EPH - International Journal Of Medical and Health Science

ISSN (Online): 2208-2182
Volume 10 Issue 03 November 2024

DOI: 10.53555/eijmhs.v10i3.247

ADHERING TO NEW NORMAL BEHAVIOUR AND MULTIDIMENSIONAL ACTION-A STUDY IN THE BACKDROP OF COVID-19 IN SOUTH ASSAM.

Dr. Jayeeta Sen*

*Assistant Professor (Associate Professor) HoD , Sociology Ramkrishna Nagar College, Ramkrishna Nagar. Dt. Karimganj Assam-788710.

Corresponding Author:

ABSTRACT

The term new normal first appeared in 2008 to refer the financial crisis to the dramatic economic, cultural and social change that caused precariousness and social unrest impacting collective perception and individual lifestyle. This term has been used again during the COVID-19 pandemic. It directs people to carry out certain action like use of masks, sanitizer avoidance of crowded places etc. that are new to the people in Indian Society. However, Sociological theories of action particularly those who are dealing with micro- Sociology explicates that people's action is not ordered always. Adapting new normal is a concern throughout the globe. In societies of west, people are not ready to avoid crowd, public vehicle, religious congression as well as maintaining physical distance. Attitudinal ideology of people in India is not individualism rather collectivity. There is a strong bondage of community as well as neighbour-hood feeling. People are accustomed to conglomerate in religious as well as socio-cultural festivals. Systematic queue is hardly seen in bus stand, shop or marketplace. Moreover, there is established inequitable hierarchy in terms of caste, class, education, occupation and locality in India. Unequal hierarchical composition in Indian society contributes in unequal attitude, practices, habits and beliefs regarding all aspects of cultural milieu including health and health seeking behavior. In a country like India people in general and rural as well as semi urban-setting in particular do not get ready to accept new things. They have fear to lose their own culture. Assam is not exceptional in this regard. Being agrarian society Assam is dominated by rural setting following rural culture. The Study areas geographically located in Southern part of Assam bordering Bangladesh is predominated by rural culture and outlook even after three decades of globalization. Hence the present study intends to seek to investigate: the way people are adopting with new-normal life. It seeks to know social arrangement in the attitude of people.

Key Words: *Action, Health, Culture, Behaviour, Pandemic.*

INTRODUCTION

The buzz word 'New Normal' is dominating the action order of society around the globe since the days COVID-19 pandemic has broken out. It appeared as only means to break the chain of corona virus. People are forced to abandon their vogue cultural habits and practices and adopt 'New Normal'. It suggests a change in action of an individual to be free from scope of infection with corona viruses. The term new normal first appeared in 2008 to refer the financial crisis to the dramatic economic, cultural and social change that caused precariousness and social unrest impacting collective perception and individual lifestyle. This term has been used again during the COVID-19 pandemic. It directs people to carry out certain action like use of masks, sanitizer avoidance of crowded places etc. that are new to the people in Indian Society, However, Sociological theories of action particularly those who are dealing with micro-Sociology explicates that people's action is not ordered always. It is revealed particularly when social change takes place. Social change is not productive of conformity and harmony rather 'Individuation and institutional strains.'(Alexander;1980). Social change is referred as process of differentiation within social, cultural and personality system. Multidimensional Sociological approach based on two propositions: individual's action is shaped by rational adaptations to external condition and by actor's subjective commitment and perception. Secondly, problem of order, or the way plurality of such action became interrelated or ordered (ibid;1980). The order problem according to Alexander is mainly based on micro-macro continuum, and the action problem oscillates between idealist (subjective) end as well as materialist (objective) end. At idealist end action is described as normative, non-rational and affective. At materialist end action is non-rational and affective. At materialist end action is instrumental and affective implying micro-objectivity, rational and conditional (Alexander 1980). Multidimensionality of social order is seen in every sphere of social life including health and disease. Health is regarded as wealth. It is significant to survival. Like other institution health as a social system is manifested through healthy behavior. Everybody wants to be healthy and disease-free life, which depends on action and behaviour of age, education, occupation and other determinants like culture.

Adapting new normal is a concern throughout the globe. In societies of west, people are not ready to avoid crowd, public vehicle, religious congression as well as maintaining physical distance. Attitudinal ideology of people in India is not individualism rather collectivity. There is a strong bondage of community as well as neighbour-hood feeling. People are accustomed to conglomerate in religious as well as socio-cultural festivals. Systematic queue is hardly seen in bus stand shop or marketplace. Moreover, there is established inequitable hierarchy in terms of caste, class, education, occupation and locality in India. Unequal hierarchical composition in Indian society contributes in unequal attitude, practices, habits and beliefs regarding all aspects of cultural milieu including health and health seeking behavior.

SOCIOLOGY of DISEASE and COVID-19

From Sociological frame of reference disease is one of the indispensability in the life of every human being and coping up with the disease is a universal aspect of human experience. It is a potential threat to mankind. Like other human enemies, the malevolent function of disease disseminates a threat to a human group entity and survival, whether in family, community or society. The Disease impacts on human being in multifarious ways: It breaks off communication between group members with in family, community or society i.e. in any of human settlement; it incapacitates leadership, reduce the ability of group members ascribe or achieve role. However, medical science differentiates on the basis of characteristics of disease: (i) communicable and (ii) non-communicable.

Medical knowledge owes to medical scientist of late nineteenth or early twentieth century affirms that most of the communicable diseases are caused by a wide variety of microorganism such as bacteria, virus, fungi, worms etc. Various transmission sources of communicable diseases are infection by droplet, contaminated water or contaminated food etc. The disease bearing organisms are ingested through drinking water, through physical contact between carriers and infection as well as biting of mosquito or another vector which carry the causative agent. (Rogen, 1958). Characteristics of communicable diseases have not ecologically significant consequences and only some of them have sociological too. And the most challenging one is that when the disease assumes the nature of epidemic. These diseases can be communicated from one human host to another. Such types of diseases represent a more serious threat in places where population density is very high, i.e.in large cities and particularly among the impoverished classes, who not only are more crowded together, but live under filthy conditions fostering the spread of certain communicable diseases and scarcely have any resources for medical care.

Characteristics of communicable diseases suggest strategies of direct intervention as defense against them. It means also that not only are these diseases treatable but preventable. Ways of prevention are classified by medical scientist as primary, secondary and tertiary prevention. Michel Fucolt (1973) noted emergence of two distinct trends in medical practice what he called “Medicine of Species” and Medicine of social spaces. Former pertains to the strong emphasis in western medicine while later

concerns with prevention. Medicine of social space indicates intervention programme taken up in different times and places by State. This means greater governmental

involvement in regulating the conduct of everyday life especially public hygiene. Physicians seemed as advisors of laws and regulations specifying standards for food, water and disposal of wastes. The health of human body thus became a subject of regulation by medical doctors and civil authorities as social norms for healthy behavior (Fucolt,1973). Prevention is one of the potent regulations and adapting preventive behavior is regarded as healthy social norms for every society. Of the three types of preventive mechanism, primary prevention is significant for society. Because primary prevention is first line of defense, historical evidence suggests breaking the chain of transmission. And the most possible one is isolation or quarantine. The technique of isolation or quarantine was reported to be used in biblical time to segregate leapers and others viruses from population. The method also played an important role in the fourteenth century when used by Italian sea-port officials to prevent incoming ships from the beginning of the black death or bubonic plagues to their cities (Rosentau,1976).

However, disease, be chronic or communicable ultimately a potent threat to life of human being eventually to society. Studies on Medical Sociology recognize influence of culture in health and disease related behavior. It elucidates cultural factors had its genesis in preliterate societies. But tremendous success of scientific medicine in management of diseases led to ignore socio-cultural variables as causal factors. However, further advancement in scientific medicine was blurred. Medical scientists around the world perceived implication of cultural factors along with biological factors in analyzing disease causation during nineteenth century. Attitude and behavior of people in disease prevention is largely influential in case of communicable disease. Many studies hints on those diseases which are preventable with mass immunization cannot be uprooted owing to cultural factors. Social factors influencing in both positive and negative attitude towards disease prevention and cure are essentially predisposed by socio- structural as well as cultural phenomena. In order to control them government's forceful intervention may also be required. There are many such diseases which have no curative aspects and have to be controlled by preventive mechanism. History recollects evidences of pox, measles, TV etc. many non-curable diseases at their inception.

Outbreak of COVID-19 has cut across all socio-cultural barriers. Human life in every nook and corner of the world is confronting with an unprecedented crisis. It is a poly-faceted affect. The seemingly impossible has happened. Markets are shut down, school-colleges are closed, festivals are restricted, and borders are sealed. Entire gamut of social system is topsy-turvies by small virus named as "Novel Corona Virus'. The worst affected is economy, education and culture. Suddenly, peoples' ways of doing are astounded. Health and disease acquire primacy as well as priority over any other aspects. Etiquette, custom and manners are shifting with the facets of new normal for survival of human life. Social distancing appears as new normal social interaction pattern. Upshot of covid19 has proved the Spencerian approach 'organismic whole'.

Society as system exists with many sub-systems of economy, polity, education, culture, and many others. A change in one will lead to change in others. (Spencer,1896) It has also negated Marxian approach of economic determinism that economy as infrastructure is the key driving force to initiate social change (Marx and Engel,1846). Alternatively, relevance of Weberian approach that it is not the economy only rather any other aspects of society may be instrumental in initiating social change (Weber,1968).

The Chinese origin virus; a plethora for human society, detected in December 2019, entered in to about 19 countries by the end of January. It is an infectious disease and has no curative aspects until the approval of 2G drugs was discovered by DRDO, on 9th May 2021 (http//www.mpnrc.org.May 2021). Health experts across the world are of the opinion that since covid19 has no curative medicine or vaccine for immunization (vaccine was developed by the end of January 2021) social isolation and social distancing are remedial measures that can reduce the exponential growth and transmission of the viruses, along with this frequent washing of hands with soap and alcohol based sanitiser, avoiding the touching of eyes, nose, mouth, wearing masks and avoiding contact with a potentially infected person are some of the obvious advice for controlling and regulating the viruses, as directed by WHO to stop the spread of the disease through respiratory droplets .Social distancing means the physical separation of people. To practice social or physical distancing following steps are to be adopted:

* Stay at home
* Do not gather in groups
* Stay out of crowded places and avoid mass-gathering.
* Do not let visitors to visit home.
* Maintain 6 fit distances while interacting with others.

Focusing on, Indian context, first cases of Covid19 was detected /reported from Kerala on 30th January 2020.It has mounted up to 4.31 core (http//mohfw.gov.in) till date. The Ministry of Health and Family welfare (MoFW), in consultation with World Health Organization (WHO) have taken strategic action pro-actively. When the disease started spreading in different countries the thermal screening and mandatory quarantine for foreign travelers were implemented by government of India. People are made aware of preventive measures by using all possible means together with social, electronic and print media. The importance of social distancing and maintenance of hygiene is reiterated. All kinds of social gathering are restricted including religious, social and cultural. Temples are shut down; socio-cultural festivals are permitted to organize with a limited number of people. Lockdown is imposed to avoid crowding in market place, park and other public spaces. India has adopted new social behaviour to prevent infection, such as mask-wearing, physical distancing, teleworking and hand hygiene as part of daily life. But the challenge is to make these new behaviour part of our everyday habits. Mass medias are used for public interest to improved understanding of individual responsibility and, subsequently, a greater willingness to adopt infection prevention practices as part of “the new normal”. But the haunt is how people are adjusting to adopt with new normal interaction. It depends on peoples’ capacity to flexibility as well as creativity to adapt, to manage resilience in the face of adversity.

OBJECTIVES:

In a country like India people in general and rural as well as semi urban-setting in particular do not get ready to accept new things. They have fear to lose their own culture. Assam is not exceptional in this regard. Being agrarian society Assam is dominated by rural setting following rural culture. The Study areas geographically located in Southern part of Assam bordering Bangladesh is predominated by rural culture and outlook even after three decades of globalization. Hence the present study intends to seek to investigate:

(I) how and why people are adopting with new-normal life.

(ii) Are there any differences in the attitude of people in terms of sociological parameter: class, education locality, age and gender while adopting the new normal behavior.

Review of literature: In Nepal people are controlled to observe, celebrate and participate in their religious work. This situation leads to frustrations and disinterest among masses in their daily activities and remains far away from social peace. Many temples and churches some unconscious people move in practices to offer through life stream amidst the pandemic. Many rituals, rites ceremonies and festivals have been paled. Adherent of many religions have gathered together to pray for the end of corona virus pandemic, for those pretentiously by it, additionally for God they trust in to give physicians and scientists the intelligence to battle with the disease.People are reiterating the importance of religious feeling and expression to bind people within community. Religion increases emotional unity between people and decrease conflict. Many people are adhering to but seemingly disagreeing with government decision. Proscription of religious activities is referred to as sin also. But fear of transmission of virus as well as government decision has become an obstacle for them. It also impacts on social and economic activity that might widen the gap between rich and poor, haves and have-nots. Seize in source of income might consequential in to increase in domestic violence, frustration and suicide rates. (Sapkota,2020).

Studies across the world, perceive influence of cultural differences in adhering to new normal behavior related to covid 19. Response varies forms country to country because of cultural variations. Even Asian countries like Vietnam, Japan, Taiwan and other Asian countries choose lockdown the national economy and enforce strict quarantine.

They found “Uncertainity Avoidance Index” (UAI). The higher avoidance in uncertainty, the lower the gathering in public. They do not find any supportive evidence. Those cultural factors would predict the proportion of people who are staying in the home to practice distancing. Rather the result would suggest various health implications to the authorities by framing people about uncertainty avoidance feature to encourage people in integrating social gathering (Elsevier Public Health Emergency collection, 2020).

Differences in response of the people are viewed in different countries. In European countries it altered the close connection of individual and social meetings in each country. Initially, USA has witnessed apathetic attitude towards maintaining social

distancing as a result 1.76 million people could not save the life. Russia imposes financial penalty for not following Government SOP. The Philippines and India are typical example to arrest those who violate social distancing. On the Other hand, some countries are using media as tools to observe distancing. The policies to nudge people to perform social distancing(ibid,2020)

While talking of human behavior it is determined by cultural values. Human behavior is largely determined by what people perceive others in the community are approved or disapproved by others (Calindi,2004). Therefore, culture and social norms of different places heterogeneously determine human behavior. For instance, if social distancing as well recommendation to stay at home of people are enforced by strict and punishable role in Asian countries, While in European countries it is not as stringent as Indian culture in recommending people (Gelfand.et.al,2011). In regarding uncertain human behavior, people tend to avoid uncertainties if they perceive higher risks (Huynth,2020). The study confines that the cultural determination play an important role in controlling infection behavior. Our suggestions are to embed core cultural values relevant to potential threat when going to nudge people to avoid safe guarding during pandemic. This is understandable to let people understand that they might have potential incubation period to infect others. This should be taken in to consideration when interacting with the strangers in the public might increase. The risky likely hood to get corona virus. The study is evidenced that public health strategies and intervention should be immediately taken action to reduce social gathering by uncertainty avoidance factor (ibid 2020)

Coming to Indian context, new normal behavior haven not been adhered uniformly. Lockdown have to be imposed. But it has affected otherwise. As Das and Bhattacharjee concentrate on affect amongst elderly people in peri-urban areas in India. Elderly who are with co-morbidity are declared as high-risk group. Those who are health conscious, knowledgeable too keeps themselves as in house arrest. But they find pressing difficulties in their life world. Social network such as family, friend and community support are stopped. They are isolated from broader population and community services leads to loneliness and depression. Although in a few cases family relations are rejuvenated as family members who used to live outside have started to live in under separate roof. The study emphasis on formulating new policies to cope with stress full situation (Das and Bhattacharjee,2021).

A survey on knowledge, attitude and practice of Indian people on COVID-19 demonstrate that almost a quarter (119, 24%) of Indian literate people had COVID-19 related high knowledge, positive attitude and good practice. The information arriving in any community may not necessarily become a part of their knowledge and wisdom, and variations in knowledge and perception are apparent. This synchronization needs to be understood with their believes, traditions and practices of the community. The public has access to many sources of information, and they form their perceptions based on these diverse sources and not merely on official sources. These perceptions regulate the attitude to add significant stimulus to perform various practices like social distancing, isolation, quarantine, mask use, personal hygiene and empathy to patients and healthcare workers. The volatile existence of deadly viruses with ill-defined transmission behavior and the lack of awareness often influences the readiness to

address these challenges unexpectedly. The study presents some additional advantages over comparable studies from different parts of the world due to the inclusion of multi-optional and open-ended questions for better expression of multilingual and

multicultural respondents. The present KAP inquiry attempted to address the Indian population variation in terms of education status, socio-economic status, and high heterogeneity, and the study inferences should not be viewed as a representative reflection of all Indian communities. The central suggestion of the study lies with the fact that participation at the individual level should be ensured for COVID-19 control with active efforts to increase the knowledge, attitude and practices on COVID-19. These efforts will be operative for achieving this great goal of humanity free of the SARS-CoV-2 (coronavirus) and prevent us from future such infections (ncbi,2022)
COVID-19 protocol is not conforming uniformly. People are making many different senses of COVID-19 protocol. Government is blamed and defamed as it often occurs in a democratic society. In urban many people who are reluctant to use masks, maintain ques etc. are force to do by framing rules. In rural areas wearing of mask, use of sanitizer makes an individual a laughing stock to other. On the other hand, amongst the literate middle class in and urban areas are seen to adhering the covid protocol i.e staying at home, wearing masks, restrictions to allow any visitor at home etc keeping restriction on socio-religious ceremonies etc. Thus, people of different classes, occupations and educations making sense of differently and behave accordingly. The study can be analyses with Neo-functional approach (1980).

MATERIALS and METHOD:

The study was conducted in Karimganj district. Two urban centers of the district one is town Karimganj which is the district head quarter, as well as Ramkrishna Nagar a newly formed urban areas and Nilam bazar village. An observation has been made in Ramkrishna Nagar market area from 8.11 20021 to 12.11.2021 from 12.30 to 2.30. In Nilambazar observation was done 27.10.2021 to 31.10.2021 in morning 9 A.M to 11.30 A.M.
It was observed that wearing of Masks is not followed uniformly by all. So far social distancing is concern; even 6 fit distancing has not been maintained properly in a crowded place. Many peoples' attitude reflects that there is no such threat or single virus, covid19 protocol has not come up and there is no such concept of new normal behavior.
In Rural areas there is no sign of adhering to 'New Normal' behaviour. At the time of interaction with a few respondents who are youth, male, irrespective of illiterate or higher secondary level educated. In their interpretation "Mask and other covid19 prevention behavior is not required in our locality, there is no such disease like corona" Even they don't believe in any kind of existence of virus. They even don't hesitate to make it a political fabrication by Government. It is a politics of misappropriation of fund. They don't feel like to keep 6 fit distances also because they believe that there is no such disease. Another group working in Government or private sector by age they are young, youth or have just crossed youth hood. In their interpretation those who wear mask they are scarce about it. Corona will not infect us, so we do not require mask. We

are strong and healthy; these are diseases of cities and metropolis. In other words, in thinly populated or less polluted places corona virus cannot survive. Those, who are day labour, rickshaw puller for them wearing of masks create some uneasiness in works. Regarding, maintaining social distance they reply like "Earning our bread and butter is important for us, we have no time to care for all these things which are shown in T.V. "What is corona? If fever comes then it is mapped as corona. Before the arrival of this new name didn't, we suffer from fever?" These are these are the ways how rural people make sense of corona virus.

But the picture is slightly differing in urban areas. In urban locality, those who are wearing masks for them purpose of wearing masks is different. Some wear masks for fear of action taken by police. A few knowledgeable people wear it to protect themselves to be infected by virus. In the time of data collection anther group is found out who use masks because other people are using it. Those who are adhering to use of masks to avoid to pay fine imposed by police, they don't care for social distancing. All of them are male, belong to the age group of 25 and above, they are both educated as well as uneducated. There is another group whose minimum qualification is graduate or equivalent doing jobs or settled business and above the age of 35 years of age. Occupationally, they are either doing petty jobs or business to them wearing masks meaning is to protect themselves from virus. They believe in maintaining 6 fit distances and do it. They know COVID-19 is a disease caused by corona virus. They know wearing masks can prevent from corona viruses and help to break the chain. They do not allow visitors also without getting sure about vaccination status of later. On the other hand, there is a group of people who are belong to above 50 years of age doing remaining few years of service or retired from service are very much conscious in urban areas. They also possess sound knowledge about the virus, its functions and route of transmission; hence adopt new normal behavior in their day-to-day activities.

There is another group in urban areas who wear masks on their face for imitating others. They feel it odd-looking if they are without masks in public places. But they do not care for social distancing and any other COVID-19 preventive behavior. Those who wear masks they are young and even up to above 50 years of age. Most of them are above 30 years of age, educated and doing petty jobs or business. Women assemble in temple are neither wearing masks nor maintaining social distance in both rural as well as urban areas.

DISCUSSION and CONCLUSIONS:

Thus, discussion reveals that the new normal behavior is not adopted uniformly. The necessity and meaning of it is subject to peoples' culture, structural condition and knowledge. In rural areas culture is predominant. Regarding COVID-19 protocol all sources of knowledge dissemination are used by state to make people aware. The particular rural area is well connected with all sources of electronic and social media. Mobile phone, T.V has cut across the reach of caste, class, age, religion, age and gender and economic status of people. But still reluctant to comply with rather making negative sense of all messages related to COVID-19 broadcasted by electronic, print and social media.

Hence, the study reveals differences in action order. In Alexander's Neo-functional theory both action and order are given equal attention. It gives more emphasize on both

micro and macro level action both rational and expressive action. Those rural people are not complying with COVID-19 protocol, their end is idealist that is subjective. Because they do not want to accept COVID- 19 related prevention; which are new to them. Thus, the study reflects problem of order in peoples' action. The first group that means those rural dwellers, who are not conforming to their action, is determined by their subjective commitment or cultural factors. Because of the significant character of rural people is that they reluctant to accept new things or any change in orderly lifestyle lately by urbanites. Secondly, peoples' structural condition in many cases is instrumental in negating COVID-19 protocol. Their action is rational and has materialist end. Those who are conforming to COVID-19 protocol their rationality is also different. So, there is a problem of order in action of people. Actions are motivated by multidimensional factors and here lies the relevance of multidimensional Sociology.

Bibliography.

1. Alexander.J; Theoretical Logic in Sociology,Vol., 1Positivism,presupposition,and Current Controversies,University of California Press,Berkeley,1982,p.xv.
2. Alexander.J and Paul Colomy, "Towards Neofunctionalism," Towards Sociological Theory, 3,1985.
3. Cialdini.R.B, N.J. Goldstein; Social influence: Compliance and Conformity. Annu.Rev.Psychol.2004;55:591-621 (PubMed) (Google Scholar)
4. Das.M and A.Bhattacharjee; Social Distancing through Covid19: A narrative analysis of Indian peri-urban elderly.Social Science and Humanities Open. Journal homepage:www.elsevier.com/locate/scholar on 07.07.2021.
5. Elsevier Public Health Emergency Collection Saf Sci.2020 Oct;130:104872 Pub online 2020 Jun doi:10.1016/j.ssci.2020.104872.
6. Fucolt.M;The Birth of Clinic: An Archeology of Medical Perception,Newyork:Vintagebook,Turabian.
7. Gelfand M.J., Raver J.L., Nishii L., Leslie L.M., Lun J., Lim B.C., Aycan Z. Differences between tight and loose cultures: a 33-nation study. Science. 2011;332(6033):1100–1104. [PubMed] [Google Scholar]
8. George Rogen;The History of Public Health,Newyork:MD Publications,1958.
9. Huynh T.L. The COVID-19 risk perception: a survey on socioeconomics and media attention. Econ. Bullet. 2020;40(1):758–764. [Google Scholar]
10. Marx.K and F.Engel;The German Ideology,International Publishers Newyork.
11. Rosentau Maxy;Preventive Medicine and Public Health in Philip.E.Startwell (ed) :Medicine and Public Health,10 ed..Newyork,Appleton-Century-Crots,1976,pp.59-459
12. Sapkota.P; An Anthropological Study of Covid19: Effects on Socio-Cultural life of People.Dhaulagiri journal of Sociology and Social Anthropology,vol 14.pp 37-45.
13. Spencer.H;The principle of Sociology;vol 3,appealton,Newyork.
14. Weber.M;Economy and Society,Bedminster Press,Tolowa.
15. http// www.mpnrc.org.May 2021 retrieved on 09.11.2021
16. http//mohfw.gov.in retrieved on 7.11 2021
17. http//www.pcbi.ncm.nih.gov>article>PMC.9597046 retrieved on 27.03.2023