Stigma associated with COVID-19

A B S T R A C T

A number of incurable, deadly, and disfiguring diseases are associated with stigma which worsens the quality of life of the sufferer. Unfortunately, at the beginning of the COVID-19 pandemic, the disease was associated with severe stigma and extreme prejudice. Stigma of COVID-19 and its adverse effects are briefly discussed and solutions suggested.

Keywords: COVID-19, discrimination, stigma

The COVID-19 pandemic has highlighted the problem of stigma of illness in general and against communicable diseases in particular. Driven by extreme fear fuelled by misinformation on social media and sensationalism of the mainstream media, especially the electronic, where there was a virtual stampede to showcase the most gruesome news while completely ignoring good news, by repeatedly highlighting the bad parts of the news, a virtual hysteria was created which brought out the worst in people. For example, the media kept on harping SO MANY GOT INFECTED today. They forget to mention that over 93% (now over 99%) recovered. Undoubtedly, COVID-19 is a serious illness, but it was far from the kiss of death, which was the underlying message in the early days of the pandemic. As a result, patients, their caregivers, health-care workers, and anyone having a remote contact with patients were stigmatized and discriminated. Stigma also has negative effects on treatment and also the prevention of the disease. Experience of past pandemics tells us that infective disease pandemics associated gave rise to severe bias, prejudice, and stigma of the illness. For example, in England in the 1700s, Mary Malon, accused of spreading the infection among affluent families, became known as “Typhoid Mary,” and was discriminated against.[1,2]

THE CURRENT SCENARIO

The COVID-19 pandemic is the largest outbreak that
has occurred in the modern world.[3] The pandemic and the consequent lockdowns have caused widespread distress, panic, fear, and irritability among the populace. This has resulted in unfair and prejudiced behavior along with social stigma toward anyone perceived to have any contact with the virus. People have undergone a major shift from their desire to live in mutual association to a strong desire to practice stigmatization. Stigma generates long-lasting emotional and social consequences that endure much beyond the infection itself. Ignorance is the primary reason for disease stigma. At the commencement of the COVID-19 pandemic, in addition to a lack of information about the causative agent, its properties, infectivity, mode of spread, and about the nature and management of the disease itself since the virus was a new one, there was a lot of misinformation. In previous pandemics, rumor mongering resulted in spread of information, but it was gradual and took time. Unfortunately, in the age of social media, the most outrageous statements not only go unchecked but, more often than not, go “viral.” Additional features promoting stigma include anxiety about getting infected or reinfected, developing complications, disability, and death. In addition, during crisis, the search for a scapegoat who is blamed for everything is ever present. Stigma leads to stamping, typecasting, bias, bigotry, intolerance, and other negative behaviors toward others. Linking a disease to a community, population or country results in prejudice against them and disgrace.[4] From the time of its outbreak in Wuhan province of China, it has been considered a “Chinese virus” leading to conspiracy theories calling it a weapon of biological warfare. This has led to strained relations between China and other nations. The need to hold someone accountable based on power and social hierarchy has been explained by the social attributional theories.[5]

Stigma around COVID-19 arises from the fact that a lot about the illness is unknown. The fear of the unknown has led to chaos among the masses. Dedicated professionals all over the world are working vigorously to devise strategies to deal with the novel virus. Social stigma toward those who are segregated in association with the illness appears to be normal to the masses. People accept it as normal behavior amid the chaos of the unknown. Institutional isolation of those affected by a disease, at present COVID-19, further potentiates the stigma. Even the prevention of COVID-19 requires isolation; terms such as quarantine and social distancing have become a part of the common vocabulary. Hospitals have been assigned particularly for the management of COVID-19, separate laboratories have been allocated, and containment and quarantine zones have been created. For example, people who are home quarantined have notices put outside their homes by the government to prevent coming in contact with the affected individuals. These steps are necessary to reduce the ever-rising curve of the pandemic. However, since a pandemic is much more than a biomedical phenomenon, all these steps, although necessary, have their own psychosocial implications.[6]

Stigma is not only directed toward the patients infected but also toward people recovered from COVID-19 or those who have been released from home isolation or quarantine and even toward frontline workers involved with COVID-19 patients. Many have been forced to evacuate their houses, leave their neighborhood, and have also lost their jobs. This stereotyping, prejudice, reverse migration, the lockdown period, and fear of loss of financial security have led to increased incidences of mental illnesses such as anxiety, stress, depression, and ideas of self-harm. It has even aggravated feelings of loneliness, obsessive traits, and substance-seeking behavior as a solace during these trying times. Social stigma accompanying the COVID-19 pandemic, is aggravating the existing state of mental health in the nation.

Incidents of social stigmatization toward those who are affected with COVID-19, including their family members, are widespread. Patients who have died battling COVID-19, have been denied their rights to cremation in fear of spreading the infection by. In many cases, the families have not accepted or have not been handed over the bodies and the state governments have performed the cremations instead.[5,6] Social stigma has also been seen toward certain marginalized groups such as the homeless and the migrant laborers. Many of them have been stranded in various parts of the country without a source of income. On returning home with great difficulty after months, these laborers and their families have been targeted and harassed by the community members due to fear of spread of the infection in their community.

**IMPACT OF STIGMA**

Stigma destabilizes social unity and may cause bias and discrimination against groups, as was seen against infected patients, their relatives, and health-care workers. This gravely weakens social cohesion and morale of the affected persons. One can imagine the chaos that would have resulted had the health-care workers because of discrimination and even abusive behavior decided to stop working or seeing patients. In addition, as a result of stigma, some persons may (and did) hide their illness which can result in grave risk to others. In addition, the fear of discrimination may prompt people to hide their
illness and avoid getting tested, which in turn can help in spread of infection.

HOW CAN THIS STIGMA TOWARD COVID-19 BE REDUCED?

- The government should aim at spreading information and awareness about the illness, communicability, recovery, complications, and the status of a cure available for the illness. This attempts to bust the rumors, misinformation, and myths associated with COVID-19
- Using mass media, including news channels and social media, to speak out against stereotyping groups of people who experience stigma because of COVID-19
- Doctors, paramedical staff, police, and sanitary personnel along with recovered patients faced discrimination and worse during the pandemic. Unfortunately, they have only been thanked. There is a need to be appropriately compensated for services rendered during these trying times
- Raising awareness about the psychological implications of the pandemic and support services for people in need of help.

CONCLUSION

At this state, with the ever-increasing graph of the number of cases, strict measures have to be taken to mitigate the tension, mass hysteria, and stigma around the illness.

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There are no conflicts of interest.

REFERENCES

1. Srivastava K, Chaudhry S, Sowmya AV, Prakash J. Mental health aspects of pandemics with special reference to COVID-19. Ind Psychiatry J 2020;29:1-8.
2. Leavitt JW. Typhoid Mary: Captive to the Public’s Health. Boston, MA: Beacon Press; 2014.
3. World Health Organization. Coronavirus Disease 2019 (COVID-19). Situation Report 163. Geneva: World Health Organization; 2020.
4. Bhanot D, Singh T, Verma SK, Sharad S. Stigma and discrimination during COVID-19 pandemic. Front Public Health 2020;8:577018.
5. Anderson W. Immunities of empire: Race, disease, and the new tropical medicine, 1900–1920. Bull Hist Med 1996;70:94-118.
6. Kelley HH. Attribution theory in social psychology. In: Levine D, editor. Nebraska Symposium on Motivation 1967. Lincoln: University of Nebraska Press; 1967.
7. Bhattacharya P, Banerjee D, Rao TS. The “Untold” side of COVID-19: Social stigma and its consequences in India. Indian J Psychol Med 2020;42:382-6.
8. Sharma S. Kin of COVID-19 Dead in Punjab Refuse to Attend Last Rites. DownToEarth; April 10, 2020. Available From: https://www.downtoearth.org.in/news/health/kin-of-covid-19-dead-in-punjab-refuse-to-attend-last-rites-70379. [Last accessed on 2020 May 17].