As the world grapples with the Covid-19 pandemic, along with the obvious health challenges, imposed restrictions and associated economic consequences, the socio-cultural aspects need to be addressed too. Though it is true that increased awareness is essential, to endure the pandemic, it is coming with other unacceptable consequences, as well. Stigma is one of them (WHO, 2020).

Back story and its importance in COVID-19:

As seen with Plague, HIV, Tuberculosis stigma causes a significant hindrance in treatment of these diseases. In the last 20 years, as emerging infectious disease epidemics are on the rise, stigma is one of the consistent barriers in treatment delivery, social inclusion and the overall trajectory of disease. In Recent years, severe acute respiratory syndrome (SARS) has emerged as a new feared disease associated with strangers (Asians, particularly Chinese) and has generated considerable stigmatization. Reduced travel to SARS-affected areas clearly led to large economic losses for those areas. In the latest COVID-19 outbreak too, it has already reached staggering proportion. Other than the ethnic and racial hatred, which is already evident worldwide, there are many other nuances, of which we should be aware. In this pandemic, worst afflicted people with stigma are COVID patients, high risk immigrant people and health care workers.

Evolutionary Function of Infectious Disease (ID) Stigmas:

A stigma may be defined as “a simplified, standardized image of the disgrace of certain people that is held in common by a community at large”. As stated earlier, stigmas follow one principle: Humans will generate stigmas for and stigmatize people who present a threat to effective group functioning. For ID stigmas, the disgrace is being infected with a contagious disease. IDs threaten a community's ability to perform effectively by limiting infected members’ ability to perform their roles within a group or by killing them. Further, IDs inherently tap into the social
nature of groups, by spreading from member to member through interaction. IDs can destroy communities and societies as they diffuse through social systems.

In species depending on each other for survival, ostracism from the community meant certain and speedy death from a combination of the infection, from lack of access to resources (e.g., food), or lack of protection from predators. Indeed, predators adapted to social defenses by watching for deviant members failing to participate in social defense strategies, because the deviants become more vulnerable to predation (Wilson, 2000). When humans lived in small, family-based groups, intergroup interactions were less common. Groups mixed for war or trade. Group members transitioned to new kin groups on a more permanent basis for procreation, and these were typically healthy adolescents shifting groups for reproductive opportunities since kin mating is always selected against because of the harmful genetic cost imposed (Wilson, 2000). Thus, ostracized members rarely gain entry into another group. Ostracism, then, eliminated not only further spread through the community but also the disease's reservoir for future infections.

Types of stigmas:

People with COVID-19 experience three types of stigma: (i) self-stigma in that they feel deficient and devalued; (ii) stigma from family who reject them; and (iii) stigma from society. A person diagnosed with COVID-19, is immediately portrayed as a victim, which adds to the already overwhelming stress of being quarantined and a fear of infecting family members. The whole family is looked down upon as if they have committed a heinous crime. The implications of these are diverse. Firstly, the overwhelming impact of disease and the ongoing crisis and uncertainty severely affects the individual’s mental health. Secondly, due to fear of isolation and social ostracization, persons having symptoms of COVID infection do not report it to the officials, thereby leading to further spread of the infection. Moreover, media depiction of COVID positive individuals as being low on morality or principle can have a long lasting impact on ones mental health. Media houses need to be objective in reporting the COVID-19 related news and refrain from dramatic narratives of risks and culpability (Lyn CY, 2020).

Health care workers – vulnerable groups:
Health care workers – vulnerable groups:

Health care professionals working at the frontline have been at the receiving end of some unprecedented stigma and ostracization which is completely undesirable. There have been reported incidents of doctors being told to vacate their rented property, held wrongly accountable for infecting patients or neighbors, and blamed for not seeing non emergency cases or attending clinics and in a recent unfortunate incident, even been denied a proper burial after succumbing to the infection (BBC). As a response to this, the Central Government of India, amended the Epidemics Act of 1897 on 22th of April 2020, stating that any form of violence against doctors/ health care workers will be a non bailable offence incurring a hefty financial penalty band/or up to seven years imprisonment (Govt of India).

Consequences of stigma:

Stigma can interfere with social coherence contributing to situations which might favour the spread of the disease. Discriminatory behaviours can negatively affect those with the disease, as well as their caregivers, family, friends and communities. People who don't have the disease but share other characteristics with this group may also suffer from stigma. Social stigma can-
- prevent people from seeking health care immediately, that can lead to disease spread among the population
- drive people to hide the illness to avoid discrimination;
- discourage people from adopting healthy behaviours:
- demotivate frontline personnel from carrying out responsibilities,
- hurt people by creating more fear or anger instead of focusing on the disease that is causing the problem.
Groups who experience stigma may also experience discrimination. This discrimination can take the form of- other people avoiding or rejecting them, a problem in getting healthcare education housing, or employment, verbal abuse or physical violence (Chatterjee,2020).

Anxiety and stigma:

Particularly in India the weak of the epidemic curve is still to come. As the virus infection spreads, the anxiety and stigma associated with it also increases. Hence, it is important to explore ways in which people react to this stressful situation. Anxiety, sleeplessness, fear of contracting the virus, frustration and irritability are some effects of long-term lockdown during pandemics.
Misinformation and sharing of fake news through social media are some factors that cause anxiety and stigma among people. In this view, the uncertainty adds to an individual's sense of unease, leading to loss of hope and initiative. People who have active symptoms of the disease hesitate to disclose or seek help as they anticipate stigma from the society. Fear and unawareness about health promoting strategies can lead to uncooperativeness towards health workers and governmental instructions. Psychologists should provide awareness about the different stress reactions and provide them with authentic and relevant information about the pandemic. The fear of contracting the pandemic could be more destructive than the virus itself. Therefore, even the uninfected population must be educated about propagation of fake news and should be provided with hope and optimism intervention (Malathesh, 2020).

Stigma reduction is one of the key factors for the success of containing a pandemic, though efforts in this direction are generally given the least priority. A change in this attitude may be the need of the hour. Effective strategies like health education, awareness, decreasing rumors / hate mongering, appropriate punitive measures and zero tolerance are to be implemented and imparted. Updated scientific knowledge of disease and epidemiology and media cooperation for public understanding can ameliorate the severity of unwanted events like social disruption or discrimination, due to disease.
Stigma, COVID-19 and mental health: where do we stand?

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