

# COVID-19 STIGMA: Correlates and Mitigation Strategies

## RESEARCH BRIEF

### Executive Summary:

COVID-19 pandemic triggered stigma and discrimination against individuals infected with or vulnerable to SARS COV-2 virus, due to the unpredictable nature of the disease, dearth of reliable information about its transmission and prevention and fear of contracting it. Against this background, the present multicentric mixed methods study conducted in 18 districts located in 7 States of India explored the stigma perceptions and experiences and factors associated with the same, among communities and individuals recovered from COVID-19. The study also assessed the knowledge of cause, modes of transmission, risk perception, preventive methods of COVID-19 and perception of mitigation measures of stigma related to the same. Results of the quantitative study showed that more than 60 percentage of the study participants were aware of the correct cause, modes of transmission and preventive measures of COVID-19. Majority (80.5%) COVID-recovered participants from study sites reported to have experienced at least one form of stigma and 51.3% of respondents from the community reported of severe stigma attitudes towards those diagnosed with COVID-19. The experience of stigma varied across the study sites. Fear of infection and lack of adequate knowledge were observed to be associated with stigma. Findings highlight the need for timely interventions to mitigate COVID-19 stigma by increasing awareness and dispelling misconceptions on the modes of transmission and measures of prevention of COVID-19. Additionally, study also suggests the need for psychosocial interventions to deal with the negative impact of the stigma on individuals and families affected by COVID-19.

### Background:

In India, several media reports indicated the existence of stigma towards COVID-19 patients<sup>1</sup>, healthcare workers engaged in COVID-19 management, and people having a travel history of foreign countries. Existing literature on stigma in India majorly comprises of studies carried among healthcare or frontline workers<sup>2,3</sup> with limited studies focusing on stigma experienced by COVID-19 recovered individuals<sup>4,5</sup> and stigma perceptions held by the community. Given the negative effects of stigma and discrimination on communities, and also on public health efforts related to disease prevention and treatment, it is important to study stigma perceptions and experiences, and factors associated with the same, among communities and those diagnosed with the disease. This will be significant in addressing the research gaps and providing necessary

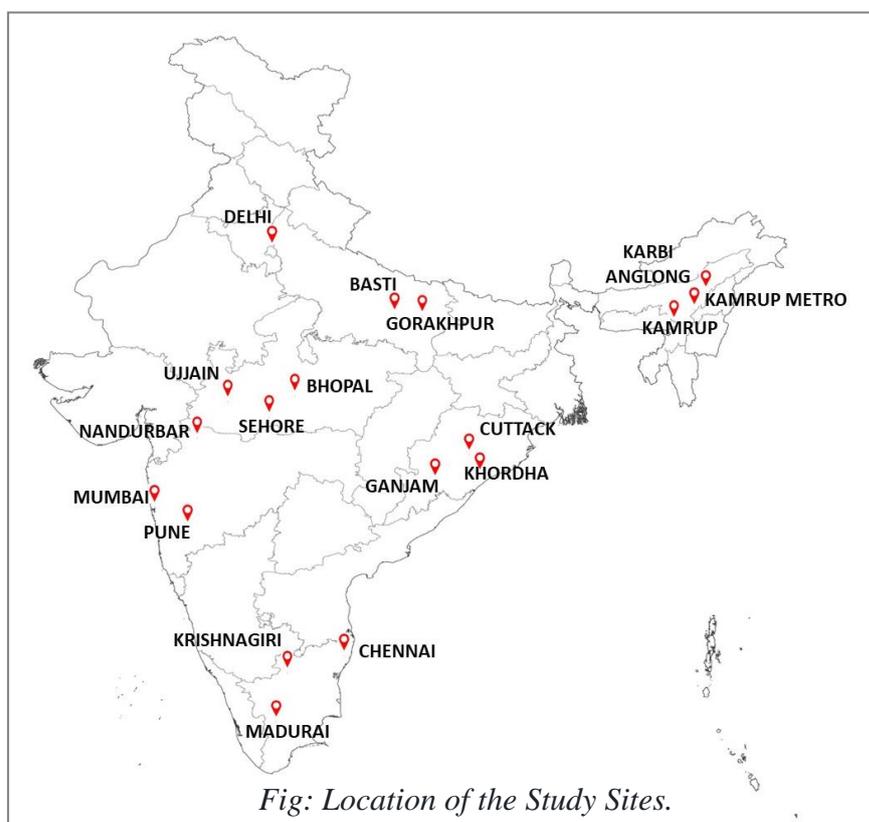
insights into developing strategies to mitigate COVID-19 stigma as perceived by the communities and experienced by COVID recovered individuals in India.

### Objectives:

To explore knowledge related to cause, modes of transmission, prevention, risk perception of COVID-19, understand experiences of stigma among COVID-19 recovered individuals and perceptions of stigma in the community and its mitigation measures.

### Methodology:

This multicentric mixed methods study was undertaken by the ICMR-NIMS in collaboration with 6 ICMR institutes and Tata Institute of Social Sciences, Mumbai in 18 districts located in 7 states of India. After obtaining informed consent, data were collected telephonically from individuals who had recovered from COVID-19 and individuals from the community (above 18 and not infected till the time of the data collection) during August 2020-February 2021. Information on socio demographic characteristics, COVID-19 knowledge and risk



*Fig: Location of the Study Sites.*

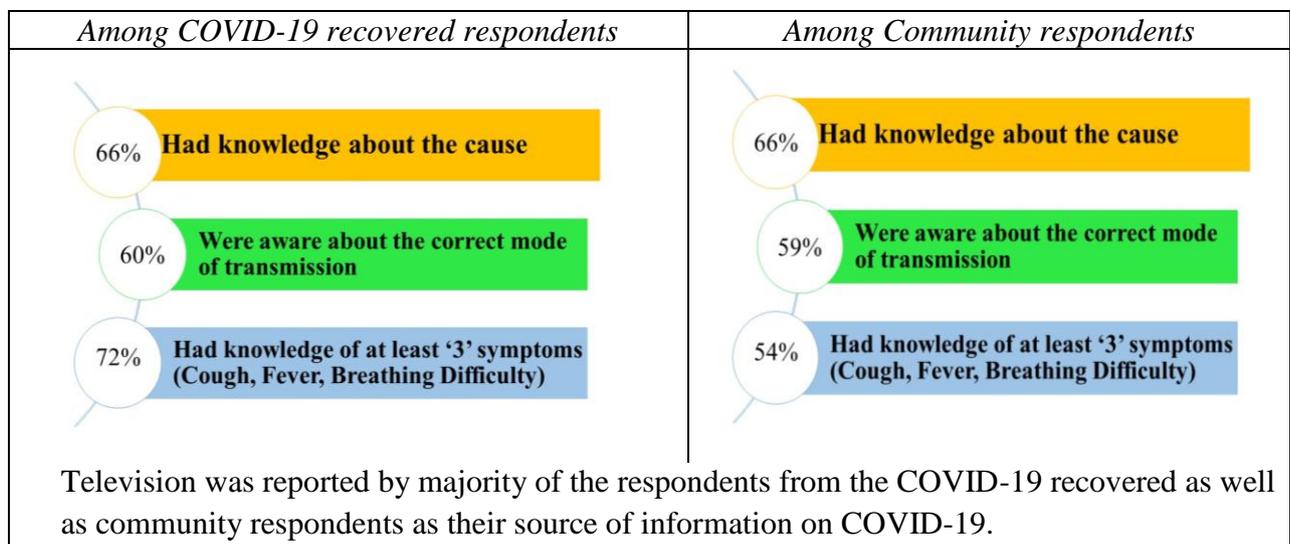
perceptions, stigma (stigma scales developed to understand experiences of COVID recovered individuals as well as perceptions of the community on stigma attitudes) were collected using structured interview schedule from 2281 respondents (1978 from the community & 303 recovered from COVID-19). Additional insights on experiences and perception of prevailing stigma attitudes were elicited from 221 respondents (83 COVID recovered individuals and 138 community respondents) using in-depth interview guides. Statistical analysis of quantitative data and thematic analysis of qualitative data were conducted. Necessary ethical approval was obtained from the

ICMR-Central Ethics Committee on Human Research (CECHR) and Institute Ethics Review Boards of all the institutes before the study was undertaken.

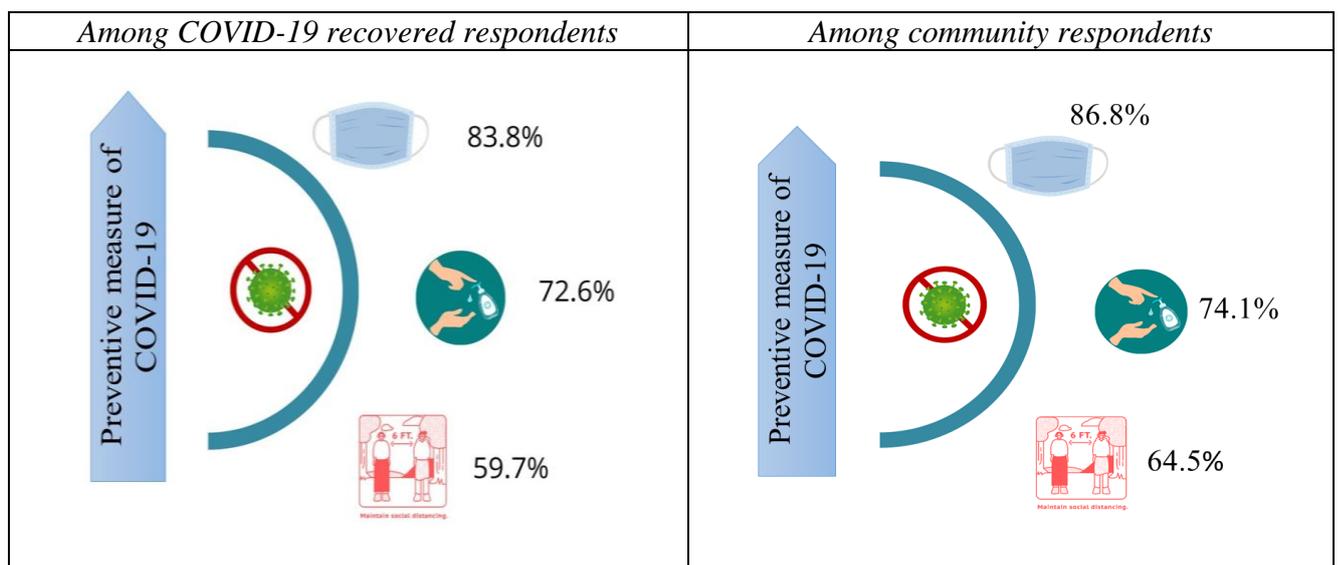
**Findings:**

**Profile of the respondents:** The mean age of the COVID-19 recovered respondents (n =303) was 38.06 yrs, 69% were married, 61.5% had higher secondary and above education, 41.6 % were employed in formal sector and 63% belonged to urban area. The mean age of community respondents (n=1978) was 36.35 yrs, 71% were married, 54.3% had higher secondary and above education, 32.8 % were employed in formal sector and 51% lived in rural area.

**1. Knowledge on cause, modes of transmission and symptoms of covid-19**



**2. Knowledge of three effective preventive measures**



### 3. Risk perception

- Out of the COVID-19 recovered respondents whose family members did not test positive, 69.4% perceived that their family members were unlikely to be infected mostly due to their family members' adherence to preventive measures.
- Regarding perceived risk of getting infected with SARS COV2 virus among community respondents, 58% of the respondents felt that they were unlikely to get the infection as they adhered to preventive measures.

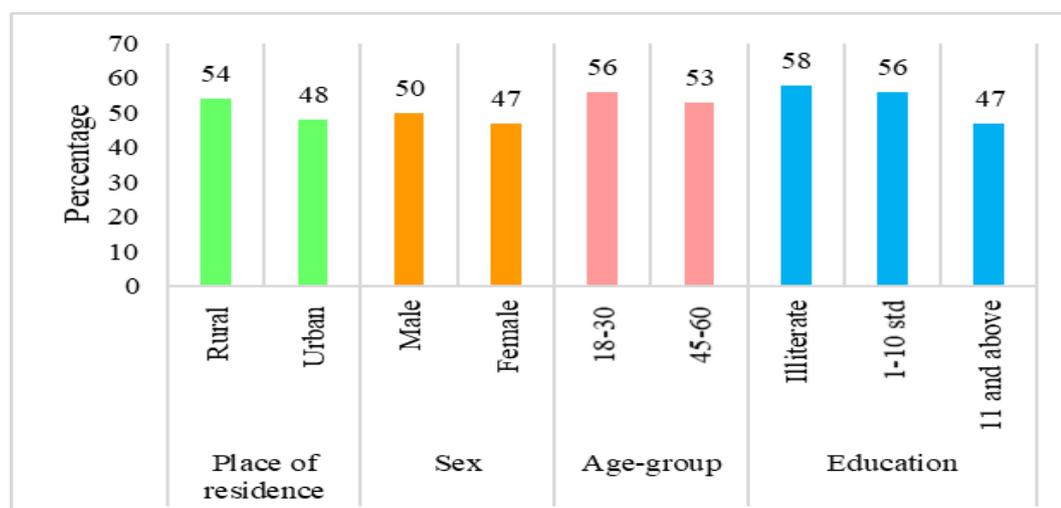
### 4. Stigma experienced by covid-19 recovered respondents

- Based on the categorisation of the respondents into no/mild, moderate and severe stigma, thirty-eight percent of the respondents reported experiencing severe stigma.
- Experience of stigma varied among states with 56% of respondents from Odisha reporting of experiencing severe stigma followed by Delhi (47.6%), Madhya Pradesh (44.6%) and Maharashtra (40%).

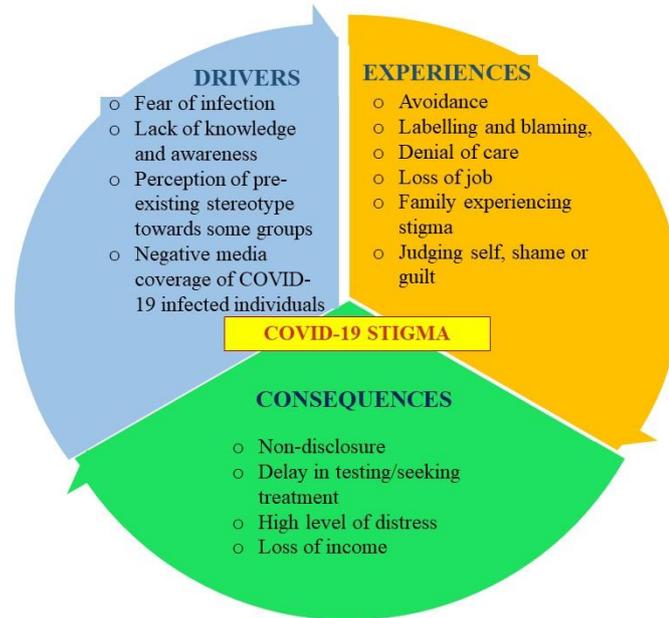
### 5. Perception of stigma against covid-19 affected individuals in the community

- Based on the categorisation of the respondents into individuals who displayed no/mild, moderate and severe stigma attitudes towards those diagnosed with COVID-19, 51.3% of respondents from the community reported of severe stigma attitudes.
- Majority of the community respondents from Odisha (74%) and Maharashtra (71%) reported of severe stigma attitudes towards individuals diagnosed with COVID-19.

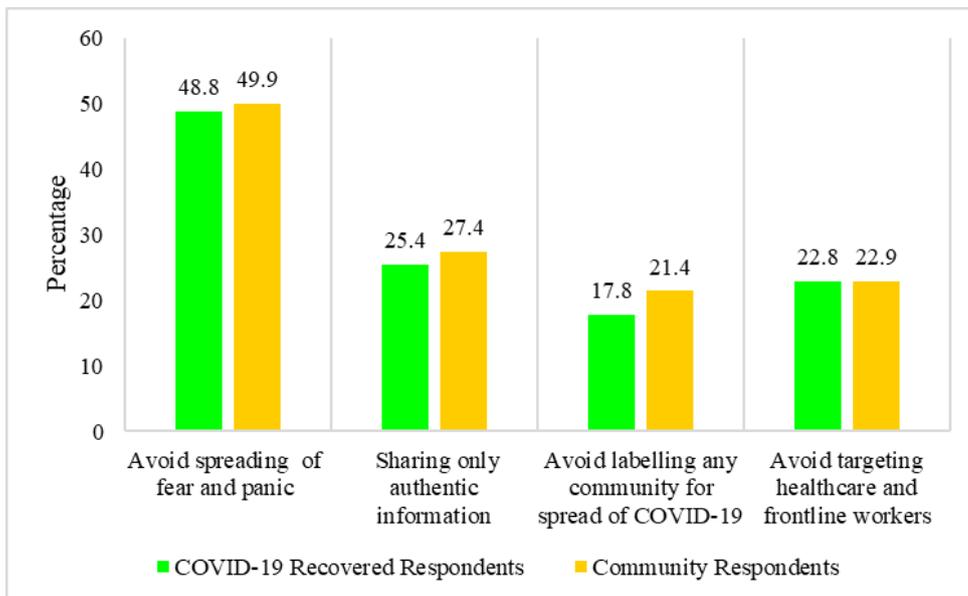
*Presence of community severe stigma attitude towards COVID -19 individuals*



**6. Insights from in-depth interviews of COVID-19 recovered and community respondents: drivers, experience and consequences of COVID-19 stigma**



**7. Respondent’s suggestions on ways to mitigate stigma against COVID-19**



### Recommendations to mitigate stigma

- Effective dissemination of health information that focusses on increasing awareness about the modes of transmission, prevention, and risks associated with COVID-19 is required to prevent and mitigate stigma.
- Visual, print and social media should provide the right information to encourage individuals to adopt healthy behaviours, to seek testing and treatment, to discourage stigmatizing behaviours, and to avoid stereotyping language.
- Psychosocial intervention that supports individuals affected by COVID-19 to deal with the negative impact of the stigma.

### Reference:

1. Dhaliwal T. Defeated virus, unable to dodge stigma: Chandigarh Covid survivors. Hindustan Times. 2020. Available from: <https://www.hindustantimes.com/chandigarh/defeated-virus-unable-to-dodge-stigma-chandigarh-covid-survivors/story-XuIKVpo67cpwUuqEdiUcGM.html>. Accessed on: May 22, 2021.
2. Bhattacharya P, Banerjee D, Rao TS. The "Untold" Side of COVID-19: Social Stigma and Its Consequences in India. *Indian J Psychol Med* 2020;42(4):382-386. doi: 10.1177/0253717620935578.
3. Yadav K, Laskar AR, Rasania SK. A study on stigma and apprehensions related to COVID-19 among healthcare professionals in Delhi. *International Journal of Community Medicine and Public Health* 2020; 7(11): 4547.
4. Imran N, Afzal H, Aamer I, Hashmi A, Shabbir B, Asif A, Farooq S. Scarlett Letter: A study based on experience of stigma by COVID-19 patients in quarantine. *Pakistan Journal of Medical Sciences* 2020; 36(7): 1471.
5. Dar SA, Khurshid SQ, Wani ZA, Khanam A, Haq I, Shah NN...et al. Stigma in coronavirus disease-19 survivors in Kashmir, India: A cross-sectional exploratory study. *PLoS One* 2020; 15(11):e0240152. doi: 10.1371/journal.pone.0240152.

### Acknowledgement:

This project was funded by the Indian Council of Medical Research. Team acknowledges the guidance and support received from, Secretary Department of Health Research & Director General ICMR, Dr Balram Bhargava and Head ECD (Dr Samiran Panda & Ex- Head, Dr R R Gangakedkar), Dr. N K Arora Chairperson and members of the National Task Force on COVID-19 Operations Research, ICMR-Central Ethics Committee on Human Research (CECHR), ICMR-NIMS Ethics Committee and Site Institutes Ethics Committees, ICMR-NIMS Scientific Advisory Committee (SAC) and Collaborating Institutes SAC, Dr Vishnu V. Rao, Director, ICMR-NIMS, Dr Beena Thomas, Technical Advisor, Dr Rajni Kant Head & Dr Enna Dogra, Scientist C, Research Management, Policy, Planning and Coordination Cell (RMPCC), Directors and Study team of Collaborating Institutes, District administration, Health department officials and Study Participants.

### For more information, please contact:

National Principal Investigator: Dr. S. Nair, Scientist E, ICMR- NIMS, [nairs@icmr.gov.in](mailto:nairs@icmr.gov.in); National Co-PI: Dr S. Aggarwal, Scientist C, ICMR-HQs, [drsumiticmr@gmail.com](mailto:drsumiticmr@gmail.com); Site PIs: Dr S. Sahay, Scientist G, ICMR-NARI, [ssahay@nariindia.org](mailto:ssahay@nariindia.org); Dr V Diwan, Scientist E, ICMR-NIREH, [vishal.diwan@icmr.gov.in](mailto:vishal.diwan@icmr.gov.in); Dr A Stephen, Scientist B, ICMR-NIRT, [a.stephen912@gmail.com](mailto:a.stephen912@gmail.com); Dr B. Mishra, Scientist C, ICMR-RMRCBB, [bijaydrster@gmail.com](mailto:bijaydrster@gmail.com); Dr G. Yadav, Technical Officer, ICMR-RMRCGKP, [girijeshkrydv@gmail.com](mailto:girijeshkrydv@gmail.com); Dr K Rekha, Scientist E, ICMR-RMRCNE, [krekha75@yahoo.co.in](mailto:krekha75@yahoo.co.in); Dr A.Joshi, Assistant Professor, TISS, Mumbai, [aparna.joshi@tiss.edu](mailto:aparna.joshi@tiss.edu).

