

# Stigma, The Horrors of the Past: How Covid-19 Shaped Our Social Story?

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## ABSTRACT

In December 2019, a cluster of pneumonia cases emerged in Wuhan, China, eventually linked to the discovery of a novel coronavirus. On March 11, 2020, the World Health Organization (WHO) declared COVID-19 a pandemic. This declaration triggered anxiety, fear, and depression among many people. However, the lack of knowledge and the spread of rumours about this new virus also gave rise to social stigma.

Frontline healthcare workers, individuals who contracted and recovered from COVID-19, as well as migrants, were particularly affected by this social stigma. Many of them experienced heightened levels of anxiety, fear, and guilt as a result. These feelings often led to symptoms of burnout and depression, and in some extreme cases, even suicidal attempts. In this article, we delve into the various dimensions of social stigma that emerged during the COVID-19 pandemic in India as well as worldwide.

**Conclusion:** Societies that faced stigmatization were more vulnerable and had a greater risk of COVID-19 infection. Social stigma has detrimental effects on both mental and physical health, particularly affecting younger individuals, which could potentially hinder the productivity and economic growth of future generations and the nation as a whole. Providing support, be it social, financial, or mental, to one another, plays a critical role in mitigating stigma.

To fully grasp the enduring consequences of social stigma on mental health, future studies should investigate this aspect using prospective research designs.

**Keywords:** COVID-19, Stigma, discrimination, mental health, lockdown, health care workers

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## INTRODUCTION

On 5th May '23, the head of the UN World Health Organization (WHO) declared an end to the Global Public Health Emergency.<sup>1</sup> It was not long ago when humanity was at fear from a disease that crippled the modern-day civilization. The novel coronavirus (2019-nCov) popularly known as Covid-19 first emerged as a global threat on 11th March '20.<sup>2</sup> Back then, the world could not anticipate what was to come through. As searches soared to know about the symptoms and whereabouts of the latest of COVID-19 cases from their neighbourhood, it had already started the massacre. A massacre that went on for another 3 years accounting for countless lives and wiping about a percent of the global population. While there hasn't been any dearth of literature regarding the magnitude of its effect, what is often overlooked are the social outcomes of the disease that did no racial discrimination in harm.

While the scientific community thoroughly examines the effects of the aftermath of Covid-19, our review broadly focuses on the social aspect of it. It summarizes the stigmas associated with the disease and looks back on our fight as a global community in different parts of the world and how we reacted to it.

### Stigma

Social stigma is commonly defined as the discrimination faced by individuals or groups based on attributes or conditions that deviate from the norm, such as mental illness, anxiety, or disability.<sup>3</sup> Additionally, factors like gender, race, religion, and culture can also give rise to social stigma.<sup>4</sup>

The rapid dissemination of misinformation, coupled with heightened fear and anxiety facilitated by instant communication and various social platforms, has exacerbated the stigmatization of communities impacted by the coronavirus.<sup>5</sup>

It's noteworthy that individuals often exhibit a more pronounced negative bias towards those with mental health issues compared to individuals dealing with other health challenges.<sup>6</sup> If stigma persists, it can have both direct and indirect consequences on individuals with severe disabilities and adverse economic circumstances.

What's less conventional is the connection between a communicable disease and discrimination based on health conditions. What we often fail to appreciate are the profound implications of this disease for our entire community. COVID-19 has ignited social stigma and discriminatory behaviours directed at people from diverse backgrounds and those infected with the virus.<sup>5</sup>

### COVID-19 & Stigma

In late 2019, the first case of Coronavirus disease (COVID-19) was reported in Wuhan, China, marking the beginning of a global health crisis. This disease is caused by the SARS-CoV-2 virus and can manifest

with symptoms ranging from mild to severe.<sup>7</sup> Shockingly, COVID-19 has infected a staggering on August 08,2023, approximately 760 million positive people worldwide, with India alone reporting 4,49,96,059 cases and 6,953,743 deaths across globe.<sup>8</sup>

The lack of specific treatments and vaccines for COVID-19 contributed to a climate of fear and uncertainty. To curb its highly contagious nature, stringent measures such as social distancing and lockdowns were implemented on a global scale.<sup>9</sup> Unfortunately, these lockdowns resulted in a significant increase in both physical and mental health-related issues. Furthermore, they gave rise to social stigma, with people holding negative attitudes and beliefs towards those affected by the virus.<sup>10</sup>

The concept of stigma was first introduced by Goffman, who proposed that it involves society characterizing individuals as unsuitable due to certain perceived characteristics.<sup>11</sup> In the context of COVID-19, individuals who had recovered from the virus, healthcare workers, sanitation workers, police, and other frontline responders faced discrimination from society.<sup>12</sup> This discrimination stemmed from fear and a lack of understanding about this novel disease.

## LITERATURE SEARCH

As individuals who are both part of society and healthcare professionals by vocation, we undertook the task of expressing our viewpoints through a thorough examination of a wide range of literature sources related to the COVID-19 pandemic and the various forms of stigma associated with it. Our data collection process involved sourcing research articles, diverse multimedia materials, healthcare guidelines, and news reports. Our primary aim was to succinctly encapsulate the multitude of stigmas connected to this disease and to reflect upon the collaborative global endeavours undertaken in diverse regions of the world, while also considering our responses to this unparalleled challenge.

### With a broader term of social stigma

#### Stigma over the racism

Globally, observed that the impact and perceived threat of COVID-19 vary significantly across different demographic groups.<sup>13</sup> Communities that have been stigmatized face heightened vulnerability, and misinformation exacerbates the risks associated with the pandemic response. Among those most at risk are individuals from diverse ethnic, racial, religious, and lower socio-economic backgrounds.<sup>14</sup>

During the early stages of the pandemic, a distressing trend emerged where Chinese individuals were often wrongly perceived as COVID-19 positive, regardless of their actual infection status. A similar pattern was witnessed in India, particularly affecting people from the northeastern regions. This unfortunate bias placed a heavy burden on tourists, migrant workers,

and students hailing from the northeastern regions, largely due to their physical resemblance to Chinese individuals.<sup>15</sup>

Regrettably, India also saw instances of racial attacks and discrimination within prestigious educational institutions, including Kirori Mal College at the University of Delhi, the Tata Institute of Social Sciences in Mumbai, and the National Council for Educational Research and Training in Delhi, an institution responsible for developing school curricula up to Class 12th under the Central Board of Secondary Education.<sup>16</sup>

### **Stigma over the death**

As of July 18, 2022, the global death toll due to COVID-19 stood at a staggering 6,361,157, with India accounting for 525,785 of these fatalities.<sup>17</sup> The daily increase in COVID-19-related deaths instilled a growing sense of fear within communities, exacerbating the already profound apprehension surrounding the virus. This relentless onslaught of the virus left the world in a state of paralysis, while the escalating death toll fostered doubts and anxiety regarding the healthcare system. Consequently, people became reluctant to seek diagnosis and treatment for COVID-19.

The presence of COVID-19-related stigma took a particularly grievous toll on the treatment of deceased patients. The deceased were denied the respect and dignity they deserved during their final rites, leading to disruptions in funeral customs and the burial of those who had succumbed to the virus. The sudden and unexpected loss of family members plunged individuals into profound mental trauma and fear, making it difficult for many to accept the bodies of their loved ones for cremation or to participate in the funeral ceremonies.<sup>18</sup>

In India, those responsible for carrying out the cremation of infected bodies, namely funeral workers, faced an elevated risk of infection and experienced discrimination due to their involvement in handling COVID-19-related deceased individuals.<sup>19</sup> To address these challenges, both the World Health Organization (WHO) and the Family Welfare authorities in India issued comprehensive guidelines for the proper handling of infected bodies, aimed at minimizing contamination and curbing the further spread of the pandemic.<sup>20</sup>

### **Stigma over profession**

Healthcare workers, particularly nurses and physicians, played a critical role in the management and treatment of COVID-19 patients. However, their involvement in this challenging task placed them at a heightened risk of developing psychological issues due to the immense work pressure, the constant fear of infection, and the guilt associated with potentially exposing their own families to the virus.<sup>21</sup> Consequently, numerous surveys were conducted globally to investigate the psychological impact on healthcare workers.<sup>21,22,23</sup>

The findings revealed that between 22% and 51% of healthcare workers exhibited symptoms of burnout, which is a concerning statistic. Various factors, including demographic characteristics, working conditions, and the level of social support available, could exert either positive or negative influences on the likelihood of burnout among healthcare professionals.<sup>24</sup>

In a specific study conducted by A. Sachdeva et al, it was determined that 45% of healthcare workers experienced a moderate to severe level of stress, while 41% grappled with moderate to severe anxiety. Notably, female healthcare workers and those under the age of 30 faced a greater degree of stress compared to their counterparts who were over 30 years old.<sup>25</sup>

### **Stigma over the migration**

Globally, there are approximately 244 million international migrants, constituting 3.3% of the world's population.<sup>26</sup> In India, a significant portion of the population migrates from rural to urban areas in pursuit of education, employment opportunities, and an improved quality of life. However, on March 24, 2020, the Indian government implemented a nationwide lockdown to curb the human-to-human transmission of COVID-19.<sup>27</sup> This sudden measure disrupted daily life and access to essential healthcare services.

The abrupt lockdown resulted in the shutdown of factories, workplaces, and educational institutions, leading to an unprecedented exodus of workers and families to their hometowns. During the initial phase of the lockdown, a staggering 122 million individuals found themselves unemployed, with 75% of them being daily wage earners and small traders.<sup>28</sup>

Many of these migrants, who embarked on arduous journeys to return home, faced discrimination and rejection from local communities. They were unfairly labelled as "Virus Carriers," subjected to deplorable conditions, and harassed by members of their host communities.<sup>29</sup>

Among the most vulnerable were poor and uneducated female migrants working in various sectors such as domestic work, hospitality, seafood processing, agriculture, construction, and manufacturing industries.<sup>[30]</sup> Many of these women served as frontline workers in the battle against the pandemic and were at heightened risk of infection due to their living and working conditions. Tragically, they often struggled to access essential necessities when they needed them the most. Consequently, women migrant workers, along with their families and children, faced significant threats, including gender-based discrimination, xenophobic violence, human trafficking, and harassment.<sup>31</sup>

Generally, the prevailing attitude towards migrant workers was far from positive. This negative perception, coupled with a lack of awareness about the disease and heightened fear, exacerbated the stigma associated with migrant workers. Reports from Asia

during the pandemic indicated an alarming increase in verbal abuse directed at specific migrant groups and nationalities. Such forms of stigmatization are not only unacceptable but also pose a significant danger to the social well-being of communities and society at large.

### **Consequences of social stigma during a pandemic**

At the outset, a dual challenge emerged, necessitating the simultaneous management of disease prevention and the containment of social stigma, both of which hindered the treatment and prevention efforts. Initially, people's reluctance to seek treatment or vaccination was fuelled by fear, rumours, and hesitation, a phenomenon aptly referred to by Dr. Tedros, the Director-General of the World Health Organization (WHO), as a battle against "trolls and conspiracy theories." Misinformation sowed confusion and propagated fear, significantly impeding the effective response to the outbreak. It became evident that "misinformation about coronavirus might be the most contagious thing about it."<sup>32</sup>

Furthermore, individuals who tested positive for COVID-19 or were merely suspected of infection found themselves stigmatized and unfairly labelled as carriers of the virus, resulting in feelings of rejection and psychological abuse.<sup>33</sup> The loss of family members compounded these challenges, leading to depression, anxiety about their future, and financial distress. Tragically, these circumstances drove some individuals to resort to extreme measures such as suicide<sup>33</sup> a distressing trend that was observed worldwide, including in India.

Frontline workers, who bore the brunt of the pandemic, were at heightened risk of suicidal tendencies.<sup>34</sup> Factors contributing to this risk included burnout, health anxiety, pre-existing mental health issues, and addiction problems among these essential workers. Regrettably, many of them faced stigmatization from their communities, struggled to secure basic necessities like food and shelter, and even encountered pressure from their own families to leave their jobs, significantly impacting their careers. These dedicated healthcare workers were unjustly criticized as "Covid carriers."<sup>29</sup>

Moreover, the COVID-19 pandemic cast a long shadow over the mental well-being of children. They endured profound mental stress and trauma stemming from a lack of social interaction with friends and teachers, challenging home environments, the loss of loved ones or parents, and family-level financial crises. Disturbingly, the National Crime Records Bureau reported an 18 percent increase in suicides among children below the age of 18 in 2020, with 11,396 such tragic deaths, compared to 9,613 in 2019.<sup>33</sup>

### **Strategies by the Indian government to overcome COVID-19-related stigma**

The Indian Government implemented several proactive measures to raise awareness and combat the growth of COVID-19-related stigma. One notable ini-

tiative was the introduction of a caller tune, which aimed to educate the general population about COVID-19 while emphasizing the importance of fighting the disease rather than stigmatizing the deceased.<sup>19</sup> This served as a vital step in spreading accurate information and reducing unfounded fears.

To boost confidence in healthcare workers, police personnel, and sanitation staff, the government aptly referred to them as "corona warriors." They received support from the public in the form of appreciation and honour. On March 22, 2020, the entire nation came together, standing on their balconies, to applaud these coronavirus warriors.<sup>[35]</sup> Similarly, on April 5, 2020, people lit candles outside their homes to foster a sense of positivity and unity within their communities. Additionally, on May 3, 2020, Indian fighter jets symbolically showered flowers as a tribute to healthcare professionals and other frontline workers.

Furthermore, the government launched various schemes as part of the 'Pradhan Mantri Garib Kalyan Package.'<sup>36</sup> These initiatives included an 'Insurance Scheme for Health Workers Fighting COVID-19' and the 'Pradhan Mantri Garib Kalyan Anna Yojana,' which aimed to alleviate the financial burden on the poor and migrant populations, providing them with essential support for their livelihoods during the pandemic.

Collectively, these measures played a pivotal role in reshaping the perceptions of the general population towards individuals associated with COVID-19, fostering a sense of togetherness, and ultimately working towards the reduction of disease-related stigma. The overarching goal of these actions was to promote unity and mitigate the impact of stigma associated with the pandemic.

### **Prevention of Social stigma**

Individually, we bear a significant responsibility to exercise utmost care, responsibility, and attentiveness when disseminating information on social media and other platforms. It is imperative that we approach this task with intentionality, thoughtfulness, and supportiveness. Empirical evidence unequivocally demonstrates that fear of the disease can impede effective responses. Therefore, our collective efforts should focus on building trust in healthcare systems, displaying empathy towards those affected, deepening our understanding of the disease, and adopting practical measures to safeguard ourselves and our loved ones.

The impact of the strategies implemented by the Indian government to combat social stigma has been profound. These measures have been instrumental in bolstering the morale of frontline workers, offering support to COVID-19-positive patients, and fostering unity within the community. Social, financial, and mental support from one another plays a pivotal role in curbing stigma on all fronts.

Consequently, we must collectively confront these issues and engage in open discussions about mental health. It is crucial that we educate ourselves about COVID-19 and its available treatments. A positive approach to navigating the pandemic can be cultivated through practices such as meditation, yoga, and adopting a healthy lifestyle to alleviate stress and anxiety.

## CONCLUSION

A pandemic extends its impact beyond the mere emergence of a disease; it significantly affects the behaviour, physical well-being, and mental health of both individuals and society as a whole. Several factors contribute to the emergence of social stigma and stigmatization during such events, including negative attitudes and responses towards the outbreak, pre-existing poor mental and physical health, the presence or absence of family support, and one's financial status.

While it appears that the situation is currently under control, the risk of COVID-19 has not been entirely eradicated, with the second and ongoing third waves serving as reminders of this ongoing threat. Life has now settled into a "new normal," where individuals have adapted to living by new standards and exercising vigilance. However, as with any pandemic in history, the legacy of COVID-19 lingers in the form of untold stories and experiences marked by humanitarian crises, fear, anxiety, and guilt.

Therefore, it is imperative to conduct prospective research studies to examine the long-term impact of COVID-19-related stigma on mental health. This approach will equip us with valuable insights and strategies to better address future pandemics with a more informed and sensitive approach.

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