

Stigma Experienced by Covid-19 Patients: A Descriptive Study

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Abstract

From the start of the Covid-19 pandemic, stigma and discrimination have fuelled the transmission of Coronavirus and has negatively impacted the people who turn Covid-positive. Stigma and its negative feelings have kept people with Covid symptoms from testing and seeking prompt treatment. Identifying the severity of its impact, taking corrective measures to treat the disease and mitigating the stigma related to this novel disease are important roles to be carried out by nurses. This study was conducted among patients discharged from a Dedicated Covid Health Centre (DCHC) in Satara (Maharashtra) to assess the level of stigma faced by them. A quantitative design using a non-probability purposive sampling technique was adopted. Sixty adults in the age group of 18 to 60 years who recovered from Covid -19, who were able to understand Marathi, Hindi or English participated in the study. The study subjects were telephonically interviewed using a self-prepared structured questionnaire. The responses received were collated and analysed. The study revealed that 16 (26.6%) experienced mild stigma, 31 (51.7%) experienced medium stigma and 13 (21.7%) experienced moderate stigma. The stigma was associated significantly with age and there were no significant association between variables such as marital status, gender and occupation.

Keywords: Covid-19, Social Stigma, Dedicated Covid Health Centre.

Covid-19 is an infectious disease caused by a newly discovered Coronavirus (UBAIDS, 2020). Most people infected with the Covid -19 virus experience mild to moderate respiratory illness and recover without requiring special treatment.

People affected with Covid-19 may be labelled, stereotyped, discriminated, treated differently, or experience loss of status because of real or perceived links with the disease. As a result, those who have (or are perceived to have) the disease, as well as their caregivers, family, friends, and communities, may be subjected to social stigma. Due to the social stigma, individuals and groups can be exposed to racism, xenophobia and hate crimes. The groups shown to be most vulnerable to social stigma are people of Asian descent, people who have travelled abroad, people who have recently completed quarantine, health care professionals and emergency service workers (Ahmed & Mohamed, 2020).

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Stigma can make people feel isolated and even abandoned. They may feel depressed, hurt and angry when friends and others in the community avoid them for fear of contracting Covid-19. A stigmatised group may often feel deprived of the resources they need to care for themselves and their families during a pandemic (Bhanot et al, 2021).

Corona virus disease-related stigma started early in the pandemic with multiple media reports highlighting the discriminatory practices towards the health-care workers, patients, and survivors, which created discrimination among the public. Hence the researchers felt the need to conduct this study.

Objectives

This study sought:

- To assess the stigma among Covid-19 recovered patients in a selected community.
- To determine the association between stigma and demographic variables.

Review of Literature

A cross-sectional, hospital-based, exploratory study was conducted by the postgraduate department of psychiatry, Government Medical College,

Srinagar in November 2020. The study was performed among Covid-19 survivors, who attended the outpatient department after being discharged from the hospital. Socio-demographic characteristics were recorded through a semi-structured proforma. Stigma was measured using a stigma questionnaire. Data was analysed using descriptive statistics and regression analysis. A total of 91 survivors consented to participate in the study; 98 percent of them provided at least one stigma endorsing response and the total mean stigma score was 28.5 ± 7.1 [R=6–39]. The mean stigma sub-scores were highest for enacted stigma (7.6 ± 1.8) [R=2–9] and externalised stigma (15.0 ± 4.1) [R=1–20]. Enacted stigma was significantly high in males as compared to females (Dar, 2020).

A cross-sectional study in Egypt using an on-line questionnaire was conducted from the 7 to 21 June 2020 where a questionnaire was distributed via social media and emailed to the physicians working in Egypt. Among the 509 physicians participated, 138 (27.1%) were directly involved in the care of Covid-19 patients. 159 (31.2%) participants reported severe level of Covid-19-related stigma. Participants' mean overall Covid-19-related stigma score was 40.6 ± 8.0 . The mean sub-scale scores were: personalised stigma 26.0 ± 5.7 , disclosure concerns 9.3 ± 2.2 , negative self-image 6.9 ± 1.6 , and concern with public attitudes 24.4 ± 4.9 .

In the multivariable regression analyses, the overall Covid-19-related stigma score was higher among participants with lower qualifications and among those working in a quarantine hospital (Aya Mostafa et al, 2020).

Methodology

The present study used a descriptive design to assess the stigma experienced by patients who recovered from Covid -19. The accessible population were patients who were discharged from a Dedicated Covid Health Centre (DCHC) in a selected community of Satara District, Maharashtra. DCHCs are hospitals that offer care for Covid -19 positive cases that have been clinically assigned as moderate and severe. A non-probability purposive sampling technique was used to select 60 Covid-19 positive patients who consented. Both male and female patients of the age group between 18-60 years and who were able to read, speak and understand Marathi, English or Hindi were included in the study. Patients who were mentally challenged, unable to comprehend and respond were excluded from the study. The tool for data collection was a self-prepared structured questionnaire with 2 parts, the demographic

variables and stigma questionnaire with 19 questions. This questionnaire was validated by seven experts to establish the content validity. The tool was also translated into Marathi language which was then revalidated by the experts. They verified the items for its relevance, accuracy and appropriateness. Based on the suggestions shared by the experts, necessary modifications were made. Responses were elicited on a 5-point Likert scale scored as: 5-Always 4-Often 3-Sometimes 2-Rarely 1-Never. The participants were asked to score one out of five. Among the 19 questions reverse scoring was done for 9 questions. The final stigma scores were interpreted as: 1 to 19 – No stigma, 20 to 38 – Mild stigma, 39 to 57– Medium stigma, 58 to 76 – Moderate stigma and 77 to 95 – Severe stigma.

A pilot study was carried out on 6 subjects in a DCHC in Panchgani to check the feasibility. The study was deemed to be feasible and progressed on to the main study in a DCHC in Mayani.

Data Collection Process

Formal approval was obtained from the Ethical Committee of Bel-Air College of Nursing as also from the DCHC Mayani. The telephone contacts of 80 subjects were retrieved from the admission register of the selected DCHC out of which 60 subjects responded and consented to participate in the study. Data was collected from 15 to 30 October 2020 through a telephonic interview based on the questionnaire. The time for each interaction was 12 to 15 minutes. Informed con-

Table 1: Stigma scale interpretation (N=60)

Mild stigma	Medium stigma	Moderate stigma
16 (26.6%)	31 (51.7%)	13 (21.7%)

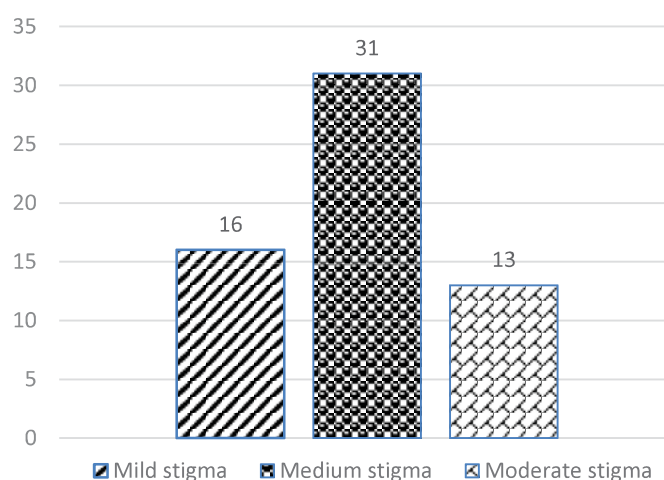


Fig 1: Stigma scale interpretation.

Table 2: Demographic variables as per gender (N=60)

Gender	Mild stigma	Medium stigma	Moderate stigma
Male	12 (32.4%)	17 (45.9%)	8 (21.6%)
Female	4 (17.3%)	14 (60.8%)	5 (21.7%)

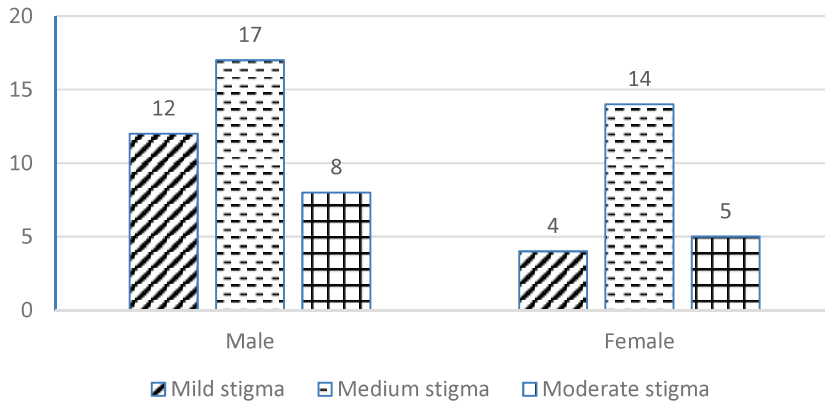


Fig 2: Demographic variables (Gender-wise).

sent was taken from subjects verbally by ensuring that confidentiality will be maintained throughout the research process. The respective code numbers were provided to the subjects to maintain confidentiality. The questionnaire was sent to the subject through a WhatsApp as a PDF form, and they were asked to fill it. In case of any clarification they were encouraged to call the researchers. Participants who were unable to edit the PDF form of the questionnaire were contacted on telephone to capture their responses so the process was very time consuming.

Results

Frequency and percentage of demographic variables were analysed. Chi square test was employed to find the association.

The study findings revealed that 16 (26.6%) respondents experienced mild stigma, 31 (51.7%) experienced medium stigma and 13 (21.7%) experienced moderate stigma (Table 1, Fig 1).

The stigma was significantly associated with age. There were no significant association with variables such as marital status, gender and occupation.

Discussion

The study revealed that medium stigma was experienced by majority of the recovered Covid-19 patients and very few experienced mild and moderate stigma. The total number of males interviewed were 37 and females were 23. Out of 37 males, 12 (32.4%) experienced mild stigma, 17 (45.9%) experienced medium stigma and 8 (21.6%) experienced moderate stigma (Table 2, Fig 2). Out of the 23 females, 4 (17.3%) experienced mild stigma, 14 (60.8%) experienced medium stigma and 5 (21.7%) experienced moderate stigma (Table 3).

This study was in accordance with the one conducted by Nazish Imran

Table 3: Association of demographic variables with stigma (N=60)

Demographic variables	Stigma scale interpretation			Chi square test	p value	Association
	Mild	Medium	Moderate			
Age in years						
20-40 years	2 (8.6%)	15 (65.2%)	6 (26%)	6.1	0.04	Significantly associated
≥ 41years	14 (37.8%)	16 (43.2%)	7 (18.9%)			
Sex						
Male	12 (32.4%)	17 (45.9%)	8 (21.6%)	1.8	0.4	Not significantly associated
Female	4 (17.3%)	14 (60.8%)	5 (21.7%)			
Marital Status						
Married	15 (28.8%)	25 (48.9%)	12 (23.0%)	2	0.3	Not significantly associated
Unmarried	1 (12.5%)	6 (75%)	1 (12.5%)			
Occupation						
Sedentary work	5 (20%)	10 (50%)	5 (25%)	0.2	0.9	Not significantly associated
Moderate work	11 (27.5%)	21 (52.5%)	8 (20%)			
Education						
Secondary	11 (28.9%)	19 (50%)	8 (21%)	0.2	0.8	Not significantly associated
Higher	5 (22.7%)	12 (54.5%)	5 (22.7%)			

among Covid-19 infected people which reported widespread experience of stigma by patients particularly around concerns about public attitudes and disclosure. Main themes emergent from the qualitative responses were social stigma and rejection, humiliating behaviour of others, breach of confidentiality, loss of trust, respect, and impact of Covid-19 diagnosis on their business. The study offers important preliminary insights into how the stigma among those recovered from Covid -19 affects the lives of people in a developing country. Stigma appears to have a corrosive influence on participant's mental health, largely through stress, disruption of social support systems and social relationships. It can negatively affect recovery from the illness and also contribute to difficulties in pandemic containment zones (Nazish et al, 2020)

A similar study was conducted in Delhi to assess the stigma among 122 male Covid- 19 patients. Among them, 54 (44.26%) patients blamed themselves for getting the infection, a total of 19 (15.6%) reported that they have been told that getting Covid-19 was their fault. There was a statistically significant association between feeling ashamed and blaming themselves for Covid -19 ($p = 0.046$) (Yadav, 2021).

Recommendations

- The study can be conducted on a larger sample.
- The study may be carried out in a different setting.
- The time period for conducting the study can be extended.
- Stigma may differ in different environments and settings and therefore a study may be conducted with representative samples from different hospitals.

Nursing Implications

The findings of our study have several implications in nursing education, nursing services, nursing research and nursing administration. This study may enable future nurses to assess the stigma faced by the Covid-19 recovered patients and may also help in providing appropriate care, support, guidance and counselling to the patients as well as their family members to prevent stigmatisation. Nurses should realise the stigma faced by the Covid-19 recovered patients and ensure that effective coping strategies are instituted. The study calls for appropriate knowledge dissemination to the nursing staff and students to help deal with patients in order to minimise the stigma faced by them.

Conclusion

The study concluded that majority (51.7%) of the patients experienced medium stigma after contracting Covid-19. The stigma was significantly associated with age contributed by commonly held perceptions that the elderly are more susceptible to the adverse effects of Covid-19. Stigma can affect patients with Covid-19 in approaching hospitals for treatment. Nurses have an ethical and moral responsibility to address the harmful effects of stigma. Nurses can reduce the experience of shame or guilt among Covid -19 individuals by communicating right and accurate information effectively. They must avoid negative or stereotype remarks that aggravate stigma. Ignoring stigmatising behaviours is a direct violation of the Nursing code of ethics and must be challenged to protect the integrity, rights and well-being of the patients served. Nurses can play a vital role in dispelling the stigma associated with Covid-19.

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