

Fear and Stigma during COVID-19: A Road Map to Develop Effective Interventions

¹Neenumol Babu, ²Lekha. D. Bhat

¹NEENUMOL BABU, Ph.D Scholar, Dept Of Epidemiology And Public Health, Central University Of Tamil Nadu, Thiruvavur, India. She Extracted Data, Analysed And Developed Initial Draft.

²LEKHA. D. BHAT, Ph.D, Assistant Professor, Dept. Of Epidemiology And Public Health, Central University Of Tamil Nadu, Thiruvavur, India. She Conceptualised The Work, Developed Methodology And Supervised The Over All Work.

Abstract

The pandemic has generated a lot of fear and stigma and it becomes imperative to develop appropriate interventions. The interventions generally emphasize economic, and epidemiological aspects overlooking psychological factors. During the spread of a pandemic, the general reaction is panic, blame, fear, and discrimination depending upon its intensity, severity, and duration and this needs timely intervention.

Study design: The paper is a conceptual paper developed using the literature available during the initial six months of the pandemic spread.

Methods: This is a systematic review paper. This review paper has been developed based on published research studies available in this field from Jan 2020-Jan 2021. Searched, and downloaded over 115 articles with keywords such as stigma, fear, anxiety, stress, and mental health during the pandemic situation. For inclusion and exclusion criteria, articles published in English and those published in peer review journals were included.

Results: Among the Covid patients, severe mental health problems including boredom, anxiety, fear, and insomnia were reported. Prolonged social restrictions, lockdowns, and quarantines have frightened and alarmed people in general. In a highly digitalized world, the spread of false Covid-related information has led to very harmful psychological reactions.

Conclusion: Fear, stigma, and other psychological problems that occur during a pandemic can significantly affect the individual behavior and social conduct of a community. It is imperative that efforts be made on the part of the government, health practitioners, and NGOs to develop evidence-based models through research and develop practice based on those concepts.

Keywords: Fear, Stigma, Psychological problem, COVID-19, Pandemic, India.

Introduction

With any new pandemic when the risk factors are unknown and an effective treatment is unavailable whole world will be in fear as the threat is magnified than the usual. Over the last eight months, SARS-CoV-2 has been severely affecting the public health throughout the

world. The current outbreak of SARS-CoV-2 (COVID-19) is proved to be more contagious than the SARS-CoV till now rather than prevention and symptom management, no effective cure is developed. As COVID 19 pandemic is spreading fast and cases are increasing proper addressing of global fear,

anxiety is important. This will help people develop appropriate reaction and coping strategies (Abdulkareem et al 2020). Focus of International bodies and researchers have always remained on epidemiological and clinical aspects followed by long term economic impact. The psychological components like fear, helplessness and anxiety are neglected while developing national / global strategies against pandemics (Ornell et al 2020).

General reaction of public in the event of a pandemic is panic, blame, fear and discrimination (Rosenberg 1991). These reactions, its intensity, severity and duration depend upon the context which include the type of epidemics (new/ existing), general measures taken by authorities, competency of health care system and political leadership (Foege 1991). Fear, when it is chronic or disproportionate affects others and is harmful to self and society as it manifests as stigma and discrimination. Stigma and discrimination will affect the public health intervention and its effectiveness (Person et al 2004). In the current paper we have reviewed the need for mental health care programmes during a pandemic, we have made an attempt to picturize the global scenario of fear and anxiety during this unprecedented time. Our search criteria/keywords include fear, anxiety, stress and mental health during pandemic situations, we have included articles from Pubmed, magazines, websites, and incorporated the latest articles and some of the landmark articles in this field.

COVID 19 Experiences: Fear and Stigma across the Countries

In COVID-19 pandemic, the major factors that cause stress to global citizens are fear of acquiring infection, longer quarantine duration, frustration (family/societal pressure to bout individual indifferences), boredom, inadequate supplies of essentials, scarce information, financial loss (includes job loss, business loss) and stigma (Brooks et al 2020). For instance, in the United States, there were group of people protesting the lock-down measures of the government citing as infringements against civil liberties. Stringent measures such as lockdown and restricted movements are considered as an overreaction by certain group

of people. Most of them were in the fear of losing job, thus demanding the government to redefine essential businesses, quarantine only the vulnerable population and demanding to increase the testing to get back to normalcy. On the contrary in the United Kingdom, the major public response to lockdown was amicable. However, there were instances, wherein confusions and threats were laid by the government decision initially. Shortage of Personal Protective Equipments (PPE) created enormous anxiety over the safety of residents and healthcare staff. In India, few reports of attacks on health care providers and on corps who are in the forefront to combat the recent epidemic of COVID 19 were the emotional ventilation of fear, anxiety, and frustrations. Furthermore, reported incidents from India, wherein health care providers/ sanitary workers were asked to vacate the rented houses without any prior notice pose threat to the compassionate behavior of mankind.

Fear, Stigma and Past Epidemics

The Spanish Flu pandemic (1919-20) by conservative records, reported minimal 30-50 million deaths (Stren et al 2010). Since it started in military camps of USA the information was kept secretive and sensitive fearing stigma; although it was originated in the USA it is inappropriately named as Spanish Flu (Cunha 2004). During these times, mode of communication, migration and global mobility were minimal. Still for a very long period fear, suspicion and panic prevailed; anxiety about the disease recorded was significantly high; worryingly low level of knowledge in a population led to higher discrimination towards victims (Williams et al 2012).

In 2002 with pandemic SARS, the BBC reported that this pandemic will have such fatality and demographic impact as that of 1918 Spanish Flu (BBC 2003). Fear increased when non-pharma measures like quarantine and isolation were enforced (Weiss and Ramakrishna 2003). In Asia, discrimination and stigmatization of potential SARS patients was widely reported. SARS produced significant levels of fear and psychological trauma especially in affected population which ultimately affected migration (Cunha 2004). The challenging task during SARS epidemic

was not the mortality/ morbidity, but rather the fear and panic that the epidemic generated among the public (Smith and Huang 2016). Fear, stigma and discrimination affected the public health interventions negatively as suspected cases were hiding out of fear (Scott 2012). In 2009, the Swine Flu pandemic reported where 61 million infected cases predominantly from Mexico and the USA (Mesch et al 2011). A 50% of population in these countries reported increased fear and anxiety (Lamb et al 2013). This is because exaggerated and reactive responses were more than scientific responses and actions (Setborn and Raude 2010).

Fear and Stigma with COVID-19

With COVID- 19 pandemic when many countries announced lockdown/ quarantine widespread panic was seen when people rushed to buy food and cleansing items. In China, 54 percent of the respondents reported severe fear in their minds due to this new disease (Wang et al 2020). In comparison to SARS 2009, the current pandemic have created immense psychological fear and stigma because of increase in international mobility, global connectivity and extensive social media coverage (Xiang et al 2020). Those who are in quarantine feel ashamed, guilt and stigma (Abdulkareem et al 2020). The easy access to communication technology and misguiding information has created harmful psychological reactions like anger, rage and fear towards COVID positive people (Ornell et al 2020). Particularly during COVID 19 emotional spread is high whereby the distress and fear experienced by one person is spread to another in swift manner in the digitalized world.

COVID positive patients reported intense emotions like boredom, fear, anger and insomnia (Sharma 2020). Health-related anxiety in confirmed COVID-19 patients is a reality; their mental health and well-being are profoundly affected, as they live in fear of being socially ostracized (Hosseini et al., 2019). It is not just the suspected and confirmed patients that suffer from anxiety. Quarantine is a significant concern relating to COVID-19, as it impacts mental health and well-being (Sharma, 2020). Social isolation and long-term restrictions on movement raise fear and

apprehensions in mind towards certain groups (WHO, 2020). It is likely that there will be grave mental health implications and managing such issues becomes a challenge for the health care system (Rajkumar, 2020).

Fear, Stigma and Minorities

Minority groups usually face health disparities, such as unequal access to quality healthcare services, compared with their counterparts; thus, contributing COVID-19 related anxiety and fear (Wilder, 2020). Studies from the UK show racism, discrimination, and social inequality played a crucial role in increasing COVID-19 infection risk (PHE 2020). A recent U.K. Biobank study confirmed that socio-economic differences and ethnicity contribute to accelerating discrimination in COVID-19 context. In the UK Occupational health and fear, stigma also seems to be correlated which is proved from the feelings expressed by Pakistani nationals who are employed as nurses and support staff (Mamluk& Jones 2020). The psychosocial implications of structural disparities, is increasing the risk of mental disorders including depression, and acute stress disorder among minorities in China (Hu et al., 2020). COVID-19 is responsible for eliciting anxiety, phobic reactions as well as psychosomatic disorders amongst minorities, who cannot afford to take time off from work.

In India, the minority group members especially Muslims and economically poor who cannot practice social distancing are targeted as carriers of COVID 19. This includes migrant laborers, domestic workers and sanitation workers. Pandemic anxiety in the country has also manifested in bigotry and prejudice against Muslims who have been blamed for the spread of the virus. Islamophobic tropes are evident from the manner in which the spread of COVID-19 in the country has been framed along religious lines (Al Jazeera 2020). The report published by the New York Times mentions that, Islamic groups and migrants are blamed for spread of the virus. Fear of life, fear of being beaten up in public and contempt from fellow citizens are the feelings reported by the Muslim leaders (The Washington Post 2020).

Handling Fear and Stigma: Role of different Stake Holders

Responding adequately to fear, anxiety and discrimination demand a deep understanding of infectious diseases and strategic psychological interventions (Sharma, 2020; Rajkumar, 2020).

COVID 19 pandemic is yet to be controlled; number of deaths as well as infected cases is increasing globally and this makes it mandatory to keep people in lockdown/ quarantine/ isolation for longer period. In such times, role of mental health professionals/ social-behaviorists is crucial. There is need to integrate mental health services to public health services to combat psycho-social aspects of epidemics (Tucci et al 2017). The most important challenge is identifying nature and intensity of fear and anxiety (Ornell et al 2020). There are no universal/ standardized guidelines available for psycho-social support work in pandemic times (Dieltjens T et al 2014). Establishing government approved safe counseling services (virtual/ telephonic/ app based) is suggested. One of the main challenges in dealing with fear, anxiety and discrimination is the lack of training and capacity building amongst the available mental health professionals and socio-behaviorists (Njiri, 2020). These helping professionals must be aided by online mental health databases access, capacity building and skill development online modules by WHO, NDC, John Hopkins Center etc. (Savitsky et al., 2020).

The active role of respective Governments in each country is pivotal which eventually helps to conceptualize about threat and change the behavior positively (Abdulkareem et al 2020). Control of fake news, appropriate information sharing through mass media forms an important responsibility of Governments. Other social resources that could be utilized in order to handle fear and anxiety could be the involvement of religious leaders and organizations and Non-Governmental Organisations with a prominent societal role and credibility (Ephraim, et al, 2020).

Conclusion

Fear and Stigma is common during pandemic and it affects the behavior of mass in a society. Handling fear and stigma along with other

aspects of health seeking behaviour is important to control it. The role of mental health practitioners, government and Non-Governmental Organizations in this regard is pivotal. Research on psycho-social aspect of COVID 19 is critical so that evidence-based models and practice can be developed. This will lead to a plausible scientific explanation at a population level behavior changes and initiatives that can be reviewed in making strategic epidemic management plans more inclusive, effective with optimal use of available medical, financial and manpower resources.

References

- [1] Abdulkareem, S. A., Augustijn, E.-W., Filatova, T., Musial, K., & Mustafa, Y. T. (2020). Risk perception and behavioral change during epidemics: Comparing models of individual and collective learning. *PLOS ONE*, 15(1), e0226483. <https://doi.org/10.1371/journal.pone.0226483>.
- [2] Andrew T. Price-Smith and Yanzhong Huang. (2016). 'Epidemic of Fear: SARS and the Political Economy of Contagion Innovation in Global Health Governance Taylor & Francis Group'. (<https://www.taylorfrancis.com/books/e/9781315588629/chapters/10.4324/9781315588629-10>).
- [3] Apoorvanand. (2020). 'How the Coronavirus Outbreak in India Was Blamed on Muslims'. Retrieved 3 August 2020 (<https://www.aljazeera.com/indepth/opinion/coronavirus-outbreak-india-blamed-muslims-200418143252362.html>).
- [4] BBC. (2003). 'Sars: Is Global Panic Justified?' BBC News link U.K. ed April 24.
- [5] Brooks, S. K., Webster, R. K., Smith, L. E., Woodland, L., Wessely, S., Greenberg, N., & Rubin, G. J. (2020). The psychological impact of quarantine and how to reduce it: Rapid review of the evidence. *The Lancet*, 395(10227), 912–920. [https://doi.org/10.1016/S0140-6736\(20\)30460-8](https://doi.org/10.1016/S0140-6736(20)30460-8).
- [6] Cunha, B. A. (2004). Influenza: Historical aspects of epidemics and pandemics. *Infectious Disease Clinics of North*

- America, 18(1), 141–155.
[https://doi.org/10.1016/S0891-5520\(03\)00095-3](https://doi.org/10.1016/S0891-5520(03)00095-3).
- [7] Dieltjens, T., Moonens, I., Praet, K. V., Buck, E. D., & Vandekerckhove, P. (2014). A Systematic Literature Search on Psychological First Aid: Lack of Evidence to Develop Guidelines. *PLOS ONE*, 9(12), e114714.
<https://doi.org/10.1371/journal.pone.0114714>.
- [8] Foege WH. (1991). Plagues: perceptions of risk and social responses. In: *In Time of Plague: the History and Social Consequences of Lethal Epidemic Disease* (ed. A Mack), New York University Press, New York, pp. 9–20.
- [9] Hossain, I., Mullick, A., Haidar, A., & Aktaruzzaman, M. M. (2020). The COVID-19 Pandemic and Mental Health: A Systemic Review. *Texila International Journal of Academic research*.
<https://doi.org/10.21522/TIJAR.2014.07.01.Art023>.
- [10] Hu, Wei, Su, Li, Qiao, Juan, Zhu, Jing, Zhou, Yi. (2020). COVID-19 outbreak increased risk of schizophrenia in aged adults. *PsyChinaXiv* [ChinaXiv:202003.00003].
<http://chinaxiv.org/abs/202003.00003>
- [11] Kamradt-Scott, A. (2012). Changing Perceptions: Of Pandemic Influenza and Public Health Responses. *American Journal of Public Health*, 102(1), 90–98.
<https://doi.org/10.2105/AJPH.2011.300330>.
- [12] Lamb, Alex, Michael J. Paul, and Mark Dredze. (2013). ‘Separating Fact from Fear: Tracking Flu Infections on Twitter’. *North American Chapter of the Association for Computational Linguistics (NAACL)* 2013:789–795.
https://scholar.google.com/scholar_lookup?journal=HLT-NAACL&title=Separating+Fact+from+Fear:+Tracking+Flu+Infections+on+Twitter&author=A+Lamb&author=MJ+Paul&author=M+Dredze&publication_year=2013&pages=789-795
- [13] Mamluk, Loubaba. and Jones, Tim. (2020). ‘The Impact of COVID-19 on Black, Asian and Minority Ethnic Communities’. *ARC West*. Retrieved 20 May 2020 ([https://arc-w.nihr.ac.uk/research-and-implementation/covid-19-](https://arc-w.nihr.ac.uk/research-and-implementation/covid-19-response/reports/the-impact-of-covid-19-on-black-asian-and-minority-ethnic-communities/)
- [response/reports/the-impact-of-covid-19-on-black-asian-and-minority-ethnic-communities/](https://arc-w.nihr.ac.uk/research-and-implementation/covid-19-response/reports/the-impact-of-covid-19-on-black-asian-and-minority-ethnic-communities/)).
- [14] Mesch, G. S., Schwirian, K. P., & Kolobov, T. (2013). Attention to the media and worry over becoming infected: The case of the Swine Flu (H1N1) Epidemic of 2009. *Sociology of Health & Illness*, 35(2), 325–331.
<https://doi.org/10.1111/j.1467-9566.2012.01500.x>.
- [15] Njiri, K. (2020). Mental Health and Covid-19: The Right to Mental Health during the COVID-19 Pandemic (SSRN Scholarly Paper ID 3598916). *Social Science Research Network*.
<https://doi.org/10.2139/ssrn.3598916>.
- [16] Ornell, F., Schuch, J. B., Sordi, A. O., & Kessler, F. H. P. (2020). “Pandemic fear” and COVID-19: Mental health burden and strategies. *Brazilian Journal of Psychiatry*, 42(3), 232–235.
<https://doi.org/10.1590/1516-4446-2020-0008>.
- [17] Public Health England. (2020). ‘Beyond the Data: Understanding the Impact of COVID-19 on BAME Communities’. 69. (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf.)
- [18] Rajkumar, R. P. (2020). COVID-19 and mental health: A review of the existing literature. *Asian Journal of Psychiatry*, 52, 102066.
<https://doi.org/10.1016/j.ajp.2020.102066>.
- [19] Raude, J., Caille-Brillet, A.-L., & Setbon, M. (2010). The 2009 pandemic H1N1 influenza vaccination in France: Who accepted to receive the vaccine and why? *PLoS Currents*, 2.
<https://doi.org/10.1371/currents.RRN1188>.
- [20] Rosenberg CE. (1991). The definition and control of disease. An introduction. In: *In Time of Plague: The History and Social Consequences of Lethal Epidemic Disease* (ed. A Mack), New York University Press, New York, pp. 5–8.
- [21] Savitsky, B., Findling, Y., Ereli, A., & Hendel, T. (2020). Anxiety and coping strategies among nursing students during the covid-19 pandemic. *Nurse Education in Practice*, 46, 102809.

- <https://doi.org/10.1016/j.nepr.2020.102809>
- [22] Sharma, M. (2020). COVID-19 (An International Trauma): A Brief Analysis on Research Trends, Impacts and Solutions. SSRN Electronic Journal. <https://doi.org/10.2139/ssrn.3579478>.
- [23] Slater, J. and Niha M. (2020). 'As the World Looks for Coronavirus Scapegoats, Muslims Are Blamed in India'. Washington Post. (https://www.washingtonpost.com/world/asia_pacific/as-world-looks-for-coronavirus-scapegoats-india-pins-blame-on-muslims/2020/04/22/3cb43430-7f3f-11ea-84c2-0792d8591911_story.html)
- [24] Stern, A. M., Cetron, M. S., & Markel, H. (2010). 'The 1918-1919 Influenza Pandemic in the United States: Lessons Learned and Challenges Exposed'. Public Health Reports 125(Suppl 3):6–8. doi: 10.1177/00333549101250S303
- [25] Tucci, V., Moukaddam, N., Meadows, J., Shah, S., Galwankar, S. C., & Kapur, G. B. (2017). The forgotten plague: Psychiatric manifestations of ebola, zika, and emerging infectious diseases. Journal of Global Infectious Diseases, 9(4), 151. https://doi.org/10.4103/jgid.jgid_66_17.
- [26] Wang, C., Pan, R., Wan, X., Tan, Y., Xu, L., Ho, C. S., & Ho, R. C. (2020). Immediate Psychological Responses and Associated Factors during the Initial Stage of the 2019 Coronavirus Disease (COVID-19) Epidemic among the General Population in China. International Journal of Environmental Research and Public Health, 17(5). <https://doi.org/10.3390/ijerph17051729>.
- [27] Weiss MG and Ramakrishna, J. (2001). Stigma Intervention Research for Global health. Stigma and Global Health: Developing a Research Agenda. 2001, Sep 5-7 Bethesda, Mary Land http://www.stigmaconference.nih.gov/final_weiss_paper.htm.
- [28] Wilder, J. M. (2020). 'The Disproportionate Impact of COVID-19 on Racial and Ethnic Minorities in the United States'. Clinical Infectious Diseases. <https://doi.org/10.1093/cid/ciaa959>.
- [29] Williams, L., Regagliolo, A., & Rasmussen, S. (2012). Predicting psychological responses to Influenza A, H1N1 ("Swine flu"): The role of illness perceptions. Psychology, Health & Medicine, 17(4), 383–391. <https://doi.org/10.1080/13548506.2011.626564>.
- [30] World Health Organization. (2020). Mental Health and COVID-19'. Retrieved 3 August 2020 (<https://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/technical-guidance/mental-health-and-covid-19>).
- [31] Xiang, Y.-T., Yang, Y., Li, W., Zhang, L., Zhang, Q., Cheung, T., & Ng, C. H. (2020). Timely mental health care for the 2019 novel coronavirus outbreak is urgently needed. The Lancet Psychiatry, 7(3), 228–229. [https://doi.org/10.1016/S2215-0366\(20\)30046-8](https://doi.org/10.1016/S2215-0366(20)30046-8).