

Culture, Crisis, and Contagion: An Anthropological Review of COVID-19 Responses

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ABSTRACT

This paper offers an anthropological examination of the global health impact of COVID-19, focusing on how sociocultural, political and economic determinants significantly impacted health outcomes well beyond the medical dimensions. Based on initial research in India, South Africa, North America and Australia the study compares pandemic responses and outcomes to highlight cultural rather than biomedical explanations for the disparities. It highlights how indigenous ways of knowing Ubuntu and Vasudheva Kutumbakam create an ethic of community, kindred spirits in effective public health, in contrast to the leadership failures and institutional failures seen across many high-income countries. The authors identify and unpack structural violence among marginalized groups, which especially targeted the elderly and older populations as well as Indigenous communities as well as informal workers. The authors of the piece call for anthropological thought to be inserted into public health policy in order to guarantee equity during crises. The paper additionally elucidates how anthropology as a field of study responded to the pandemic with virtual ethnography and digital means, interrogating the future of fieldwork. Drawing on a critique of the leadership aspects with respect to access to healthcare and education among politically marginalized led to an examination of pandemic perpetuated strata of inequality. Through this ethnographic and theoretical amalgamation, the paper aims to show that COVID-19 is not only a disease, but a socio-political creature. Above all, it scrutinizes to larger, more systemic failure in global health governance and calls for culturally adapted community-based approaches to enforce and champion resilience and justice in future moments.

Keywords: Public Health Policy; Community; Collectivism; Indigenous Knowledge

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INTRODUCTION

The COVID-19 pandemic represents an extraordinary global challenge, characterised by its unprecedented scale, rapid spread, and systemic disruptions (Sawicka, Barbara et al., 2022). Although many nations have considerable wealth and sophisticated systems of public health services, the approaches available to them in managing the pandemic have differed from one country to another. In some situations, particularly in wealthier countries, the infection and death rates have been accompanied by profound social and economic upheaval, which was, until recently, considered exceptional. These consequences have been the product of not only epidemiological considerations but also political issues, bounded rationality, fragmentation of the institutions, competing scientific expertise, and conflicts over legitimacy and authority. This highlights the vulnerability of systems and how they perform during health emergencies within more complicated sociopolitical crises.

To contribute to our broadly defined field, researchers must pay attention to others perspectives, identify differences in social organisation, and understand the profound effects of diverse viewpoints and organisational styles on human life and interaction. Anthropology offers the tools to understand how political, economic, legal and medical systems interact within larger cultural frameworks (Eriksen, 2023; Farmer, 2004). Central to anthropological research on health is culture, which influences people's understandings and responses to illness, care and medical authority (Turner, 2021). This includes the socially constructed notions of what constitutes culturally appropriate patient and practitioner behaviour as well as culture-bound interpretations of sickness and healing practices (Unni et al., 2022). Anthropologists have been engaging with comparative analysis of medical systems and drawing attention to the diverse ways in which communities interpret and respond to health crises (Lock & Nguyen, 2018). In addition, applied and medical anthropologists have been critically addressing public health challenges by situating disease outbreaks within their sociopolitical and cultural landscapes (Singer & Clair, 2003). In doing so, anthropology bridges academic research and practical interventions, demonstrating its significance in understanding and responding to global health emergencies such as COVID-19.

COMMUNITY, CULTURE AND COVID-19

Public and community initiatives are key to averting pandemics like COVID-19. In 2020, the WHO advised "Make sure you, and the people around you, follow good respiratory hygiene" to reduce viral transmission (WHO, 2020). Cover your mouth and nose with an elbow or tissue when sneezing or coughing. Such Recommendations highlight the importance of collective responsibility, as the actions of individuals directly influence the health outcomes of others within their communities.

The effectiveness of these public health measures is heightened when understood within relevant cultural frameworks. For example, the African philosophical concept of Ubuntu, which emphasises interconnectedness, compassion, and humanity, encapsulated in the proverb "*Umuntu Ngumuntu Ngabantu*" meaning "A person is a person through other persons." This saying reminds us that our community is bigger than one individual. People find meaning in life by contributing to the community's mission. Consider that the fundamental idea in avoiding COVID-19 is to wear a mask, with the message being, "I am protecting you by wearing a mask." Ubuntu emphasises the interdependence of all people to achieve individual and social wealth.

Epidemic shows that communal civilisations are better than individualist ones. In 1988, cross-cultural psychologist Harry Triandis outlined the main differences between individualist and collectivist civilizations (Triandis, 1988). Individualists pursue self-interested goals to achieve personal goals, whereas collectivists aim to meet society's needs. Being unselfish and helping society is what this means. A recent study of young people recommends enhancing cultural orientations of shared goals and interdependence to reduce COVID-19 and psychological maladjustment (Germani et al., 2020). Collective action for the greater good is more likely in collectivist cultures, which supports the public health approach's population-based utilitarianism (Bedford et al., 2020). Ubuntu, a traditional Eastern and African philosophy, may help us handle pandemics like COVID-19. Steve Biko (1978) said "the Westerner should learn a lesson or two" from indigenous societies' wonderful features. Community is central to our culture.

A vital aspect of community life halted due to COVID-19. Authorities locked down people's houses and prevented them from visiting family to stop the virus's spread. This sadly destroyed a basic human need, belonging. Because of their greater risk of major illness, geriatric care changed. We placed medication and food on their doorstep to reduce their contact. Many of Africa's elderly are poor and depend on state pensions to support their families (Omorogiwa, 2020). In nursing homes and other frail care facilities, the elderly transmitted the illness, which killed many people worldwide. South Africans over 60 accounted up roughly half of COVID-19 deaths; their

sensitivity to the virus caused them to curtail visits from loved ones, which increased their isolation, despair, and panic (Ostler, 2020). How a society treats its elders is no one's business.

The huge social impact shows that COVID-19 is more than an illness. Thus, social scientists should contribute to public health policy and pandemic responses rather than biomedicine. Anthropology has long studied how societies respond to health emergencies, according to D. G. McNeil (2020). She utilised Ebola and HIV/AIDS to show that medical therapies are insufficient. At the recent Harvard-Weatherhead Forum on COVID-19, Joseph, A. (2020) said that "biomedicine has found its light in the sun and dug its heels deep into the ground" while Unni (2022) lamented the lack of social science participation in national response planning. Ignoring human social and cultural complexity by downplaying social sciences in viral pandemics is shortsighted.

The pandemic has deprived the community of community, which is devastating. According to Lebrasseur et. al., (2021), "Humans evolved as beings whose needs to converse, debate and laugh together, to smile and flirt with one another and to interact in groups are central," for good living. The viral lockdown forced individuals to physically segregate and prohibited them from coming together, which goes against human nature and how we evolved. Humans' global physical and social interconnectivity grew with evolution. This strong connectivity and easy travel across countries let the pandemic spread quickly over the world.

Community, culture and public health during the COVID-19 pandemic, one saw how community influenced in tandem by India's one-nation philosophy (collectivism) rooted deep in values like Vasudhaiva Kutumbakam (the world is one family) the Indian society. The collectivist character of Indian Society, imbued with ethos such as "Vasudhaiva Kutumbakam" responded in two fold way during the times of disaster. Singh & Choudhary (2020) highlighted that in the emergency, community-led initiatives including neighborhood assistance groups and gurdwara langar (community kitchens) took care of food and support for marginalized groups. That contact tracing and awareness campaigns empowered by community reached their limits of cultural insensitivity was perhaps best illustrated by the Government relying heavily on initiatives like "Dawai Bhi, Kadai Bhi" (Medicine and Precautions) for engaging community participation (Hindustan times, 2021). But stigma on COVID-19 patients and front-line workers, amplified by misinformation exposed voids in dealing with socio-cultural determinants (Devakumar et al., 2020).

India's example shows that public health policies should focus not only on the spread of disease but also on the complex cultural and community factors involved. This highlights how important anthropological understanding is for creating health strategies that work well and respect local cultures during a health crisis.

LEADERSHIP DURING COVID-19

Anthropological research on global health emergencies often requires attention to the political and geopolitical contexts that shape the pandemic response. COVID-19, by its transnational nature, highlighted how differing national leadership styles and policies influenced outcomes for millions. The public health scholars emphasise that pandemics demand coordinated international strategies for both containment and mitigation, as local and unilateral actions often prove insufficient in the face of contagious threats (Ebrahim et.al., 2020). This geopolitical orientation is essential in anthropological discussion, as state decision not only affects policy but also carry cultural, social, and even moral implications for global solidarity and vulnerability. Trump underestimated the danger, believing it was just the virus. Some believe he should be held criminally responsible for the hundreds of needless deaths caused by his administration's slow response (Mystal, 2020).

Trump blamed China for the spread of the "Chinese virus" and even accused his political opponents, the Black Lives Matter movement, and the WHO of being responsible. He shut off World Health Organisation funding, seeming ignorant and reckless. Like the original US response to the HIV/AIDS pandemic, this attitude perpetuates misguided "Fearbola" that arose in response to the Ebola pandemic in Africa (Petrow, 2014). After Joe Biden became president, the US changed its attitude and pledged to cooperate with the WHO, indicating concerns about Trump's leadership (Nebehay, 2021). Although COVID-19 is expected to burden low-income health systems, reports from a few high-income countries are noteworthy. In 2020, Carlson reported that there are only 625 beds, 6 ICU beds, and 10 ventilators for 2.5 million indigenous Americans, underlining the severe health care shortfall. Doctors Without Borders helped US Native American communities (Kauffman, 2020), and President Trump boasted about America's viral victory.

Africa received attention for COVID-19 leadership failure. President Andry Rajoelina of Madagascar's herbal COVID-19 therapy was ignored by most of the globe. African Union (2020) report that most African Union officials

opposed Madagascar's "cure" despite four African presidents requesting the medication. Instead of launching an antiviral (ARV) treatment program, a previous South African Minister of Health incorrectly stated that garlic and beets would decelerate HIV to AIDS. According to Harvard University study, 330,000 persons died from HIV/AIDS transmission from mothers to their babies and 35,000 children were born with the virus owing to the absence of mother-to-child transmission prevention initiatives (Chigwedere et al., 2008). C. Wright Mills (1956) agreed that ordinary people's lives are dictated by circumstances beyond their control, but he argued that people should hold powerful people accountable for the damages they do society. Recognising that just the powerful few cause issues is inadequate.

Human Rights Watch suggests systemic injustice and inequality may make indigenous Canadians more susceptible to COVID-19 (Carling & Mankani, 2020). Marc Miller, Canada's Minister of Indigenous Services, told Seymour (2020) that social determinants of health like contaminated water, overcrowding, inadequate infrastructure, lack of health professionals, and chronic diseases make indigenous communities more susceptible to the coronavirus.

The marginalisation of Australia's indigenous people is another concern. "The political, social and cultural determinants of health are stacked against Indigenous Australians and Indigenous peoples globally; this multiplies the risks to, and vulnerabilities of these communities to infection and mortality from COVID-19," (Yashadhana et al., 2020). The West's inaction on indigenous people's social and health issues is startling. Affluent countries should apologise for brutally pushing indigenous people to the outskirts of society, where they lacked basic services and were more prone to health issues. These locations will likely be destroyed by health and humanitarian issues like COVID-19. Ironically, these indigenous groups live in rich countries. In these circumstances, social and political structures deny people of basic needs, which Johan Galtung (1969) dubbed structural violence. Farmer et al., (2006) define structural violence as economic and political institutions that endanger people.

Clinicians seldom get training to understand or alter social dynamics. It is well known that many public and medical health efforts fail without a full grasp of socio-economic determinants of disease (Farmer et al., 2006).

India's management of COVID-19 faced both applause and criticism. Prime Minister Narendra Modi's early imposition of lockdown was widely praised for slowing down the spread of virus but was criticized for suddenness, which led millions of migrant workers stranded and triggered a humanitarian crisis. The Central Government's "Aatmanirbhar Bharat" (Self-reliant India) aimed to revive the economy but was inefficient for informal sector workers (Kumar et al., 2024). While Kerala's Pinarayi Vijayan was praised for local testing and community driven efforts, states like Delhi and Maharashtra faced chaos, hospitals ran out of oxygen and people suffered due to poor planning (EPW, 2021). Despite its bold Goals, the vaccination campaign left rural and vulnerable groups at a disadvantage, as many could not access online booking systems (Patel et al., 2021). At the same time, election campaigns and overseas vaccine shipments fueled debates about whose needs really came first (Chaudhuri, 2021). The crisis showed us that when facing health emergencies, we need transparent, unbiased and science-driven governance in future health emergencies.

IMPACT ON SOCIOCULTURAL GROUPS

A significant influence was made on the socio-cultural structures of the whole globe as a result of the COVID-19 pandemic, which had an effect on political institutions, economy, education, and social equality. The crisis response of governments was the subject of intense political scrutiny (Poudel & Subedi, 2020). This was due to the international outrage that was caused by China's fast response to the pandemic, as well as the censure that was directed against Western leaders for their delay in reacting to the disaster. A number of countries, including Nepal, experienced disruptions in important economic sectors such as tourism and remittance-based earnings, which resulted in millions of people being forced to live below the poverty line. Students from rural and poor backgrounds were even more marginalised in countries like Nepal, where school closures impacted more than 1.6 billion learners (UNESCO, 2020; Poudel & Subedi, 2020). This was a direct outcome of the digital divide, which affected students from rural and disadvantaged homes.

Disadvantaged communities are the ones that are most negatively affected by inadequate healthcare and social support, which further exacerbates socioeconomic inequality. As a result of lockdowns in Nepal, there was a significant rise in the number of complaints of gender-based violence. This was made even more severe by the fact that victims had less access to safety services (Bhattarai, G., & Baniya, J. 2020). Furthermore, the adaptive resilience of communities was on show, despite the fact that the suspension of traditional festivals and religious rites had a severe effect on both the continuity of cultural traditions and the emotional well-being of individual groups.

According to Subedi et al., research from 2020, the pandemic brought to light the need of policies that are culturally suitable and inclusive in order to facilitate recovery and help in the maintenance of social cohesion.

CONCLUSION

In conclusion, anthropological study on COVID-19 has been very important in broadening our understanding of the virus beyond the scope of biological explanations. This is because the research has conducted an examination of the epidemic from a social, cultural, and geopolitical standpoint. These studies have shed light on the manner in which different communities interpret sickness, react to public health programs, and manage disturbances. They have also shown how local beliefs, practices, and power dynamics have a significant influence on health behaviour and the effectiveness of policies. By bringing attention to issues like as stigmatisation, misinformation, mistrust of institutions, and structural inequities, anthropologists have contributed to the revelation of how the pandemic has disproportionately impacted individuals who are vulnerable. This is done in order to enrich the perspectives of biology and epidemiological research. Because of this, the COVID-19 pandemic has brought to light the crucial need to include anthropological views into public health frameworks. This is necessary in order to improve crisis response and to promote social justice, resilience, and equality in the area of global health.

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