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STRONG SOCIAL TIES AND ADHERENCE TO FACE MASK WEARING IN COVID-19 PANDEMIC IN DAGESTAN, NORTH CAUCASUS

Is there a cause-and-effect relationship between the application of the personal protection equipment and strong social ties? We look at face-masks wearing in Dagestan republic in southern Russia. The social context of Covid-19 in Russia has not been exhaustively analyzed yet and medical landscapes in the post-Soviet context differ significantly from the Western models. We believe that such artifacts as face-masks are good for tracing relations between people, the virus, and the state. Contrary to the research based on data from the United States and China, our research reveals that there is not necessarily a cause-and-effect relationship between mask wearing and strong social ties. Face masks in Dagestan never became embodied artifacts despite strong social ties in the republic. Cultural and political context needs to be considered when thinking about the relationship between the strength of social ties and application of PPE.

Key words: social ties; COVID-19; Dagestan, North Caucasus; face mask wearing patterns

Introduction

Wearing face masks and gloves, practicing social distancing and washing hands are presented as signs of mutual care in the global West during the COVID-19 pandemic. World Health Organization (WHO) sees the application of the personal protection equipment (PPE) as responsibility for the health of the community, in particular its most vulnerable members (WHO recommendations 2020). In communities where social capital is higher and therefore social ties are tighter, this mutual care and responsibility is stronger and, therefore, PPE is used more frequently (e.g., Hao et al. 2021; Makridis, Wu 2021; Borgonovi, Adrieu

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2020). The same pattern is reported for social distancing (Durante et al. 2021; Borgonovi, Adrieu 2020a). In this paper we ask: is there actually a cause-and-effect relationship between mask wearing and high social capital based on strong social ties? Or rather, does this relationship depend on a broader cultural context?

Definitions of social capital are strictly associated with social ties/bonds in the community that enable individuals and groups to acquire resources and benefits. Social capital involves shared norms and values (Borgonovi, Adrieu 2020: 1). As the definitions of social capital are constructed basing mainly on observations done in the Western contexts (Coleman 1998; Putnam et al. 1993), the ties in the community are often linked to such activities as voting in state and local elections, membership in organizations, engagement with institutions (Viswanath et al. 2006), while in Dagestani society relations among lineage (*tukhum*) members are of more importance since social ties are mostly expressed in doing things together. Social capital of our interlocutors is predominantly based on tight inter-*tukhum* relations, as well as neighborly relations, school cohort relations (*odnoklasniki*) or membership in religious organizations.

To answer our research questions and understand whether there is actually a cause-and-effect relationship between mask wearing and strong social capital, we will look at practices and narratives connected with face masks wearing in Dagestan, a republic in the North Caucasus, Russia. By applying ethnographic methods, we will try to understand everyday practices connected to pandemic associated health-issues of middle-class Dagestanis as well as reasons and social contexts behind (not) wearing face masks in the republic. We believe that such artifacts as face-masks are good for tracing various relations between people, the virus, and the state. Additionally, they allow us to learn more about the perception of the epidemic and everyday practices connected with it.

We will show that there is not necessarily a cause-and-effect relationship between mask-wearing and high social capital, and that almost two years after the beginning of the epidemic, face masks in Dagestan did not leave the medical context, never becoming really embodied artifacts despite strong social ties in the republic. We, therefore, show that cultural context needs to be taken into account when thinking about the relationship between the strength of social capital and the application of PPE.

Although medical anthropologists postulated that public health technologies should not neglect or obscure local knowledges and local responses to health emergencies, and that for the successful and sustainable coping with epidemics, countering the universalizing assumptions embedded in many global health interventions is needed (Atlani-Duault, Kendall 2009), this postulate is not really fulfilled within the post-Soviet context, where recent epidemics were only briefly researched. The social contexts of occasional tuberculosis outbreaks in Russia were paid attention to e.g., by Dimitrova et al. (2006). Swine flu (H1N1)

was discussed by many medical anthropologists, (for example Merrill Singer on social consequences of pandemic and the role of medical anthropology (2009), Charles Briggs and Mark Nitcher on the epidemic communicative practices (2009)), but despite a noticeable state response to swine flu in Ukraine, this epidemic was not researched by social scientists working in the post-Soviet area. Despite the growing body of literature on the COVID-19 pandemic in Russia (e.g., Ragozina 2020; King, Dudina 2021; Zemtsov, Baburin 2020), the social context of Covid-19 in Russia (including Dagestan) has not been exhaustively analyzed yet¹, and the context of (not)wearing face masks or applying PPE has not been analyzed at all.

Most of the studies on social distancing and mask-wearing were performed in Western (Europe, US) or Chinese contexts (Hao et al. 2021; Tan et al. 2021; Cheng et al. 2020). Medical landscapes and the attitudes towards state institutions in the post-Soviet context differ significantly from the Western models, it is, therefore crucial to analyze the mask-wearing behaviors in the post-Soviet area. The attitudes towards risk, health care, state institutions, and the responsibility for individual health (Bazylevych 2009, 2011; Lindbladh 2012) are important contexts for our analysis. Many studies on the Covid-19 pandemic report that compliance with recommendations on personal protection is positively associated with income and education (Chuang et al. 2015; Nivette et al. 2020); as will be clear from our analysis, this may not necessarily be the case.

Overall, undertaking the research of (dis)engagement with face masks during the epidemic in this post-Soviet, and also Muslim space might be important for dealing with the Covid-19 and other potential epidemics.

Methods

The borders of the Russian Federation remained closed since March 2020, limiting us to on-line methods. Between March 2020 and April 2021 we conducted 44 in-depth online interviews with people we knew from our previous projects. Although we have conducted fieldwork in Dagestan with various social groups, for the purpose of this research (and its feasibility) we chose urban, middle-class interlocutors with high social capital.

Our interlocutors were aged between 30–70, with the majority in their 40–60s 23 women and 21 men. Most of them were middle-class and lived

¹ This topic in the Dagestani context was tackled by Sejfulla Rashidov in his speech based on personal experiences with the “Corona-crisis in Dagestan” at the 9th International Scientific Conference Caucasus: History of Region, History of Research Poznań-Rzeszów 2020 ONLINE 3-4 December 2020. However no publication followed.

in towns (Makhachkala, Izberbash) or big semi-urban settlements along the Caspian coast (Druzhba, Chinar). All of our interlocutors had a relatively high social capital, that came both (or either) from their education or/and belonging to a good *tukhum*, many travelled to Europe, some visited us in Poland. They owned apartments or houses and enjoyed a fairly good financial status, reduced recently by the devaluation of the rouble.

In regard to positionality, our social statuses or capitals were somewhat similar, we held similar professions, plus our Eastern European origin made us (thanks to USSR and later propaganda) part of “our block”. Although we never hid our identity as researchers, with many² of our interlocutors we had a longterm reciprocal contact for over 10 years, so we we virtually became a part of their social circles. Both researchers were female. The main language of our conversations was Russian, which both authors speak fluently. We have conducted fieldwork in Dagestan since 2004 and 2009 respectively, and established a broad network of contacts that allowed us to gain trust, ask personal questions, and hear intimate accounts of experiences of the pandemic. We did not have to rely on self-reports given in questionnaires, which, although popular in studies on precaution measures, are also most easily biased due to the social desirability effect (Hao et al. 2021; Tan et al. 2021; Borgonovi, Andrieu 2020).

The interviews were the most important source of information to us. Additionally, we surveyed Instagram channels and websites, trying, to double-check the validity and importance of on-line information with our interlocutors. On an everyday basis, we screened 15 Instagram channels³, all with around 100 000 or more followers. The choice was based on our interlocutors’ advice and the popularity of the channels estimated by the number of followers⁴. Since we could not know the social status or density of social ties of the commenters, this analysis was performed simply to better understand the context of our interlocutors lives amid pandemic. Despite (or because of) big language diversity in Dagestan (Koryakov 2006), posts and comments on the most popular Instagram channels in Dagestan are written in Russian, *lingua franca* in the republic.

² 16 out of 44 for the purpose of this research

³ Gazetachernovik1 (184K), dagestan_realii (104K), dagpravda (89K), mkala_(423K), mahkachkala.live (177K), tema.dagestana (277K), gorskaya_respublika (100K), vesti.dagestan (514K), tut_godekan (300K), dnevnik.gorca (167K), region05.ru (162K), lenta.dagestan (144K),lenta_mkala (195K), tut_izberg_(127K), moy_dagestan05(109K), dagestancy (407K),, 05.tv (229K), assalam_gazeta (221K), dag_events (186K), all.dagestan (478K)

⁴ Followers of these Instagram channels commented quite boldly, both on social and political matters. Freedom of speech on the Internet in this republic may have seemed unrestrained (at least until February 2022) for an outside observer of Instagram, however harassment of journalists was not rare. Despite (or because of) big language diversity in Dagestan (Koryakov 2006), posts and comments on the most popular Instagram channels in Dagestan are written in Russian, *lingua franca* in the republic.

In order to gain an idea about official regulations on PPE we followed the information published by Rospotrebnadzor⁵ – the institution responsible for epidemic rules implementation and publication of official statistics and systematically read articles on the website of an official daily newspaper “Dagestanska Pravda”⁶.

Obviously, nothing can substitute real participant observation. To get a glimpse into social reality, during the calls we asked our interlocutors (in particular those we closely befriended) to “take” us to places they visited; we also watched live streams from the streets of Makhachkala.

Background. Pandemics in Dagestan

Dagestan is a multiethnic and predominantly Muslim republic in the North Caucasus with three million inhabitants⁷. It has been, since the fall of the USSR, experiencing (re)islamization and (re)traditionalization, along with rapid internal and external migration (e.g., Karpov, Kapustina 2011).

Dagestan was hit hard by the Covid-19 pandemic in Spring 2020 (Zemtsov, Baburin 2020). At the beginning of the pandemic in March 2020 our informants claimed that there was no Covid-19 in Dagestan, and community life with frequent unannounced visits of relatives and neighbors went on as usual, weddings with over 600 guests were organized, mourning gathered dozens of visitors at the home of the deceased. Gradually, however, people started to notice that funerals are unusually numerous, rumors started to spread that many villages lost all their elders⁸. Due to state authorities’ inability to manage the situation, religious authorities and bloggers stepped in referring to Quran stance on epidemics that advises to shelter⁹ (cf. Ragozina 2020 on official Muslim

⁵ https://www.instagram.com/rospotrebnadzor_rd/ [last accessed 27.05.2022].

⁶ <http://dagpravda.ru/> The daily tags all articles on its website. From spring 2020 there is a tag coronavirus present on the site. We read all the articles with these tags and analyzed the content regarding PPE. Visual material and the presence of people wearing masks on the photographs was surveyed as well. The number of articles tagged Covid-19 varied from month to month (mean 12 articles). Under the articles on “Dagestanska Pravda” website there is an information about the number of times each article was viewed provided – we collected this data.

⁷ http://www.statdata.ru/largest_regions_russia [last accessed 21.02.2022].

⁸ For example in the village of Tebekmakhi with 2650 inhabitants, only in April, there were 12 deaths of pneumonia-like disease, while on average, they reported burials of maximum 15 people a year, <https://ria.ru/20200523/1571864864.html> [last accessed 27.05.2021].

⁹ Ruslan Kurbanov on the personal protection measures needed to be taken, as the state does not provide proper health care <https://www.youtube.com/watch?v=5vL6O8nDOYg> [last accessed 31.05.2021].

discourse on Covid-19 in Russia). As a result, several settlements shut down, setting a block-post on entrance roads. Some villages are said to have functioned according to the Sharia law (Denis Sokolov, pers. inf.).

In late April, when social media were full of accounts of relatives suffering from what was officially called “double viral pneumonia”, the “arrival” of Covid-19 in Dagestan was finally acknowledged¹⁰. However, the accounts of our interlocutors and some newspaper articles¹¹ incline us to believe that official statistics were strongly underestimated.

In May 2020, Dagestani hospitals were overflowed with patients suffering from double viral pneumonia or Covid-19. They were beyond help, because of a huge shortage of equipment, in particular respirators. Eventually, security measures were introduced in the republic. Despite increasingly centralized governance in Russia, the federal authorities shifted the responsibility for disease control and prevention to regional governments. Consequently, instead of one state-wide state of emergency, a number of alert regimes were applied in all subjects of the Russian Federation (Kurnosov, Varflomeeva 2020). All subjects of Russia, except Dagestan, Kalmykia and Chukotka, made masks obligatory on 21.05.2020. On 28.10.2020, however, the decision to enforce masks indoors was made for public places where larger numbers of people gather, such as transportation, workplaces, elevators, shops etc. (Masochnyj rezhim 2021).

When it comes to the epidemic on the social level, according to our interlocutors the majority of inhabitants refused to conform to the restrictions. None of our research participants followed or believed the official numbers, not only because the authorities were trying to hide a number of deaths at the beginning of the epidemics, but also because official sources of information are generally viewed with suspicion, and news spread by mouth or Instagram channels are seen as more reliable and trustworthy. Our informants reported noticing spikes of Covid-19 when students’ attendance levels suddenly dropped, or when the number of mourning to attend became suspiciously high. Such occurrences were perceived by our informants as more informative and reliable than statistics

¹⁰ First deaths from Covid-19 started to be reported simultaneously in big hubs of Moscow and Sankt Petersburg and in Dagestan and Murmansk. Zemtsov and Baburin see appearance of Covid-19 in Dagestan and Murmansk as an aberration or pure co-occurrence (2020) which is a centrist view without taking into account cultural diversity and mobility of inhabitants of various Russian subjects, Dagestan in particular. While we cannot validate this knowledge there is a possibility that Covid-19 was brought from Iran along with track drivers, because it was in small communities such as Gubden where majority of men works as track drivers (conversation with Denis Sokolov in May 2021).

¹¹ <https://ria.ru/20200523/1571864864.html> [last accessed 27.05.2022].

provided for example on Rospotrebnadzor Instagram account, or in *Dagestanska Pravda* articles¹².

Some of our interlocutors practiced social distancing by avoiding crowds, but initially they were unable to refrain from paying last respects, as well as let go of the practice of visiting the sick and recoverees from a long illness or hospital stay. Later, when mournings started to be perceived as the main places of viral spread, people tried to pay condolences to the family of the deceased by phone or outdoors; sometimes hand sanitizers were provided, or people used theirs when no-one watched after shaking hands (refusing a handshake is regarded a major offense for men).

Hospital patients were reported by our interlocutors to receive visitors with food (“we cannot let them starve there!”) despite it being against the rules; people did not stop working in the private sector claiming that “if the danger was real, the state would bring us food, and it doesn’t, but I still have to feed my family” (cf. Bazylevych 2009).

In many places (for example USA – Nash 2020, UK – van der Westhuizen et al. 2020) masks became fashion accessories (in Japan such phenomenon occurred much earlier – Horii 2014; Burgess, Horii 2012). In Dagestan, face masks did not become a way to express one’s identity, nor an accessory that should suit somebody’s outfit (no matter the reason for wearing them). Although generally people in Dagestan pay particular attention to their clothing and women wearing hijabs usually wear them in matching colors. Colorful, matching face masks could be their choice, but this is not the case. If they wear face masks, they use surgical masks. The same is true for other women and men – they do not tend to choose masks suiting their outfits.

Results and discussion

As mentioned in the introduction social capital of our interlocutors is based on tight inter-lineage (*tukhum*) relations, as well as neighborly relations, school cohort relations (*odnoklasniki*), membership in religious organizations (such as neighborhood mosque) relations – to enumerate the most important. Some of the indicators of social capital that are seen as important in Western societies are irrelevant for our research community e.g. such indicators (used for calculating Social Capital (PSU-SC) index developed by the Penn State University and used by Borgonovi & Andrieu (2020)) as the number of establishments in labor

¹² <https://www.instagram.com/p/CGHianUHIVX/> [last accessed 10.04.21] for e.g. No 174 issued on 18.06.20. Article by Shirivani <http://dagpravda.ru/obshestvo/v-pridachu-k-koronavirusu/>

organizations or political organizations, voter turnout, not even mentioning such culturally irrelevant bodies as golf or bowling clubs. Governmental bodies do not play important role in the context of our research (there is discussion among the theoreticians/researchers if governmental actors may at all successfully promote the development of social capital (Etzioni 1993; Fukuyama 1995; Evans 1996)). Nevertheless the members of our research community do things together – according to Putnam that is characteristic for communities with high social capital¹³.

In order to understand peculiarities of social interactions (crucial for high social capital) among middle-class inhabitants of Dagestan we let us take a look at lineage (*tukhum*) ties that have always been important in Dagestan (e.g. Karpov 2010). Despite intense migration, many Dagestanis keep ties with their villages of origin, the more affluent often sponsor a mosque, a road, or a school (e.g., Karpov 2010; Karpov, Kapustina 2011). *Tukhum* members originating from one settlement often maintain tight social contacts even if they live in different parts of the republic. Whether in towns or in villages, they visit each other or at least communicate via WhatsApp or phone (Kaliszewska, Kołodziejka-Degórska 2015). It is along the *tukhum* lines that marriage partners are often chosen, *tukhum* members support each other materially (Kaliszewska et al. 2022 forthcoming) and morally, participate in weddings, funerals, and other life-cycle events, as well as help each other in times of crisis, financial hardship, or illness. It is considered obligatory to visit sick relatives (both at home and in hospital) and neighbors, provide them with healthy food or medicine. While rapid migration obviously changes the intensity of social interactions among *tukhum* members, oftentimes one still defines oneself in both collective and individual terms, as a part of a bigger entity (e.g., Karpov 2010). Such perception results in a different attitude towards one's death or risk of death of a family member – intensive social contacts and frequent visits to mourning performed from early childhood make death more familiar rather than distant and absent (e.g., Hiyasova et al. 2019).

To illustrate the intensity of social relationships among middle-class Dagestanis, let us bring up an example of Mariam, a kindergarten teacher in her 50s. She claims she was spending her monthly salary just for monetary (or more rarely material) gifts for weddings, *mavlids* (organized for the occasion of circumcision, birth, recovery, etc.), visits during or after a hospital stay, or mourning. For all of these events, a pecuniary gift is expected, with the amount

¹³ In communities with little social capital, individuals do and experience activities alone. By contrast, in communities with high social capital, individuals do things together, from consequential things like being members of organizations, political parties and the church, to seemingly trivial things like going bowling (Putnam 2000).

depending on the closeness of kinship. Such visits are not restricted to one's settlement – people often travel within the republic. “One visit to Izberbash and my whole salary is gone”, said Mariam (her *tukhum* members live mostly in Izberbash and Makhachkala). “Now I can save up a bit because we go to places a bit less”, she commented about the pandemic. “Though later I would have to give anyway”. During the first wave, Mariam stayed at home and told all her adult children to move in and shelter with her. She apparently immediately infected them all with Covid-19. “At least we were all together” – she commented.

Mariam did not regret forcing her children to come over because the being together aspect was more important than the contraction of the virus. When external circumstances change and there is a degree of uncertainty being together is seen as the best solution. Because social ties (both with neighbors and inter-clan ties) are strong and the illness is experienced collectively (support and visits of the sick are highly expected and culturally appreciated), risking getting infected by someone or infecting someone is much less important than risking being ill alone.

The intensity of social ties in Mariam's family was not exceptional, but rather typical. Patimat, jewelry manufacture co-owner, in her 40s, when asked if she and her family sheltered in place during the first wave of Covid-19 answered: “Yes, we did, we only met with our closest relatives” and she listed around six families of five, and then added: “and sometimes our neighbors came by”. In autumn 2020 her son was getting married and she claimed that “the wedding was not big, just the closest people”, later, however, we learnt that the number of guests exceeded 600, an average number of wedding guests in Dagestan.

Such intense social ties do not only refer to family and neighbors but also friends – 70 years old Abdurahman who lived in a multi-store apartment in Makhachkala was supplied by his friends with food during his alleged Covid-19 – firstly they handed him home made food thru the door, but when he felt better, they ventured in (first in face masks, then without) and heated and warmed it up in his kitchen.

Borgonovi and Andrieu suggest that: in communities with strong norms for reciprocity and social solidarity individuals would suffer a high psychological prize if they infected others (2020). Although in American studies high social capital helped to stick to safety measures associated with Covid-19 (Hao et al. 2021; Borgonovi, Andrieu 2020) in Dagestan it was not so. Other factors played a greater role. Our analysis, illustrated by Mariam's and Patimat's examples shows otherwise: the majority of our informants ignored the safety measures, such as wearing a mask or practicing social distancing, or if they did practice social distancing, it applied only to strangers, but not to people they stayed in touch with, which was usually a numerous group.

Below we will try to understand why on the example of face masks.

Everyday Practices of not wearing masks

Mask wearing patterns illustrate well the attitudes towards health risk during pandemic, the role of social capital and most evidently the role of social ties in the response to Covid-19 of the research community. Let us analyze why did Dagestanis with a relatively high social capital refused to wear face masks?

Firstly, not wearing face masks should not be explained by lack of information or recommendation. The recommendation is available, but it does not mean it is trusted. Wearing face masks in the West is presented as care for others, care for the weak, and common responsibility for the community (van der Westhuizen *et al.* 2020). In Dagestan, official media tried to propagate such ideas and disseminate information about the necessity to wear face masks. For example, on the main page of *Dagestanska Pravda po piatnicam*¹⁴ there was a picture of a young man in *papakha* (traditional fur cap; the kind of *papakha* on the illustration is often most used by folklore ensembles) putting a medical face mask on with a caption “I chose life”. Probably the author wanted to show face-mask as a manly choice. The article issued on 23.11.20¹⁵, focusing on the immunological response to Sars-Cov-2 and paying attention to PPE, ends with the statement “Protect yourself and your loved ones”. It was viewed 36 times till June 2021. Similar (dis)interest could be observed for short movies made by the Ministry of Health of Russian Federation promoting mask-wearing, social distancing, and disinfection¹⁶. From September 2020 till June of 2021 it had 28 views, most of them till mid-October. Such number of views is typical for articles propagating PPE. In 2020 the most viewed article tagged ‘Covid’ in *Dagpravda* had over 600 views and was about an airplane from Moscow caring PPE and oxygen to Dagestan (20.05.2020)¹⁷.

Our interlocutors had access to information, the problem was the trust towards it: years of instability in the republic resulted in a general distrust towards authorities and information disseminated by the official channels – in times of insecurity (such as recent “fight with terrorism” or the pandemics) word spread by mouth seemed to be the most reliable (Kaliszewska 2016). As Viswanath and colleagues conclude: social capital and close community ties influence the amount of health information people receive and recall (2006). Borgonovi and Andrieu suggest that such positive association influence the likelihood that individuals adopt health protective behaviors because community members may more quickly acquire accurate information (2020). The information concerning

¹⁴ № 265-266 issued on 4.12.2020

¹⁵ <http://dagpravda.ru/obshchestvo/perbolel-ne-znachit-zash-ish-en/> [last access 30.5.2021].

¹⁶ They were published on Dagpravda website on 29.09.2020 <http://dagpravda.ru/obshchestvo/roliki-po-profilaktike-koronavirusnoj-infekcii/> [last accessed 30.05.2021].

¹⁷ <http://dagpravda.ru/obshchestvo/rezhim-sohranya-etsya/> [last accessed 30.05.2022].

PPE spread along social networks of our interlocutors was, however, rarely based on official, state data.

Another reason why recommendations did not work was that they focused on individual safety and responsibility for one's health (especially the one coming from official channels) were not convincing for our interlocutors (and generally for many other Dagestanis we talked to or whose conversations we observed) which may be due to the fact that they tended to see themselves both as individuals and as parts of their *tukhums*, and in many instances had more relaxed attitude towards death.

It has to be added that scientists enjoy certain level of prestige especially, among the older generation of our interlocutors who still remembers the Soviet times when scientists enjoyed high social status, younger interlocutors however were more skeptical towards scientists. All trusted most the word spread by mouth within people one shared strong social ties with. We had academics among our interlocutors, their opinion was valued, however, it was, for the most part, not in favor of PPE or vaccines.

Secondly, not wearing face masks should not be explained by lack of equipment. Only at the beginning of the pandemic there was a shortage of masks. Panic buying began, resulting in pharmacies raising prices, and it was soon over. There was also an Internet and public discussion about the necessity of wearing face masks. Our interlocutors recall that they did not rush to buy these items for higher prices claiming that "if this epidemic was real, they would provide us with them and not make us buy them for crazy prices". Responsibility for health and well-being of the population was attributed to the state, which is most likely a Soviet legacy (Bazylevych 2009).

Face masks were accessible before the pandemic but seen in the streets infrequently. Dagestanis were sometimes putting the masks on when they were sick – this is, however, reported by our interlocutors as rare. Women after such procedures as lip filling could also use masks to avoid questions or comments from passersby. The shortage of masks lasted only briefly, and surgical masks were available later on. They were given to patients in polyclinics and distributed in bigger chain shops, as a way to encourage clients to put them on. Only one of our interlocutors recalls distributing cloth masks with logos. There were also episodic actions of the police and the Spiritual Directorate of Dagestani Muslims to distribute face masks to passersby and later put the recording on Instagram¹⁸. As a result, some of our interlocutors accumulated quite a number of masks, now resting on their shelves. The brief shortage and subsequent accumulation of face masks rather than their frequent usage might have contributed to low activity of small-business in sewing face masks.

¹⁸ <https://rgvktv.ru/obshchestvo/69101> [last accessed 27.05.2022].

Thirdly, not wearing masks should also not be explained by the lack of flexibility of the local market. Dagestan is a region where doing business is socially appreciated. The market quickly responded with “anti-coronavirus ginger bread”, “anti-coronavirus set (ginger, garlic and lemon)” and various kinds of medicines (cf. Pieroni et al. 2020; Mshana et al. 2021). It did not, however, respond with local masks production, or masks with designs expressing one’s identity or belonging, as was the case in many other contexts (cf. Horii 2014; Ball 2020; Nash 2020). Face masks with logotypes, animals, colorful patterns, putting a mask on immediately after leaving home, masks worn at work or in the streets – none of these really turned out to be experiences of our interlocutors.

During our Instagram survey, we found only two profiles offering cloth masks for sale; the profiles were followed by a small number of people (below 15) and barely any discussion evolved around them. None of our interlocutors followed these profiles or knew anybody who sews face masks. Overall, Dagestanis are fast to catch up with new trends, and if there was a demand for face masks of different colors or patterns, the sewing rooms (widespread in Dagestan) would conform to it (for more see Kaliszewska 2020). Furthermore, we did not come across any charity-mask-sewing for medical personnel or the elderly, as was the case in many other countries (cf. van der Westhuizen et al. 2020).

What are the actual reasons behind not wearing of face masks?

Below, the actual reasons behind not wearing of face masks that we have identified among our interlocutors, middle-class Dagestanis.

Firstly, for most of our interlocutors wearing a face mask is seen as a symbol of weakness. As the case studies below show, if a person perceives her-/himself as a healthy, vital individual, a mask is not necessary: “I’m vital, the virus does not take me (*ya bodraya, virus mene ne beiriot*)” – said Aishat, a woman in her late 50s, when asked how she was doing during the second wave in November 2020. Aishat was running a healing practice that remained open even during the harshest part of the pandemic in the spring of 2020, and she claimed that she continued healing people, also those with Covid-19 or weak immunity. When we asked about precautions, she added: “I am not wearing a mask, I never put a mask on, right from the beginning of the pandemic! If a person is vital, there is no access for the virus.”

Leila, an educated 85 year-old woman from Makhachkala, had a similar attitude towards face masks. Despite her family’s disapproval, she insisted on going to a wedding in summer 2020. She never put a mask on, but when asked if she had one, she answered boldly: “of course I do, it is always in my purse.” She did not change her attitude towards mask-wearing despite the fact that at

this very wedding there was a huge Covid-19 spread and some relatives ended up in hospitals with severe symptoms. The popular ethos of fearless people from the Caucasus who are not going to fear a tiny virus is strongly reflected in the narratives of both men and women.

It is worthy to note that, as Harper et al. conclude from their research on international sample of participants, the only predictor of positive behavior change (e.g., social distancing, improved hand hygiene) was fear of COVID-19, with no effect of politically relevant variables (2020). As our analysis shows, our interlocutors did not fear the virus and did not want to fear it. Mask-wearing was seen as cowardly, masks were equated with muzzles or items worn by people that are excessively cowardly. Here similarities can be seen with discourses connected to mask-wearing in other countries, e.g. the UK conservative party politicians statements and the US Trampian libertarians (cf. Ball 2020).

Additionally, we also came across a peculiar attitude of “virus the tester” – Lena, the 50 year old hydrologist, claimed not to wear a mask to get “a bit of the virus”, in order to be gradually getting used to it. Elmira (42), employee of Daghestani philharmonic also saw the virus as a test to one’s vitality; she recalled a story of her colleague from philharmonic who got infected with Covid, but eventually died from kidney failure: “the virus tests what is not working in the organism and shows it to you” she commented.

Secondly, wearing a mask may also make one look ridiculous or suspicious. Abdurahman, a journalist in his 70s, when asked if he wears a mask, said: “If I wear a mask, people will think that I’m a madman.” “Better mad than dead” – commented his friend from France during an online conversation. His Daghestani-French friend – or we – could have asked such questions because we are from another context – similar inquisitiveness from Dagestanis might have been perceived by Abdurahman as disbelief in his vitality, a sign of his weakness, or vulnerability. “I try to put it on sometimes on a minibus, but in the streets I take it off” he said explaining that he used a disposable surgical mask many times despite having accumulated quite a number of masks from shops. We came across the accumulation of masks in 5 situations – usually our interlocutors explained their behavior in terms of waste (“why waste so many? It does not make sense anyway”). Motivations behind storing were not economic or ecological, but should be interpreted in terms of Soviet storage practices¹⁹ that is storage practices in times of shortage. Nowadays the shortage is no longer a problem (at least was not until the war), but the habitual practices, common in the post-Soviet space (Caldwell 2011), remained.

Additionally, in societies like Dagestan where, as demonstrated, social ties are strong, “standing out” makes one suspicious. Our interlocutors reported that

¹⁹ For more about storing items “just in case” see Caldwell (2011).

when they put a mask on, their relatives or friends asked if they are sick, or told them to take it off since “it’s only our people here” (rus. *tut vse svoi*) – the masks seems to belong to the state realm, and therefore seem out of place in more intimate spaces. To put a mask on in an intimate space, when nobody else does, requires a great level of self-assurance, because one may become an object of mockery, or one’s bravery may be put in question.

Thirdly, the pandemic is still being denied, or its significance diminished²⁰. State officials are not trusted, and therefore are seen as unable to introduce a rational regulation.

Rather, regulations are seen as yet another source of income for state officials who live off bribes (more Kaliszewska, Schmidt 2022). That is why we did not observe higher adherence to masks wearing due to official requirements – contrary to the observations of Knotek et al. in the US (2020). On the other hand, in their research on a “large international sample”, Clark et al. conclude that they found that trust in the government was relatively unimportant for predicting voluntary compliance with mask wearing-rules (2020). Rather, negative attitude towards authorities was one of the important factors influencing adherence to the official rules.

Information about incompetence of authorities as well as full denial of pandemics was spread among relatives, neighbors and friends of our interlocutors. It was popular to come across statements on various topic, where our interlocutors spoke about pandemics in the past tense “When we had pandemics...” (woman, 43), meaning the period of lockdown in Spring 2020. “I’m fed up with this Covid. It just like a season flue, but harder” (Lena, 50). It was also very popular to demonstrate one’s rejection of the rules imposed from above in the republic:

In April 2021, Gulya, a ministry employee in her 40s, when asked if she wears a mask replied with surprise: “No, surely not, what do you think of me (*da ty shto*)? Sometimes in these chain stores they try to enforce it but what can they do? It is Dagestan, we live the way we want to live (*zhviom kak hotim*). It’s like a separate country. It’s not Russia. In Russia, they would make a comment on the street if you were without a face mask, or they would not let you in the shop [...]”²¹.

As a result, face masks were not seen as necessary, or were ridiculed²². Unlike in Europe, there is little discussion around face masks causing respiratory

²⁰ The reasons behind it are more broadly discussed in a yet unpublished report by Kaliszewska, Kołodziejaska, forthcoming.

²¹ While Dagestanis do not deny that Dagestan is part of Russia, colloquially “Russia” denominates the regions beyond the North Caucasus.

²² Masks were put on cows: <https://www.instagram.com/p/CIvZMHGCNzt/?igshid=fgna-6clj89ig> [last accessed 27.05.2022].

problems, fungus diseases, or just being uncomfortable (van der Westhuizen et al. 2020). Rather, face masks are just not an issue, the indifference towards PPE is high. This was well observable on Instagram where masks are barely mentioned, and if they are, it is in regard to the requirements of wearing or not wearing them, or checking them by police. Most comments resemble the following: “How fed up I am with these masks. Nobody wears them anyway”; “Oh, they [police] found another opportunity to take bribes.”; “It is in my opinion a violation of freedom. Fining a man for refusing to wear a useless piece of cloth of unknown origin?”²³ Occasionally, somebody who changed his attitude towards Covid-19 (e.g. after losing relatives) inserted a different opinion into a discussion; such voices, however, were ignored or ridiculed.²⁴ Losing relatives or friends due to Covid-19 often results in talks about “virus the tester”, not in a change of attitude towards PPE. The disinterest in masks (not only wearing, but also even talking about them) grew with time.

The analysis of our field material shows that it is, therefore, important to think about trust towards authorities and official channels of information delivery more when analyzing the relationship between social ties and application of PPE (cf. Ferwana, Varshney 2021). And do not take for granted an assumption about positive role of the state in keeping/building social ties among its citizens – it is often citizens that are spoken about, instead of clan-embedded families/individuals who often make collective decisions and bear collective responsibility for acting in a different way than the rest of the clan members (cf. Kaliszewska 2015).

Results of our analysis go along with the findings of Clark et al. (2020) – that warning individuals about their vulnerability to COVID-19, providing details about the inconvenience of getting COVID-19 might not increase voluntary compliance with mask-wearing rules. The reasons for poor performance of such information campaigns probably differ according to local cultural contexts. In the case of Dagestan, crucial contexts are the perception of one’s vitality and the culturally offensive character of insinuating someone’s vulnerability. Moreover, according to Charles et al. in the US individuals who perceive a high risk of contracting or being harmed by the virus are more likely to adopt preventive measures (2020); our interlocutors, seeing themselves as vital (or just adhering to the cultural norm of such self-perception) are much less likely to adopt these measures.

When thinking about the relation between social capital and usage of PPE we have to bear in mind that most of the papers on Covid-19 showing the importance of the social capital for the protective behaviors base on the Western perception

²³ https://www.instagram.com/p/CNo8ScPl_vH/?igshid=1ciebcnbpax8 [last accessed 27.05.2022].

²⁴ https://www.instagram.com/p/CNo8ScPl_vH/?igshid=1ciebcnbpax8 [last accessed 27.05.2022].

of death, risk, and risk mitigation (cf. Hao et al. 2021), and on a simplified and vague concept of community (Wilkinson et al. 2017) – as our analysis above shows thinking in terms of courage or “vitality” (rather than in terms of fear, risk or death) dominates the discourse – to show fear, be afraid would mean to stand out, and risk mockery, one would therefore rather risk being infected with the virus that endanger his community ties. When the aforementioned Mariam initially refused to accept guests she was perceived as a *werido*, so later on she let go, fearing to endanger her social contacts in the community. As mentioned above – we need to take into account that it is hard to compare a community in a small town in Germany where civil society is strong and community in Dagestan, where family bonds are stronger, while civil society in a Western sense barely existent.

This provides yet another argument against the implication between high social capital and usage of PPE.

The PPE belong to the “state realm” that is filled with distrust rather than trust and perceived as distant. Such artifacts as face masks would introduce ruptures not only in the close, intimate relationships in private places but also in spaces where togetherness is built on other than neighborly or blood ties, such as mosques, shrines or workplaces.

Conclusions

In our research group (middle-class Dagestanis) there was no direct positive link between strong social ties and adherence to mask wearing rules. In the reports on PPE, researchers and politicians blame lack of community engagement for the problems with controlling the outbreaks of infectious diseases (Wilkinson et al. 2017). Indeed, as shown above, the community engagement in the use of PPE in Dagestan is very low. We identified several reasons leading to such a result:

Among middle-class Dagestanis PPE usage recommendations are not directly linked to health, but to the state institutions. Due to the distrust towards state authorities they are not seen as valid. So although the information on the health benefits of sticking to mask wearing is available and disseminated in media and public space, it does not influence the everyday practice of our research group.

The information that is disseminated through the social networks and personal contacts (which are vast and strong) is crucial for our interlocutors. Because middle-class Dagestanis share belief among themselves that rules concerning mask wearing are state imposed and do not make sense, the strong social ties in this group contribute to the low adherence to PPE.

Moreover, maintaining social relations and caring for them through the close everyday contacts with the community members is more important

than caring for individual health issues. Our research group does not want to risk functioning without everyday social contacts, a lack of contact is seen as much greater a risk for the health of the community than individuals sick with Covid-19. This attitude is further enhanced by the cultural perception of death and attitude to fear. Showing fear is culturally not accepted and feeling fear is seen as detrimental for individual health. Moreover showing fear might be ridiculed in the community.

Our analysis did not reveal any gender differences in the attitudes towards mask wearing. Presenting oneself as strong and vital is important and applies to both men and women. Similarly with the reluctance to obey the state imposed rules.

Overall, for the sake of this and future epidemic it seems, therefore, important to look for other ways to encourage people to use protective tools and propagate the epidemic/pandemic awareness. Perhaps spreading such information through Islamic channels and international Islamic connections could turn out to be more successful, despite the challenges it presents. Moreover, outreach should be culturally specific (not focused on individual health and embracing the risk and vitality perception) stressing even more explicitly that mask-wearing is protection for others, not the wearer, could be also helpful to encourage face masks wearing.

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