Stigma and Discrimination: the Twain Impact on Mental Health During COVID-19 Pandemic

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Abstract

The real tragedy of COVID-19 is the social and cultural stigma associated with the infected people from the disease. Taking forward from one of the celebrated works of Erving Goffman, known as stigma (1963), this article offers a critical understanding of different fractions created during the COVID-19 pandemic in Indian society. Following the qualitative research method, the study interviewed twenty COVID-19-positive people selected from different age groups, sex, and socio-economic background of the state of Odisha in India. The participants attended the interview through telephonic and video conferencing to throw light on the conundrum of COVID-19 and discrimination. The interview outlined the link between prestige and economically marginalized and how social stigma brought about catastrophe to the different sections of Indian society and culminated in *'Twain Untouchability*. Besides this, the article also includes content analysis of some of the newspaper articles published in 2020. The article examines the lived experiences, discrimination, and stigmatization of COVID-19 infected people through phenomenological analysis in the following ways. Firstly, the study analyzes people's social and emotional experiences in pre, post, and during the COVID-19-positive phase. Secondly, it examines the people and their relatives social and emotional perceptions about COVID-19-affected people. Thirdly, it suggests some ways to mitigate the stigma experiences during COVID 19 pandemic.

Keywords COVID-19 Pandemic · Stigma experiences · Discrimination · Socio-biological untouchability · Psychological and mental health · Marginalized

JEL Classification I12 · I18 · I31

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Introduction

Erving Goffman (1963) defined "Stigma as an attribute that discredits an individual, reducing him or her from a whole and unusual person to tainted, discounted one." Stigma is socially and culturally constructed and assigned to stereotypes and prejudices (Reupert et al., 2021). The onslaught of the COVID-19 pandemic has reset the ideas and values behind the existence of human identity. The ideology of "social distancing" created animosity among every relation, which was once a prized human being as a social animal (Gilbert, 2021). COVID-19 is not only a health problem, but it has also stigmatized people (Bhanot et al., 2021). Apart from physical or health issues, understanding and addressing the COVID-19 and its impact on people requires a multilevel analysis that involves social, cultural, economic, religious, and psychological problems (McBride et al., 2021). Discrimination, social stigma, and untouchability are social and cultural construction that devalues human dignity distinguish groups and society. Social discrimination, stigma, and untouchability function socially, culturally, and symbolically. However, stigma operates individually by authorizing and encouraging active discrimination and exclusion. Social stigma is also a trauma for individuals and stigmatized groups (Sayce, 1998). Stigmatized individuals get mistreatment by society and recognize their devalued identities as humiliating (Derks et al., 2007). COVID-19 created health complications, and COVID-19 related untouchability (Kisana & Shah, 2021). India's social and cultural milieu, grounded on orthodox tradition, treats COVID-19-infected people as a sinner and untouchable (Bansal, 2021). COVID-19-stigmatized groups restrict themselves from accessing the emotional support, peaceful social environment, and resources relevant to decent health care services. These adversarial situations lead to mental agony, distress, and trauma (Bhattacharya, 2020). The inferiority complex of a COVID-19-positive patient can be insidious (Simon et al., 2021). Many people have committed suicide because they could not bear the burden of being tagged as dangerous and disabled (Gunnell et al., 2020). Through her work "Suicide" (1897), Emile Durkheim led to a concept known as anomic suicide, which indicated that when social equilibrium is lost, people tend to commit suicide willingly. The author also explained "egoistic suicide," wherein people commit suicide when they are alienated from the larger society, feeling they have no place in society. In the first half of 2020, even the frontline warriors were treated as abominations. The feeling of "shame" has resulted in patients because of the stigmatized perceptions around them (Mondal & Kumar, 2021). This paper attempts to explain the stigma, discrimination, and untouchability related to COVID-19. The article has been divided into the following sections. The first section deals with the rationale for the present research. The second part deals with the study's methods, participants, and procedure. The third section deals with analysis, findings, conclusions, and future implications.

Rationale for the Present Research

Since the outbreak of this disease, people locked themselves in their homes, which has resulted in varied psychological health problems; however, it has also pronounced the issue of stigma for the COVID-19-positive people. Although this lockdown situation has invariably led to the sudden rise of a health crisis, stigma emerged as one of the most damaging issues attached to the human being's identity during this pandemic. However, to the authors' best knowledge, research articles addressing the issues of the *twain*, namely stigma and discrimination respectively, during these trying times seem to have found less place so far in the literature. Specifically, the unique socio-psychological correlates of stigma experiences during the COVID-19 pandemic have remained underexplored. Therefore, the present research aims to understand people's unique stigma experiences during the lockdown period due to COVID-19 and suggest ways to help them deal with stigmatization's social and psychological consequences.

The COVID-19 pandemic forced people to stigmatize distinctive others. Pandemic seems to cause the damaging process of stigmatization. Stigmatization is a social process that excludes those who contract the disease and may threaten practical social living in society. The present article delves into the stigma associated with the COVID-19 pandemic among different social groups in the Indian culture and the increasing cases of stigmatization. It also presents insights into the harmful consequences of COVID-19 inspired stigmatization brought to its potential targets in India. This study lets readers know how to deal with the situation and reduce the devastating effects of stigmatization worldwide. The present study holds importance because stigma, discrimination, and social isolation need to be rooted out from society everywhere.

Methods

The study follows a qualitative approach to gather a comprehensive understanding of the stigma experiences of COVID-19-positive people. The authors used interpretive phenomenological analysis (IPA) to deep dive into the participants' experiences and understand the participants' twain socio-psychological experiences during the lockdown period.

IPA was initially used as a robust psychological-based research method during the mid-1990s. IPA is associated with human lived experience of their personal and social world. According to IPA, human beings are physical and psychological entities in the world. These human entities reflect on what they do—those actions result in meaningful, sensemaking consequences. IPA helps the researcher to understand the experience of participants. The authors in the present study suggest that an independent audit through IPA is a powerful tool to assess the validity of qualitative research. Therefore, in this study, the authors performed an IPA study through an audit trail which consisted of initial notes on the research

question, fixing the interview schedule, recording transcripts, establishing the thematic analysis, tables of themes, and for writing analysis.

Participants

The study was performed on a sample of 20 participants from the Odisha state of India. The purposive sampling technique based on our inclusion criterion was used to select the participants. The authors primarily contacted 30 COVID 19 positive people in Odisha and gained their consent to participate in this study. After gaining permission, the prospective participants were then connected by phone, were explained the purpose of the study, and were requested to participate. Those who consented to their inclusion in the study were then asked some questions based on the pre-decided inclusion and exclusion criteria. Based on this information, only 20 participants who met the inclusion criteria were requested to narrate their stigma-related experiences when they contracted the disease (see Table 1).

Inclusion and Exclusion Criteria for the Participants

The participants meeting the following criteria were included in the study:

- People who are 18 years or older.
- People with no earlier history of physical and/or psychological illness.
- People who were tested positive for the disease in the first wave of COVID-19.

Table 1 Presents the demographic characteristics of the participants included in this study

Variables	Variable levels	Characteristics
Gender	Male	15
	Female	5
Age (in years)	Minimum	19
	Maximum	34
	Mean age	27.4
Occupation	Students	7
	Homemakers	2
	Working professionals	6
	Entrepreneur	1
	Unemployed	4
Marital status	Single	15
	Married	4
	Separated	1
Living status	Living alone	8
	Living with family	12
Socio-economic status	Middle class	15
	Higher class	5

However, individuals meeting the following criteria were excluded from the study

- Individuals who were less than 18 years.
- Individuals with previous physical and/or psychological conditions or individuals on any medication.

Procedure

The authors informed the participants about the aim and significance of the study before the interview. The researchers reported to all the participants that their confidentiality in terms of names and responses would be intact. After obtaining their consent, the participants were asked about their convenient time when the telephonic interview could be conducted. The study followed a semi-structured telephone interview to dig down into the participants' experiences concerning stigma when they contracted the disease or when they were at a high risk of catching it. The interview questions were open-ended and non-directive. The authors prepared an interview schedule composed of non-directive, open-ended questions. The questions were not in a fixed order. They were reordered and modified as per the demand of the conversation with each participant. Some of the main questions prepared for the semi-structured interviews included.

How do you perceive your social status in society after contracting the disease?
How did people in society behave with you at that time?
What are your experiences—good or bad while interacting with people in the community after getting infected?
How do you perceive your life in the future after recovery from the disease?
What problems do you feel and sense in your life post-COVID-19?

The authors added some additional questions at the spur of the moment. Furthermore, the authors also asked some questions to understand their pre and post disease recovery. The authors interviewed in the native language of Odisha people. The authors recorded the interviews also after gaining consent from the participants. The interview time duration range was between 20 and 30 min. All the interviews conducted in Odia were transcribed and then translated into English by the researchers. The translated interviews were then edited and proofread by a native English speaker for clarity and correctness.

Analysis and Results

The authors transcribed all the recorded interviews. After that, they analyzed these transcripts using the interpretative phenomenological analysis (IPA) framework to identify the participants' stigma experiences of the COVID 19 pandemic and its impact on their psycho-social health. The study performed a stepwise progression method to interpret the data. Primarily, the authors read the transcripts several times

to fathom the experiences that the participants described. Then, to gain a better understanding of the data, the authors heard the audio recordings of the participants while going through the transcribed data.

After that, the authors attempted to identify emergent themes while transforming the participant's original verbatim (see Table 2).

The following section describes each of these central themes and their subthemes, connected with the excerpts gained from participants' interviews.

Stigma and Discrimination: Twain Experiences During Pandemic

Inzlicht and Kang (2010) quoted that negative emotions and insensitive attitudes towards COVID-19 patients hollow out a physically fit person and lead to deleterious health consequences. For example, participant 5 reported,

"Moreover, these days I feel I am living like a stranger by marinating proper distance to each other. It is like I was a devil. People, including my relatives, are developing a common understanding that my existence can damage their health. Even I felt shallow inside. Those people we regularly meet before COVID-19 had rarely talked to me even after I recovered from COVID-19. Sometimes I even maintain distance from my parents as they age. I didn't know what had happened. My close friends also keep a distance from me. My relatives also stop visiting my house, and some indirectly suggested that I should not participate in any family functions. Every

Table 2 Main themes and subthemes that emerged from participants' experiences shared during the interview

Major Themes
Discrimination issues
Negative emotions and insensitive attitudes
Deprived of care and concern from his family
Feeling dejected and low energy inside
Deleterious health consequences
Having frustration, stress, anxiety, and fear
Experienced social and biological segregation
Denied respect and dignity
Frightened to acknowledge
Anxious to disclose
Experienced negative behavior and detrimental attitude from others
Status issues
Depression and social devaluation
Labeled as "others"
Stigma even after death
Solace is snatched away
Abomination
Stigma and everyday life
Judged, rejected, and humiliated
Heinous role for the valuable relationships
Horrifying experiences
Nightmares

Sunday, I saw the market, but after the COVID-19, even those shopkeepers behaved differently. From their attitude, I realize they are demonizing me. Under the circumstances such as this, I try to hide my COVID-19 issue. However, many try to find out if this virus infects any member of my family after me or not. In my colony, people often talk about my family. They even avoid my children not playing with their children as if we are spreaders of viruses. Such behaviors we never expected from them. However, the reality is that others still stigmatize us."

Erving Goffman theorized that social stigma is an attribute or behavior that socially discredits an individual by being classified as society's "undesirable other" (1974). Most people, Goffman (1963, 138) argued, experience the role of being stigmatized "at least in some connections and in some phases of life." Indeed, Goffman's broad definition of stigma incorporates many contemporary discredited attributes, including what he defined as "tribal stigmas" (e.g., race, ethnicity, and religion), "physical deformities" (e.g., deafness, blindness, and leprosy), and "blemishes of character" (e.g., homosexuality, addiction, and mental illness). For him, stigma is a general aspect of social life that complicates everyday micro-level interactions. It drives the stigmatized wary of engaging with that member of the society who does not share their stigma. And also, society members who are without a certain stigma tend to downgrade, try to counterbalance for, or attempt to disregard stigmatized individuals. Many psychologists following the decades of Goffman's articulation of stigma tried a detailed study of cognitive dimensions and stigma processes, shaping the micro-level of social interactions. But a vast portion of this research was focused on stigma related to mental illness or addiction or stigmas stereotyped as deviant, such as homosexuality. But later on, evolutionary causes of stigma were explored. Many researchers suggested that stigma serves socio-biological functions by categorizing and excluding individuals who may threaten a community through the spread of disease or perceived social disorder. There arises a clear distinction of separating "us'" from '"them'" (Kippax et al.). The theory of this socio-biological stigma culminated as Twain's strategy for this paper. This socio-biological dichotomy enables people to set themselves apart from people different from the norm. Since social contexts drive people's experiences, behaviors, and actions, this dichotomy also leads to an oversimplified view of the vulnerable population as a group of individuals connected only by the ascribed features of vulnerability. This research wants to emphasize that all individuals can anticipate, experience, internalize, or conserve health-related stigma. Still, when stigma intersects with other axes of disempowerment and marginalization (e.g., across caste, class, gender), some persons are more disadvantaged than others by socio-biological stigma. This type of social and biological discrimination during the COVID-19 pandemic was visible in all most every nuke and corner of Indian society. When the research work was carried out in Odisha, it gave rise to the "twain form" of discrimination since both of the dimensions are sitting together with equal importance.

From the above conversation with one of the respondents, the authors conclude that stigma can make a person feel deprived of care and concern from his family. He may feel sad and have low energy inside.

COVID-19 Social and Biological Segregation—a Case of Twain Untouchability

There are many different types of stigmata in Indian society (Murthy, 2002). For instance, culture stigma (Esqueda, 2011), sexuality stigma (Shah, 2019), surrogacy stigma (Khvorostyanov and Yeshua-Katz, 2020), and physical ailment stigma (Van Brakel & Miranda Galarza, 2014) are some of the already proven stigmas existing in Indian society. However, COVID-19 created a type of psychological stigma that affects individuals, families, and locality. Even where COVID-19-infected members are from rich and powerful families, they were denied respect and dignity. People stigmatized them by calling that there was someone who tested COVID-19-positive. Someone died due to COVID-19, and the family members refused to take the dead body. Therefore, virus-infected individuals, family members, and locality are often frightened to acknowledge that they are COVID-19-positive. COVID-19 patients were anxious to disclose themselves in front of their families even because they feared that they would be stigmatized. For instance, participant no. 8 reported,

"Though we have wealth and I am still an educated person, after COVID-19, we lost respect and dignity from people. Our social bonding is destroyed after COVID-19. Though we emphasize our dignity, people think we are just COVID-19 people. Even hospitals and health professionals often do not do proper counseling to COVID-19 patients and often mistreat them. Even the nurses stigmatize COVID-19-infected people by abusing and disrespecting them."

In a country like India, it takes much courage to stand up against stigma because of negative behavior and detrimental attitude. COVID-19-related stigma is challenging, and academic interventions can address this knowledge gap. Many reports suggest that stigma and socio-biological untouchability exacerbate the socio-psychological problems and challenge individuals or families already in the clutches of the virus. In a country like India, it takes much courage to stand up against stigma because of negative behavior and bad attitude. COVID-19-related stigma is challenging, and academic interventions can address this knowledge gap. (see Fig. 1).

Since the pandemic, COVID-19 has proven a problematic and deadly virus to prevent and treat. Early detection could be a key in preventing COVID-19 from spreading because it is typically infectious, and most individuals are unaware of their COVID-19-positive status (Singh et al., 2020). At the point of diagnosis, it is critical for COVID-19 infected individuals to be victims of the virus and isolated, leading to stigma. Though isolation is essential for infected individuals to protect others from contracting the virus, these protocols lead to stigma and restraints the infected individual to regain confidence and dignity. Their physical and mental health deteriorates. They become more susceptible to stigma as their infection disrupts social, physical, emotional, and psychological health and behaviors (Brooks et al., 2020). Stigma as a social phenomenon targets different types of social attributes, behaviors, and identities. Times of India (2021) reported that COVID-19-infected people experience stress due to their stigmatized status, negatively affecting their health. The experiences of stigma due to the COVID-19 virus are painful both mentally and physically (Li et al., 2020). Social, cultural, institutional, and psychological stigma
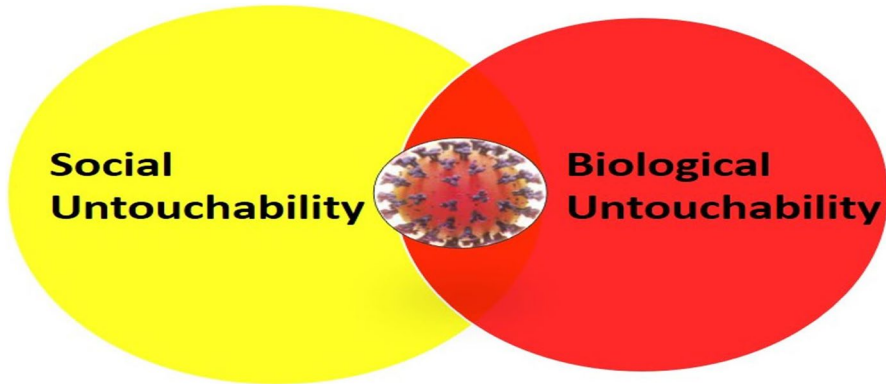
Fig. 1 The socio-biological untouchability, the twain "Untouchability" (authors' own)

and discrimination shape the social environment where the virus-infected people live. All COVID-19-stigmatized groups share experiences of social devaluation (Rubin and Wessely, 2020). COVID-19 affects an individual or one domain of his life instead of family and the respective geographical area as a whole.

COVID-19 Stigma and Status: are the Twain Related?

The celebrated sociologist Max Weber emphasized how the status group is more likely to be formed based on status honor (Economic and Society, 1978). According to Weber (1978), integrity refers to any distinction, respect, or esteem given to one individual by others surrounding him. Such social recognition can be a formal process that includes titles or awards. It may be in ordinary forms of social interactions whereby we respect or disrespect others. That may consist of arrangements of greetings, inclusion or exclusion in a formal or informal group, and also the nature of intimacy between them.

During the pre-COVID-19 situation, the non-resident Indians (NRI) students studying abroad and the ex-pats were looked upon by their kith and kin as status symbols. They were revered because of their qualification, eligibility, intelligence, and to some extent, wealth. However, post-COVID 19, when they returned to India, the once-revered people were shunned because of a potential COVID-19 virus carrier. One of the informants was so terrified that he dared not to venture out of his house. For instance, participant no 12 reported,

> *"I got infected in the first wave of this pandemic. I never expected this virus would create a storm in my personal and social life. It is lethal and barbaric. My relatives and others look at me in a suspected way that I am different and harmful for their health and life. The doctor advised me not to touch others and to isolate myself. My life and value have changed overnight. My hand cannot touch my beloved one."*

In the case of the above informant, the disdain he faced among his friends, neighbors, and close relatives was so detrimental that he went into depression and avoided all and any type of social interaction even long after he recovered from COVID-19.

Numerous incidents have been coming to light where a 60-year-old woman committed suicide because she could not tolerate the stigma attached to being a COVID-19-positive (India Today, 2020). A 32-year-old woman committed suicide after her mother died of COVID-19 (The Free Press Journal, 2021). Essential things like education, status, and wealth feel worthless because the anguish of COVID-19 stigma has run deep and far psychologically (Chaturvedi et al., 2021). Even a high-ranking public official and his foreign returned son in Telangana hide the fact from the official people and their nearer and dearer ones that they were COVID-19-positive. For instance, participant no 15 reported,

> *"The COVID-19-infected people will continue to live with shame and embarrassment. Nowadays, anyone who sees me says I am COVID-19 infected. Some are saying do not go near him, or you will get infected. They are frightened if I go to them and some of my friends openly do not come again. My family members are trying to hide that I have been infected by COVID-19 and even requesting me not to go outside, though I am recovered and cured now. Sometimes I lose confidence and strength due to these kinds of behavior."*

Furthermore, many people who came into their close contact were forced to stay in self-isolation. In this context, Corrigan (2005) described three functional types of stigma-public, self, and label avoidance structurally in terms of stereotypes, prejudice, and discrimination. Social psychologists have distinguished the largely private experience of stigma as stereotypes and prejudice from the public behavioral outcomes of discrimination. All in all, COVID-19 not only stigmatized these above respondents but also stripped away their honor and dignity to a great extent.

The authors learned some lessons from these long telephonic conversations. They could conclude that these insensitive people remain unaffected, ordinary, and undiseased until they contract the disease (Hatzenbuehler et al., 2009). These concerns may increase the degree to which targeted individuals anticipate new threats and access memories of past discriminatory events. Pascoe and Smart Richman (2009) said that the stress of social devaluation could lead people to escape or avoid stigma-related stress through coping strategies that directly damage their health.

There are similar excerpts published in *The Hindu* dated May 15, 2020. At a government hospital in north Delhi, one senior resident contracted the virus when she was deployed in a COVID-19 ward last month. She said that the residents asked her to leave when she returned home to quarantine herself. She then went to an isolation facility, from where she returned on Wednesday after being tested negative. The doctor told the police that her neighbor had come and started shouting at her when she returned and said she could not stay. The doctor said she tried to explain that she had tested negative, but he did not listen and went on to lock her in her house from the outside, saying that she had to leave the place (The Hindu, 2020). The doctor then called the Residents' Welfare Association president for help, who informed the police.

Similarly, respondent no. 17, a gynecologist who worked in a very reputed hospital cum COVID-19 center, became very emotional while sharing her deepest feelings regarding rejection, devaluation, and degradation during the pandemic. She faced all this among her colleagues, among whom she worked for years as a respected peer. The pain further increased when her 3-year-old child alienated her. The noble purpose of practicing social distancing as a necessity magnified the pain and stigmatization in the "COVID-19 warrior." One more informant number 18, a teacher in charge of one quarantine center in Odisha, said he was humiliated numerous times by the colony's neighbors, even when he tested COVID-19.

COVID-19 Stigma and Death: How Far the Twain Will Go?

One of my respondent's no. 19 friends, a Roman Catholic Parish Priest, died of COVID-19. She described how her friend's dead body was stigmatized even after death. Nobody wanted to attend his funeral. The person who used to pray to God for eternal peace and a heavenly place for every parishioner became an abomination before his death. Even after death, he had no dignity left. Nobody even went forward to cover up the coffin's lid when he was lying in the coffin.

Based on the above narration, the authors could conclude that the revered priest has suddenly become an unwanted anomaly. The devotees who used to touch his feet once were terrified now of catching COVID-19, hence stigmatizing him. He was the person to bless their houses with holy water and prayers, and now he became an unwanted element of their everyday life. One of my respondents' mothers died because of viral fever and asthma in September 2020. She said her mother refused to go to the hospital or even do the blood test because she may catch COVID-19. If she goes to the hospital, her children who live in different places will not even be allowed to see her and will not cremate her properly. She passed away aged 77 with the knowledge that her body is not stigmatized and her children will cremate her as she wishes. Many news articles can be found upon an internet search that how relatives did not want to collect the dead bodies of their loved ones in the last few weeks in fear of catching COVID-19. One of my respondents became emotional while narrating about her aunt, who passed away in April 2021 in Delhi, that she did not get the cremation ritual as a Hindu. Nobody went to collect her dead body. Many news has come out from different corners of India about how hospital authorities are throwing out the dead bodies in the road because of no proper mechanism to dispose of them, and street dogs were eating them. Indian society always had given utmost honor and respect to the deceased person's safe passageway to an afterlife, but COVID-19 snatched away even that piece of solace from the departed soul.

COVID-19 Stigma and Everyday Life: When will the Twain Detach?

Stigma and discrimination shape the schemas that amplify concerns about being judged, rejected, and humiliated by others during interactions in everyday life (Person et al., 2004). COVID-19 has associated stigma with our daily life. When garbage collector comes to clean our home, we start treating them as unwanted risk coming

to our houses. Besides the fact that their service enabled us to follow the COVID-19 "protocol." The lower rung and marginalized section of Indian society has faced unimaginable circumstances since 2020. The migrant laborers who used to work in the semi and non-organized sectors faced incredible pain and suffering. Thousands of them were drenched with sanitizers on the national highway because they thought of being COVID-19 carriers even when none of them were detected with it. A few of my domestic maids also complained about mistreatment as social lepers even after testing COVID-19 negative numerous times. Since working at houses was their livelihood and not going to work was not an option, the humiliation associated with COVID-19 was more piercing for them.

The complex social structure of Indian society fueled much insensitivity towards the poor and marginalized just because they do not belong to the higher strata. Similarly, sewage workers faced much stigmatization even when they were not carriers of COVID-19. Even vegetable vendors faced stigmatization because of COVID 19. In pre-COVID times, customers treated a vegetable vendor like a friend. However, the present COVID world looked at every vendor suspiciously as if all were COVID-19-positive. One of my respondents narrated that the vegetable vendor asked him not to touch the vegetables if he did not intend to buy those items, which was not a norm before.

Sahoo and Patel (2021) discussed the apathy of the people who were asked to leave their homes by their neighbors once they contracted the disease. One of the other 20-year-old college-going respondents shared the horrifying experience of being COVID-19-positive in a once close-knit neighborhood. She had a nightmare of denying living in her own home because the neighbors wanted her whole family to leave their house as she was COVID-19-positive. They barred nearby milkmen, grocery delivery shops, and vegetable vendors to deliver any food at their homes. The stigma of COVID-19 even played a heinous role in the intimate relationship between husband and wife. The husband paid a visit to the home of the deceased close relative. His wife was in a terrible situation and could not think of any solution to protect her minor children. At the same time, he asked the husband to follow strict COVID-19 rules related to home isolation. Her youngest 6-year-old child cried to meet and hug her father, which was not allowed (India Today, 2020). This situation highlights how stigmatization related to COVID-19-penetrated intimate relationships between parents and children, husband and wife, and in many circumstances among close relatives. It has affected the mental health of children (Chaturvedi & Pasipanodya, 2021) and adults. Many news articles have come across how people cannot stay in their homes because their neighbors want them gone from their surroundings. For instance, BBC news dated July 20, 2020 reported the following incident,

Satya Deo Prasad, 68, had possibly picked up the infection from his visits to a local hospital to get dialysis for his failing kidneys. His daughter based some 1,900 km (1,180 miles) away in the western city of Pune, called a Kolkata helpline for an ambulance to pick her father up and take him to the hospital. After three hours, an ambulance arrived. It carried no attendant, and the driver parked it some distance away from Mr. Deo's house and refused to go any further. Over the telephone, Alka Prasad begged the driver to pick her father up from the house, telling

him that her 62-year-old mother was in no state to bring him to the vehicle. But to no avail.

"I am not going to touch a COVID-19 'body'," the driver, who was in protective gear, said flatly. "He will have to come out and walk into the ambulance." The panic-stricken daughter called the helpline again, which sent another ambulance with volunteers and picked up Mr. Deo later that evening.

This instance is not the only one; instead, it has become almost an everyday phenomenon concerning COVID-19-positive (suspected COVID-19-positive) patients since March 2020. Many people became COVID-19 pariahs (BBC News, 2020). The noble purpose of the quarantine sticker in front of the house turned the house and its residents into a dishonored label.

Social alienation and the denial of human dignity to social groups like untouchables and marginalized sections are entrenched in Indian culture and society. French Sociologist and Indologist Louis Dumont used the concept of purity and pollution to understand the complex nature of Indian society through his book, "Homo Hierarchicus: The Caste System and its Implications" (1966). According to Dumont, to have a clear understanding of India, the study of the caste system is crucial. According to Dumont, the caste system segregates the entire Indian society into many hereditary groups. His ethnographic account is not only applicable to India but also to the whole of South Asia. In the twenty-first century, the caste system still plays a vital role in regulating Indian society since it is buried deep inside the mass perspective through norms, rituals, etc. During COVID-19 pandemic, this same perception created stereotypes and prejudice. It subsequently made the "undesirable other" (Goffman, 1974); it created the social stigma that segregated the healthy from the ill. The research has been conducted in Odisha, one of the 29 states of India, located in the eastern-cost of India. Geographically West Bengal, Jharkhand, Chhattisgarh, and Andhra Pradesh surround it. Odia is the official language, and most people speak Odia.

Odisha has a long socio-cultural history and constitutes several religious and caste communities. Like other states of India, there is the coexistence of different caste communities and a substantial tribal population. In the course of history, the Hindu religion emerged as a dominant religion in Odisha, involving the people's high and low ritual status. The historical background of the present Odisha and ancient Kalinga is illuminated by the two significant sets of Asokan rock edicts at Dhauli and Jaugada. This together provides archeological data of the ancient past of Odisha. Religious festivals, ceremonies, and observance aided in conveying meanings negotiated with the cultural domains. Local deities like Lord Jagannath and Jagannath temple is the center of Odisha's Hindu culture, and it constructed Odia's identity and belongings. Despite being part of different ethnic and linguistic groups, the tribal population shares some socio-cultural similarities in terms of their supernatural and religious practice and traditional economy. Odisha is also home to primitive tribes like "Bonda" and "Kutia." As culture and society are dynamic, due to the exposure of modern education and modern politics, many tribal groups adopted changes in their socio-cultural life. Since the state of Odisha is part of the same whole, which is India, it was also marred by the same stigmatized perception during a pandemic. And Odisha as a community can be taken as a sample of the entire

population of India. COVID-19 pandemic created a new form of untouchability that blurred the line between COVID-infected patients and people of marginalized sections. With this background, one may look at the above case studies of socio-cultural narratives about how caste stigma, discrimination, social alienation denied human dignity to COVID-infected people in Odisha. Many cases of Odisha will exhibit how stigma and discrimination are associated with COVID-19 infected people. Lived experiences are used as a theoretical framework that firmly establishes how COVID-19-infected people became the victims of stigma and discrimination in their own family and society, just like the untouchables are treated in the social hierarchy. The case studies show that the COVID-19-infected people have been abused like untouchables. The unknown factors about illness created unwarranted fear, myths, and superstitions that COVID-19 infection resulted from evil deeds around them heightened the social stigma.

Discussion

The COVID-19 pandemic has brought significant disruption in the life of every human being across the planet. The present study interviewed individuals affected in the first wave of COVID-19 in the Odisha state of India to explore their stigma experiences due to the pandemic situation.

The current study results are synchronous with some recent studies that have declared psychological health issues due to stigmatization during the COVID-19 pandemic (Balingue, 2021; Choi, 2021; Van Daalen et al., 2021). Psychologists have argued that humans try to stay away from suspected people out of fear as a source of infections. Nevertheless, this leads to unreasonable behavior and stigmatization.

Other factors responsible for the mental health impact of COVID 19 were social and biological segregation which also coincides with earlier studies (Banerjee & Meena, 2021). The present study has reported that stigma labels the person even after the individual is out from quarantine. It continues to stigmatize the person even after he has recovered from the disease. Stigmatized people face social avoidance and humiliation, denial of access to healthcare, employment, and even domestic violence.

The study's findings also indicated that stigma due to COVID 19 also impacted the social status of the people. The same was proved earlier in similar studies (Mejia et al., 2021; Paleari et al., 2021). These studies have demonstrated that stigmatization directly impacts the social status of the people. It labeled the poor workers as contaminated with the infectious virus. It also showcased the dehumanization faced by Latinos on the American border a few decades earlier. The problematic situation of the migrant workers depicts how such infectious diseases blame the vulnerable and marginalized groups. They traveled across thousands of kilometers because they were not allowed and could not access any form of transportation service. Many pregnant women walked hundreds of kilometers because of the same reason. They were sprayed with disinfectants and sanitizers in masses, leading to many skin diseases afterward. All people from marginalized sections faced deplorable consequences just because they belonged to the lower

rung of society. Many migrant workers were not even allowed in their village to enter and faced brutality in the hand of local vigilante groups who once considered them their relatives and friends even though they were not COVID positive. Although Indians who came to India from abroad were the first carriers of the disease, the unfair treatment was mainly dished out to the people who belonged to marginalized sections.

The present study shows that stigma doesn't leave people even after their death if they have been COVID-19 patients. This finding has been consistent with the results of one recent study (Bhanot et al., 2021). There is a sudden shift in people's daily routines. Apart from the fears, anxiety, and sadness, people's sense of irritability has started piling up.

People have witnessed a significant shift from their desire to stay closely knitted together to an inclination to exercise stigmatization of individuals, groups, and nations understood as potential carriers of viruses infectious to others. The long-range impact of stigma on the everyday life of people has also been observed in the study. Some recent studies have argued the same (Ammar, 2020a; Ammar, 2020b).

Conclusion

COVID-19 is not only a pandemic but also a social pandemic since it yields qualitatively unique sources of stigma, socio-biological twain untouchability, and psychological stress for the disease-infected people and their families. Enormous health hazards due to COVID-19 leads to internalized stigma among people infected by the virus. Due to the internalization of stigma, people lose critical social and psychological means to craft a healthy lifestyle and situate themselves to health risks. The present study addresses the COVID-19-related stigma and its adverse health effects. Attention should be directed towards reducing health hazards and identifying the sources of stigma for individuals and families exposed to COVID-19. There is compelling evidence that acquaintance to COVID-19-related stigma harms a range of social relationships and health outcomes. The study observes that those who are COVID-19 infected suffer from COVID-19-related health complications and often encounter discrimination and segregation in their everyday life, which challenges their self-dignity, health, and well-being.

The knowledge gap between accurate information and reel information emotional quotient to deal with the virulent virus divested ordinary people of the capability of logic and reasoning (Chaturvedi et al., 2021). The stigma associated with the COVID-19 metamorphosis into a disorder stuck to the members, families, mohallas, and communities. As we know, stigma is a product of an unequal society, and regardless of concerted efforts, it is implausible that the distinctions and dissimilarities will completely disappear (Daalen et al., 2021). But when the realization occurs that severe, faceless, and soulless coronavirus can grasp anyone and makes no distinction, we look for the culprit and blame them for causing such a tumultuous state of affairs.

Implications and Future Suggestions

What is needed is advanced research in this area of COVID-19-related stigma, which is currently extremely rare to elucidate how COVID-19-related stigma and socio-biological untouchability are implicated in the lived experiences, social reality, and COVID-19-pertaining health problems. There is substantial evidence from the present study that COVID-19-related stigma reduces self-esteem and confidence. The study strongly recommends that future research pronounce the everyday life and lived experiences of COVID-19-infected people in a meaningful way to imagine the potential threat of stigma among COVID-19-positive people. WHO (2020) has already posted its concern about the fear of stigma, which might lead to people not reporting the diseases to avoid discrimination and prejudice. In this way, the virus may spread more. Therefore, suitable and timely measures are required to prevent such alarming situations.

Although stigma cannot be destigmatized in a short time, giving value to culture and emphasizing more inclusivity can help in de-stigmatization. Collective well-being and cultural inclusiveness are the essential tools to destigmatize this "twain phenomena" (Lamont, 2018).

The critical guidelines produced by UNICEF and WHO (2020) suggest ways to prevent the disease and request all to trust the country's healthcare services and to be sympathetic with suffering patients (Zaman et al., 2021). Furthermore, it is advised not to use any jargon or tags that have negative connotations, increasing stigmatization. For example, we should avoid attaching location or ethnicity with the disease, not label the patients as victims or COVID-19 cases, and not use the terminology that blames the patients, such as "transmitting COVID-19." Furthermore, the study suggests spreading accurate and authentic information, including social influencers such as leaders, celebrities, and community volunteers, and giving voices to those who experienced the disease and came out of it like true warriors.

Logie (2020) suggested taking lessons on HIV-related stigma-reduction interventions to reduce COVID-19 stigma. She tells healthcare providers to broadcast experiential information learning through role plays, group discussions, and social group games. Furthermore, Logie and Turan (2020) recommend enhancing the understanding of long-term strategies for creating empathy and social justice for present and future epidemics by balancing stigma mitigation and COVID-19 prevention.

For early diagnosis and prevention, a few tactics such as educating people about the disease, creating some places for quarantine, and providing health information can reduce stigmatization about the illness in society. The media can play a crucial role in shaping public attitudes (Brooks et al., 2020). Additionally, motivating stories from warriors through news media and social media and the part of social support must be encouraged. All necessary steps to identify rumors or unauthentic information and reliable sources must be enabled. Technology should be used to float messages of carrying a non-judgmental attitude towards those suffering or who have survived the disease. All should be trained to spread

compassion, hope, and empathy to accept the current phase, hopeful about a positive tomorrow. This may also help prevent mental health issues that can propagate because of stigmatization. Special prevention programs should focus on individuals with more risk exposure, for instance, those going for COVID-19 tests and frontline healthcare workers.

Declarations

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