covishield vaccine from AstraZeneca. Later, Sputnik V and the Moderna vaccine received emergency use approvals as well. India reported on January 30, 2022, that it had given out over 1.7 billion doses of vaccines and that more than 720 million people had received all of their recommended doses. Ministry of Health and Family Welfare, cited as the source.

### **Objectives**

The paper is predominantly centered on certain questions that were hitting in my mind endlessly. These are (a) How Covid-19 is responsible for the establishment of social discrimination among the people in urban and rural basis in worldwide in general and India in particular? (b) How rural thinking are differentiate from the people of urban areas on the issue of Covid-19 ? and (c) How the perception of religion, religious faith and rituals are playing the role to minimize the social discrimination or social inequality among the people living in rural areas?

### **Research Methodology**

There are several sociological methods and techniques have been used for this study and it is carried out at Barsundra Villages of East Medinipur District of West Bengal. The study is mostly based on primary data as well as secondary data.

### **Study Design**

The study group contained of 250 respondents, and the survey was conducted among villagers so from March 1<sup>st</sup> to 4<sup>th</sup>, 2022. The dates are of significance because presently we are almost covering the severe and anxious timing period of the Covid-19 fear which was spread out nationwide. The survey was distributed among the general population using household census, survey method, schedule and questionnaire, key informant interview, observation, stratified random sampling and popular mobile for taking some pertinent photograph for this kind of study.

India started its vaccination programme on January 16, 2021, using the indigenous Covaxin and the Covishield vaccine from AstraZeneca. Later, Sputnik V and the Moderna vaccine were also authorised for use in an emergency. India declared on January 30, 2022, that over 720 million individuals had received all of their recommended vaccinations, totaling around 1.7 billion doses of vaccines. Ministry of Health and Family Welfare, n.d.

### **Data Collection Procedures**

Fieldwork was done to collect data, and depending on the questions, different sociological methodologies were applied using the created instrument. We designed our own portion of the poll in order to collect socio-demographic information. For assessing the essence and the practice of prayer, we used key interview and observation method. For assessing the importance of faith/spirituality and its strengthening and its impact to make a social solidarity among the respondents or villager, we also used a yes/no questionnaires well as analytical description for how to eradicate social discrimination of them so that they are able to make social integration among themselves

**Discrimination: No boundary**

Buddhists in Cambodia are accusing Muslims. Jews in Israel are blaming the Arabs. It is extremely difficult to combat the global pandemic of hatred because mistrust and fear fuel it.

Following a congregation's role in the country's largest outbreak in February, members of the Shincheonji Church of Jesus in South Korea—dubbed "heretical" by hardline Protestants—are the subject of an investigation. The surprising thing is how discrimination contributed even before the pandemic.

"Members of the church refrained from being tested to avoid discrimination," says Willy Fautre, executive director of Human Rights Without Frontiers International. "This was detrimental to them and public health as well."

"When people with biases are worried and feel that they have no control over a frightening threat like pandemic, they will turn to the tried and true approach of blaming the usual suspects: religious minorities and other persecuted communities," says Michael Kugelman, deputy director of the Asia programme at the Wilson Centre, a US based think tank.

It's nothing new. During the 14th century's Black Death outbreaks in Europe, Jews were held responsible. A plague epidemic in Geneva was attributed in 1545 to religious demonstrators.

In both India and Pakistan the pandemic has exacerbated and intensified longstanding cleavages, says Kugelman, hindering the response to covid-19.

According to Srinivas Rajkumar T, general secretary of the residents' doctors organisation at the All India Institute of Medical Sciences, "the initial cluster [Tablighi Jamaat] was unduly highlighted, leading to the communalization of the pandemic." The government has emphasised contact tracing of individuals connected to the Tablighi Jamaat, but tracing in other cases was not done with the same vigour, an Indian doctor who requested anonymity told The BMJ.

Targeting a population during a pandemic, according to epidemiologist Jayaprakash Muliyil, "sets a dangerous precedent" for the public healthcare system. In Gujarat, a western state, at least one government hospital has separated Muslim patients with covid-19 from Hindu patients, ostensibly on orders from the local administration and for the protection of both groups.

A Muslim physician who had admitted a Tablighi Jamaat patient who was ill to his hospital was the subject of a social media campaign, according to Abdullah Azmi, a physician at a government hospital in Lucknow, in northern India.

According to Yasin Nadir, a Balochistan-based activist who fights for the rights of Shia Hazaras, locals in Pakistan objected to a quarantine facility the government planned to erect for Hazara patients in a non-Hazara area. He revealed to The BMJ that neighbourhood residents destroyed another Hazara quarantine facility.

275 Hazaras are believed to have contracted the infection amid "Hey, Corona" yells. They are not treated in many public and private hospitals. The Hazara staff at Quetta's civic hospital has been instructed not to report for duty. Aman claims that while their non-Hazara coworkers were permitted to work, Hazara employees of some private and public

hospitals, as well as government banks, were required to take time off. He also claims that the police and the water and sanitation departments have also requested that Hazara employees take time off.

### **Fabrication is activate**

It is difficult to counter centuries of stigma, but government authorities, the media, and social media can help oil or switch off the fervor.

Fautre says that media stories debunking some of the myths around religious communities can help. “The other step could be raising awareness among human rights non-governmental organisations and scholars in religious studies, inside and outside the country, because they are non-partisan. Also, take those who demonize minorities with fake news to court,” he said.

Debunking is more difficult to do on social media, however, where the hashtag #coronajihad and the term “Quran-e-virus” trend regularly among Indian Twitter users. WhatsApp groups are dominated by rumors and anti-Muslim rhetoric. In Pakistan, phrases such as “Shia virus” and “Shias bring viruses to Pakistan” circulate on WhatsApp.

In an open letter to the Indian prime minister, the head of the World Health Organization, and the CEOs of Facebook and Twitter, Equality Labs, a south Asian community technology organisation, pleaded with them to stop the propagation of misinformation and hate speech linked to COVID-19.

There is evidence that such efforts could help. “Misinformation related to cures for covid-19 gradually started declining after mid-March,” says Joyojeet Pal, associate professor of information at the University of Michigan, who has studied covid related misinformation in India ( Sarkar:2020).

“Part of this can be attributed to the fact that key leaders—including prime minister NorendraModi —publicly said that there is no real cure for covid-19,” he says. “When such information comes from a trusted source, it holds weight.” He urges public figures to do the same where it concerns religion.

But that may not be enough. On 19 April Modi tweeted, “Covid-19 does not see race, religion, colour, caste, creed, language, or border before striking. Our response and conduct thereafter should attach primacy to unity and brotherhood. We are in this together.”

Fautre, however, says that such statements are useless for blamed religions. “He should have said that accusing the Tablighi Jamaat of being negligent about and responsible for the fast spread of covid-19 is baseless. He failed to do it because it’s not profitable from an electoral point of view and keeping an ambiguous position enables him to capitalise on existing anti-Muslim prejudices.” ( <https://bmj.com/coronavirus/usage>).

### **Role of Religion to Eradicate the Social Discrimination**

Considering the interpretation of Emile Durkheim that religion is a unified system of beliefs that we observing all of the religious believers as well as their faiths since time immemorial. Actually religion is an egalitarian phenomenon which fetch the equivalent right and prospects among the fellow members belonging to particular religion and it also guiding us to make a social cohesion among ourselves and also others. Due to bad practice of religious thinking people are bifurcating of the human hearth that has been found in our daily newspapers and the covid-19 pandemic has accelerated

it in rapid way. As a result we are obviously can say that the very popular word “human being” is now questionable. We cannot stop here, moreover we can say that covid-19 pandemic is taken to be considered as a social pathology and it is obligatory to treatment for the escape of the social crime. If we are endlessly dropping down our social values than we apparently harm our humanity which is considered as social wealth and it is very significant for social development as a holistic point of view. If cannot protect our humanity of social ethics, we cannot save our future. In this critical situation religious philosophy is playing the role of doctor to save our humanity which are reflecting through various religious rituals, religious lectures, seminars that have been observed in our study area.

### **Togetherness and Rituals**

For believers, the availability of a variety of ritual performances provided up numerous options. As one could choose to log on to a ritual performance, audience, satsang, or service that was taking place anywhere in the world, it made the restriction of space superfluous. One is no longer limited to attending religious services at the neighbourhood mosque, church, gurdwara, or temple. The location and time of the rites and performances are up to the individual.

Additionally, it made it possible for new competitors to enter the field of ceremonial performances and permitted religious rituals. The new times provided the opportunity for the spiritually innovative to start pushing the limits of accepted performances and thinking new possibilities because one was no longer able to draw on one's regular visits to the local shrine for religious nourishing. Communal worship is a vital aspect of life for many believers, especially during times of adversity and to build the human race.

80 percent of the villagers are belonging to Hindu ideology and rest of the population are known to us as Islam believers and 56 percent people are completed their secondary level and 5 percent are achieved college and university education. Our survey report claimed that 100 percent villagers are strictly followed their own religious line and length without making any religious intolerance. Keeping their own religious ideologies in mind, they are conserving brotherhood ness in intra and inter religious groups. They are jointly performing of their own religious activities without any hindered from other religious believers and vice versa. Moreover all the villagers in terms of all religion, they are jointly serviced various community development type of work so that they can tight themselves in a single thread i.e humanity.

One of the most important roles of religion, in the eyes of believers, is therapeutic. When people are suffering or grieving, they turn to religion with a markedly greater intensity than at other times. Religious monuments and installations can be found all across the world, and they preserve memories of divine intervention during periods of widespread sorrow. When epidemics and pandemics strike, Christians often turn to their religion and rituals that are approved by their faith for comfort, safety, and healing.

As a result, in this case religion is playing the role to minimize the social discrimination that is found due to the raid spread of Covid 19.

### **Conclusion:**

As we all aware that religion is the fundamental pillar of social stratification or social inequality and here covid 19 is highly prompted it so that during pandemic period we observed the new dimension of social discrimination and the nature of this new social discrimination is little bit different from conventional sociological approach. This new pandemic social discrimination is characterized by domestic and village level and it is also terrible due to rapid

increasing of mortality rate. In this case the media is not playing their positive role so that the social beings are psychologically weaker and tightly hold the marker of social discrimination. To relief from this inhuman situation people are bound to knocking the door of Almighty i. e. religion. They have to do it because there is no option; even medical science has not able to discover a right path to save the humanity. So the villagers of rural India have compelled to follow the religious activities to safe themselves from mortal kind of diseases and come together to one another and maintain brotherhood. In this way religion is playing the role to eradicate the social discrimination.

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