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## Awareness on The Impact of Religious Gathering on The Spread of Covid-19 - A Cross Sectional Survey

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**Abstract:** COVID -19 is a harmful virus. It is caused by SARS-CoV2 that is Severe Acute Respiratory Syndrome. Coronaviridae is the family to which it belongs. The study report says that SARS will also lead to complications such as MERS that is middle east respiratory syndrome. Worship places should be cleaned frequently if people are allowed to enter the holy places during the pandemic situation. The aim of the study is to find out whether COVID-19 patients attending religious gatherings lead to communal riots or not. A survey-based study consisting of self structured questionnaires was prepared and circulated through social networking. The results were collected and then analysed through SPSS software. Descriptive statistical analysis was carried out and chi square test was used and p value was calculated. From the results obtained, we came to know that COVID-19 patients attending religious gatherings will pave the mark for the communal riots and people should avoid contact with the devotional objects and avoid contact with people attending religious faith services. Therefore we conclude that COVID 19 patients attending religious gatherings will be marked by the communal riots.

**Keywords:** COVID-19, SARS, worship, religious-gatherings, complications, pandemic disease, communal riots, treatment.

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### INTRODUCTION

Coronavirus is a basic human and animal virus. The defilement that causes COVID-19 is the Severe Acute Respiratory Syndrome that is (SARS-CoV2)(Shenoy and Brundha, 2016). Before it was known as 2019 - nCoV (McIntosh, 2003)(Mp, Brundha and Nallaswamy, 2019). Coronavirus belongs to the family Coronaviridae and distinctive Nidovirales, a family that solidifies pollutants that causes infirmity running from the fundamental cold to phenomenal genuine respiratory condition that is ( Severe Acute Respiratory Syndrome) (Timothy, Samyuktha and Brundha, 2019)SARS and it moreover prompts Middle East Respiratory Syndrome (MERS)(Brundha and Pathmashri, 2019)(Prashaanthi and Brundha, 2018)(Kumar, Ashok Kumar and Brundha, 2016). COVID -19 is a RNA type of virus which causes major damage to human beings. They contain the single-abandoned, RNA sense genomes, starting in size from 27 to 32KB long(Brundha, 2015)(Sowbaraniya, Preejitha and Brundha, 2020)(Akshaya, Preejitha and Brundha, 2020).SARS - CoV, at 29 Kb, encodes (ORF) (Menachery, Graham and Baric, 2017)(Hannah *et al.*, 2019)(Preethikaa and Brundha, 2018). Hydroxychloroquine, which is a commonly used antimalarial drug is used to treat the novel coronavirus (Nikpour *et al.*, 2020)(Shreya and Brundha, 2017)(Kalaiselvi and Brundha, 2016). Remdesivir is furthermore used for the treatment of the coronavirus as it is an antiviral prescription (Popoola, 2020)(Harsha and Brundha, 2017)(Ravichandran and Brundha, 2016)(Balaji, Brundha and Path, 2016). Coronavirus causes Acute Respiratory Distress Syndrome in adults which further leads to Cytokine Storm Disorder [(Saha *et al.*, 2020)(Varshini, Rani and Brundha, 2020)(Akash, Rani and Brundha, 2020)(Website, no date). Orientation programs can be conducted so that people will get to know about the harmfulness of the virus. People started migrating from one place to another to keep themselves secured from the spread of the COVID - 19. There was an economical crisis, food deficiency, and various challenges faced by the people as a result of the pandemic illness(Ghosh, Sharma and Sinha, no date)(Ananya, Rani and Brundha, 2020)(Naveenaa, Rani and Brundha, 2020).

The huge potential for the religious gathering events were to bring a severe disaster to the crowd. Mixing high crowd density, restricted access points, poor crowd control and lack of complete information on areas and

activities can lead to disaster situations (Soomaroo and Murray, 2012). There are always more people attending religious meetings than those attending political events. There are repeated stamped incidents in the same place, which proves that adequate crowd risk management strategies are needed to prevent future stamped incidents (Illiyas *et al.*, 2013). Historical patterns from India and other countries indicate that the stampedes occur in mass gatherings, especially in religious events, often stressing the importance of more scientifically examining crowd behavior. In planning crowd control measures and providing early warning systems at mass gatherings, this is required to support appropriate and timely crowd management principles (Ebrahim and Memish, 2020b) Our team has rich experience in research and we have collaborated with numerous authors over various topics in the past decade (Deogade, Gupta and Ariga, 2018; Ezhilarasan, 2018; Ezhilarasan, Sokal and Najimi, 2018; Jeevanandan and Govindaraju, 2018; J *et al.*, 2018; Menon *et al.*, 2018; Prabakar *et al.*, 2018; Rajeshkumar *et al.*, 2018, 2019; Vishnu Prasad *et al.*, 2018; Wahab *et al.*, 2018; Dua *et al.*, 2019; Duraisamy *et al.*, 2019; Ezhilarasan, Apoorva and Ashok Vardhan, 2019; Gheena and Ezhilarasan, 2019; Malli Sureshbabu *et al.*, 2019; Mehta *et al.*, 2019; Panchal, Jeevanandan and Subramanian, 2019; Rajendran *et al.*, 2019; Ramakrishnan, Dhanalakshmi and Subramanian, 2019; Sharma *et al.*, 2019; Varghese, Ramesh and Veeraiyan, 2019; Gomathi *et al.*, 2020; Samuel, Acharya and Rao, 2020)

The author in his study has mentioned that acute respiratory infection is a common respiratory infection that causes high risk among travelers. There is said to be an increase in the amount of influenza for the travelers when compared to the non-travelers. 296 travelers were considered in the study which was done by Mrudula.O (Mrudula, 2020). In a study done by Ebrahim S.H, the incident which happened in Hajj in 2012 created an interest among the researchers to know more about the cost of the consequences due to attending religious gatherings (Ebrahim and Memish, 2020b). This study aims to find out whether COVID - 19 patients attending religious gatherings lead to Communal riots or not.

## MATERIALS AND METHODS

A cross sectional questionnaire study was conducted among 100 participants in the month april, 2020 in Chennai. The set of questionnaires includes the age of the participants, awareness on COVID-19, awareness on public gatherings, communal riots. The verification of validity of the questionnaire was carried out in a standardized manner. The statistical analysis used in our study will be the descriptive analysis and the statistical software used will be the SPSS. The sample method used is a simple random sampling method. The statistical test used here is descriptive analysis. The participants were asked to fill the Google forms. The obtained results are converted into pie charts and graphs accordingly. The study setting is the type of university setting. Some of the PRO'S are : collection of data is made very easy and awareness is brought among the dental students. Some of the CONS's are: views of the people outside the university cannot be known and also opinions for sure will vary in the future use of the University.

## RESULTS AND DISCUSSION

The results show that the majority of COVID-19 patients attending religious gatherings will lead to communal riots. Majority of the students have told that the religious then in India have been aggravated by the COVID-19. 59.6% of students were said to be male and 40.4% of the students were said to be female. (FIG-1). 76.1% of the students were said to be in undergraduate and 23.9% of students were said to be in postgraduate. (FIG-2). 53.2 % of students have told that the religious tension in India has been aggravated by the coronavirus. 27.5 percent of the students have told that religious tension does not cause the Coronavirus to aggravate. 19.3 % of students have told that the Coronavirus might aggravate due to religious tension. (FIG-3). 52.3% of students think that the Coronavirus has spread mostly in India due to the religious gathering. 26.6% of students think that the Coronavirus will not spread in India due to religious gatherings. 21.1% of students think that maybe the coronavirus might spread due to the religious gathering in India. (FIG-5). 49.5% of the students think that the families of the persons who participated in the religious gatherings are majorly affected by the COVID 19. 18.3% of the students think that maybe the families of the persons who participate in the religious gathering might be affected by the COVID-19. 32.1% of the students think that the families of the persons who participated in the religious gathering were not affected by the COVID-19. (FIG-7). 50.5% of students told that religious gathering leads to communal riots. 25.7% of students told that religious gathering will not lead to communal riots. 33.9% of students told that religious gatherings might lead to communal riots. (FIG-9). 31.2% of students told that communal riots will start after flattening the curve of the spread of the COVID-19. 34.9 percent of students told that the communal riots will not start after flattening the curve of the spread of the COVID-19. 33.9% of students told that communal riots might start after flattening the curve of the spread of the COVID-19. (FIG-11). 25.7% of students still prefer to worship at the holy places during the pandemic situation. 50.5% of students after knowing the consequences of COVID 19, do not want to visit the holy places during the pandemic. 23.9% of students, maybe they still prefer to worship at the holy places during the pandemic situation. (FIG-13).

### Interim guidance for communities of faith

Millions of Americans regard adoration as a necessary part of life. For many traditions of faith, gathering together for worship is at the heart of what it means to be a community of faith. But, as Americans now know, gatherings present a risk of increasing the spread of COVID-19 during this Public Health Emergency. CDC (Centre for Disease Control and Prevention) is offering these suggestions to the faith communities to consider and accept, reject (Abdalqadir, 2020).

### Scaling up operations

Provides security from COVID-19 for workers and congregants at a higher risk for serious disease. Offer options for employees at higher risk of serious illness (including older adults and people of all ages with certain underlying medical conditions) that limit their risk of exposure. Offer options for congregants at increased risk for serious diseases that limit their risk of exposure (e.g. remote service involvement). (Xue *et al.*, no date). COVID-19 has been caused by pneumonia in which it automatically leads to acute respiratory distress syndrome.

### Safety actions

Encourage employees and religious leaders to scarf coughs and sneezes with tissue or use their elbows to cover their face. We should throw tissues into the garbage and wash the face. People should be advised to use face masks in order to secure themselves against the virus (Alfraji *et al.*, 2020).

The religious community sprays disinfectant to remove the contamination of the virus. The place should be locked down for a few days, disinfectant should be sprayed before the usage of the place (Ebrahim and Memish, 2020a). Promote social distance between services and other gatherings, ensuring that staff, volunteers and service participants follow social distances, as circumstances and faith traditions allow them to reduce their risk (Narain *et al.*, 2020). Our study is a cross-sectional survey study in which the data was collected online. The opinions of people from different countries would vary from one country to another. In the future, awareness of COVID-19 patients attending religious gatherings can be generated through the study, and safety measures can also be taken. This study contributes to the creation of proper knowledge among the broad population.

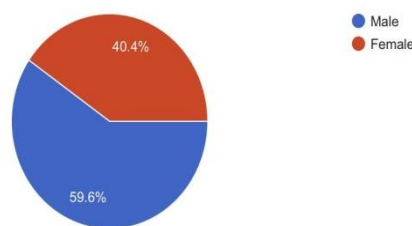


Fig.1: pie chart showing responses to the question, “ Which gender do you belong to ?”. Majority of the respondents reported were Male (56%). Blue represents Male and red represents female.

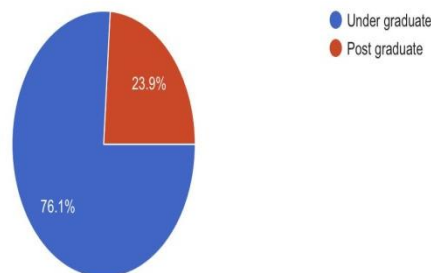
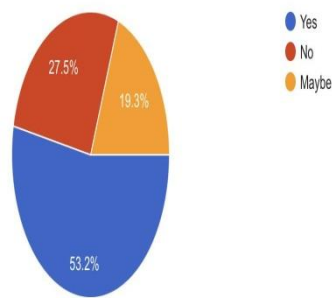
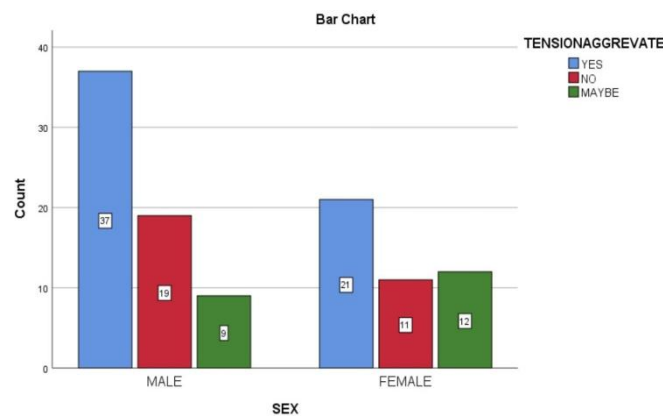


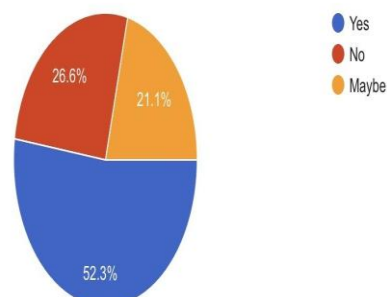
Fig.2: pie chart showing responses to the question, “ Year of study”. Majority of the respondents reported were Undergraduates (76%). Blue represents undergraduate and red represents post graduate.



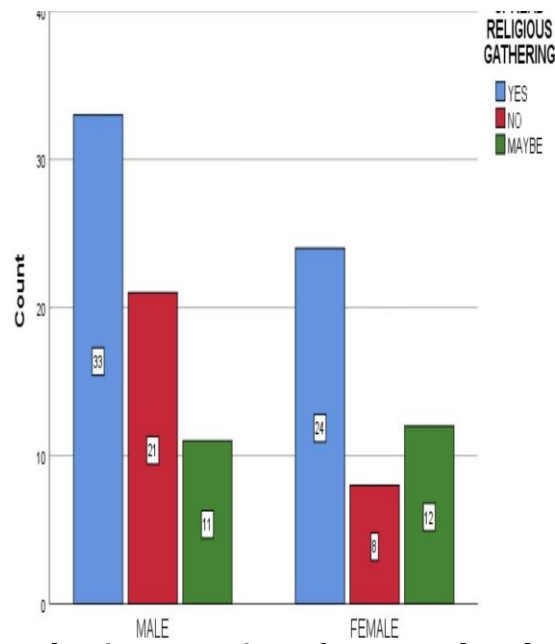
**Fig.3: pie chart showing responses to the question, “ Does aggravation of tension in India occur due to the religious gathering?”. Majority of the respondents (53.2%) reported yes . Blue represents yes, red represents no, yellow represents maybe.**



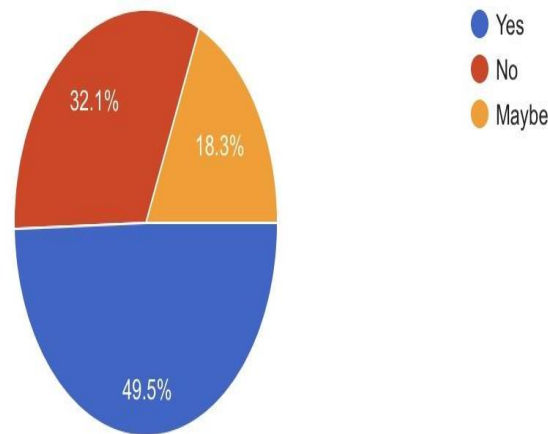
**Fig.4: depicts the bar chart showing comparison of responses based on the gender to the question, “Does aggravation of tension in India occur due to the religious gathering?”. Higher number of males ( 37) reported yes. There is no significant difference in responses between males and females. (chi square test; p value : 0.218 >0.05 - indicating statistically non significant) X axis represents Gender of each individual and Y axis represents Count of individual. Blue represents yes, red represents no, green represents maybe.**



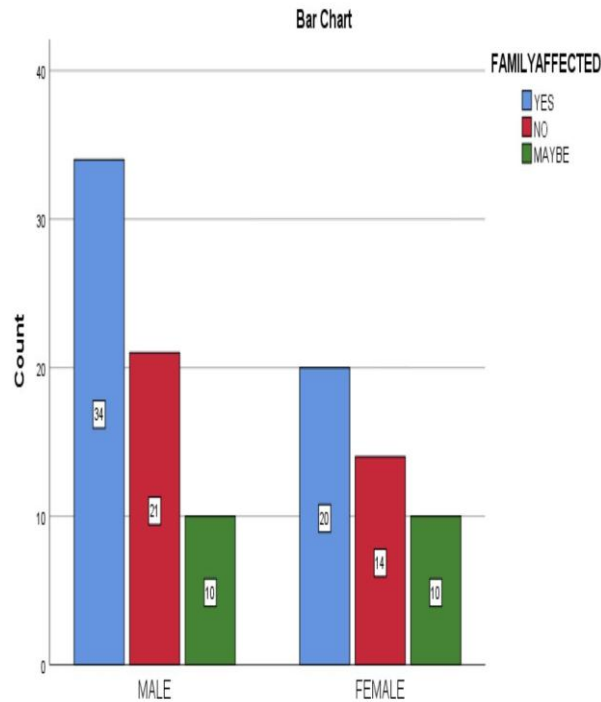
**Fig.5: pie chart showing responses to the question, “Do you think the corona virus has spread mostly in India due to the religious gathering?” Majority of the respondents (52.3%) reported yes. Blue represents yes, red represents no, yellow represents maybe.**



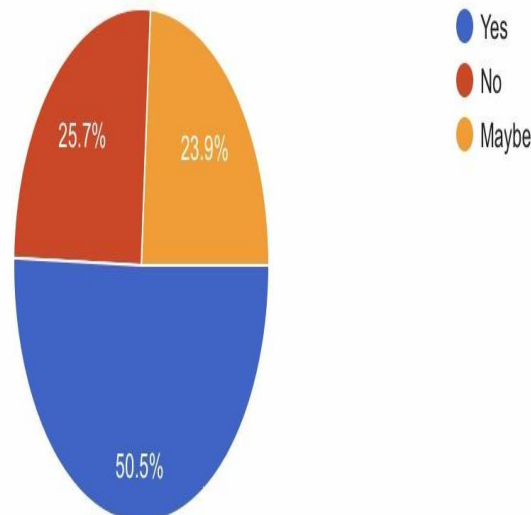
**Fig.6:** depicts the bar chart showing comparison of responses based on the gender to the question, “Do you think the corona virus has spread mostly in India due to the religious gathering?”. Higher number of males reported (33) reported yes. There is no significant difference in responses between males and females.(chi square p value : 0.218 >0.05 - indicating statistically non significant). X axis represents Gender of each individual, Y axis represents Count of individual. Blue represents yes, red represents no, green represents maybe.



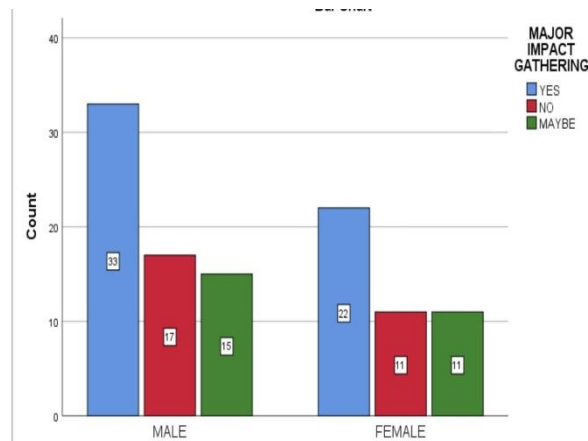
**Fig.7:** pie chart showing responses to the question “ Does the families of the persons who participated in the religious gathering are majorly affected by the COVID- 19?”. Majority of the respondents (49.5%) reported yes. Blue represents yes, red represents no, yellow represents maybe.



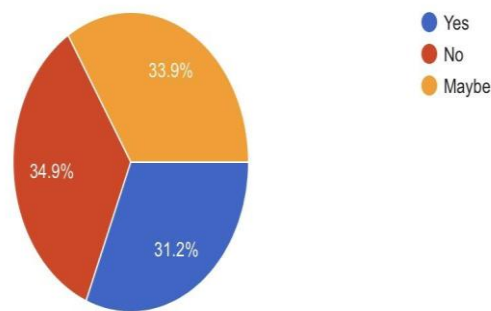
**Fig.8:** depicts the bar chart showing comparison of responses based on the gender to the question, “Does the families of the persons who participated in the religious gathering are majorly affected by the COVID- 19?”. Higher number of males (34) reported yes. There is no significant difference in responses between males and females. ( chi square p value :  $0.600 > 0.05$  indicating statistically non significant. ) X axis represents the Gender of each individual, Y axis represents the Count of individuals. Blue represents yes, red represents no, green represents maybe.



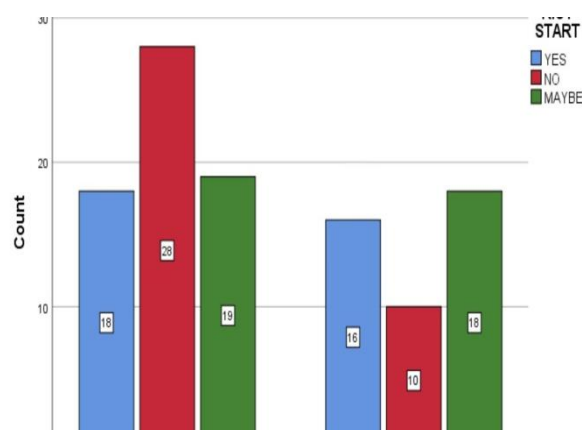
**Fig.9:** pie chart responses to the question, “ Do religious gatherings have a major impact on the spread of COVID-19 leading to communal riots?”. Majority of the respondents (50.5%) reported yes. Blue represents yes, red represents no, yellow represents maybe.



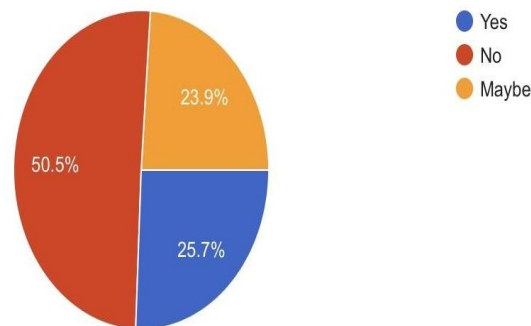
**Fig.10:** depicts the bar chart showing comparison of responses based on the gender to the question, “ Do religious gatherings have a major impact on the spread of COVID-19 leading to communal riots?”. Higher number of males (33) reported yes. There is no significant difference in response between males and females. (chi square p value : 0.972>0.05 indicating statistically non significant) X axis represents the Gender of each individual and Y axis represents the Count of individuals. Blue represents yes, red represents no, green represents maybe.



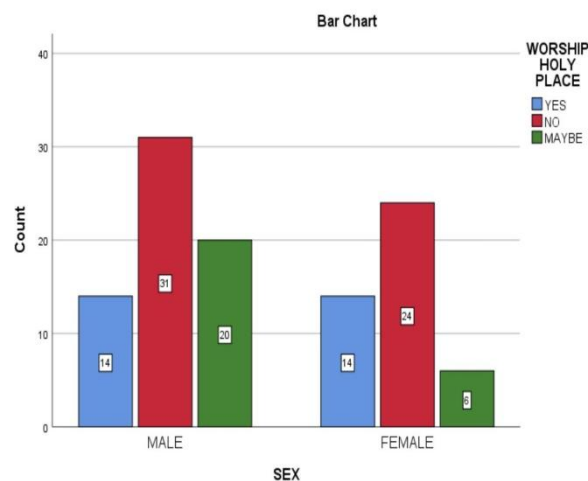
**Fig.11:** pie chart responses to the question, “ Will the communal riots get started after flattening the curve of the spread of the COVID-19?”. Majority of the respondents (34.9%) reported no. Blue represents yes, red represents no, yellow represents maybe.



**Fig.12:** depicts the bar chart showing comparison of responses based on the gender to the question, “ Will the communal riots get started after flattening the curve of the spread of the COVID-19?”. Higher number of males (18) reported yes. There is no significant difference in responses between males and females. (chi square p value : 0.091>0.05 indicating statistically non significant) X axis represents Gender of each individual and Y axis represents Count of individual. Blue represents yes, red represents no, green represents maybe.



**Fig.13: Pie chart responses to the question, “ After knowing the consequences of the religious gathering, do they still prefer to worship at the holy places during the pandemic situation?”. Majority of the respondents (50.7%) reported no. Blue represents yes, red represents no, yellow represents maybe.**



**Fig.14: depicts the bar chart showing comparison of responses based on the gender to the question, “ After knowing the consequences of the religious gathering, do they still prefer to worship at the holy places during the pandemic situation?”. Higher number of males (31) reported no. There is no significant difference in responses between males and females. (chi square p value : 0.103>0.05 indicating statistically non significant) X axis represents Gender of each individual and Y axis represents Count of individual. Blue represents yes, red represents no, green represents maybe. Our institution is passionate about high quality evidence based research and has excelled in various fields ( Pc, Marimuthu and Devadoss, 2018; Ramesh et al., 2018; Vijayashree Priyadharsini, Smiline Girija and Paramasivam, 2018; Ezhilarasan, Apoorva and Ashok Vardhan, 2019; Ramadurai et al., 2019; Sridharan et al., 2019; Vijayashree Priyadharsini, 2019; Chandrasekar et al., 2020; Mathew et al., 2020; R et al., 2020; Samuel, 2021)**

## CONCLUSION

The findings of this study proves that, COVID-19 patients attending religious gatherings will lead to communal riots. In order to stay free from the COVID-19, it is our duty to take preventive measures and avoid going to temples during the pandemic situation.

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