

Pandemic stigma: Foreigners, doctors wrongly targeted for COVID-19 spread in India

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The Indian public blamed foreigners, minority groups and doctors for the rapid spread of COVID-19 across the country during the first wave, due to misinformation, rumor and long-held discriminatory beliefs, according to an international study led by Monash University.

This resulted in people refusing to get tested for fear of humiliation or public reprisals, which included attacks on Muslims and [health care workers](#).

However, when presented with accurate and reliable information about the virus spread, the Indian public back-pedaled on those negative sentiments and were more likely to get tested and seek [medical help](#), highlighting the importance of [health](#) advice from credible sources.

A world-first study by researchers in the Monash Business School, Indian Institute of Technology Kanpur and University of Southampton found the prevalence of accurate information decreased the stigmatization of COVID-19 patients and reduced the belief that infection was confined to religious minorities, lower-caste groups and frontline workers.

Led by Professor Asad Islam, Director of the Centre for Development Economics and Sustainability in the Monash Business School, the study surveyed 2,138 people across 40 localities in the Indian state of Uttar Pradesh on their views about spread of COVID-19.

Ninety-three per cent of respondents blamed foreigners for the spread of COVID-19, while 66 per cent also blamed the Muslim population. Surprisingly, 34 per cent and 29 per cent of people blamed health care workers and police respectively for failing to contain the virus spread.

The social and physical consequences of stigmatization were found to be severe, as those with symptoms refused to step forward and get tested

for fear of public humiliation.

Other examples included the refusal of non-Hindu doctors and patients to have a dignified burial; attacks on Muslims during and after religious events; health care workers being assaulted and asked to vacate their residences due to fear of virus spread; and incidents of COVID-19 patients leaving self-isolation early.

As India comes to grips with a devastating second wave, with an average of 350,000 new cases and 4,000 deaths daily, researchers say these incidents during the first wave are happening again.

"We believe the results are as relevant today, as widespread stigmatization is visible even during this wave," Dr. Islam said.

"Cases of stigmatization during the second wave have resulted in doctors being verbally abused and prevented from taking a lift in their own residential flat, old parents being abandoned, several patients fleeing medical facilities across the country, and dead bodies being dumped in rivers.

"Most importantly, we found that stigmatization of COVID-19 can have negative public health implications as it may lead people to avoid getting tested and respecting prevention measures. This is essential if India is to get on top of this [second wave](#)."

During the study, which took place in June 2020 at the height of the first wave, researchers surveyed individuals by phone and followed up with a randomized controlled test. The treatment group received information about COVID-19 and preventive strategies.

Researchers followed up with participants about one month later to assess if the information intervention was effective in improving

knowledge about the transmission and prevention of COVID-19.

More than half of the participants who received the information brief were less likely to believe that any particular group was to be blamed for the spread of the disease and thus reduced stigmatization of COVID-19 patients, frontline workers (health care workers, sanitary workers, and the police), and marginalized groups such as religious minorities.

Furthermore, researchers identified a significant increase in the self-reporting of COVID-related symptoms and subsequent medical treatment in the Indian population, including treatment for mental health. There was a 75 percentage point reduction in stress and anxiety experienced by participants in the treatment group.

An additional 10 per cent of participants reported a greater quality of life as a result of heightened information awareness and consumption.

"Health advice from credible sources in simple language is of utmost importance as individuals are still taking the pandemic lightly, not wearing their masks and are reluctant to get vaccinated due to widespread ignorance and misconception, even when the numbers are soaring," research co-author Associate Professor Liang Choon Wang from the Monash Business School's Department of Economics said.

"Raising awareness and reducing stress and stigmatization could lead to encouraging vaccination rates, following prescribed quarantine or lockdown guidelines, coming forward and getting tested if symptoms are visible (or in early stages of infection) and getting help at the earliest time."

More information: Asad Islam et al, Stigma and misconceptions in the time of the COVID-19 pandemic: A field experiment in India, *Social Science & Medicine* (2021). [DOI: 10.1016/j.socscimed.2021.113966](https://doi.org/10.1016/j.socscimed.2021.113966)

Provided by Monash University

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