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# Impacts of the Covid-19 Pandemic: A Study of Contemporary Rongmei Society

**Ngampingampou Gonmei[1], Lumsuaklung Gangmei[2]**

[1]Assistant Professor, Department of History, Tamenglong College, Manipur University, India.
[2]PhD scholar, Department of Political Science, Dhanamanjuri University, Thangmeiband, Imphal, Manipur, India.

**Abstract**

The COVID-19 pandemic was one of the most severe public health emergencies of the 21st century, affecting health systems and the social, economic, educational, and cultural fabric of communities around the world. Hence, the Rongmei people in Manipur had to endure many hardships during such long lockdowns, restrictions on movement, loss of livelihoods and limited access to critical services during this period. The present qualitative study examined the socio-economic impacts of COVID-19 on the Rongmei in terms of household income, employment, education, health care, traditional practices, social relations and community resilience. Data were collected through interviews with the inhabitants of the Rongmei community and analysed thematically to find common themes. The pandemic caused economic distress with loss of jobs, decreased household income and disruption to agriculture and small businesses, leading to a shortage of essential commodities. Internet access was limited and unequal, posing challenges for online learning. Managing disease outbreaks frequently came at the expense of regular healthcare. Social distancing measures disrupted cultural and religious practices such as church services, festivals, marriages, funerals, and other rituals. However, respondents reported high levels of community cohesion, adaptation through digital communication and high conformity to government health procedures. Most of the participants were confident about immunisation programmes, but some of them still had reservations about the safety of the vaccine. The study underscores the need to strengthen health infrastructure, diversify livelihoods, improve disaster preparedness, digital connectivity and community-based resilience. The findings have policy implications for developing culturally acceptable, community-centred strategies to address future public health problems in indigenous communities.

**Keywords:** Covid-19, Rongmei, Socio-economic impact, Community resilience, Manipur, Public health, Society.

## I. INTRODUCTION

The COVID-19 pandemic started in December 2019 when a new coronavirus was identified in Wuhan, Hubei Province, China. It was later identified as SARS-CoV-2 (Koley and Dhole, 2022; Punitha, 2023). The early cases were related to a seafood market that sold live animals and suggested a likely zoonotic source. Global mobility contributed to the rapid spread of the virus in Wuhan and elsewhere. On 30 January 2020, the World Health Organisation (WHO) declared a Public Health Emergency of International Concern, and on 11 March 2020, a pandemic. COVID-19 is a highly contagious disease, and because of the mobility of individuals all over the world, it became a global disaster within 2 months that seriously

harmed public health, the economy, and society (Punitha, 2023). Kerala reports first COVID-19 case in India. The virus hit India in early 2020. The virus had spread pretty swiftly in all the states of India, including Manipur, which had reported its first case in the month of March, 2020. The local gearbox was staffed by persons coming here from affected districts and returning denizens. Then came the rigorous quarantine, mass testing, and mobility restrictions imposed by the state government of Manipur. Like the rest of the country, periodic waves of disease (COVID-19 Data Repository, JHU) affected all the regions and communities in Manipur, including the indigenous people (the Rongmei). The Covid-19 pandemic has been a disaster for governments all over the world. Globally, there have been roughly 776 million cases and 7 million deaths by November 2024 (Tooloogle, 2024). The United States, India, and Brazil have been among the hardest afflicted. The pandemic has revealed gaping holes in health systems, governments, and social infrastructure. Significantly, a large percentage of vaccinations were developed in the first year, and the reaction time for the hunt for effective medications and immunisations was unrivalled (Ndwandwe & Wiysonge, 2021). But the pandemic's path was influenced by disparities in vaccine access, the introduction of new variants, and compliance with public health measures. India is one of the worst-affected countries. As of the end of 2024, there were almost 45 million cases and 533,000 deaths (Tooloogle, 2024). Many countries have introduced public health measures and countrywide lockdowns to help slow the spread of the disease. These policies nonetheless led to a major economic catastrophe, especially for the casual workers (Thakkar, 2025). The pandemic and its impact on the epidemiology and socio-economics of Manipur. As of July 2025, there have been 140,349 total cases in the state; 138,166 have recovered. and 2,149 persons have died. The influence was felt more in Imphal West and Imphal East districts. (Information & Public Relations Directorate, 2025). The state reacted with quarantine, restriction of movement, and immunisation. The crisis has also impacted key services, including education and health care, and has disproportionately impacted rural and indigenous populations (COVID-19 Data Repository, JHU). Rongmei is one of the major Naga tribes of Assam and Manipur, and they have their unique community culture in their collective participation in festivals, rituals, and social events. The COVID-19 pandemic has had a severe impact on the customs. Travel restrictions and the prohibition of meetings resulted in the cancellation of cultural events and community activities. The digital gap made it even harder to obtain education and health services in rural areas. Economic insecurity was also impacted by job loss and shortages of basic requirements. Research reveals a greater impact of the disease on the socio-economically impoverished sections of the population in India, but there is little indication of the impact of the disease on indigenous tribes like the Rongmei. But we still have a lot to learn about what their experiences are like, how they cope, and what kind of care they need to heal and adjust during and after the pandemic.

## II. OBJECTIVES

The study attempts to:

1. To study multi-dimensional impacts of the COVID-19 pandemic on the Rongmei community, including livelihood, education, health care and cultural practices.
2. Assess community responses to government activities such as vaccination, safety standards and public health policies.
3. Understand the obstacles faced and coping methods adopted by the Rongmei households throughout the pandemic.

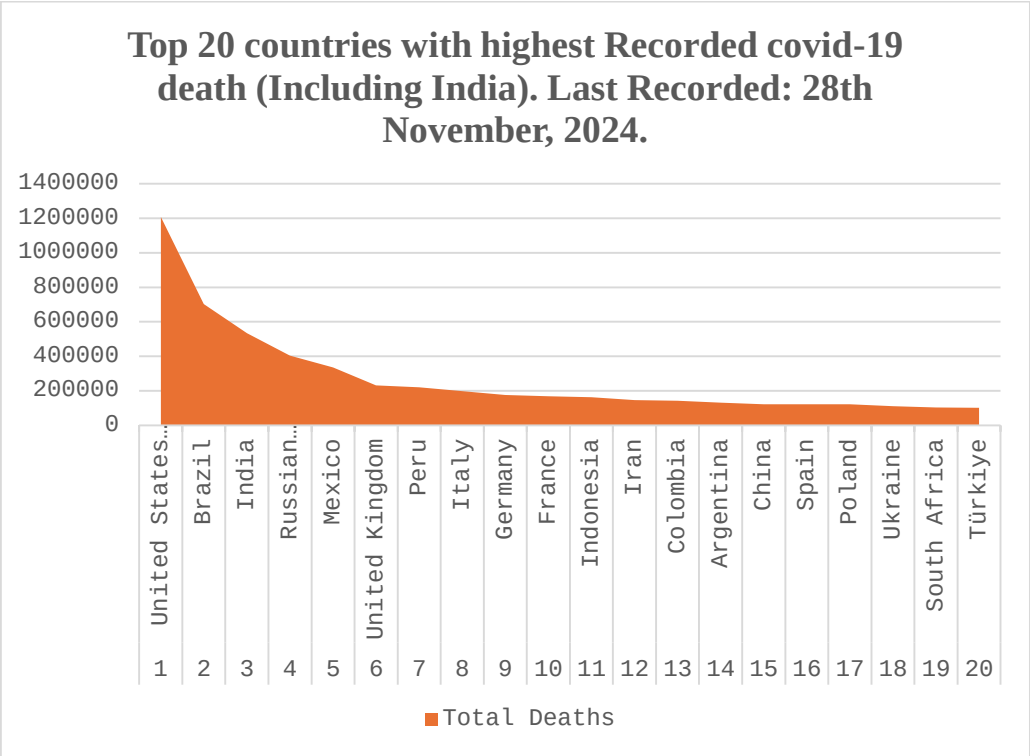
4. Suggest context-specific techniques for resilience, readiness and recovery in indigenous societies in the face of health emergencies.

## III. LITERATURE REVIEW

### III.I. Review of Literature of the World

The COVID-19 pandemic has generated a large volume of writings globally, signifying the scale of impact of the pandemic on health, economy, society, and governance in the world. Initial bibliometric analyses indicated an exponential increase in research production, with over 23,000 individual documents published by mid-2020, primarily from the USA, China, and Italy (Teixeira da Silva et al., 2021; Farooq et al., 2021). The increasing number of publications included research papers but also editorials and reviews, highlighting the value of information sharing and speedy replies. Emerging data about COVID-19 were published in prominent journals such as BMJ, The Lancet, and Journal of Medical Virology (Teixeira da Silva et al., 2021). This virus is a public health problem. It is a great theme of world literature. Epidemiological studies up to October 2023 have proven the rapid spread of the virus all over the world and the importance of testing, contact tracking, and containment (Koley & Dhole, 2022). There is diversity in the cases and deaths by nation reported in the literature. This is attributable to the population, the health care system, and the activities taken by the government (Tooloogle, 2024). For example, in November 2024, the USA was the leading country in terms of cases and deaths, followed by China, India, Brazil and various European countries (Tooloogle, 2024). Some time is devoted to studying the societal dimensions of the epidemic. Academics have also investigated the infodemic, an epidemic of deception and fake news that simultaneously damaged public trust and delayed health measures (Diseases, 2020; Aggarwal et al., 2022). Social media is a double-edged tool, spreading both misinformation and crucial information. Diseases: The role of scientific journals in fighting misinformation and advocating evidence-based communication (2020). There is a large literature on vaccine development and acceptability globally. This is promising because the quick development of COVID-19 vaccines has resulted in more than 100 immunisations being tested in clinical trials, and 18 licensed for emergency use by mid-2021 (Ndwandwe & Wiysonge, 2021). The findings also show how vaccines' distribution is inconsistent across the globe. The coverage is higher in high-income countries, and lower in low-income countries. These include age, education, belief in authority, and exposure to deception (Malik et al., 2020; Soares et al., 2021). The economic implications of the pandemic have been extensively explored with estimates of interruptions to commerce, employment, and supply chains across industries (Akbulaev et al., 2020). Employment losses, a fall in the world's GDP and lower consumer consumption have occurred from lockdowns and travel restrictions. Recovery periods differed by sector and area. Finally, studies analyse the psychological impact of the COVID-19 outbreak, including a rise in anxiety and sadness and changes in social behaviour due to isolation and ambiguity (Pandey, 2024). Vulnerable populations such as the elderly and the low-income groups are the intersectional areas where the targeted intervention and aid can be concentrated (Maestripieri, 2021). The international literature on COVID-19 illustrates many implications of the epidemic and the need for multi-stakeholder, evidence-based, and equitable mitigating initiatives to promote public health, economic recovery, and social resilience.

**Graph No. 1**




**Source:** Data is collected and organised from Tooloogle.

### III.II. India Literature Review

The Indian literature on COVID-19 reflects the demographic, socio-economic and infrastructural challenges that the country faces. Research shows the pandemic has affected public health, the economy, small businesses, education, and mental health on many levels. India had over 45 million confirmed cases and over 533,000 deaths by the end of 2024 (Tooloogle, 2024) – the third largest in the world. Nor was the epidemic evenly distributed geographically across the states. Maharashtra, Kerala, Karnataka and Tamil Nadu were among the worst hit states (Tooloogle, 2024). Sharma (2025) used robust spatial models such as the Adaptively Robust Geographically Weighted Regression and identified important predictors of COVID-19 cases and deaths in India, including population density, urbanisation, the prevalence of co-morbidities, and environmental variables. The results emphasise the need for public health interventions tailored to each region to manage their risk profile. Also, the MSME (Micro Small and Medium Enterprises) sector has been the subject of COVID-19 research in India. The long lockdown, the disruption of the supply chain, and the shortage of manpower are creating financial hardship for the MSMEs. MSMEs offer employment to over 110 million people (Thakkar, 2025; Chauhan, 2025). Micro and small firms were the most affected, with almost half of the MSMEs reporting a decline in revenue of between 20 and 50%. Many firms shunned the formal banking system and were only partially helped by government measures such as credit support and moratoriums on loans. Labour's return migration has slowed the recovery. The literature also demonstrates the effect of the pandemic on the individual and on the social level. Pandey (2024) reported that fear, uncertainty, and isolation resulted in depression and anxiety and lower well-being in the elderly. Sex and age differences: Outcomes were poorer in women and older subjects. The findings underscore the importance of good mental health infrastructure and specific assistance to vulnerable groups. It's about health care delivery and tech innovation. The fast

adoption of deep learning, artificial intelligence, and medical imaging for the detection, diagnosis, and workflow optimisation of COVID-19 has been reported (Harishchandra, 2024, Balasamy, 2025). These improvements in health care have resulted in quicker and better diagnoses by physicians, especially in resource-poor areas. The education sector has never been this disrupted, and the digital divide has been a major bottleneck Respondent Analysis 2025: Many rural and low-income households did not have access to digital devices and reliable internet and therefore could not effectively participate in remote learning. Arya (2023) investigated changing consumer behaviour, where he noticed a decline in physical store visits and an increase in digital transactions, home delivery and consumption with a safety approach. Research on social media and sentiment analysis has shown the complex relationship between public opinion, misinformation and policy interventions (Meena, 2023; Aggarwal et al., 2022). While digital platforms have democratised information dissemination and community creation, they have also facilitated misinformation, and new challenges for public health messaging. Finally, vaccine development and uptake was a major research theme. Research has identified factors that influence vaccine hesitancy such as trust in government, perception of risk, and effectiveness of communication (Malik et al., 2020). Indian literature is about a constant and standardised message and access for all. Indian scholarship on COVID-19 indicates a need for context-sensitive interventions, cross-sectoral resilience and inclusive recovery policies.

**Table A: State-wise COVID-19 Confirmed Cases, Deaths, and Recoveries in India**

| Sl. No. | State/UT | Confirmed Cases | Deaths | Recovered |
|---|---|---|---|---|
| **1** | Maharashtra | 8,177,736 | 148,602 | 8,029,028 |
| **2** | Kerala | 6,920,353 | 72,132 | 6,848,176 |
| **3** | Karnataka | 4,097,120 | 40,406 | 4,056,708 |
| **4** | Tamil Nadu | 3,611,992 | 38,086 | 3,573,900 |
| **5** | Andhra Pradesh | 2,341,097 | 14,733 | 2,326,364 |
| **6** | Uttar Pradesh | 2,146,148 | 23,733 | 2,122,409 |
| **7** | West Bengal | 2,127,846 | 21,558 | 2,106,254 |
| **8** | Delhi | 2,043,236 | 26,696 | 2,016,525 |
| **9** | Odisha | 1,348,697 | 9,215 | 1,339,429 |
| **10** | Rajasthan | 1,327,825 | 9,746 | 1,318,076 |
| **11** | Gujarat | 1,292,602 | 11,100 | 1,281,495 |
| **12** | Chhattisgarh | 1,188,588 | 14,202 | 1,174,386 |
| **13** | Haryana | 1,079,178 | 10,786 | 1,068,392 |
| **14** | Madhya Pradesh | 1,056,778 | 10,786 | 1,045,992 |
| **15** | Bihar | 855,691 | 12,315 | 843,376 |
| **16** | Telangana | 844,893 | 4,111 | 840,782 |
| **17** | Punjab | 793,948 | 20,593 | 773,351 |
| **18** | Assam | 746,244 | 8,037 | 738,206 |
| **19** | Jammu and Kashmir | 482,190 | 4,793 | 477,397 |
| **20** | Uttarakhand | 452,748 | 7,778 | 444,969 |
| **21** | Jharkhand | 443,861 | 5,337 | 438,524 |
| **22** | Himachal Pradesh | 323,111 | 4,246 | 318,865 |

| | | | | |
|---|---|---|---|---|
| **23** | Goa | 263,684 | 4,014 | 259,668 |
| **24** | Mizoram | 239,576 | 734 | 238,835 |
| **25** | Puducherry | 177,780 | 1,982 | 175,797 |
| **26** | Manipur | 140,040 | 2,149 | 137,891 |
| **27** | Tripura | 108,584 | 943 | 107,641 |
| **28** | Chandigarh | 100,756 | 1,186 | 99,570 |
| **29** | Meghalaya | 96,994 | 1,628 | 95,366 |
| **30** | Arunachal Pradesh | 67,049 | 296 | 66,753 |
| **31** | Sikkim | 44,971 | 501 | 44,467 |
| **32** | Nagaland | 36,033 | 782 | 35,251 |
| **33** | Ladakh | 29,683 | 231 | 29,452 |
| **34** | Dadra and Nagar Haveli and Daman and Diu | 11,592 | 4 | 11,588 |
| **35** | Lakshadweep | 11,415 | 52 | 11,363 |
| **36** | Andaman and Nicobar Islands | 10,766 | 129 | 10,637 |

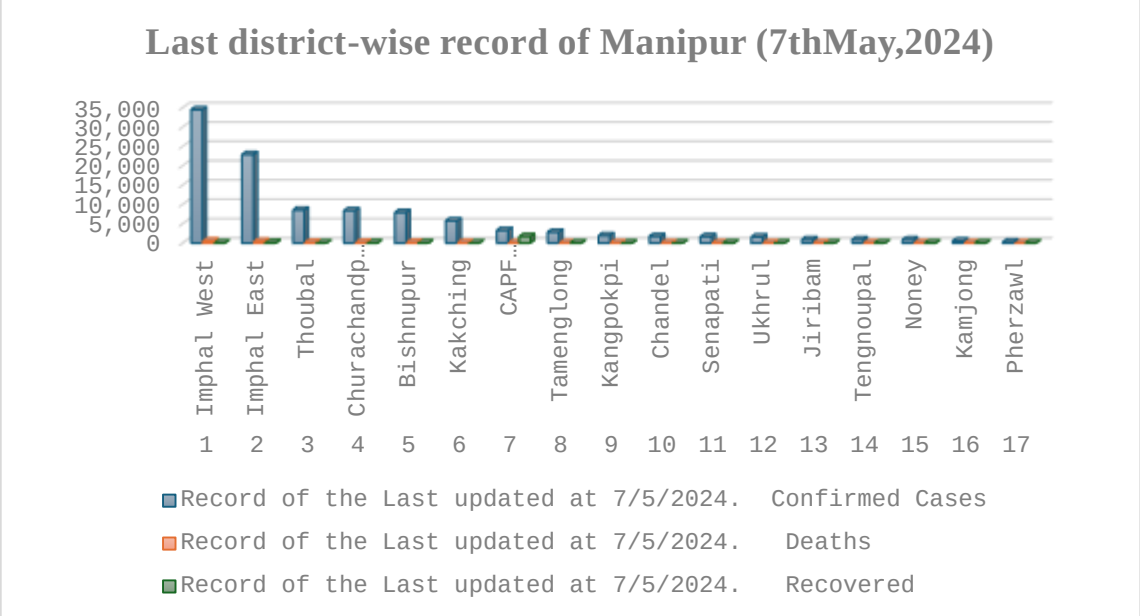
**Source:** Tooloogle. State-wise statistics of the Coronavirus (COVID-19) pandemic in India.

### III.III. Manipuri Literature Review

The COVID-19 pandemic has impacted the societies of today across the globe and the Rongmei community of Manipur is not an exception. The literature on larger impacts in Manipur is important and highly relevant in understanding the changes and challenges in Rongmei society in this unprecedented time. An important concern is the psychological vulnerability at the time of quarantine and isolation; Yendrembam et l., (2021) reported high prevalence of psychological problems among people in quarantine in Manipur, with 27% of people affected and females more vulnerable than males. Psychological stressors such as somatic symptoms and anxiety/insomnia were significant. We found a moderate association between mental illness and increased levels of psychological distress. Although containing the pandemic is important, it may worsen existing mental health problems and add a new psychological burden to communities with fragile mental health infrastructures. The pandemic also exposed knowledge and awareness gaps of COVID-19 that had direct implications on public health behaviours. Most of the college students in Manipur knew about Covid-19 as a virus and had knowledge about symptoms and mode of transmission but some students were not aware of the preventive measures (Devi et al., 2020). Some participants reported inconsistent mask use and poor hand hygiene, suggesting that even educated young people might lack information that could undermine containment measures and increase risk to the community. Preventive behaviour was affected by social media in mixed ways. Bala et al. (2021) found that over 90% of the participants in a study adopted preventive measures, largely because of the information broadcast on social media platforms. However, the channels also had some negative effects such as cyberchondria (excessive web searching for health information that causes anxiety) and information overload. These phenomena were moderately to strongly associated with perceived vulnerability to COVID-19, illustrating the complex ways in which digital connectivity both enables and pressures communities during health crises. “Women street vendors were the worst hit from the socio-economic impact of the pandemic,” said Singh (2021). Lockdowns, market closures and restrictions on mobility led to a collapse in incomes and increased financial insecurity for women dependent on daily wages. These women also experienced an increase in unpaid domestic work and issues of access to

government welfare schemes thus adding to the gender-based vulnerabilities. Women have been active in the Manipuri society all along, but structural inequalities still persisted and relief measures were thought to be inadequate. The cultural and psychological issues faced by the COVID-19 victims and survivors in Manipur further reflect the widespread impact of the pandemic. Media coverage and anticipatory anxiety at the onset resulted in the stigma and trust issues even among the families (Devi & Arunkumar, 2022). The cultural prohibition of rituals and mortuary rites created crises of the soul and social incompleteness, indicating the deep interconnection between health emergencies and cultural practices. Lastly, Singh et al. (2024) conducted a retrospective study on factors influencing mortality in Manipur during the three waves of the pandemic. The second wave was where most of the deaths due to COVID-19 were. Most of the deaths were in older men with co-morbidities including smokers and those with a history of alcohol use. It also highlights the necessity of addressing the root causes of health inequities, and ensuring that public health efforts reach the most disadvantaged population groups. To summarise, the reviewed literature suggests that the impacts of the COVID-19 pandemic in Manipur have been multidimensional in terms of and include psychological, informational, socioeconomic, cultural and demographic dimensions. The findings have important implications for understanding the experience of the community of Rongmei and point towards the need of holistic support systems, enhanced health communication, gender sensitive welfare policies and culturally appropriate interventions to address the immediate and long-term consequences of the pandemic.

**Graph No. 2**



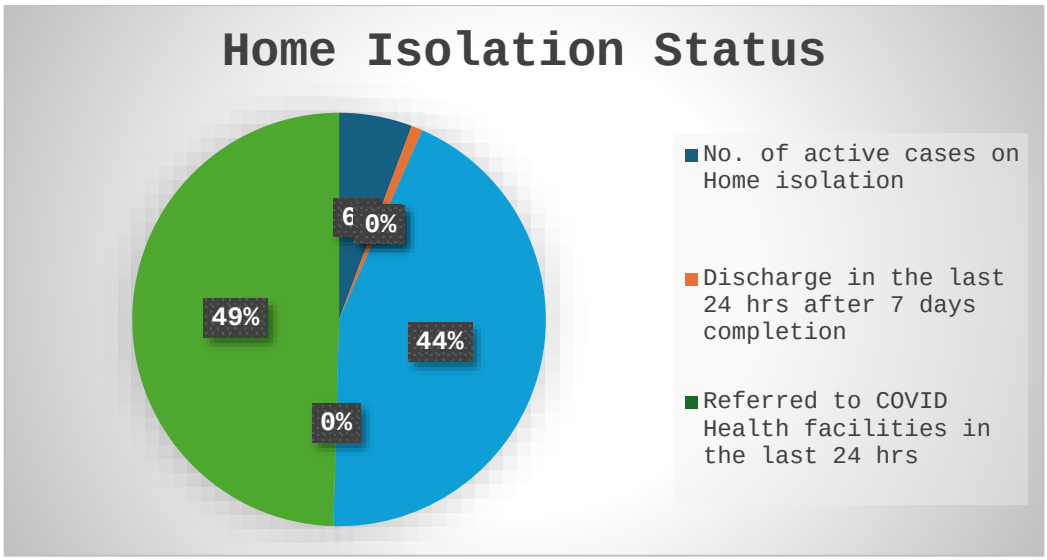

**Source:** Data is collected and organised from the Manipur Health Directorate

## III.IV. DIGITISATION

The COVID-19 pandemic has accelerated India's digitalisation in the areas of telemedicine, online education, telecommuting, and digital government (Aggarwal et al., 2022). Technological improvements meant that many city dwellers were able to continue to work, study and socialise during the lockdowns. But they were not evenly spread out. The absence of cheap gadgets, poor connectivity, less infrastructure and less awareness of technology dissuaded the use of digital technology in Rongmei hamlet and other

rural places. The shift to Internet platforms also enables the preservation of cultural goods and remote communication. Social media, internet archives and virtual meetups have all helped keep connections alive and document traditions. However, the digital divide has increased the existing inequalities in access to public services, health and education. Many children and families faced cost or connectivity barriers to telemedicine and digital learning. The epidemic also highlighted the importance of digital inclusion for resilience and recovery. Most agree society's egalitarian progress depends on investment in low-cost devices, online literacy efforts and rural broadband. The digital revolution could help the Rongmei and others revive their culture. However, the absence of inclusive policies and community-driven solutions (Aggarwal et al., 2022) enhances the susceptibility to further marginalisation.

**Graph No. 3**




**Source:** Data is collected and organised from the Manipur Health Directorate

## IV. METHOD

The present study adopts a mixed method to understand the different implications of COVID-19 on Rongmei society. It is descriptive and interrogative. The main data were collected by standardised questionnaires from a heterogeneous sample of people with different education, income, health, mental health, and cultural lives. The survey consisted of open-ended and closed-ended questions. Study data was collected from research sources and official data on COVID-19. Descriptive statistics were used to analyse the quantitative data to identify general trends. Thematic analysis was employed to investigate issues and coping methods in the qualitative data. Ethical principles of voluntary participation and confidentiality were strictly observed. Limitations of the present study include possible sampling and self-report bias due to pandemic limitations. This technique allowed a contextual and in-depth evaluation of the impact of COVID-19 on the Rongmei community in different contexts.

## V. RESULTS AND DISCUSSION

### V.I. Economic Issues

The Rongmei society experienced the economic consequences of the COVID-19 outbreak rapidly and severely, as it did in rural India. Respondents said the lockdown and limitations on travel brought most economic activity to a standstill, especially for individuals who rely on daily incomes, small firms and

informal commerce. Transport delays have severed marketplaces and supply lines, and many households are experiencing major shortages of food, medication and other needs. We heard from respondents again and over that they had to curtail expenditure, delve into savings and, in some cases, go into debt. There were limited chances to sell farm products or to get permanent jobs. Women and young people who often hold supplementary employment alongside their main occupations have been particularly hard hit, with many losing their livelihoods altogether. The pandemic has revealed the fragility of rural and tribal economies and the vital importance of economic diversification and better financial safety nets (Rasul et al. 2021). In general, the economic crisis worsened family fragility, revealed the structural fragility of local economies, and provoked requests for collective self-reliance and government support.

**V. II. Labour**

The pandemic had a severe influence on labour possibilities for the Rongmei population, like the national trends of India's informal labour (Chauhan, 2025; Thakkar, 2025). Daily wage labourers, small traders, and workers in the informal sector and many people have lost jobs owing to the closure of firms and economic activities. The shutting down of markets and decreased mobility struck people who depended on seasonal labour or temporary contracts particularly hard. In the countryside, where teleworking was not an option, the loss of jobs was most felt by young people and women, who generally held precarious occupations. Some lost employment or took less money when they returned, respondents indicated, and family income was interrupted for long periods. So, the migratory workers moved back to the countryside, where job chances were already grim due to the job losses in the metropolises. These common experiences highlighted the precarity of labour in tribal communities, the need for local and sustainable livelihood opportunities, and the need to increase access to skills development and diversity of employment.

**V.III. Income, household**

The pandemic substantially damaged household income, as almost half the respondents reported a major decline in the lockdown periods. When people lost their jobs, couldn't get to marketplaces, and economic activity came to a halt, household incomes fell. For families whose livelihoods were based on daily wage employment, small businesses or farms, it was a struggle to meet their basic needs. Many families said they had exhausted their resources, delayed purchases and cut back on non-essential items. The limited supply increased the financial hardship by driving up prices. Some respondents said they had to rely on money or support networks in the community to be able to live. The event demonstrated the vulnerability of one-income and informal sector households to systemic shocks, and the need for alternative income streams, improved access to credit and stronger community safety nets. The ongoing economic insecurity of homes after the constraints were lifted, as indicated by the numerous households still struggling financially, implies that the pandemic continued to affect households' economic security.

**V.IV. Cultivation.**

The COVID-19 pandemic has hit agriculture, the backbone of Rongmei village, hard. Lockdown restrictions have stopped farmers from travelling to the market to sell their goods, or to collect the inputs they need, leading to unsold harvests and losses. Many farmers also claimed that travel restrictions had resulted in salary cuts and that they could not get seeds, fertilisers and other essentials for the following planting season. The subsistence farmer had no market to sell off the excess produce. They had to consume what they grew locally. This was an outflow of cash. Women, who frequently worked as farm workers and in post-harvest activities, encountered additional challenges with the shutdown of local stores and social distancing measures. The disruption in agriculture has pointed to the vulnerability of the sector to

external shocks, with calls for more food self-sufficiency, improved storage facilities, and local value addition.

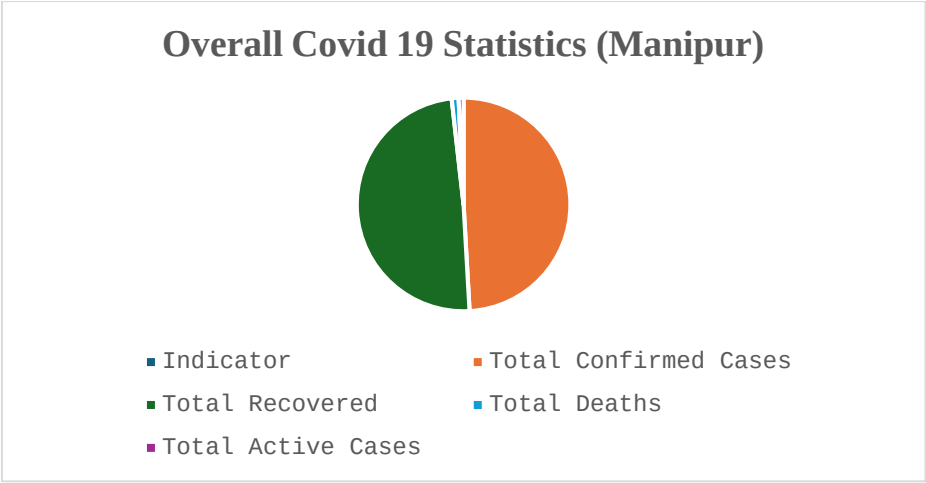
**V. V. Education**

Similar to the rest of the country, the Rongmei community also observed the rapid and sweeping impact of COVID-19 on education, leading to the closure of schools and an abrupt transition to online education (Meena, 2023). All educational facilities were closed for a long time, and the children had to adapt to remote education despite poor internet access, poor equipment, and frequent power cuts. Respondents said the digital gap impeded young people from attending courses or following the program. In addition, the absence of a human touch with professors and students diminished the effectiveness of learning and the probability of dropping out. Parents were concerned about their children's academic future, with some young people missing critical milestones or having to wait. “The academics themselves struggled to keep the youths interested and to learn new platforms.” The pandemic has thrown up stark disparities in access to education and highlighted the need to invest in digital infrastructure, teacher training, and inclusive policies to ensure continuity of learning for all, especially in isolated tribal communities.

**V. VI Health Care**

Simultaneously, the hospitals in India, including those in Manipur, shifted from regular and chronic problems; hospitals were allotted for COVID-19 treatment, affecting the health care infrastructure (Harishchandra, 2024). Access to medical treatment, medicine shortages, and overpopulation. No doctor’s appointments for fear of catching the virus, no health services in the capital because of travel restrictions. The absence of availability or delays in health care affect especially chronic patients, pregnant women and the elderly. Some respondents claimed that, lacking regular medical facilities, they resorted to home treatments or traditional healers. The crisis raised awareness of hygiene and preventative health habits but also exposed the vulnerability of the local health infrastructure and the need for better, decentralised health systems. The event highlighted the need to fight for rural health, secure drug supply chains, and engage community health workers in pandemic preparedness and response.

**Graph No. 4**




Source: The data is collected & organised from Manipur Health Directorate

**V.VII. Ancient Customs**

The pandemic has also influenced the transmission and practice of historic Rongmei rites, ceremonies and oral traditions. The restriction on mobility and assembly put communal rites, festivals and customary

gatherings, which constitute the core of Rongmei cultural identity, on hold. Respondents said the lack of possibilities for participation in these activities hampered intergenerational transfer of knowledge and threatened continuity of Indigenous practices. Some families carried out rituals in private or within the nuclear family, but the absence of public festivals deprived the communal character of tradition. Elders, who play a major role in preserving and passing on cultural knowledge, were particularly concerned about the loss of language, folklore, and oral histories. The pandemic experience also underlined the significance of digital preservation, as well as of cultural education and actions within the community to sustain customary habits during times of societal upheaval,

**V.VIII. Work of the Church**

The principal social and spiritual groups of the Rongmei are religious institutions and congregations. The pandemic restrictions negatively impacted the community's spiritual traditions, with many religious ceremonies, devotional events, and church services being cancelled or scaled down. Church activity provides not just religious instruction but also emotional support, possibilities for joint action and social contact, and this has generated a sense of loss among many participants. For some, notably the elderly, connectivity and familiarity with digital platforms was a concern, and some looked for digital alternatives, such as online prayer groups and worship services. The breakdown of communal faith impacted social ties and the dismantling of crisis help networks. The disruptions demonstrated the importance of religious groups in creating community resilience and the need for adaptive measures to maintain social and spiritual well-being in times of disaster.

**X.IX. Festivals and celebrations**

The pandemic meant cancelling or scaling down celebrations and festivals, which are central to Rongmei culture. Large crowds, public displays and ancient festivals were not the norm. "Festivals are about trade and exchange, so the cancellation affects the local economy and the annual rhythm of communal life." Festivals were missing, and many missed cultural expression, family gatherings and community identity. Families may have spent their holidays at home with no bonding and no group get-together. The pandemic has exposed the vulnerability of intangible cultural assets to social alienation, and the need for innovative festival safeguarding and modification in times of crisis. The COVID-19 pandemic has impacted Rongmei society. Limited socialisation, no gatherings, no community events, distance. "The elderly and children said they were feeling lonely, isolated and scared. Families and friends can keep in touch with phones and social media, but it is not the same as face-to-face. The disintegration of social networks lowered people's willingness to help and solve problems. Other families said they felt closer and more connected. The pandemic revealed the influence of both traditional and new social assistance on mental and emotional health during disasters.

**X.X. Community Resiliency**

The Rongmei community showed great resilience to the mammoth challenges during the outbreak. The responders discussed the role of mutual aid, sharing resources and local leadership in easing the burden of the pandemic. Families shared food and medicines and reinforced old ideals of solidarity and cooperation. Community organisations, and churches provided important channels of information, coordination of services, and emotional support. The crisis has highlighted the need for economic independence, diversified livelihoods, and disaster preparedness. Many underlined the continuous need for community engagement, health education, and more investment in local infrastructure. The outbreak has revealed the importance of strong social networks and flexibility. It is important to point out that the Manipur Rongmei

people of the hill districts exchanged garden and forest products with the valley people and thus strengthened the ties of kinship and deepened the spirit of love, unity and mutual respect in the community.

**X.XI. Views on immunisation**

The attitude of the Rongmei community towards the COVID-19 immunisation was varied but mostly pragmatic. Many respondents noted trust in the government's immunisation initiative for the importance of personal and public health. But others were worried about side effects, safety, and deception. Social influence and community awareness campaigns played a role in changing views toward vaccination. Some respondents received the vaccine, as it was highly marketed and the only available alternative to be protected. The general trend was one of cautious acceptance. Most members of the community took part in the project, while a minority was sceptical. This experience demonstrated the significance of culturally sensitive health communication and the importance of combating vaccine hesitancy through clear messaging and community participation (Soares et al., 2021).

**V.XII. Reaction of government**

In the wake of the pandemic, the Manipur government has undertaken public health campaigns, provided food and other commodities, and implemented immunisation (Directorate of Information and Public Relations, 2025). Respondents acknowledged the importance of the government in issuing orders, supporting healthcare facilities, and organising relief activities. However, some also pointed to a lack of timely and adequate assistance, notably in remote and indigenous communities. Complaints about slow aid distribution, poor infrastructure, and poor communication were widespread. However, the government's efforts to raise awareness, to take preventive measures, and to provide basic necessities were, in all consensus, helpful. The lessons learned during the pandemic emphasised the need for early and focused government measures, coordination with local institutions, and ongoing improvement of health and social protection systems.

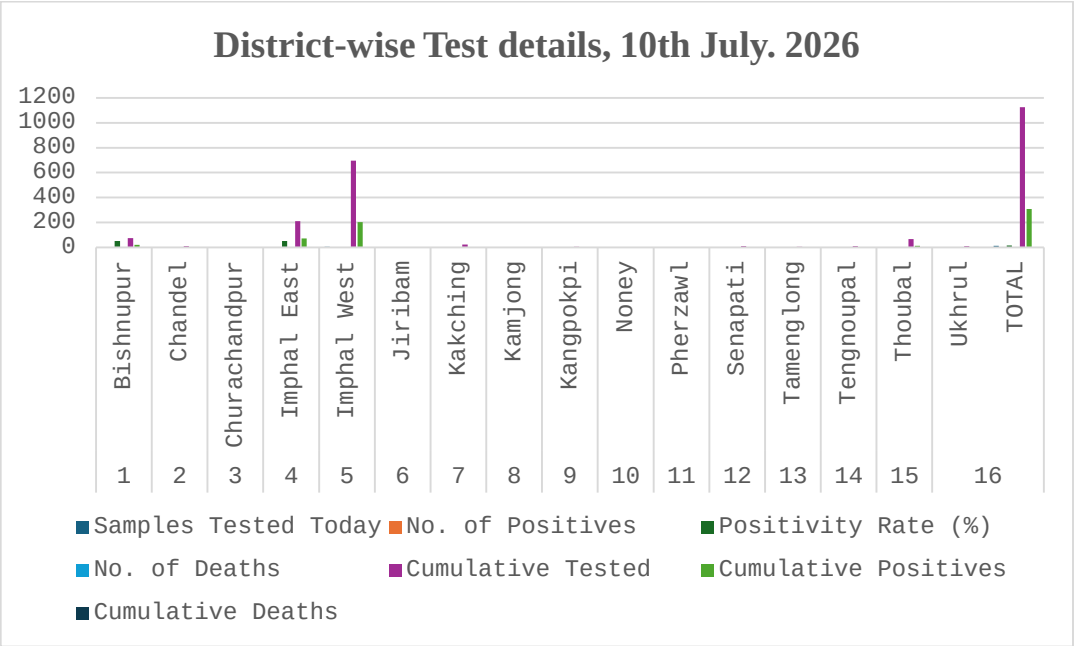
**V.XIII. Preparedness for Disaster**

The COVID-19 pandemic unveiled gaps in disaster preparedness in the Rongmei community but also showed ways to address them. Respondents stated there is a need for greater hospital facilities, better supply chains for food and medications, and regular disaster awareness training. There were many references to the importance of self-sufficiency, local food production and savings to survive future crises. Other suggestions included developing community-based disaster response plans, improving digital infrastructure and linking government, churches and local organisations. "After the pandemic, we've learned that we need to think ahead, work together, and invest in physical and social infrastructure to ensure that we're prepared for future health emergencies and disasters," she said.

**V.XIV. Vaccines**

The rapid development and deployment of COVID-19 vaccines was a global public health success like no other. More than 100 vaccines entered clinical development within 18 months of the start of the pandemic, and 18 were granted emergency approval, including novel nucleic acid vaccines such as mRNA types (Ndwandwe & Wiysonge, 2021). Vaccines such as BNT162b2 (Pfizer-BioNTech) demonstrated great efficacy and safety in large-scale trials, providing important protection against SARS-CoV-2 infection (Polack et al., 2020). There have been many vaccination campaigns, and these have helped to reduce serious illness, hospitalisation and death around the world. But public opinion was split. A good number of respondents in Manipur believed and took vaccines. But some of them were reluctant because of the side effects and misinformation (Rongmei Community). Overall, the evidence shows that equitable access and public trust in vaccination are key to ending the pandemic and avoiding future outbreaks.

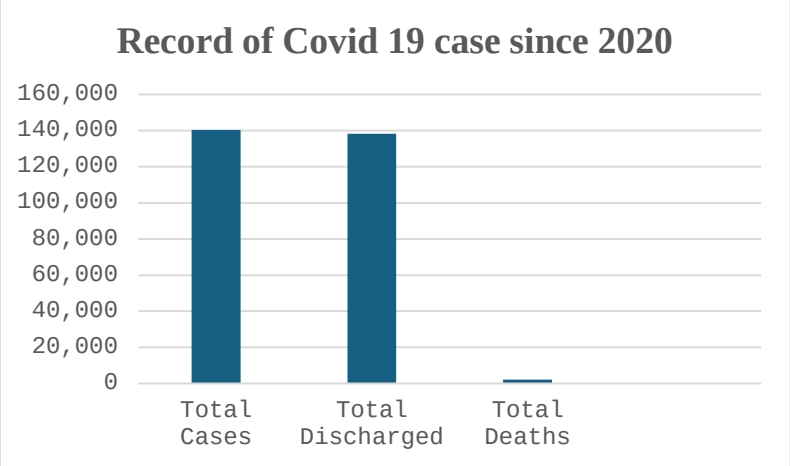
**Graph No. 5**




Source: Directorate of Information and Public Relations. (2025, July 10).

In 2025, COVID-19 cases re-emerged in Manipur, but the scale was limited and public health surveillance was still required. 10 July 2025: 2 new COVID-19 cases were reported by the Government of Manipur Integrated Disease Surveillance Programme (IDSP) from 13 samples tested, giving a daily test positivity rate of 15.4%. Till 1 June 2025, 309 confirmed cases were reported in the state. The maximum number of cases were reported from Imphal West, followed by Imphal East and Bishnupur districts. At the time of reporting, the state had 34 active cases, and most of the patients were in home isolation; 275 patients recovered and were discharged, and recoveries greatly outnumbered the active infections.

**Graph No. 6**




Source: Directorate of Information and Public Relations. (1st June, 2025).

Total COVID-19 cases since 2020 are 140,349. Of these, 138,166 patients have been discharged after recovery. Unfortunately, the pandemic has resulted in 2,149 deaths in Manipur. This data is the total impact of COVID-19 in terms of infection, recovery and death.

**Table B: COVID-19 Statistics: Manipur vs. Rongmei (Estimated)**

| Overall COVID-19 Statistics of Manipur | | COVID-19 statistics of Rongmei (in estimation) |
|---|---|---|
| **Indicator** | **Total** | **Total** |
| Total Confirmed Cases | 140349 | 4456 |
| Total Recovered | 138166 | 4437 |
| Total Deaths | 2149 | 19 |
| Total Active Cases | 1581 | --- |

Source: Primary field data with secondary source (1st June, 2025)

## VI. IMPLICATIONS

This work has important implications for public health policy, community resilience, and development planning in indigenous and rural civilisations such as the Rongmei. First, the COVID-19 pandemic has revealed economic and social vulnerabilities, raising the importance of targeted livelihood support for women, youth, and informal workers. We need to build digital infrastructure and inclusive education and healthcare to break down imbalances in the crises. When cultural traditions are broken, culture needs to be preserved by digital documentation and community-based cultural education. The outbreak demonstrated that public health needs to address vaccine hesitancy, establish trust, and communicate in a culturally appropriate manner. Community resilience, as evidenced in mutual help and adaptive measures, should be institutionalised through formal disaster preparedness programs, health awareness initiatives, and better government, church, and local group relationships. This research finds that the economic, educational, health, and cultural aspects need to be embedded into future policies and projects and that the community should be proactive in an effort to foster fast recovery and long-term resilience to similar disasters.

## VII. CONCLUSION

The COVID-19 pandemic has put the Rongmei community of Manipur under a major stress test. The pandemic has exposed both the tribe's resilience and its vulnerabilities. The crisis exposed the fragile base of rural and tribal economies that had been badly hit by lockdowns, market disruptions and collapse of supply lines. They largely relied on informal jobs, daily wage, small business and agriculture. Women, teenagers and the elderly were most affected by mental health issues, limited access to health care and rising economic hardship. The pandemic had an economic as well as educational impact with the digital divide and poor internet connectivity putting students in remote areas at a disadvantage and increasing the risk of withdrawal. The swift shift to distance learning has highlighted the pressing need to invest in internet infrastructure and inclusive education policies that include rural populations. Culturally the social fabric of the Rongmei was torn apart. Meetings were banned and the transmission of rites, festivals and oral traditions through the community was prevented, threatening the continuity and identity of the culture. Faith-based institutions and social networks, often the backbone of support, are under close scrutiny. It's how the community can innovate in duress. But they also evolved digitally, dedicating and sharing resources. Despite all these barriers the Rongmei showed a very strong feeling of communal solidarity in pooling of resources mutual assistance and helping the poorer portions of the community. "Their

experience shows flexibility and local leadership and coming together creates resilience." However, the erratic delivery of government support and healthcare resources exposed the shortcomings of top-down approaches and emphasised the need for community-based, context-sensitive approaches to future disasters. The Rongmei's experience of COVID-19 underscores the need for a more integrated approach to future disaster preparedness, including economic diversification, digital inclusion, robust health systems and cultural preservation. Their story is a microcosm of indigenous and rural civilisations everywhere and a paradigm for building sustainable, inclusive resistance to public health problems today and in the future. The answer is to embed community voices and cultural values at the heart of rehabilitation efforts and policy.

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