



# An Overview of COVID19- Stigma: India's Perspective "Pain of Rejection is more Severe than Infection"

Anuj Singh (MD)<sup>1</sup>, Naveen Khargekar (MD)<sup>2</sup>, Divya Khanna (MD)<sup>2</sup>, Ashish Kumar Sharma (MD)<sup>3\*</sup>

<sup>1</sup>Assistant Professor, Department of Community Medicine, United Institute of Medical Sciences, Prayagraj, Uttar Pradesh, India.

<sup>2</sup>Department of Preventive Oncology, Mahamana Pandit Madan Mohan Malaviya Cancer Centre: Varanasi, Uttar Pradesh, India.

<sup>3</sup>Assistant Professor, Department of Community Medicine, Varun Arjun Medical College and Rohilkhand Hospital, Banthara, Uttar Pradesh, India.

### ARTICLE INFO

#### Article type

Review article

#### Article history

Received: 14 Aug 2021

Revised: 10 Oct 2021

Accepted: 15 Oct 2021

#### Keywords

COVID-19

Depression

Pandemic

Stigma

Stress

### ABSTRACT

Stigma and disease have an ancient relation. Since disease is being considered as the curse of God and patients of contagious diseases is considered as disease spreader facing the social rejection. Wreak havoc of COVID-19 across the globe has desolated the mindset of common man, fear, anxiety and ignorance of community fuelling the social discrimination. The patient can recover the physical wound or diseases but stigma strikes the soul of victim that debilitates the will for survival. Stigma does not only affect the patients only but also the front line warriors excruciating the global emergency. Psychological distress mitigation is still missing in COVID-19 coping strategies. This article is intended to provide an overview of social-stigmatization faced by different sets of population as well as to draw attention over mental health component assimilation in therapeutic measures of COVID-19. To ensure the physical, mental and social wellbeing of the individual, community and society as whole.

Please cite this paper as:

Singh A, Khargekar N, Khanna D, Sharma AK. An Overview of COVID-19 Stigma: India's perspective "Pain of rejection is more severe than infection". Rev Clin Med. 2021;8(3):129-131.

### Introduction

History reveals pandemic is not alien to the human civilisation and customarily originates with global-chaos. Outbreak of disease creates an environment of fear and anxiety that inflames the stigmatization in society. Stigma is the mark of disgrace that puts a person apart from rest; the victim suffers blame shame game in the community. Social stigma in context of health denotes, the curse is shared by certain group people who endure contagious disease and being considered as disease spreader (1).

Currently during the COVID-19 pandemic, this phenomenon is being accelerated by scientific gaps in diagnosis, treatment and disease epidemiology resulting in pandemic shooting mortality.

In the year 2015, World Health Organization(WHO) established the guidelines to eliminate the practice of correlating viral diseases with particular people or place of origin like novel corona virus being referred as the "China virus" or "Chinese virus" (2). These guidelines help to prevent stigma and stereotyped behaviour among the people and clarified in case of outbreak, viruses can infect all human being and everyone is at risk regardless of their nationality and ethnicity (3).

WHO has warranted COVID-19 as the biggest enemy of human chronicle and potentially more severe than terrorism (4). It has also been disclosed that, substantial enemies of current

**\*Corresponding author:** Ashish Kumar Sharma,  
Assistant Professor, Department of Community Medicine, Varun  
Arjun Medical College and Rohilkhand Hospital, Banthara, Uttar  
Pradesh, India.

**E-mail:** dr.ashishsharma90@gmail.com

**Tel:** 7080494896

This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/3.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

scenario are rumors, stigma and fear associated with COVID-19 not the virus itself (5). since these constraints, hampers the general-public from health seeking behaviour at an early stage and late presentation ends to high mortality (6).

In developing countries like India, where medical services needs to cater huge population without robust healthcare infrastructure. Social-stigmatization ignited by COVID-19 has become more lethal than the disease itself. Government and international organizations promptly recommending advisory for rebuttal of misconceptions to combat the pervasive mental breakdown (7-8).

Therefore treatment aspects needs amalgamation of mental health component for rehabilitation of COVID-19 cases. As battle of COVID-19 patients don't ends even after recovery. Panic and misconception of community make the patents vulnerable to discrimination. Hence stigma resolution is among the prime concerns, for active participation by community in control and prevention of COVID-19 disease.

## Literature review

### *Different sets of population struggling with COVID-19 stigmatization are*

I. Individuals from quarantine centres, whether they were tested positive or negative, local authority disrupt the code of medical ethics by candidly circulating their identity through affixing notice and posters at their home accompanied with search by police, health care staffs demarcates their locality. Moreover, consider the pain and stress of a family suffers, whose member gets isolated for 14 days at isolation or quarantine centre. It has been observed that, individuals who were kept at these centres experience significant distress in the form of anger, anxiety, confusion and post-traumatic stress symptoms (9). Instead of support and sympathy from the society, family bears the punishment of alienation. Social fear and stigmatization associated COVID-19 patients have becomes the main constraints for tracing suspects and their contacts.

II. Our front line warriors against this pandemic, the health care and police personnel are double confronting the peril. Despite risking their life and bearing the guilt of potentially exposing their families to the risk of infection. They execute over extended and exhausting duties with conscientiousness to save the mankind. In return they receive reprimand from the society in the form of being treated as contagious. These people are being thrown out of their homes by societies and forced to spend homeless night.

Research has proved, higher the stigma faced by health care workers results in proportionate rise

of psychological distress and hampering their efficiency (10).

III. Metro cities the dream city of rural India, millions of workers leaves their home every year for chasing their dream. Agony of stigmatization is most tragic for urban slums and migrant population of these cities, where life is compromised in wrestling with essentials need to sustain life and almost no scope for hygiene, sanitation and social distancing. Lockdown not only left them jobless, homeless but also with insolvency.

Uncertainty of crisis compelled them to bid-adieu their cities with starving family on endless road to walk. The wound of travel is exaggerated, when they get inhuman treatment by their own people in the form of ostracism on eventually reaching their destination.

### *Measures to boycott COVID-19 stigmatization*

Known fact, "Prevention is better than cure" and till now awareness is the only mean for COVID-19 prevention. Joint efforts of governments as well as community are the need of current pandemic and stigma resolution is crucial for active participation by community. Social stigma, taboos related to corona can be tackled through creating awareness via mass media and by maintaining confidentiality and privacy for those who are seeking health care services and part of contact investigation. So that people come forward for early testing before it's too late.

They need to understand, the front line worker they are stigmatising today, they are jeopardising life for their survival only. People needs express gratitude for their sacrifices. This will boost up morale of people dealing with essential services. Whereas capacity building seeks integration of mental health component at health care facilities treating COVID-19 cases for success of health care delivery.

Today is the era of technology, where everyone is connected to cyberspace it takes minutes to viral any post. Therefore people needs to be vigilant on social media and should speak out on negative reactions intended to break social harmony. At local level, community and religious leaders should be involved for creating awareness to overcome social taboos, as certain communities are reluctant to adopt prophylactic measures of hygiene and social distancing. Although government and national health agencies daily briefing progress related to diagnosis and treatment, clarifying recovery-mortality rate, areas under containment, spread pattern and prophylactic measures.

Now media reporting needs to be scrutinized, for coverage of authentic information only. People should rely on these sources with restriction of

listening and watching news related to COVID-19 that causes unnecessary stress and panic. Try to access facts, not the rumor, stay updated not anxited. Paying attention to cultural aspects, coping strategies for stigma mitigation must assimilate, COVID-patients who have been successfully treated, sharing their lived experience in the course of quarantine, isolation stay will reveal, once the patient test negative they no longer spread the infection. Most of the patients have only mild symptoms and once cured, they continue to live normal and healthy lives. This will build up confidence in general public with amplification of positive attitude and hope toward life. Remember: treatment and vaccine will take time come, it doesn't mean we cannot channelize our social connectivity and humanity to impart scientific and empathetic responses to fight decisively with COVID-19 global exigency.

## Conclusion

This article is intended to abolish social stigmatization related to Covid-19 disease and to draw attention over assimilation of mental health component in therapeutic measures against COVID-19. In order to ensure, physical, mental and social wellbeing of the individual, community and society as whole to overcome this pandemic.

## Conflict of interest

The authors declare no conflicts of interest.

## References

- Ramaci, T, Barattucci, M., Ledda, C. and Rapisarda, V, 2020. Social Stigma during COVID-19 and its Impact on HCWs Outcomes. *Sustainability*, 12(9), p.3834.
- Budhwani H, Sun R. Creating COVID-19 Stigma by Referencing the Novel Coronavirus as the "Chinese virus" on Twitter: Quantitative Analysis of Social Media Data. *J Med Internet Res*. 2020;22(5):e19301. Published 2020 May 6. doi:10.2196/19301.
- Who.int. 2020. WHO | WHO Issues Best Practices For Naming New Human Infectious Diseases. [online] Available at: <<https://www.who.int/mediacentre/news/notes/2015/naming-new-diseases/en/>> [Accessed 4 June 2020].
- NEWS A: WHO warns coronavirus, now dubbed COVID-19, is 'public enemy number 1' and potentially more powerful than terrorism. <https://www.abc.net.au/news/2020-02-12/coronavirus-public-enemy-number-one-vaccine/11956446>. [Ref list].
- NEWS A: WHO warns coronavirus, now dubbed COVID-19, is 'public enemy number 1' and potentially more powerful than terrorism. <https://www.abc.net.au/news/2020-02-12/coronavirus-public-enemy-number-one-vaccine/11956446>. [Ref list]
- Desk, 2020. Stigmatising Covid-19 Patients, Their Families Leading To Higher Mortality: AIIMS Director. [online] *India Today*. Available at: <<https://www.indiatoday.in/india/story/stigmatising-covid-19-patients-their-families-leading-to-higher-mortality-aiims-director-1670213-2020-04-23>> [Accessed 4 June 2020].
- Who.int. 2020. [online] Available at: <[https://www.who.int/docs/default-source/coronaviruse/covid19-stigma-guide.pdf?sfvrsn=226180f4\\_2](https://www.who.int/docs/default-source/coronaviruse/covid19-stigma-guide.pdf?sfvrsn=226180f4_2)> [Accessed 4 June 2020].
- Unicef.org. 2020. Interim Guidance For COVID-19 Prevention And Control In Schools. [online] Available at: <<https://www.unicef.org/reports/key-messages-and-actions-coronavirus-disease-covid-19-prevention-and-control-schools>> [Accessed 4 June 2020].
- Hawryluck L, Gold WL, Robinson S, Pogorski S, Galea S, Styra R. SARS control and psychological effects of quarantine, Toronto, Canada. *Emerg Infect Dis* 2004;10:1206-12.
- Parker, R; Aggleton, P. HIV and AIDS-related stigma and discrimination: A conceptual framework and implications for action. *Soc. Sci. Med.* 2003, 57, 13-24.