

POLITICAL REALITY OF RURAL WEST BENGAL IN COVID-19 LOCKDOWN: CHALLENGING HUMAN RIGHTS

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Abstract: The present study offers an understanding of the current situation in Indian rural areas due to the outbreak of COVID-19, a new form of coronavirus. With just a four-hour notice, the honourable Prime Minister of India announced a complete 21-day (first phase) lockdown throughout India on 24 March 2020, which was later extended to the second and third phases to contain the spread of novel coronavirus. The impact of the sudden lockdown has been remarkable in people's everyday lives and lives particularly on village dwellers. This study has tried to explore how people were becoming victims of this situation and suffering from human rights violations. Their experiences will explain the reality generated out of the COVID-19 outbreak and will contextualize the condition of the rural areas within its political reality. The study has followed ethnographic techniques within a constructivist paradigm for data collection. Phone calls and video calls are the only ways to understand the contradictions, complexity, and multiplicity of the realities during the lockdown phase in India. Interpretative analyses have facilitated the comprehension of facts and exploring the meanings based on the understanding of the participant's interpretation of their experiences. Further, trouble was added as they were in some way connected to the medical professionals or profession. Lockdown on an urgent basis has influenced to refuse people's right to look for security or return to safe places from where they face harassment or torture.

Introduction

The disease COVID-19 is an infectious disease caused by a newly discovered coronavirus. The novel coronavirus outbreak was declared a Public Health Emergency of International Concern on 30 January 2020 and a pandemic on 11 March 2020 (WHO, 2020). To contain

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the spread of COVID-19, the Honourable Prime Minister (PM) of India has announced a complete nationwide lockdown from 25 March 2020 (The Economic Times, 25 March 2020). The government of West Bengal announced a complete lockdown in West Bengal from 5 p.m. on March 23, a day before PM Narendra Modi announced the lockdown (The Hindu, 2 May 2020). The effect of sudden lockdown has been remarkable in people's lives and livelihoods. People have experienced unpredictable, quick-changing new conditions. Their movement has been restricted; they have to stay at home. The regular flow of life and family equations have been remarkably changed. Social life has been stuck up. People's income and work situation have also been affected; many people started working from home, and many have temporarily or permanently lost their jobs. This situation has increased the levels of stress and greater exposure to violence against human rights in forms of domestic or communal (Gausman & Langer, 2020; Van Gelder et al., 2020; Ramos, 2020; UN, 2020). The present article is based on three cases, which perhaps are magnificent examples of victimization due to the government's imposing of the lockdown for the ongoing pandemic of COVID-19 without proper planning and measures. Every human being has the right to satisfactory housing, health, and work for a decent living. Denying social assistance to people is challenging the right to social security. Each story is portraying an ongoing massive human rights violation that is not only restricted to that locality, rather it is the picture of Indian rural areas in this pandemic situation. Different studies have shown that nefarious may use social isolation as a mechanism to distance and control the access of the victims from their support networks (Coohey, 2007; Menjívar & Salcido, 2002). Fear is the most common psychological effect during a pandemic. All animals have a measure to protect them from environmental threats. Sometimes self-protection welcomes threats to others. The narratives of the respondents focused on the risk factors for social violence against those who are somehow related to the medical profession or medical professionals in the COVID-19 phase. It is expected that the accumulated narratives of these three women will reveal the fact and will help to contextualize the contemporary Indian villages within their political realities.

Research Objectives: The present study has tried to understand the contexts associated with sudden COVID-19 lockdown that produce the situation where people's day-to-day life has been disrupted and human rights have been violated. It also has tried to explore how the pandemic situation influences social harassment and violence.

Research Methodology: The present research is a 'thick description' of the experiences narrated by three study participants named Annapurna Das who lives in a village named Gangra under the Block Nandigram-I, Purba Medinipur; Diya Dey whose residence (in a village) is near Kharagpur, Paschim Medinipur; and Laxmi Das who lives in Chandipur, Purba Medinipur of West Bengal. Researchers have had a good rapport with

Annapurna's younger daughter Anamika Das for the last two years, and she is the prime source who brought these issues to researchers' notice and encouraged them to carry out this study. She was the only medium who has a connection with the participants. In each case, the informant's name has been changed for ethical purposes. Data have been collected from May 2020 to August 2020. By doing phone calls and video calls from their respective homes, the authors collected data without participating in direct face-to-face interviews and observation. In the complete lockdown, the researchers couldn't travel more than 120 km to meet the research participants physically during that period. That is why the present study has followed ethnographic techniques within a constructivist paradigm. The researcher has tried to understand the context associated with pandemics by interviewing the participants in a semi-structured manner. Prevailing lockdown researchers were unable to cross verification by applying data triangulation and this is one of the limitations of this study. Respondent validation was useful in this case. The narratives articulated by Annapurna, Diya, and Laxmi regarding the contradictions, complexity, and multiplicity of the realities are analyzed in an interpretative way.

Facts and Finding

Case 1: Annapurna Das is a mother of two daughters. Her husband lives in Kolkata for his job. Elder daughter Monika is married and lives in the nearest village named Sona Chura. Her youngest daughter Anamika is a nursing student. She is unmarried and after completion of the final examination, she has rented a room in Garughata, a village under Mahishadal police station. Annapurna used to live within a joint family setup with her in-laws. On 22 March 2020, Annapurna went to Garughata to stay with her younger daughter for a week. Suddenly on 24 March with short notice, the honourable PM of India declared a complete lockdown in India. She was stuck in her daughter's place. Owing to the lockdown, she was there for over a month. While she started suffering from a monetary crisis, she decided to return to her home in Gangra in any possible way. Just then, the 3rd phase of lockdown was launched by the Honourable PM from 3 May 2020 up to 17 May 2020. As per the announcement of permitted activities for the 3rd phase of the lockdown, the movement of individuals and vehicles is allowed only for permitted activities (The Economic Times, 4 May 2020). Thereafter, Annapurna hired a four-wheeler in a contract of paying double the amount to the driver. On the morning of 4 May, Annapurna left Garughata and reached Gangra near about 12:30 pm. At the entrance of the village, a few local boys stopped her car and started inquiring. They began creating a nuisance and restricted her to enter the village. *"I arrived at the entrance of our village. I could see the lane to my home but could not cross the threshold,"* said Annapurna. Those meddling boys called upon some of the busybodies of that village. Some of them asked Annapurna why she has returned to the village when

her profession attaches her younger daughter to hospitals. Annapurna tried to convince them that her daughter is on leave since February 2020 as her final exam had been over and she was not working in any way. The villagers were too obtrusive to their point that Annapurna might carry COVID 19, and she would spread it to the village soon. That very moment, the driver left her after seeing that chaos. Annapurna requested them to keep her in an unoccupied room inside the village for the 14 days of quarantine as she had no place to go, but no one considered her words at that time. She also stated, *“I called up my brother-in-law. He also requested those busybodies on my behalf and then pressurized them that we might take the help of the police. The situation turned worse. They replied that no police or politician could provide security to our family for a full day or even for long. If I try to enter forcefully then they will ostracize our whole family. Villagers will not allow us to fetch drinking water from the tube well that we use regularly to bring daily water. I was so tense about the situation. My brother-in-law requested me to go back for the sake of our whole family.”*

Annapurna felt helpless at that time. She walked for more than half an hour with her luggage bag and reached Sona Chura at lunchtime near about 1:45 pm where her elder daughter dwells with her husband and daughter. Annapurna thought that she had overcome the circumstance for the time being. “But no, I was wrong,” said Annapurna. She narrated, *“It was almost 5 p.m., and a few local nosy men call up my son-in-law. They listened to the accounts but commented that he and his family should not go outside for two weeks. They promised that the villagers would purchase groceries for his family during that period. Today is 24 May and almost three weeks have passed. We are not supposed to go outside even for bringing drinking water until today. It is so difficult to ask the neighbours to bring water from the tube well every time, particularly at night. People are looking at us with fearful eyes. My grandchild who is only 5 years old is not even allowed to play in the courtyard. We are in constant surveillance by villagers.”*

Case 2: Diya Dey is a professional nurse. She is 22 years old and works at a private hospital in Jadavpur Kolkata from last September 2019 to April 2020. Diya is very devoted to her profession. Even in this crisis, she has served the hospital with her enormous passion. To Diya, the hospital did not have an adequate amount of Personal Protective Equipment (PPE) for the nurses to protect them from COVID 19 at the time of duty. She shared that the nurses who assisted doctors in Operation Theater were requested to reuse PPE in several cases. But the doctors were provided with all protections including PPE and N-95 masks in every case. Sometimes nurses were compelled to reuse their masks and gloves also during their duty period. Diya admitted, *“I felt scared whenever the in-charge allotted my duty in the Emergency ward or OPD (outdoor patient department) without providing any PPE or gloves. I and my colleagues protested against this nuisance, but the hospital authority didn't pay any attention to our words.”*

Diya and a few of her colleagues were asked for quarantine by the hospital administration. In the second week of May, she underwent COVID 19 test and got a

negative result. She left her job in the second week of May 2020 and went back to her home for her mother's sake whose condition deteriorated rapidly for having hypertension. Diya had booked a private car and reached her village. But from the time she returned, her neighbours started objecting. A few young local boys encircled her house that evening. They raised protest against Diya's entry into the village and demanded that Diya should be sent to a quarantine centre. Diya narrated, *"I became so scared and started crying to see these furious people in front of my house. My father called up the local party president. The crowd was dispersed with the interference of a political person. The next day, a few ASHA (Accredited Social Health Activist) workers visited my house, and they asked for a photocopy of my COVID 19 test report. From that day, our family is facing unpleasant behaviour from the neighbours. Few facetious boys labelled my father as corona's father. Even the nearest grocery store is denying selling us items. Now, my father has to bring drinking water at midnight to avoid the mayhem."*

Case 3: This is the case of Laxmi Das, a 38 years old woman who lives in a rented room at Chandipur of Purba Medinipur with her husband and three daughters. Her husband drives the car of a doctor. He earns eight thousand rupees per month. He used to contribute the minimum to his family as he used to send money to his parents. Therefore, Laxmi is the chief contributor to her family. She works as domestic help. She used to earn Rs. 5000 per month. Owing to the mandatory maintenance of social distancing, all the eight employers of Laxmi objected to her coming to their houses to do household chores since the time lockdown began. Laxmi is under too much economic stress and remains unpaid for more than two months. She told, *"While I have called them to ask for some money, two of the employers kicked me out of the job as my husband drives a doctor's car. Even five employers have refused to pay wages for the last 7 days of March as I was disallowed to do my job since that time. Now tell me how could I run my family smoothly? I have procured ration from my daughters' school for once. I do not have a ration card at the address where I am staying now. Is it possible to live a healthy life in this situation (she cried)? We have drained our savings almost. Even have no money to pay house rent now."*

The participants are somehow interconnected with medical professionals and thus they are paying a heavy price in this COVID-19 battle. Like them, every day several doctors, nurses and health workers are handling this type of situation and assault due to people's misconceptions regarding the coronavirus.

Discussion

Within the 'new normal situation produced by the pandemic crisis, the risk of social violence has increased. COVID-19 lockdown has witnessed changes in the mutual bonding within the community and the individuals and might be provided new characterizations for individuals' perceptions, understanding, emotions, behaviours as

well as cognitions. Even this 'new normal environment has disrupted the basic rights and freedom of human beings. One of the most important rights of an individual is the right to family and community life. Everyone has the right to live with their family where that person can get safety and protection. The community where a person resides has responsibilities to that person and associated family of helping them to access services. The community must listen to their problems, arrange for shelter, and help when they need it. In every case of this study, it has been found that people in the area where these participants reside have tried to create trouble for them in this moment of crisis because of their misconceptions about COVID 19 infection and futile frighten. Unnecessary panic can never be a reason for separating a person from the family. In this circumstance, governmental interference and intervention of local community centres should have been there to help these families to meet their obligations. Under Article 11, para 1, the International Covenant on Economic, Social, and Cultural Rights of 1966 clearly states that the "States Parties to the present Covenant recognize the right of everyone to an adequate standard of living for himself and his family, including adequate food, clothing, and housing, and to the continuous improvement of living conditions". Although it does not give an individual the right to housing, it speaks about the right to enjoy one existing home peacefully. The States Parties will take appropriate steps to ensure the realization of this right, recognizing to this effect the essential importance of international co-operation based on free consent. So, each person should take benefit from basic subsistence rights, i.e. adequate food and nutrition, housing, clothing, and the obligatory conditions of care when needed. On 16 March 2020, the United Nations human rights specialists declared, "emergency declarations based on the COVID-19 outbreak should not be used as a basis to target particular groups, minorities, or individuals. It should not function as a cover for repressive action under the guise of protecting health... and should not be used simply to quash dissent" (UNHR Display News, 2020). The government-imposed lockdown executes restrictions on certain rights, particularly on those that result from the imposition of quarantine or isolation and confines liberty of people going hither and thither particularly symptomatic ones. The banning of the journey and limitations on freedom of movement are not discriminatory. These do not refuse people's right to look for security or return to safe places from where they face torture (Human Rights Watch, 19 March 2020). Protection of human rights on the ground of non-discrimination, intelligibility, and respect for human self-esteem is urgent in a time of crisis. People have the right to participate in regular day-to-day interactions with other people without any humiliation and embarrassment hindrances. Each person should be capable of enjoying the benefit of the basic needs concerning self-esteem. These are their indispensable liberty.

Observation

Governments are liable for providing information essential for the protection and promotion of rights. They must control the damages that may come from the imposition of exaggeratedly extensive measures that fail to fulfil the actual purpose of the lockdown. People have the right to know the correct and up-to-date information on the COVID 19 virus including access to services, service interruptions, and other sides of the reaction to the COVID-19 outbreak. The government must put human safety on the top of its priority list, as they are responsible for protecting humans against any such violations.

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