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The silent victimization: A study on social stigmatization attached with Covid 19 and its consequences (With reference to Tamil Nadu)

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Abstract
´Time out´, the most often given task for not complying to the group. This is the most difficult aspect of isolating oneself from others. The same thing happening during a time when we are physically not keeping well will be the worst nightmare. During the pandemic this was the way of existence, not being able to step in and help our very own kith and kin but to isolate ourselves was not only difficult but it also appeared inhumane. To worsen the situation, stigmatization and lack of connect from those around made it an issue to be looked into.
The opinion of others can never become the measurement of real self-worth. Social stigmatization towards Covid 19 infected people affects not only them but also their family members. From instances of denial, disrespect, mishandling individuals who were affected by the covid have also been disgraced and denied their last cremation rites. Situation of the survivors also has tales of isolation by their neighbours forcing them to live a life far away from the normal living. They have been labelled with terms such as super spreader, covid person and covid family. It was more than a mere infection in many manners. The brunt of social stigmatisation has an impact on physical and psychological wellbeing of the affected persons and those around them. It has also changed the way they interact with the members of the society. This lead to the conduct of the study focusing to understand the causes and the impact reflected in society. the qualitative study uses the data from persons and whose families were infected with covid 19 and the observations made brings about inferences and understandings of why and what plights of stigmatization they experienced from personal front. The revelations give the scope for sensitizing the society on acceptance and compassion. To sum up this research study brings to limelight by identifying the experienced social stigma associated with covid 19, its consequences and appropriate measures to mitigate such stigmatisation in the society.

Keywords: Social stigmatization, Covid-19, pandemic, labelling, victim

Introduction

The problem with stigma is really about the story that we tell ourselves as a society. Erving Goffman, a Sociologist has theorized that social stigma is a process by which the reactions of others spoil normal identity and is an attribute or behaviour that socially discredit an individual by virtue of them being classified as "undesirable other by society" [1] The situation of covid-19 pandemic and its impact has been not only on the physical and psychological health but also on the way people are interacting with others, it has been compelling enough to initiate analytical examination of stigma and discrimination related with covid-19 [2]. The initiation of the study also revolves around the focus of understanding interrelations and interactions of fellow members in the society.

The stigma of covid-19 is to be comprehended as a social process that sets to exclude those who are perceived to be a potential source of disease and may pose threat to the effective social living in the society. Stigmatization has been in practice similar to following a principle of discriminating sociality. Stigmatization happens perceiving danger, threat, or challenges to one's social living, and attempts are made to safeguard oneself from various such foreseen or unforeseen impediments which could be getting prone to infectious diseases, being advocated to the values contrary to their own, and having an intimidating out-group, etc. The study relates to the labelling theory whereby individuals are attached with

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labels in order to ease their social understanding. Stigmatization is viewed as a similar phenomenon on specific attributes and behaviour in a particular socio cultural set up. The labelling attaches a kind of negative and emotional reaction. This reacts to functions of power and levels of tolerance. By undertaking a sociological analysis of the pandemic situation leading to reactions related to stigmatization has resulted in this study focusing on identification, consequences and ways in response to set right normality devoid of stigmatization. The study opens avenues for pondering and bringing forth suitable strategies for dealing with better attitudinal and behavioural social patterns along with welfare measures propaganda by the Government.

Material and Methods
Going by works of Bhattacharya *et al.*, [2] the untold side of covid revelation relating to stigmatization being associated to particular class and social groups along with the discriminatory practices have been the source for identifying possible cap to undertake this study. The association of dual burden where in the infected struggle with both the infection along with stigmatization gave realization to take ahead a study to identify mitigation and solution to sensitively deal with responsible behaviour and ensuring comfortable environment for those affected.

1. Goffman E. Stigma and social identity. In Rainwater L(Ed), Deviant liberty, Social Problem and public Policy 1974, New Yark. Rainwater L (ed), Deviance and Liberty.
2. Bhattacharya P, Banerjee D, Rao TSS. The "untold" side of COVID-19: Social stigma and its consequences in India. Indian J Psychol Med. 2020;42(4): 382–386.

The study is descriptive and is based on primary data collection with the use of digital tools of data collection. The study´s respondents are covid infected people from all over Tamil Nadu who have been chosen using the sampling technique of Non- probability judgmental method. The respondents were identified through an informal network with the condition tested positive or any of their family members tested positive for being part of the study. The sample size was limited to sixty to enable a qualitative approach for understanding each of the cases. The distribution of the sample was ensured to include representation from each of the districts of the state of Tamil Nadu. Their experiences were collected as narratives along with the tool of data collection.

The study was undertaken focusing the following objectives
1. To identify the experienced social stigma associated with covid 19
2. To analyse the consequences of experienced stigmatization on covid affected people
3. To bring forth understating of measures to combat social stigmatization and effective actions.

The tool of data collection employed for the study is questionnaire. Google Forms an online platform through which the questionnaire was created and administered. A pilot study was conducted and after which the data collection was carried out by trying to reach a sample size of sixty respondents, the collected data was tabulated, represented in illustrations, analyzed and interpreted.

Results and discussion
The analysis and the findings of the study conducted during the first and second wave of the pandemic situation are presented below.

The majority of the respondents belong 85.2% to cities and 11.1% from towns and 3.7% from villages giving the study the representation from varied setup. Nearly 30% of the respondents themselves have been affected by the Covid 19 and nearing 14.8% have witnessed either of their parents being affected by the coronavirus. The other possibilities mentioned were situations of both parents being affected, all the family members being affected, spouse, children, known relatives and friends. Only a mere 14% respondents were fortunate enough to not to have any known members being affected by the covid 19.

More than 58.3% of the respondents who were affected by covid have been admitted to hospital for treatment while 29.2% of the respondents were able to manage with home isolation. While others had to undergo hospitalisation and also were in isolation for a longer period of time.

Depressed and being scared have been reported as the most mentioned response on coming to know the positive status for covid by the patients. The other mentioned options are anxiety and panic added on to the scare. Lack of hospital beds for admission and not having sufficient information about the situation were the major reasons for such critical conditions.
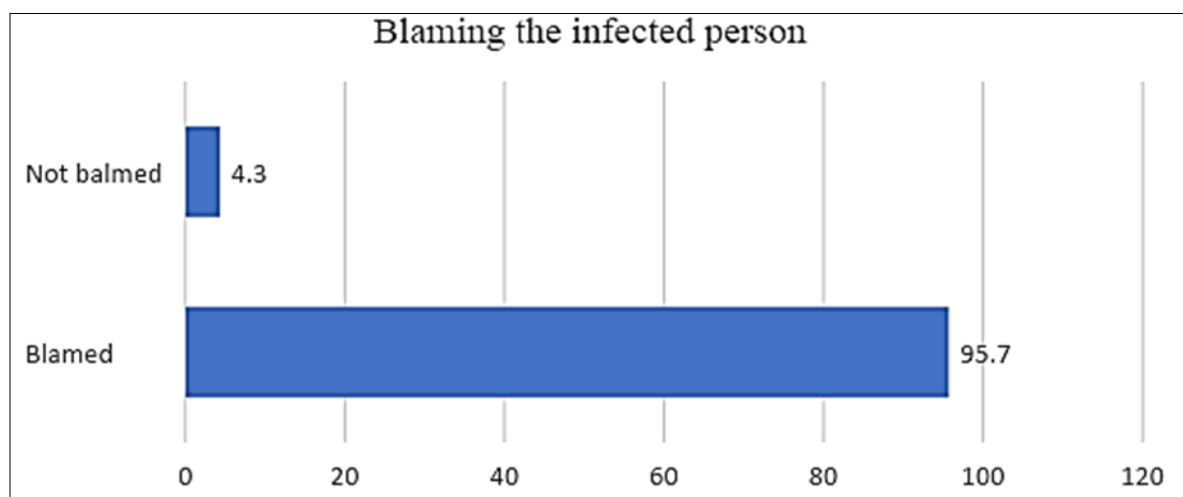

Fig 1: Diagram representing the distribution of blame directed towards the infected

A majority of 95.7% of the respondents revealed that the infected persons were blamed for the infection. Blaming the infected person is termed as victim blaming. It is mainly because of the reasons such as that the infected persons are living in the hot spot of infection and they spread the virus, they do not follow the standard operating norms of controlling the virus and they do not have adequate facilities to mitigate the virus and treat the infection.

Nearly 39.1% of the respondents on being identified positive for covid19 have repeated the test to reverify their status of acquiring the virus. It was shocking to know that 13% of the respondents have been moving about without disclosing their status of contracting the virus to other places of treatment and testing centres risking the safety of those frontline workers because of the fear of seclusion.
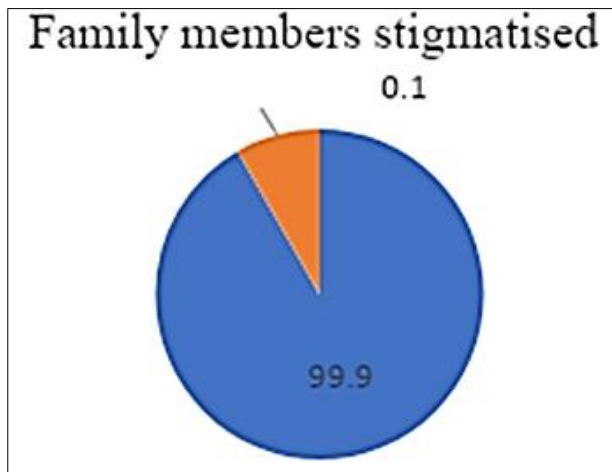

Fig 2: Diagram showing distribution of Family members stigmatized

As it is shown in Figure 2, a majority of 99.9% of the respondents' family members were stigmatised. The infected people were embarrassed as they were isolated by their neighbours. People did not show any sympathy towards the infected people. Even the quarantined people were also stigmatized by the neighbours. The notices put up in front of the houses declaring the members infected and quarantined also became hot topics for gossip. Even within the same compound people were not ready to help the infected people as they had fear of infection. The worst experiences were mentioned in the narratives of which one of the respondents stated, 'The relatives and friends isolate the infected people altogether making it traumatizing for the infected people'. Another respondent explained how the neighbours were not supporting, in her words she mentioned it as 'At that time, with covid affecting the entire family, and being a mother I had to take care of others putting behind botheration about my health and safety protocols. God saved our entire family. But our neighbours, usually we help them but none were willing to spare even a cup of tea. It's Ok. I understand everyone is scared about covid'.

The immediate family members have been the support line in most cases of individuals successfully recovering from the illness. The reaction of the family members on knowing that one of their members is infected was mostly shock and being upset over the fact. But they have always lent a helping hand to show care and concern of the affected person by substituting a lot of home prepared remedies that could act as a cure and prevent further deterioration of health. The significance of family as a primary unit was

much regarded and even the quality family time bonding happened because of the lockdown situation.

The information of a person being affected with Covid needs to be made known to people who come in contact with them on a daily basis such as milk vendor, domestic help etc. It is surprising to note that 26.1% of those affected among the respondents did not disclose their positive identity due to varied other reasons.

The vast majority of the community response to those affected was that they tried to stay away and further protect themselves from the virus. This being their concern they at times have also got afraid and have shunned themselves from being of help to those affected.

The respondents have mentioned incidents when they have received stigmatised treatments and being refused help at the time of need due to covid19 for fetching medicines and food preparations.

It was pathetic to know that 31.8% respondents have mentioned that they were considered as the reason for becoming infected with the virus. And sadly 4.3% respondents have also been blamed for having been the carrier of the virus to other members of the close family and friends.

It was understandable that the respondents were accommodative of the poster being placed outside their homes indicating the positive status of the members of the family. They felt that this would ensure that other members would be safe and away from the virus risk. But there have also been a sense of discomfort, embarrassment and threat of being stigmatized being faced by some of the respondents and has also been the cause for a lot of inconvenience.

All 100% of the respondents have been open about their travel plans to and from various out stations and abroad nations when required for contact tracing and other official inputs that were required to list out for being in isolation or quarantine.

And about 9.1% of the respondents have refused to cooperate with testing because of fear of being outcast by the community and others in case they are tested positive.

Most of the respondents are not in favour of the stamping that was done on the hands of people who need to be in quarantine. This, they felt, was not a humane representation considering the individual dignity.

95.5% of the respondents have been very cautious during the lockdown period and have not risked moving out into the public and restricted spots considering the danger that it could pose.

There have been incidences when even after completion of the treatment the members of the community and neighbourhood have been sceptical to welcome back people who returned after being treated for covid19. They have also been in situations where they feel traumatized and are reluctant to open communication. They were most worried about behaving as normal as earlier social interactions.

The possibility of such instances had reduced after the second wave as the affected ratio has very vastly been increasing. 27.3% of the respondents who had been affected by the corona virus have mentioned that they felt very embarrassed to disclose their identity on being tested positive. This is mostly because of the changes in the behaviour of others towards them, isolating them and fearing stigmatization.

The lack of awareness is clearly visible as almost 54.5% of the respondents have physically tried to distance themselves

from healthcare workers and frontline workers in spite of all the restless toil of those dedicated workers.

Mention also has to be made about the manner in which the respondents had to make arrangements for delivery of food and medicine also reflected the varied practices where primary bonds strengthened, strangers turned volunteers and became support groups. There have also been instances when frontline workers from the corporation department stepped in to assist the affected people. The digitalisation has also helped a lot as online deliveries were useful in making contact less deliveries.

In spite of such extremities the willingness of people to move to some other places has been a marginal 9.6% whereas the majority of respondents 86.4% have mentioned unwillingness to shift to other places other than their residence in want of a better environment to manage the difficulties. The other 4% had actually moved to other exterior places such as rented farm houses on the outskirts or to their native villages for staying away from being blamed and facing discriminative behaviour.

9.1% of the respondents have mentioned that there have been times when situations have not been favourable for treatment or supporting covid 19 patients. Be it oxygen cylinders, food and medicine or any other basic requirements there has been a real difficulty in arrangements and distribution.

The narration of the negative impact of social stigma associated with Covid19 has helped to reflect the various manner in which we are all interdependent on each other and how this networking has enabled us to survive.

Media with its constant breaking news alerts has also been listed as one of the reasons why there has been such increased panic and anxiety to be caused among the members both infected and otherwise.

The findings are a revelation that stigmatization is still lingering on as a silent victimizer along with the infection and the impact it is generating among the interrelationship patterns of how social gathering were constantly monitored. It has changed the way in which we used to carry out the festivities, rituals, norms and even the normal day to day routines not only because of protocols but also because of this silent partnership of stigmatization.

Summary and Conclusion
There is no act too small. The history of social change is the history of actions, small and large coming together at critical points to create a power that cannot be suppressed. Words and ideas can change the social system and be fuelled by the passion of the individuals. New situations such as pandemic or others related to mental health, HIV Aids wherever the interaction of the people with those infected has been biased and negatively reflected is in dire need for bringing a change in behaviours and attitude.

It is not lack of knowledge about the issue alone being the cause for such expressions of stigmatisation. Most often misinformation along with conservative nature of acceptance also relates to the manner in which individuals interact with those around them. The fear and denial to be part of and reach out to those infected is overruled than the acceptance and helping out those in need. To set right such a situation the social factors of commensality have to be reinforced along the socialisation process so that there is positive progress and better understanding among the members in the social set up. For promoting this steps can

be taken to sufficiently keep people informed and provide a support system for assistance as and when the need arises. It should not be left unsaid the role of individual volunteers who have often stepped into the role of caretakers in their community. The study highlights that this nature should become the norm for all being the part of the society so that the spirit of live and let live shall reign.

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