

## Growing social stigma alongside COVID-19 pandemic: signs of a major concern

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### Abstract

Like many illnesses in the past, COVID-19 is attached to stigma; which is observed throughout the world. Patients with COVID-19 and even the healthcare workers treating them are being socially ostracized. Stigma is affecting the patients, their families, communities, and the healthcare workers not only emotionally, but also impacting upon the macro-level management process of the pandemic and the treatment of individual patients. It is essential to understand the emergence, presence and the impact of the stigma, and to deal with it effectively. Proactive social education, myth-busting through various methods may be helpful. However, it appears greater emphasis is still required.

### Key words

COVID-19, Education, Pandemics, Social Stigma,

### Introduction

Alongside the current ongoing COVID-19 pandemic, there is a growing negative social perception towards COVID-19 patients and their families. The degree of such perception might be different in different regions, but its presence in social life, the world over is undeniable.<sup>1</sup> It has unfortunately sneaked in surreptitiously behind the chaos of COVID-19, but is now clearly visible in communities. It is surprising that in spite of the availability of scientific information, real time news about the illness, considerable stigma has managed to emerge and percolate in the society. There are personal experiences, media reports and some evaluative studies suggesting the negative consequences of the stigma in this pandemic situation.

### Illustrative examples

From the outset, 'social distancing' is a misnomer and has caused much confusion. Interestingly, many people feel maintaining physical distance as an impolite, rude, behaviour and feel hurt when someone tries to adhere to the rules.

It is reported that in many parts of India, process of identification, evacuation to a COVID care centre, isolation wards, or COVID hospitals, and public display

of a poster on the house indicating positive status have been uncomfortable experience for many. Sometimes the neighbourhood is cordoned off restricting the movements. All these create unusual attention leading to the patients' family feeling awkward and stigmatised. Often the community treats the patient's family as outcast, perceiving them as a threat; and remain emotionally aloof ironically. This continues even when the patients return from care centres or hospitals. There are reports of discrimination and attacks against COVID-19 patients; and their close contacts or family have been blamed and even viewed as 'criminals'.<sup>2</sup>

Communities also feel stigmatised. There are reports of attempts by the communities to shun officials and medical personnel and block them performing their duties of taking care of the patients; sometimes barricading the premises, not allowing them to enter, to prevent a 'bad name' for their community.

The stigma has taken its toll on the health workers as well.<sup>3</sup> There are many instances where health workers taking care of COVID patients are also socially ostracised; they are not allowed to their own accommodation in the block or colony, or are asked to vacate; people avoid contacting or socialising with them, and there are social harassments. There are reports that health workers are not being allowed in the public transport; because they are thought to be having increased risk of transmitting the virus. These contribute to unnecessary mental stress and burden on the health workers.

All these negative stigma related behaviours are happening even while health workers are generally praised for their work in many countries in various ways such as clapping in Spain and the UK, lighting a candle and ringing bells or other instruments in India.

### Probable reasons

These behaviours secondary to stigma may be fuelled by fear, lack of information about the appropriate scientific facts, and rumours at least in the initial months of the pandemic. It appears public education has been inadequate; general public may not still have access to appropriate reliable, scientific sources of information or these are lost amidst many confusing messages in the

news and social media. There is considerable anxiety over the coronavirus infection and its consequences, for which many people perceive an infected person as a possible threat.

Frequent change of information about the coronavirus transmission, treatment modalities, outcomes and the impact of other areas of life have contributed to the maintenance of the stigma to an extent. The epidemic of misinformation spreading like wildfire through a huge number of media channels, the infodemic,<sup>2</sup> is also contributing to the propagation and maintenance of stigma.

## Impact

There is a massive impact of stigma on public health. Stigma is leading to difficult situations, which has a direct impact on managing the epidemic and individual health. For example, many people do not go for tests even if they have symptoms or report late, for a fear of being identified as positive and to avoid the resultant social consequences.

Positive COVID test results are automatically reported to the authorities, so that they can ensure isolation, and although public disclosure of individual identity is avoided, in reality in many regions it is often known to the people around which is causing social discomfort for people. Even after recovery, many patients do not feel comfortable discussing or sharing their experiences with the looming concern of being avoided socially. And some communities do maintain a social and emotional distance from recovered patients and their families for a long period of time.

## Management

Social education may be a key driver to deal with the stigma. Focused attention and alertness to emerging stigma and timely response may thwart their propagation and influence on the public mindset and behaviour. Myth busters from reliable sources may help. There are attempts from WHO and other organisations about this.<sup>4-7</sup> Information about the appropriate and reliable resources is essential in this age of infodemics; and there should be attempts to put together such resources.<sup>8</sup> Repetitive information on the illness and the stigma in local languages through multiple channels may be effective. As it is the social media which is being followed by most, the information should be available there and there is a responsibility of all the social media partners to manage misinformation or rumours posted on their sites.

## Conclusion

It is important to acknowledge the presence of stigma in a modern-day COVID-19 pandemic. Stigma is affecting the help-seeking behaviour of the patients, service delivery, effective management of public health and the pandemic. It is also having a negative impact on the health care providers despite the general goodwill towards their contribution. The stigma needs to be tackled expeditiously.

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