Letter to the Editor



Has COVID-19 Affected the Social Cohesion?

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Dear Editor-in-Chief

Due to the nature of the measures needed to slow the pandemic of COVID-19, including prohibition of socially and/or culturally important events, such as weddings, funerals, and sporting events, etc., popular initiatives often arise during a disaster and in its recovery phase, especially in the absence of government assistance. Hurricane Katrina was a remarkable example of local and social capital where people evacuated and responded in the absence of government participation and action. In the Christchurch earthquakes of 2010 and 2011, members of the community felt excluded from government interventions and took action. Thus, social cohesion is an important resource for disaster recovery programs and an important component in each of the prognostic, acute, post-injury and recovery stages while it provides opportunities in recovery planning to identify and eliminate inequalities and can support the needs of people in the community.

Public Trust: Government / the health system actions have reduced public trust

There is considerable disagreement as to whether the epidemic is real or conspiratorial in the Iraqi society. A Mercy Corps survey found that 85% of people did not trust the government actions regarding COVID-19 (1). A UNDP survey in developing countries found that 83% of the population did not trust the central government enough while 91% said they had not received any economic or humanitarian assistance from the local government in relation to COVID-19, such as food or face masks (2). In addition, reports of 40% corruption in the sale of drugs related to patients with COVID-19 in the black market and their shortage in hospitals exacerbated widespread distrust to the health system (2). Lack of public trust led families to refuse to hand over sick members, especially women, to medical teams. In Baghdad and Basra believed that quarantine was synonymous with arrest, which caused individuals to prevent their family members from going to the hospital. Attacks to health care workers, have weakened not only social relationships between the health care sector and the community, but also between health personnel and the government (3).



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Rule of Law: Government actions against COVID-19 have reduced access to equity

With the onset of the epidemic, formal courts have been closed and trials "except urgent cases" have been suspended or significantly delayed while the judiciary was committed to "continue to award the custody and dowry to injured women". Some reports stated that mothers did not have access to child support only during the pandemic (2, 4, 5). Lockdown significantly increased domestic and gender-based violence up to 92% when the formal justice system was inaccessible. Furthermore, some governments have also used the pandemic situation to introduce antidemocratic measures, such as increasing oversight and enacting repressive emergency laws. Governments have enacted (mostly digital) surveillance measures to track the transfer of COVID-19, which in the future could be used to monitor other activities, including political oppositions (5).

Security Aspects: A military focus on COVID-19 will revive the Islamic State of Iraq and Syria (ISIS)

The current focus on COVID-19 could expose areas to the resurgence of ISIS, which has begun fighting in its own areas and encouraging attacks. As security services are involved in the lockdown, ISIS members are free to travel to different areas to take part in new attacks. Its evidence can be found in Kirkuk, Diyala and Salah al-Din, all of which suffer from mistrust between the people and the government security forces. Therefore, the focus on COVID-19 and the deterioration of relationships between Iran and the United States, all provide a good ground for the re-emergence of ISIS (6).

Neighborhood Relationships: The onset of pandemic has reduced relationships between neighbors

People in more cohesive neighborhoods are less likely to suffer from depression, have a higher likelihood of life satisfaction, and are more positive about their outlook (2). The level of trust and willingness to talk, help fellow human beings and get along with people in the community has significantly decreased during the epidemic. Therefore, the neighborhood cohesion is dropped more than 10% after the onset of COVID-19 (6). Contrary to previous results, more disadvantaged neighborhoods, less educated people, fewer age groups, and those from certain ethnic minorities (Pakistanis / Bangladeshis, blacks) experienced a greater decline. A further decline in cohesion among individuals living in the most disadvantaged communities and ethnic minority groups mentioned above seems to be a new phenomenon compared to the patterns observed before the epidemic (6).

Given that the epidemic exacerbates a number of existing political, social, legal, and security issues for social cohesion, it is essential to identify mitigating measures to avoid further adverse effects. Governments and the international community must take responsibility for rebuilding social solidarity to protect people from future challenges. Therefore, a strategic national approach is needed to rebuild social cohesion along with immediate and short-term responses to COVID-19 and its effects on relationships within the society.

Conflict of interest

The authors declare that there is no conflict of interests.

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