

Glimpses from villages in the Northeast: Traditional quarantine measures came alive during the COVID-19 pandemic

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During the COVID-19 pandemic, communities in the hills of Northeast India fought the epidemic by taking recourse to traditional preventive health measures, both sealing off villages and quarantining to combat the spread of the highly infectious coronavirus. These traditional emergency health measures grew out of local experience with disease but resemble the current practices of lockdown and quarantine. Quarantine measures, dismissed by the World Health Organization in 2018 as 'no longer efficient', were re-established in the course of the epidemic. However, these practices continued to be part of the oral tradition of villages in the Northeast and highlighted an aspect of their autonomy in this arena.

Keywords: COVID-19, indigenous peoples, Northeast India, pandemic, quarantine

I

Introduction

When the first case of the coronavirus disease (COVID-19) was reported in the Northeast from a foreign returnee student of Manipur on 24 March 2020, many localities and villages in the state closed the roads leading to their localities and villages. These localities were the first in the country to voluntarily enforce a lockdown and community quarantine at the village level. Knowledge of these strategies here is part of the cultural understanding of epidemics which is passed down from generation to generation.

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Contributions to Indian Sociology (2022): 1–5
SAGE Publications Los Angeles/London/New Delhi/Singapore/Washington DC/
Melbourne
DOI: 10.1177/00699667221106017

In 2018, the World Health Organization (WHO), on the occasion of the 100th anniversary of the Spanish flu, had brought out a manual on how to respond quickly in the early stages of an epidemic outbreak. The manual repudiated ‘many traditional containment measures’ as ‘no longer efficient’ and suggested that they should be re-examined ‘in the light of people’s expectations of more freedom, including freedom of movement’ (WHO 2018: 26). It argued that ‘measures such as quarantine ... would be unacceptable to many populations today’ (ibid.). Contrary to the opinion of the WHO, hill communities in Northeast India were doubtful of the strategies being adopted by the government and voluntarily went in for more stringent traditional measures to prevent the spread of the contagious disease during the pandemic than was proposed by the government.

As the Government of India eased lockdown rules from 4 May 2020 to allow stranded migrant workers and students in different parts of the country to return home, villages in diverse hill regions of the Northeast built makeshift huts to serve as community quarantine centres for home returnees. Such initiatives were undertaken without any official intimation or insistence by state authorities.

II

Traditional lockdown measures

What is the indigenous approach to a public health crisis? Why did indigenous communities resort to such traditional measures? In the highlands of Northeast India, indigenous communities undertake local measures, including religious practices, to combat an imminent epidemic. Among the Kukis in Manipur, *Aikam* is a village ceremony that leads to a lockdown of the entire village. The word *Aikam* comes from a combination of two words—*ai* meaning ‘turmeric’¹ and *kam* meaning ‘to trap’. So, the literal meaning of ‘*Aikam*’ is the setting of a trap by the powers of *ai*. Through this ceremony, a ‘gibbon is cut in two and the blood mixed with the other things’ and ‘all the people of the village then come and anoint themselves with a little of the mixture ... on the forehead, and also taste a little’. After the ceremony, the village priest ‘takes the remainder of the mixture and the two halves of the gibbon and places them on the

¹ *Ai* is a kind of natural turmeric from the zingiberaceae, or ginger family grown wildly in the forest. It is believed to have the power of controlling illness and evil power.

framework of {an arch that leads out of the village and onto} the main path. One half of the gibbon is placed on each side of the path'. '[While] preparing the mixture and killing [the gibbon] the *thempu* [priest] calls on Pathen [God] to protect the village from the epidemic and the entire village is a "taboo" for 15 days'. During the lockdown period, '[no] one is allowed to enter or to go out of the village' (Shaw 1929: 76).

The enforcement of the traditional lockdown measures during such times are prompt. The stringent measures are taken not only to prevent the spread of highly communicable diseases from other villages to their own but also to prevent the spread of the disease to other villages. The village announces a self-imposed lockdown such that the village's main roads are blocked, and temporary footpaths are used as a diversion to connect with other villages if the need arises. The main entrance gate to the village is closed. No one is allowed to enter or go out of the village until the priest announces that the lockdown is over.

However, if the lockdown is prolonged, the economic effect of the epidemic on specific individuals and families is considered and these villagers are permitted to visit *jhum* fields to carry out cultivation or harvesting their crops. As with war and conflicts, the moral economy of Kuki *khankho*² is evoked and 'the wealthier households share their food grains and other crops with the poor and needy without any expectation of repayment' (Haokip 2020: 132). Further, food practices through this period include the eating of dried leaves and vegetables, fermented foods and tubers to which indigenous communities are quite accustomed.

III

Community shelters as an expression of hill autonomy

In May 2020, when the Indian central government relaxed the lockdown rules, several states were engaged in arranging special *Shramik* trains to bring migrant workers home. When this news reached the highlands of the northeast region, many villages in Manipur, Nagaland and Meghalaya voluntarily constructed makeshift huts and tents so as to act as a quarantine camps, unlike in urban areas where migrant workers depended on state-run night shelters (Mathson 2021). In contradistinction

² The word *khankho* denotes the ideal way a person should grow up in the village with an altruistic mindset.

to Sujatha's (2021: 257) observation that the 'concentration of cases and fatalities' of coronavirus were largely in urban areas, 'whereas the predominantly rural and remote regions were fortunately protected by their weak connectivity', in the Northeast, even remote villages today are in fact fairly well connected with the mainland. A good number of students and migrant workers work pink and grey collar jobs in metropolitan cities and visit home often. During the pandemic, the shrinking jobs in the cities not only forced them to return home but many were subjected to racist harassment (Haokip 2021).

Temporary community quarantine centres built mostly with bamboo at Sohtyllang in the southwest Khasi hills were set up 'for their young people returning home'. The district administration termed the initiative as 'community-led action at its finest'. A total of 770 community quarantine centres were managed by the village folks on their own while the state government ran 17 institutional quarantine centres. Again, when domestic flights resumed on 25 May, the state governments of the region mandated 14 days of institutional quarantine. Yet several community-based organisations in the Churachandpur and Kangpokpi districts of Manipur ensured an additional 14 days of quarantine, trusting their own community experience of the past. The construction of makeshift quarantine centres and quarantine protocols can also be regarded as an assertion of the dearly cherished autonomy of villages in the management of their own affairs resisting the state's erosion of their autonomy.

IV *Concluding remarks*

In the hills of Northeast India, lockdown and quarantine measures primarily stem from the time-honoured cultural understanding of communicable diseases which is evoked in times of need. It largely remained obscure in the field of formal community health since it formed a part of their oral culture.

When such indigenous practices in the Northeastern hills are closely examined, they prove to be largely scientific and effective, and closely resemble modern public health measures. Contrary to WHO's 2018 thinking, Tognotti (2013: 254) had argued that 'in the new millennium, the centuries-old strategy of quarantine' would remain a valuable 'component of the public health response to emerging and reemerging infectious

diseases'. The centuries-old epidemic control measures of quarantine, isolation and disinfection were practised among hill communities of the Northeast in their 'own cultural world' on even more stringent terms than mandated by the state.

Finally, the indigenous coping mechanisms and the quintessential isolation and lockdown measures helped villagers assert their autonomy and organisational capacity vis-à-vis the state through the emergency that arose in the wake of the COVID-19 pandemic.

Declaration of conflicting interests

The author declared no potential conflicts of interest with respect to the research, authorship and/or publication of this article.

Funding

The author received no financial support for the research, authorship and/or publication of this article.

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