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Correspondence

Community engagement in times of COVID-19: Lessons from neo-Vaishnavite practices

Sir,

The article 'Public engagement is key for containing COVID-19 pandemic' published recently was an enlightening read[1]. In this article, the author has elaborated the various aspects related to the issue in a lucid and nuanced manner. Based on the arguments and suggestions, we would like to offer our humble insights on the same.

We agree that public engagement is inalienable to contain the transmission of any pandemic, and COVID-19 is no exception. In the current situation, where a definitive pharmacological cure or vaccine is yet to be developed, personal hygiene and social distancing are the only two weapons that we have in our fight, both of which are proven non-pharmacological interventions[2]. This engagement can be coercive or willful. Coercive measures such as the nationwide lockdown are an invaluable part of any strategy for the modification of public behaviour. The nationwide lockdown in India has been successful to a large extent in flattening the curve of the disease, as evidenced by the steady decline in the R_0 factor[3]. At the same time, it has to be acknowledged that coercive strategies are short-term measures only. At some point in time, the economy will have to be opened up and lives will have to be protected without compromising livelihoods[4].

'Trust' is a recurring theme in this article[1], a theme the importance of which cannot be stressed enough. As mentioned, the comprehensive risk communication strategy (CRCS) approach requires that information is disseminated in the community in a manner that is trusted by the community. This strategy ensures the best possible public participation to achieve the desired public health outcomes[1,5]. The CRCS becomes all the more important for a population that is diverse and where the penetration of pharmacological interventions is limited[1]. In such situations, we should look towards local traditional practices as a tool while developing CRCS. India is fortunate in having a diverse range of cultural and religious practices, which have established public acceptability, and many of which are in consonance with modern scientific practices.

While exploring some of these local traditions, we found many scientifically relevant practices of personal and social hygiene in the neo-Vaishnavite sect of Assam[6]. A random questionnaire-based survey done among 100 followers of the neo-Vaishnavite culture in the city of Guwahati revealed some interesting results. It was found that our respondents were used to take a bath before cooking (65%) and before entering the premises of their homes (50%). This behaviour is rooted in the strong tradition of personal and social hygiene in their culture. Among Vaishnavites, there exists a strong distinction between the state of hygiene (called '*saj*') and the lack of it (called '*phura*'). '*Saj*' can only be attained after taking a ritual bath and is to be maintained by strictly avoiding physical contacts with the '*phura*'[6]. Washing hands is a ritual in this culture and is to be ritually repeated several times, similar to the modern scientific hand washing. Almost 100 per cent of our respondents replied that they washed their hands before cooking and after attending the toilet. In Vaishnavite culture, cooking is never allowed in the '*phura*' state, and before entering the religious compound, a Vaishnavite has to mandatorily discard his/her '*phura*' clothes and don the '*saj*' ones[6]. Our respondents seemed to generally follow this practice as 65 per cent of them said that they used fresh clothes for cooking. While serving food in community gatherings, a Vaishnavite is supposed to wrap a scarf/towel over his face to cover his mouth and nose. Almost 100 per cent of our respondents answered that they followed this practice during community services. These rituals are in consonance with the current guidelines regarding

the droplet transmission of disease and the use of face masks[7].

The current guidelines in the wake of COVID-19 came relatively easy for the Vaishnavite people, as most of our respondents (95%) were practicing 'near similar norms' of personal and social hygiene for more than 20 years as a part of their tradition. While the scientific relevance of these traditions remains a matter of further study, the widespread acceptability of these practices in the Vaishnavite community offers insights that may be applicable for behavioural changes. It is noteworthy to address the concerns of the local community for developing CRCS[1]; we further suggest that the traditions of local communities may be explored for their scientific soundness. If found suitable, the practices may be used to reinforce the modern scientific guidelines. In doing so, the religious and other community leaders should be involved as key person for the engagement and propagation of scientific messages. The propagation of such messages should in no way interfere with social distancing. Web-based tools such as e-mails, SMS and WhatsApp can be used for the dissemination of information.

In this light, identifying and adapting a scientifically sound tradition from within the same community while developing its CRCS may help for better public engagement. Here, we reiterate that the traditions of one community cannot and should not be imposed on any other community. The aim of this communication is neither to propagate a particular ideology nor to disparage any other. Fortunately, India has enough diversity so that practices that are traditionally accepted and yet scientifically sound are found in almost every community. Individualization of approach to suit every community is the key to success.

***Conflicts of Interest*:** None.

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