



ISSN: 2230-9926

Available online at <http://www.journalijdr.com>

IJDR

International Journal of Development Research

Vol. 14, Issue, 06, pp. 65900-65903, June, 2024

<https://doi.org/10.37118/ijdr.28414.06.2024>



RESEARCH ARTICLE

OPEN ACCESS

STIGMA AGAINST COVID-19 AFFECTED AMONG PSUS/ GOVERNMENT EMPLOYEES DURING THE PANDEMIC

*Justina Teronpi

Department of Business Administration, Assam University, Silchar Campus

ARTICLE INFO

Article History:

Received 20th March, 2024

Received in revised form

27th April, 2024

Accepted 18th May, 2024

Published online 28th June, 2024

Key Words:

COVID-19, Discrimination, Government Employees, Pandemic, PSUs.

*Corresponding author: Justina Teronpi,

ABSTRACT

The COVID-19 pandemic began in the Chinese city of Wuhan, Hubei Province, and swiftly spread to other countries, killing 14.2 million people. Because the virus is new, nothing is known about it, leading in numerous undesirable behaviours such as prejudice towards persons infected. In the context of health, stigma is the unfavourable connection that exists between a person or group of individuals who share particular qualities and a certain condition. The purpose of this study is to obtain a better understanding of the stigma associated with COVID-19 and to assess the level of stigma associated with COVID-19 among PSU/government employees in Assam; therefore, during the COVID-19 epidemic in August and September of 2020, this survey was carried out among PSU and government employees in Assam. The employees displayed stigma, yet the respondents were determined to be informed of COVID-19. Stigma in the workplace may be reduced by organisational support, ardent advocacy for mental health, and ensuring that the right information is communicated.

Copyright©2024, Justina Teronpi. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Citation: Justina Teronpi, 2024. "Stigma against Covid-19 affected among psus/ government employees during the pandemic". International Journal of Development Research, 14, (06), 65900-65903

INTRODUCTION

In the Marriam-Webster dictionary, stigma is described as a "mark of shame or discredit." When someone is stigmatised, society classifies them as undesirable. The three components of stigma are discrimination, prejudice, and ignorance. These three factors together disfavour those who are stigmatised. Due to the lack of awareness around the diseases, numerous illnesses, including HIV/AIDS, skin conditions, and even the most recent COVID-19, are stigmatised (Haddad & Haddad, 2015). People afflicted by this pandemic may face labels, stereotypes, and discrimination due to their involvement with the sickness because it is a relatively unknown and extremely contagious illness. As a result, it may cause those who are afflicted to conceal their illness and postpone getting care out of fear of social rejection and prejudice, making it harder to control the sickness. According to several reports, people experienced unfavourable attitudes throughout the epidemic in the form of verbal abuse, harassment, discrimination, and status loss.

Covid-19: The broad family of viruses known as coronaviruses (CoV) is responsible for a variety of diseases, including the common cold and more severe conditions like the Middle East Respiratory Syndrome (MERS-CoV) and "severe acute respiratory syndrome" (SARS-CoV). is. A zoonotic illness is the coronavirus. In other words, it can spread from people to animals (WHO, 2022). Respiratory symptoms, fever, cough, shortness of breath, and breathing difficulties are typical indicators of infection. When the infection is more severe, it can result in renal failure, pneumonia,

severe acute respiratory syndrome, and even death. Numerous cases of the new coronavirus illness (COVID-19) pandemic, which had its origins in Wuhan, China, were recorded all over the world. On March 11, 2020, the WHO announced the COVID-19 pandemic (BS & Nambiar, 2020). The first SARS-CoV-2 positive case in India was discovered in Kerala on January 30, 2020. The effect is that there are now much more instances. On March 22, 2020, the "Janata curfew" was put into effect in India. WHO estimates that COVID-19 has caused 14.2 million deaths to this point (WHO, 2022).

Stigma: Stigma is the unfavourable link between a person or group of people who share certain traits with a certain ailment (WHO, 2020). People who may not have the condition but have characteristics in common with the group may also face stigma. This implies that during an outbreak, people are stereotyped and given labels based on how closely they are connected to the disease. Even those who do not have the condition but have characteristics in common with particular groups may be subjected to stigma and without society, stigma does not exist. Someone must be stigmatised in a reciprocal connection, meaning that stigmatisation must exist. Irving Goffman, an American sociologist, is credited with popularising the stigma hypothesis in social science. Goffman referred to stigma in his work as a way of tarnishing the identities of others in social settings. There are two main types of stigma: social stigma and self-stigma. Negative stereotypes of people with a health problem which may be mental health problem or diseases; are referred to as social stigma, also known as public stigma. These preconceptions serve to categorise the individual, distinguish them as unique, and prevent them from being viewed as an individual.

Discrimination is linked to social stigma. For instance, a person with a mental health issue can discover that friends and coworkers shun them. Additionally, they may experience difficulties finding housing, finding a job, and getting access to healthcare. If they report a crime, they may also discover that the police are less likely to believe what they have to say. When someone internalises disapproving stereotypes, self-stigma develops. Low self-esteem, shame, and hopelessness may result from this. Link and Phelan (2004) created a conceptualization in which they said that the stigma idea addressed the issue in the individual and tended to focus on conscious information processing rather than the prejudice and rejection experienced by a stigmatised person (SAYCE, 1998). Link and Phelan came up with a definition that unites various notions under the general concept of stigma. Stigma exists when the following factors are combined:

- i) People first recognise and categorise human distinctions.
- ii) The people with labels are viewed as "undesirable."
- iii) Labeled people are placed in a different group, dividing them into "us" and "them."
- iv) People with labels encounter prejudice and social exclusion. a decline in status, that is (Link et al., 2004).

Thus, when labelling, stereotyping, and discrimination take place, the term stigma is indicated. The elements are briefly covered below:

Labeling: The bulk of human characteristics, such as finger length and food preferences, are not thought to have social significance. When categorising a person, differences like sexual orientation and skin colour are taken very seriously. It is crucial to realise that stigmatising people also results from separating people based on such factors.

Stereotyping: When people are categorised based on their differences or unnatural traits, it creates a stereotype. For instance, people of a certain ethnicity, like Asians, are frequently assumed to be adept at math.

Separating: The "us" from "them" mentality is a third aspect of stigma. A justification is created. For instance, the idea of "us versus them" might develop when people are divided according to their differences, such as sexual orientation. This may lead stigmatised groups or individuals to perceive themselves as unique from and beneath other people.

Loss of status and discrimination: When people are treated differently because of traits that are judged undesirable by society, a mentality of "us vs. them" develops. In the COVID-19 pandemic, there have been allegations of discrimination against people from the north-eastern region of India because of their ancestry and alleged connection to coronavirus. Stereotyping, labelling, and separating result in negativity for the person suffering stigma, which results in status loss and discrimination. Stereotyping can occur in a number of ways, including through the labelled and unlabeled individuals, as well as some through social actors.

Stigma associated with COVID-19: Discrimination against people of particular ethnicities and those who came into touch with the virus was sparked by the pandemic. (Yousif and others, 2020) Three crucial factors form the basis of the COVID-19 stigma:

- i) It is a sickness that is relatively new.
- ii) There are still many unanswered questions about the condition, and
- iii) False information about the disease might lead to preconceptions that could be harmful to specific groups in society

Stigma causes people to hide their illness, which makes it harder to diagnose infections and, in the case of a pandemic, harder to control or monitor the disease. It also prevents people from trying to contact specialists right away out of fear of being treated differently or

isolated. In this instance, it can cause more outbreaks that the authorities are unable to contain. This means that stigma may make it more challenging to stop an outbreak from spreading. Discrimination against members of groups frequently manifests as societal rejection. It enables people to concentrate more on the people rather than the disease. When this discrimination takes place:

- i) People shun or reject them.
- ii) Being denied access to housing, job, healthcare, or education
- iii) Suffering verbal or physical harassment.
- iv) People who are stigmatised may develop mental health problems as a result of social isolation, despair, anxiety, or humiliation in front of others (WHO, 2020).

The COVID-19 pandemic is causing fear and anxiety among the general public, leading to discrimination against the affected, groups and generate stigma. Such behaviour may cause chaos, unnecessary hostility and disruptions. This is because of excessive fear of the unknown and misinformation regarding the disease. Many cases have been reported; mainly those of the essential and frontline workers in the scenario. Not only that, false news seems to have been floating on social media and elsewhere which is causing to stigmatise against those who are affected or have already been affected with COVID-19. Heightened tensions will increase if the general public is not aware. This study is done to understand whether stigma exists in a workplace, how deeply rooted it is among the employees.

Objectives of the Study:

- i) To measure the level of stigma associated with COVID-19 among the employees
- ii) To gain deeper understanding of stigma associated with COVID-19

RESEARCH METHODOLOGY

Methodology: This study has adopted the convenience sampling technique to select sample for the study. The sample size has been restricted to 43 respondents. Since the study was conducted during the lockdown, response rate was low as the data was collected through e-mail. The design of the study can be classified as descriptive; a structured questionnaire is being used for data collection. Data was collected through a survey of 43 respondents, who were asked questions regarding general stigma-related questions in the workplace using Likert scale. Data was collected from first-hand experience. Primary data is collected through employees of PSUs/ government organizations whereas, secondary data was collected from other sources such as journal articles, newspaper articles etc.

Interpretation of Data: Data was interpreted using descriptive statistics such as mean and frequency analysis.

Limitations of the Study

- i) The study is based completely on the data collected from the employees of PSUs/government employees. Its findings depend on the accuracy of the data collected.
- ii) The study is limited only to PSU's/ government employees, excluding the general population.
- iii) Because of the limited availability of information, limited resources have been used for the study
- iv) Because of the restrictions on travel imposed by the government due to the lockdown, detailed study of the topic has been limited.

Analysis and Interpretation

Objective 1: To measure the level of stigma associated with COVID-19 among the employees:

For the fulfilment of the first objective, ten questions consisting of both social stigma and self-stigma questions were prepared in order to

measure the level of stigma among the employees. Questions were prepared on a 5-point Likert scale; with 1 being ‘Strongly Disagree’, 2 being ‘Disagree’, 3 being ‘Neither Agree nor Disagree’, 4 being ‘Agree’ and 5 being ‘Strongly Agree’.

From Table 1, when computing mean using SPSS 25.0, it has been found that the respondents mostly are worried about their family and themselves getting COVID-19 and facing discrimination because of it. It is a relatively new disease which can make people to act discriminatorily towards the affected because of the lack of information and proper knowledge.

One can see from the table that the highest mean (Mean- 3.9767) is calculated where the respondents agreed that they would be avoided by others in case they contracted COVID-19. During the survey it has also been found that when the respondents were asked if they would be forced or asked to change their workplace, most of them disagreed with the statement (least Mean- 2.6977).

Questions related to discriminatory behaviour such as whether the respondents would be asked to stay away from a group in case, they contract COVID-19, most of the respondents agreed with the statement (Mean- 3.7907). Other factors that the respondents feel strongly are: wanting to keep it a secret from others in case one of their family members or themselves got COVID-19 (Mean-3.6279, 3.8140), they would be ashamed or embarrassed (Mean-3.3721). The median value was found to be 4, which is ‘Agree’ for the following questions:

‘If a member of your family got COVID-19/ corona virus, you would want it to remain a secret’; ‘If yourself got COVID/ corona virus, you would want it to remain a secret’; ‘If you had COVID-19/ corona virus, others would think less of you’; ‘If you had COVID-19/ corona virus, you would be ashamed or embarrassed’; ‘If you had COVID-19/ corona virus, others would avoid you’; ‘Even if you had recovered from COVID-19/ corona virus, you would be asked to stay away from a group’ and ‘If you had COVID-19/ corona virus, others would think less of your family’.

Table 1.

Questions to measure the level of stigma in the workplace	N	Mean	Median
If a member of your family got COVID-19/ corona virus, you would want it to remain a secret	43	3.6279	4
If yourself got COVID/ corona virus, you would want it to remain a secret	43	3.8140	4
If you had COVID-19/ corona virus, others would think less of you	43	3.6279	4
If you had COVID-19/ corona virus, you would be ashamed or embarrassed	43	3.3721	4
If you had COVID-19/ corona virus, others would avoid you	43	3.9767	4
Even if you had recovered from COVID-19/ corona virus, you would be asked to stay away from a group	43	3.7907	4
If you had COVID-19/ corona virus, you would not disclose even to a close confidant	43	2.9535	3
If you had COVID-19/ corona virus, you would think less of yourself	43	2.6977	3
If you had COVID-19/ corona virus, others would think less of your family	43	3.2093	4
Do you think you would be asked or forced to change the workplace?	43	2.6977	3

The median value was found to be 3, which is ‘Agree’ for the following questions:

‘If you had COVID-19/ corona virus, you would not disclose even to a close confidant’; ‘If you had COVID-19/ corona virus, you would think less of yourself’ and ‘Do you think you would be asked or forced to change the workplace?’.

Objective 2: To gain deeper understanding of stigma associated with COVID-19 (Highest: 17; lowest: 0)

In Table 2, 17 questions relating to awareness of the COVID-19 pandemic was scored and based on the scores, responses of the respondents were divided into two: Knowledgeable and Non-knowledgeable. Scores were coded as Correct Answer=1, Wrong answer=0. Respondents scoring less than 8 (50%), were categorized as ‘non-Knowledgeable’ while respondents scoring 8 or above (0 being the lowest and 17 being the highest) were categorized as ‘Knowledgeable’.

Table 2.

To gain deeper understanding of stigma associated with COVID-19	Correct Answer	Mean score	Verdict
i) COVID-19 is a contagious disease	True		
ii) Which one of the following is the cause of COVID-19?	Virus		
iii) How long is the incubation period of the disease?	3 to 14 days		
iv) Which of the following is the treatment for COVID-19?	No treatment	13.3092	Knowledgeable (100% of the respondents)
v) In which age group is the disease more dangerous?	Above 50 years		
vi) Fever is a symptom of COVID-19	Yes		
vii) Cough is a symptom of COVID-19	Yes		
viii) Body pain is a symptom of COVID-19	Yes		
ix) Diarrhea or constipation is a symptom of COVID-19	Yes		
x) Sore throat is a symptom of COVID-19	Yes		
xi) Headache is a symptom of COVID-19	Yes		
xii) In suspecting infection with COVID-19, I will measure fever	Yes		
xiii) In suspecting infection with COVID-19, I will avoid unnecessary daily activities	Yes		
xiv) Washing hands with water and soap can eliminate the disease caused	Yes		
xv) The disease can be transmitted directly through the consumption of contaminated dairy and meat	No		

Findings from the above analysis:From the above analysis, that is Table 1, it is evident that public stigma is prevalent among the respondents from the median value which was 4, that is ‘Agree’ to statements such as:

- i) If you had COVID-19/ corona virus, others would think less of you (Mean Value: 3.6279)
- ii) If you had COVID-19/ corona virus, others would avoid you (Mean Value: 3.9767)
- iii) Even if you had recovered from COVID-19/ corona virus, you would be asked to stay away from a group (Mean Value: 3.7907)
- iv) If you had COVID-19/ corona virus, others would think less of your family (Mean Value: 3.2093)

From the above analysis, that is from Table 1, it is evident that self-stigma is prevalent among the respondents from the median value which was 4, that is ‘Agree’ to statements such as:

- i) If a member of your family got COVID-19/ corona virus, you would want it to remain a secret (Mean Value: 3.6279)
- ii) If yourself got COVID/ corona virus, you would want it to remain a secret (Mean Value: 3.8140)
- iii) If you had COVID-19/ corona virus, you would be ashamed or embarrassed (Mean Value: 3.3721)

From Table 2, it is also prevalent that the respondents were hundred percent knowledgeable regarding COVID-19.

Note: The data for this study was collected during the COVID-19 pandemic i.e., August 1st, 2020 to September 30th, 2020.

CONCLUSION

The COVID-19 pandemic has been a stressful time for everyone. For people working in PSUs and in the government sectors, disseminating o proper information and providing support to its employees is important. As it is an ongoing pandemic where researchers and scientists are still studying about, it can lead to wrongly information being disseminated. As such it can cause anxiety and confusion among the population. Especially to those who have been infected with the disease can have negative consequences in his/ her day-to-day life and activities. It can cause others to discriminate him/ her and being isolated from groups and events, as such it can have a toll on the person. From the above study, the most statements that the respondents agreed on were, they would be avoided in case they contracted COVID-19, the fear that others would think less of their family members and themselves as well.

Moreover, they are skeptical of telling or informing others in case of being infected with COVID-19. In this case, employees of PSUs and government sectors should be sensitized about the possibilities of harassment that could happen if discriminatory behaviour is being overlooked upon in the work environment. As such, authorities must try to provide some protocols in order to tackle such situation and provide the necessary help needed by their employees in the pandemic.

REFERENCES

- BS, M., & Nambiar, V. 2020. COVID-19: An Insight into SARS-CoV-2 Pandemic Originated at Wuhan City in Hubei Province of China. *Journal of Infectious and Epidemiology*, 6(4), 146. <https://doi.org/10.23937/2474-3658/1510146>
- Haddad, P., & Haddad, I. 2015. *Mental Health Stigma*. British Association for Psychopharmacology. <https://www.bap.org.uk/articles/mental-health-stigma/>
- Link, B. Q., Yang, L. H., Phelan, J. C., & Collins, P. Y. 2004. Measuring Mental Illness Stigma. *Schizophrenia Bulletin*, 30(3), 511–541.
- Sayce, L. I. Z. 1998. Stigma, discrimination and social exclusion: What's in a word? *Journal of Mental Health*, 7(4), 331–343. <https://doi.org/10.1080/09638239817932>
- WHO. 2020. *Social Stigma associated with COVID-19 A guide to preventing and addressing*. World Health Organization.
- WHO. 2022. <https://www.who.int/news/item/05-05-2022-14.9-million-excess-deaths-were-associated-with-the-covid-19-pandemic-in-2020-and-2021>
