

The Impact of the COVID-19 Pandemic on Muslim Konkani Community of Thane District and Their Resilience.

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Abstract:

This welt of Covid-19 is likely to be felt for years to come. This paper focuses on the devastating effect of COVID-19 on the Muslim Konkani community of Thane Dist. and their grief and struggle. Social life eventually restarts and communal activities resume but the scar remains. This paper focuses on the human sufferings the pandemic and lockdown brought with it. Despite the fact that the crisis was world-wide, the impacts were territorially diverse. Detailed case studies and sufferings of people during pandemic and lockdown situation with many cumulative effects on economy and society. The mental health impacts such as anxiety and depression. How these people coped up to the increasing medical expenses and hospitalization. The struggle of people and their recovery from such situation, their survival and endurance. This study is important to understand about the healthcare facilities and community participation. It is based on in-depth case studies of people who have lost their family members/earning members to the deadly disease, few community workers and healthcare workers using snowball sampling method. The primary objective of this ethnographic study is to identify the impact of the crisis on households who lost a family member, and the vulnerable and precarious situation. However, when the recovery from COVID-19 aroused the resilience of a place is often determined by the existing strength of the local community. The living situations, financial conditions, religious obligations, and social distancing of Muslims during the COVID-19 pandemic and while vaccination course.

Key words: Covid-19, sufferings, Konkani community, lockdown

Introduction:

The outbreak of COVID-19 was declared as pandemic not only in India but all over the world. COVID-19 has impacted all most every sector in the country. The impact of pandemic was so massive that it turned into a global economic crisis, putting at risk the health, jobs and incomes of millions of people around the world. "As of May 2020, a total of 5,939,234 confirmed cases globally with 367,255 deaths have been reported by WHO. India reported 190,622 confirmed cases and more than 5, 408 deaths from covid-19 since its first case in January 30, 2020" (Basu et al, 2021. Pp.1).

The critical aspects was the capacity of governments to safeguard the health and economic impact of the pandemic, its ability to line up and assign its scarce resources proficiently. Lockdown was imposed from March 2020 after the declaration of COVID-19 as a pandemic by the WHO. Quarantine and social

isolation came with social stressors such as anxiety, frustration, panic attacks, loss or sudden increase in appetite, insomnia and depression. People suffered from shock and anger and vulnerable old population suffered from mental health issues, experiencing trauma triggers and frustration. The whole country was divided in different zones (Red zone, Orange zone and Green zone) as per the infection in the areas based on the number of infected individuals residing in these regions.

With increasing number of deaths due to Covid-19 the spread was at a very fast pace. Covid-19 affected the community badly soon after Ramadan with experiences of death. There was grief and uncertainty. There was mixed experience of loss of a close family or friends which added to the unpredictability of economic changes and the social isolation. People suffered from negative manifestations of affection, and psychological distress.

Community Covid-19 centres in the areas started preparing and planning for a surge of patients with probable limitations in essential equipment, such as personal protective equipment, ventilators etc. there was disturbed frame of mind of not knowing how disease will progress and how will they manage the hospital expenditure. There were challenges with reference to basic supplies, money, medicine, nutritious food, safe access, social care and physical health. It was crucial for elderly people and people with health conditions.

Methodology:

This study is based on Ethnographic field based research. The present study uses a conventional content analysis design. The participants were members of the families of COVID-19 victims, health care workers, few doctors, area councillors, and NGOs. In-depth detailed case studies were conducted with face to face interviews and audio recordings in many cases. Snowball sampling method was used for data collection. To keep a contextual understanding of discussions, comments were never removed from the original post. Instead, threads of conversations were collected and analysed. Data collection was supplemented by ethnographic field notes of observations and emerging analyses.

This paper tries to investigate how people described this impact and analyse both their attributions of causality and their statements regarding support needs. To better understand the experiences of bereaved family member. This study depicts long-term impact of the pandemic on people from Konkani Muslim Community concentrating particularly on their survival, sufferings and deaths.

Gender and Lockdown:

The lockdown has mainly altered everyday life and affected both men and women differently. It changed the gender relations to a certain extent with increased domestic labour and care work on women. The unpaid care and domestic work in homes increased women were busy with cooking, shopping, caring for elderly parents and household management. There was rise in domestic and physical violence. It led to devastating impact on the physical, mental, reproductive and sexual health of women.

Case studies:

Case. 1.

When Heena Haji Patel, a widow of Mr Haji Patel, was interviewed, she said, 'corona has gone but it's still present in my house. I and my children are still facing the devastating consequences. I have lost my husband the only earning member. As a result my son is left with incomplete studies and now works for the earning. I was all alone at the time of my husband's funeral and I myself was suffering badly from

the disease'. When interviewed she replied that corona is still there and not gone as it still haunts her. She told that this onset of the disease has destroyed her life completely and is still facing the consequences. The best part about this case study was that the people from Nizampur Mohalla took initiative and replaced the father's job to the son which was much need of the time.

Case. 2.

When the pandemic hit the area of Nizampur, things went out of control and there were very few doctors and patients were multiplying with tremendous speed. The clinics and hospitals were already full. Then aroused a community worker named Mr Baba Bahuddin who was the cooperator of this area. His presence in the forefront played a very important role and the terror struck people got some courage. He with the help of other health workers converted the marriage hall (Anwer Bubere hall) into a temporary "Mohalla clinic". It was the first clinic in the entire thane district which was completely free which included medicines, oxygen support and cardiac ambulance. He arranged for beds, basic requirements and also helped with some amount of hospital bills. His presence gave immense strength to lot of people to start helping each other. As there was panic, fear, havoc, confusion, lack of awareness, his presence in forefront played a vital role. He told that besides meagre help from municipality, the major chunk of money was donated by the rich people in that area and neighboring areas for the patients.

Few Doctors who helped him in this whole venture were Dr Musaddique Patel, Dr Naznin Rohe, Dr Rashid Sayyed, Dr Safi Kazi and Dr Aiman Bardi. As most of the doctors hid behind closed doors the above doctors came in the vanguard to aid the people suffering from the deadly disease. Likewise another covid-19 stricken areas were covered by some brave doctors in forefront like Mr Yasin Kazi and Dr Saud Bubere. After continuously treating patients for six months Dr Yasin Kazi along with his whole family got infected with the disease. Dr Saud Bubere who is a doctor at the Jupiter Hopital, Thane said he has treated almost around 90 plus Covid positive patients. He himself along with his family was positive twice. He said that there was panic and havoc and most of the people went for wrong self-treatments which increased the workload of the doctors.

Case.3.

Shahana (name changed) told us in an interview that when her mom- in law was tested covid-19 positive, she refused to quarantine herself strictly. Lack of awareness played a major part. She would sit with the family members especially children to have regular meals and considered quarantine as a punishment and insult to her existence. As she was the head of a typical Muslim family where no one was allowed to disobey her, all the family couldn't convince her and so gave up upon her behavior which in turn led to corona in her whole family including kids. She said; 'My mom in law would purposely call my 10 year old son and use to make him sit on her lap while having snacks'.

Case.4.

The Kharbe family of Kalwa, Thane, Mrs Shabnam who lost her only son and husband in covid-19 said that she had experienced one of the worst psychological crises and with all the turmoil and stress of death of the loved ones, one of the major concern was that they would be buried in an unorthodox and unreligious manner. She said that the only thing that could console them a little in that situation was to know that, even if they could not bury their loved ones in the company of their relatives and friends,

they would be buried in a proper spiritual manner. "Due to corona virus, people were buried without bathing or "ghusl" in a non-religious manner and Islamic burial was a big concern to all of us".

Paying one's final respects to a loved one according to the religious rituals is one of the most important mental health gestures that allow people to move on in life further with all the depression but unfortunately funerals were discontinued and required constraints. Burials were mostly taken care of by the municipality and no relatives were allowed to attend or have a last glance of their loved ones, which was a major psychological setback to people in these areas.

Case.5.

When we interviewed a Mr. Shaad Khan, watchman of a college whose father died in Government hospital in Mumbai, his body was not given to the family and declared dead. But when there was a huge commotion and fight and he insisted on at least seeing his dead father from far in hospital, he realized that the body shown and declared was not his father's body and he didn't have an idea about anything. There were many dead bodies lying around and eventually his father's body was already buried by mistake.

Pandemic caused economic disruption in different ways. Many males lost their jobs and small business owners of this area had to stay at home.

Case.6.

Mr. Saalim (name changed) was a small business owner of a "Yewale tea mart". It was completely shut down due to quarantine and the family bore heavy losses. As a result of no earnings for continuous six months, the wife Saara started to prepare home-made sweets and supplied to the neighboring area. This in turn started the new concept of I cloud kitchen which was totally new to this area. Seeing her, other females started preparing homemade food and supplied to people. Surprisingly people in spite of COVID-19 fear gave a huge business to them. Today when COVID-19 has ceased, it has given some successful women opportunities to become entrepreneurs, who were housewives before the COVID-19 era. The COVID-19 pandemic changed the lives of people from the Konkani community of Thane district through their personal experiences of being infected by the coronavirus, the impact of the pandemic and its restrictions across life domains, social restrictions, and levels of negative affect and devastating impact.

Case.7.

In all this havoc and fear started the unquestioned, unanswerable profitable business of the hospitals which went to another level. Another person Mrs. Seema's husband (name changed) was hospitalized for 2 days with a basic package of 3 lakhs. He expired the 3rd day but the non-refundable payment was compulsory at the time of admission and the package was of ten days in compulsion. Mr. Shadab Moulvi and Mr. Nasir Moulvi from Kalyan, both the brothers were admitted to the Lilavati hospital, Mumbai. The basic package of COVID-19 patients started from 3 Lakhs and went up to 10 lakhs. Both the brothers had to pay 6 lakhs at the time of admission.

Case.8.

Another major business that flourished in this span was due to the scarcity of oxygen cylinders, it was blacked at the highest possible rates that a patient could give. When asked Yasmin said that while her husband developed a breathing problem her son bought one oxygen cylinder for Rs 40,000 and one

injection for Rs 50,000. There were no beds available in the hospital, after paying one lakh they got a bed but by the time her husband was critical and there were no ventilators available. The injections which was originally of Rs 900-1200 was sold for Rs 5000-10,000, while some which were originally Rs 20,000 were sold in black for Rs 50,000 via agents.

In this similar way hospital Horizon was caught for a scam from swindling loads of money from panic struck patients and their relatives. Mr Nafees Farid, who was hospitalized at Horizon paid a bill of 3.5 lakhs and survived. Horizon hospital was later shutdown by the thane municipality as it was cheating people and charging them with fake and huge bills.

Case.9.

Interview with Shoa Khan (name changed) was quite depressing. She said, “Aakhri deedar nahi kar pae, humko malloon nahi who kaha dafan hai” as her husband died in hospital in Mumbai and the funeral was done by the hospital. She and her family was stuck in Bhiwandi while her husband took his last breath. Her concern was whether he was buried according to the religious rituals or cremated. As she said, ‘pata nahin dafan kiye hain ya jala diye body ko’.

Case. 10.

V- Care an NGO played a major role in the area of Kalyan was which is run by Mr Moin Don and other fellow members it's a trust which works for the [poor and marginalized].

When we had a talk with him he described how his team had a bunch of Doctors, health workers who had prepared ready kits of medicines which were distributed amongst the people with symptoms for free. They had a 24/7 helpline call center whose phone numbers were circulated and whenever anyone needed help was just a call away.

Here the finances were majorly donated by various local good Samaritans of Muslim community which helped a lot. But one of the expected consequences as a result was his family members, his wife, his elder son and daughter in law got infected. But his well-qualified team of Doctors now with such a great experience worked and everyone recovered. When we met this 65 year old frontline worker, we were amazed by his courage and will power. When we interviewed him he told that people had a fear of unknown, more than fear of the death. They had fear to be segregated, fear of dying alone without family members nearby them, fear of not undergoing death rituals which was scarier than the actual death by the disease.

Case. 11.

Another community worker named Mr Shabib Bardi and Mr Memon from Kalyan with his team of fifteen people worked in a very different manner. As there was lockdown and death everywhere people would not go and help their neighbours or their close relatives if there was a death. As the situation became bad to worse after Ramadan there was no one to bury the dead bodies. These people came ahead and took the initiative of burying the bodies of the deceased. They were a group of 15 people who use to wear PPT kits and with all the necessary precautions took the initiative of helping people bury their dead. Memon said, ‘on an average we buried maximum of 17 bodies in a day and there used to be at least 6-7 bodies per day when Covid was on its peak’. He said that the family members would not accompany to the grave yard as others would be only females left in house or corona affected people. So this team would take care of all the funeral protocols. When we asked him how he felt, the answer was

that “their family members were their pillar of strength, people who were of all support to them in this work and God gave them all the strength to work continuously”.

Case.12.

Another health worker who came in forefront was Mr Imran Patel who was the care taker of Chand Tara Masjid, Nizmpura. He had a tremendous responsibility of allowing few people daily for Namaz in the masjid, maintaining social distancing while people performed Namaz. He had to face lots of chaos in admitting only few people on daily basis for entry in masjid before the peak reached and then it was totally closed. This was also one of the most important and rare task of the front line health worker which was unrecognized in the forefront.

Case. 13.

Another Community worker, Mr Shagaf Fakhri who was interviewed contributed in a very different manner. His major contribution was to accompany different infected patients who needed someone but had no one of their family members to accompany, find out which hospital had a single bed to accommodate and admit the patient and go back home. He travelled with people of Dood naka and Parsi gali of Kalyan to various available hospitals. He said as he was helping Covid positive patients he himself never got positive, he further said, ‘ Pareshan logon ki dua se main theek raha’.

Case.14.

Anika Tanki from Kalyan said within a span of one week she lost her young son who was 38, after two days she lost her Husband and then her son in law. All deaths happened in a weeks’ time. She said all the male members of the family are gone. She is left alone with a young widow daughter and daughter in-law. There are no earning members in the family left. She said, ‘Achacha hota hum bhi sab saath mein chale jaate’.

Thus the fight against COVID-19 was a long and killing process which changed our societal attitudes.

Conclusion

Covid-19 pandemic was horrifying which brought with it fear and trauma. The families of COVID-19 deceased victims were affected by countless mental and emotional crises which have exposed them to a deep sense of loss and emotional shock. The sorrow and pain of knowing your loved one is dying alone, the agony of being unable to have a last look, absence of their relatives and friends and not even have the chance to embrace them for the last time. The spread of the Covid-19 led to increasing number of the infected and deaths and was biggest test to the health system of India. Maintaining the psychological health of the victims’ families during the crisis was the biggest challenge. Grieving families of COVID-19 victims endured deeper sense of loss and emotional trauma than others. Moreover, the families were fearful of the future, with adverse effects on their mental well-being. It’s about death, dying, grief and bereavement. Perhaps time is the biggest healer.

References:

1. Bostan S, Erdem R, Öztürk YE, Kılıç T, Yılmaz A. (2020). “The Effect of COVID-19 Pandemic on the Turkish Society”. *Electron J Gen Med.* 17(6). <https://doi.org/10.29333/ejgm/7944>

2. Cara L. Wallace, Stephanie P. Wladkowski, Allison Gibson, Patrick White. (). “Grief During The COVID-19 Pandemic: Considerations For Palliative Care Providers”. *Journal of Pain and Symptom Management*. Volume 60, Issue 1. Pp. 70-76. ISSN 0885-3924
3. CSTS. (2020). “When a Loved One Dies from COVID-19”. CSTS. Department of Psychiatry. Uniformed Services University.
4. Katz, N. Mcinerney, M. Ravindran, G. Gold, M. (2021). “Silent Suffering Of The Dying And Their Families: Impact of COVID-19” *Internal Medicine Journal*. Vol.51, Issue. 3. PP. 433-435.
5. Lucy E. Selman, Davina Chao, Ryann Sowden, Steve Marshall, Charlotte Chamberlain, Jonathan Koffman. (2020). “Bereavement Support on the Frontline of COVID-19: Recommendations for Hospital Clinicians. *Journal of Pain and Symptom Management*. Volume 60, Issue 2. PP. 81-86, ISSN 0885-3924.
6. Majumder, D. (2020). “IMPACT OF COVID-19 ON WOMEN EDUCATION: A PERSPECTIVE”. *International Journal of Creative Research Thoughts (IJCRT)*. Volume 8, Issue 9 September 2020 | ISSN: 2320-2882. PP.3873-3877)
7. Melina C. (2020). “Considerations of coronavirus (COVID-19) impact and the management of the dead in Brazil”. *Forensic Science International: Reports*. Volume 2. ISSN 2665-9107.
8. Mohammadi, F. Oshvandi, K. Shamsaie, F. Chehragi, F. Kho0daveisi, M. Bijani, M. (2021). “The mental health crises of the families of COVID-19 victims: a qualitative study”. *BMC Fam Pract*.
9. Narayanan, L. Pandit, M. Basu, S. Karmakar, A. Bidhan, V. Kumar, H. Brar, K. (2020). “Impact of Lockdown due to COVID-19 Outbreak: Lifestyle Changes and Public Health Concerns in India”.
10. OECD. (2020). “The impact of the COVID-19 pandemic on jobs and incomes in G20 economies”. *International Labour Organization*.
11. Winter, R. Lavis, A. (). “The Impact of COVID-19 on Young People’s Mental Health in the UK: Key Insights from Social Media Using Online Ethnography”. *International Journal of Environmental Research and Public Health*. MDPI. PP. 1-13
12. Yadav, D. (2022). “Increase in school dropout rates for girl child is alarming, states UNICEF India”. Updated Apr 1, 2022 | 04:48 PM IST. *Times Now*.
13. Yeyati, E. Filippini, F. (2021) “Social and economic impact of COVID-19”. *Brookings Global Working Paper #158 Global Economy and Development program at Brookings*.