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Research Article

The Condition of Stigmatized People under the Influence of COVID-19.

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ABSTRACT

COVID-19 has almost engulfed the entire world with its virulent nature. It possesses peculiar characteristics and features that is likely to be an impetus to adhere stigma to this deadly disease. As the governmental health system is constantly grappling with the COVID-19 positive patients, the stigma related to this viral disease is another unfaltering challenge that sparked off uncanny fear and panic in the society. Stigma has almost affected the majority population of the country and moulded the perceptions and apprehensions of the people resulting in various forms of social isolation, fear, marginalization, slur, and avoidance in the arenas of dwelling places, work, social relationships and making use of daily essential services. Stigma was also related to psychosomatic distress. The article analyses the perceived knowledge on the diversified genesis, correspondence and effect of stigma.

Keywords: Stigma, COVID-19 pandemic, Social isolation, Mental well-being

INTRODUCTION

Stigma acts as a sturdy force where the sense of rejection, social alienation, stereotyping perception, loss of status that led to the formation of a situation where there is glaring inequality of social status, economic distress and political equilibrium (Corrigan & Wassel ,2008a), Link et al,2004a). The genesis of stigma concerning viral diseases is intricate and diversified. According to prevailing theories, an amalgamation of synergistic components may generate stigmatization. In a brief note, they consist of information gleaning bias, anticipated threat, self-interest, negative characterization, ostracism, bankruptcy of status, prejudiced social communication and power dissimilarity (Rahman, 2001)., (Heatherton, 2003). Social beliefs are generally passed on to the members of a society by way of functional and unassertive ways. Stigma is a fragment of social beliefs. In some occasions an individual may comparably composedly grasped the beliefs are closely knit to the vulnerability of those information. The mass media, specifically electronic media, acts as a catalyst in a structured way between stigmatized and non-stigmatized persons. Stigma are specifically habitual geyser of humor, and hence they are extremely predicted to appear consistently contagious (LaFrance & Woodzicka, 1998). Stigmatization is an epithet that is used to debar people from all social cooperativeness (DeFleur, 1964a), and conventional norms, drive the attention to the liability of an individual, resulting in heaping the blame on the victim (Corrigan & Wassel ,2008b). The COVID pandemic and the concurrent procedures -such as quarantine, confinement and social distancing – has created a cascading effect on the mental well-being of the people. Diminishing social interactions and forced isolation are the common drivers that has largely affected the perception of the people about the disease. Being perturbed by the risk of one's own health and their family members the people are grappling in the maze of uncertainty that are instrumental in generating the web of panic, consternation and depression. If this apprehension persists for a long time, there are chances of the development of heightened risk of debilitating mental health problems, including anxiety and trauma-induced infliction. Coming close on the heels of increased tempo of stress social stigma is wreaking havoc with the people. Intolerance against contaminated people and other family members has made them physically and mentally helplessness. Thus, combatting social stigma is a serious stumbling block in minimizing the trauma and stress of the infected people. Many people rest satisfied in their perception that COVID infected person is a personal issue and are pleased to "blame the victim". Thus, stigmatizing the problem becomes the focus of attention rather than addressing the problem (Shields, 2001). Hence, relying on the variableness of the stigma the infected persons make an effort to hide the information for fear of being disparaging (DeFleur, 1964b), (Joachim & Acorn, 2000).

METHOD

The study was carried out in a slum locality of Bishnupur, Bankura, West Bengal in India. A telephonic survey as well as the interviews with the group leader were conducted and more than 100 people participated in the survey. The personal information of the participants regarding living condition, economic status, education and health and hygiene awareness were taken into due consideration. Moreover, published research articles regarding the stigma and myth linked to the COVID-19 pandemic and other articles concerning infectious diseases have been analysed.

DISCUSSION

1. The Influence of Pandemic

In human history pandemics are a recurrent occurrence. During such trying times people have to face surmountable challenges. In some occasions the gravity of these pandemic is fierce that may banefully affect the mental health of a particular group of population. The anxiety and fear associated with pandemics sparks off changes in the conduct of people in the community. The increased level of panic and apprehension lead us to develop an uncertain understanding that, in turn, produces a sense of negativity. This negative feeling gives expression to perceived threat about a certain pandemic which help the people to adapt stereotype conceptions where stigma holds its sway. Stigma and panic related to COVID-19 may give on to pessimistic sequels of disease management, as in the case of SARS and Ebola flare-up, such a situation made the disease control policy a strenuous task (Cheung, 2015), Maunder et al, 2003), (Person et al,2004). The outbreaks of any pandemic and epidemic develop their distinct features with regard to causality, advancement and control mechanisms. It is important to give health education and generate consciousness for successful safeguard of disease during such conditions.

If the health experts have better understanding and pragmatic viewpoint about pandemics, they may have the least chance of developing heightened levels of anxiety. But in respect of HIV/AIDS, stigmatizing approach and behaviour as well as patients incriminated having been denied care and attention, they expected, and illogical and unseemly fear of contamination towards affected populations shattered the fabric of social and economic connection resulting in creating massive obstacles to access, precaution and medical care(Mahajan et al, 2008),(Ekstrand et al, 2013),(Rahmati-Najarkolaei et al, 2010), (Pulerwitz et al, 2010),(Mbonu et al, 2009) , (Churcher, 2013). The social stigma arising out of the outbreak of COVID-19 has some attributes. These attributes have been discussed and reflected in the following case study. In a study from Liberia reported, it has been seen that with the second phase of Ebola outbreak both the local people and aid agencies got entangled in the panic of the unknown. They stopped going to health centres to seek assistance even though they developed symptoms. While reflecting on the aspect of disavowal in the Ebola epidemic, Dr. Patricia Omidian, a medical anthropologist who was involved in the World Health Organization in Liberia, explained that while interacting with the people she came to observe how the denial behaviour gripped them about the outbreak of the disease and its deadly outcome (Omidian et al, (2014).

Social Stigma arising out of COVID-19 pandemics is primarily associated with the following major factors:

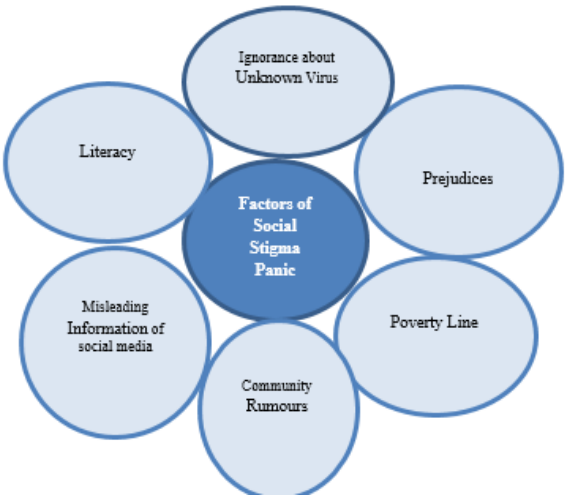

Figure 1. This theoretical model highlights some of the indicators of social stigma.

Source: Author Complied

The study was carried out from the 6th to the 13th of September 2020, with the slum-dwellers at Bishnupur, West Bengal, India, who participated in the study. The procedure undertook by the author required to formulate questionnaires by way of applying an accessible method. The study reveals that the socio-demographic characteristics, such as ignorance about unknown virus, economically backwardness, rumours, lack of proper education are the contributing factors responsible for developing social stigma.

2.Psychological Impact of COVID-19

The psychological trauma related to traditional scarring episodes act for fears and anxiety that constitutes a colossal barrier to seek help from medical experts. The pandemic of COVID-19 has not only resulted in noteworthy mortality, but also stigma which has reigned in spite of global endeavour to keep the pandemic under control. The communities afflicted by COVID- related stigma has under gone the cob-web of segregation, ostracism, physical assault, and shrinking quality of life. Moreover, it is also acting on the psychological and social facets of the affected persons. The bigotry and discrimination attached to the pandemic has not got due attention. A stigma can be elucidated in various manners, but with respect to COVID pandemic, it aims at disparaging attitude, faiths and demeanour towards people struggling with the disease and those are likely to be contaminated. In view of the COVID-19 pandemic stigma xenophobia have emerged crucial component of the public debate and unfortunately become a day-to-day veracity.

The level of heightened antipathy towards the affected people has driven the patients to be prone to depression and anxiety. Coupling with stigma the COVID infected people have developed a kind of duality-stigma and mental illness and that, in turn, creates a hitch about medical treatment and access to health care facilities. As the cases of COVID-19 infected death and the rate of affected persons are escalating, protective measures in terms of self-quarantine, restriction on transportations, curfews, interruption of the stockpile of essential commodities and services have become more stringent. The startling spread of the virus has affected the world economy badly. The regular discourse, discussions and upsetting developments concerning this pandemic have landed many people in the mesh of panic. These elements created breeding ground for dissemination of rumours and machination scheme.

Rumours are synonymous with viral diseases. Being one of the filo-viruses and the most lethal pathogens of humans created acute haemorrhagic fever (Feldmann& Geisbert, 2011), (Mahanty & Bray, 2004), rising up the fertility rates of between 80 to 90 percent during epidemics (Bray & Murphy, 2007). Rumours are doing the rounds that EVD are terrifying, it has given rise to misgiving, consternation, myths and misapprehensions in communities as well as the health care experts. People are inclined to replicate a rumour and subscribe to its transference because it consolidates antecedent beliefs and expositions (Del Vicario et al, 2018).

3.Rumours and Myth of Viral Disease

Misleading information has become a challenge to public health. Disregard for scientific grounds, as it suggests, is more an issue of human psychology rather than scientific scholarship. In spite of their encounter with contradictory evidence, people like to hold on to long-nurtured health myth. Many social media disseminate information that are not loaded with pragmatism, rather helping them to be more assertive in their beliefs (Wilkinson & Leach, 2015a). Thus, social media should reach out with the constructive information to those people whose faiths remain outside the agreement within the scientific body. Otherwise, those who are more inclined to receiving misinformation about modern science will be more isolated. In this connection the case of Ebola virus can be cited. In West Africa in October, 2014, this deadly virus perished 4,951 and contaminated 13,567(Wilkinson & Leach, 2015b). In the opinion of a Liberian man, the government suggested nobody devour bushmeat. If Ebola was here, many people would be killed (Nossiter,2014).

Rumours were in abundance that medical squads were accountable for the demise of the patients. Some communities isolated them and opined that the medical teams were spreading the disease (Fofana, 2014). Those who got admitted in health centres, were forcefully taken away (Wilkinson & Leach, 2015c). The policy of exclusion navigates panic and uncertainty. By-passing rumours and superstition are the outcome of well-established of policy makers who, in spite of resolving the issues, merely itemized them as alien, repressive, or self-seeking. Myth is also revolving around the pandemic of COVID-19. Hence, myth and stigma related to COVID-19 pandemic has further aggravated the situation by precipitating more fear and anxiety towards the ordinary people instead of concentrating on the disease that needs the centre of attraction.

Analysis of Factors Influencing Social Stigma due to COVID-19 Pandemic

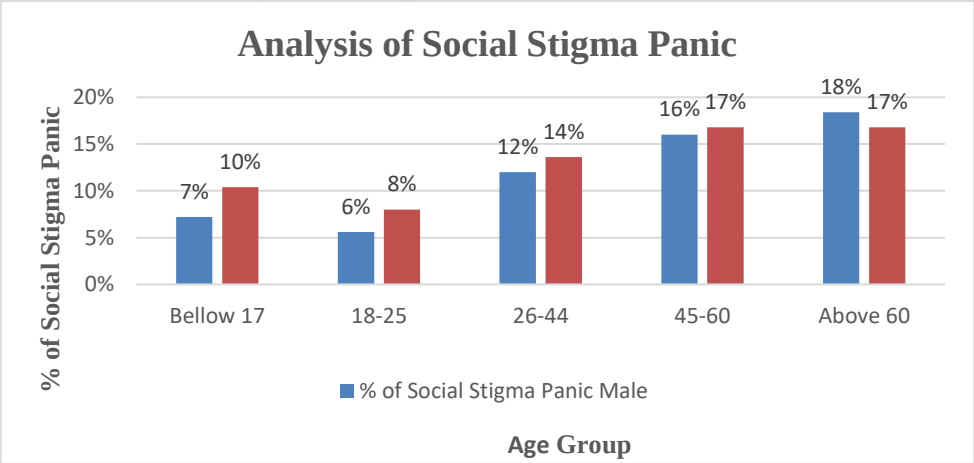

Table: Analysis of Social Stigma

Age Group	Sample	Gender		Literacy	% of Literacy	Poverty Line	Poverty Line	Social Stigma Panic		% of Social Stigma Panic	
		Male	Female			BPL	%, BPL	Male	Female	Male	Female
Bellow 17	50	25	25	38	0.15	16	0.06	9	13	7%	10%
18-25	50	25	25	40	0.16	15	0.06	7	10	6%	8%
26-44	50	25	25	36	0.14	18	0.07	15	17	12%	14%
45-60	50	25	25	31	0.12	17	0.07	20	21	16%	17%
Above 60	50	25	25	29	0.12	21	0.08	23	21	18%	17%
Overall	**250**	**125**	**125**	**174**	**0.69**	**87**	**0.34**	**74**	**82**	**59%**	**66%**

The study was conducted among the 50 people consisting of different age groups and male and female in a slum area at Bishnupur, West Bengal, India. It is found that the lack of proper education and the low level of economic development largely necessitated the development of stigma-related syndrome among them in view of the flare-up of the contagious virus like COVID-19. The variations in the ratio of gender and age in the study have ascribed a significant role in falling prey to the strain of stigma emanating from the upsurge of COVID-19.

The study also highlights that the respondents are least concerned about the level of awareness regarding wearing of masks, social distance and hygienic measures. Their indifference to preventive measures was due to ignorance, economic distress and lack of proper education. When one person has been detected with COVID-19 positive about the period of the study, the entire area was caught in a maze of fear. Instead of taking to protective measures they alienated and boycotted the person socially and the ambience of fear and apprehension reigned over the locality. This behavioral change was additionally substantiated by their venture of attaching stigma to the infected persons. They were reluctant to include the COVID-19 infected person to the mainstream of society. Moreover, the incessant information on pandemic status delivered by the print media, electronic media and social media are also affecting the mental health of the people of the study area. Most of the participants were just unable to bear with the recurrent episode of the pandemic. This heightened level of apprehension and anxiety propelled them into taking recourse to myths and, it further drove them to stigmatize the infected person. Another glaring example of the study area is that a housewife gave birth to a baby and the new-born baby was tested and found COVID-19 positive. Hearing that the mother became scared and perplexed and left the hospital leaving behind the new-born baby alone. Later when she was asked about this kind of inhumane act, she narrated that she might herself be infected if she took care of the baby. She became traumatized and tainted with unresolved grief that led her to develop psychological vulnerability. Moreover, she feared that she might not be allowed to enter live in the locality.

4. Study Area

In my study majority of the participants were uneducated. They are least concerned about the level of awareness regarding wearing of masks, social distancing and hygienic measures. Their indifference to preventive measures was due to ignorance, economic distress and lack of education. When one person has been detected with COVID-19 positive last week, the entire area was caught in a maze of fear. Instead of taking to protective measures they alienated and boycotted the person socially and the ambience of fear and apprehension reigned over the locality. This behavioural change was substantiated by their venture of attaching stigma to the infected person. They were reluctant to include the COVID-19 infected person to the mainstream of society. Moreover, the incessant information of pandemic status delivered by the print media, electronic media and social media are affecting the mental health of the people of the study area. Most of the participants were just unable to bear with the recurrent episode of the pandemic. This heightened level of apprehension and anxiety helped them put their reliance on myths and, it further drove them to stigmatize the infected person. Another glaring example of my study area is that a housewife gave birth to a baby and the new-born baby was tested and found COVID-19 positive. Hearing this the mother became scared and perplexed and left the hospital leaving behind the new-born baby alone. Later when she was asked about this kind of inhumane act, she narrated that she might herself be infected if she took care of the baby. She became traumatized and tainted with unresolved grief that led her to develop psychological vulnerability. Moreover, she feared that she might not be allowed to enter into her locality. Added to this, the sense of stigma haunted her and culminated into depression and panic which further isolated and alienated her.

5.Result

Based on the survey it shows that most of the people of the locality are suffering from various forms of fear, anxiety and depression arising out of penetrating outbreak of COVID-19. Their anxiety got multiplied when it was corroborated by the stigma and rumours they are supposed to assume. Along with stigma and rumours the hazardous cycle of economic distress, the rate of illiteracy and unhygienic living condition led them to rely on spurious information associated with the COVID-19. Most of the people of the area are labourers, poverty-stricken and alcohol dependent. Any news whether authentic or unauthentic related to COVID-19 has the

massive chance to create perturbation among them. Moreover, the study shows that the people of the locality are not qualified in mental health than the people of other areas of Bishnupur, and thus more vulnerable in the proportion of their mental health rank during the flare-up of the COVID-19.

CONCLUSION

The present study throws light on the attitudes and perceptions of the people that have always being moulded and transformed by their encounter with the information about the COVID-19 provided by the print media, electronic media, social media as well as peer groups. This preferential and misrepresented information has led to the blooming of anxiety, consternation and panic that has immense repercussion on the mental well-being of the people. Lack of education, economic distress, paucity of proper hygienic awareness and other circumstantial influences have created a potency to rely on rumours and stigma associated with the COVID-19 pandemic, which sparks off negative outlook and conviction towards people and places. The crux of the problem is to be mitigated by way of building trust in the judgement of the people, mainly focusing on information provided by the health experts to evaluate risks associated with the current pandemic, and falling back little on other information sources. Proper instructions regarding self-isolation and quarantine should be stringently followed, otherwise it can provide confusing gestures to the people. Social media should be more effective to disseminate unprejudiced and unbiased information and online campaigns are required to stem the rumours associated with the COVID-19 pandemic to go viral. Finally, the policy makers should come out with bona fide information and legitimate and logical guidelines to mitigate the unscrupulous misgivings about the present crisis of the COVID-19 pandemic.

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