

Research Paper

Social Stigma During the Covid-19 Pandemic: A Sociological Study of Problems Faced by the Doctors in Mahendergarh District of Haryana

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ABSTRACT

From the last two year the pandemic changed the whole scenario of living and affected all the sectors. Especially the health sector affected from the pandemic as the loopholes of the sector came out. The health sector of every country even the highly performed health system was miserable in front of the pandemic. The frontline workers were stigmatized everywhere due to the type of virus and its spread system. There were many variants of the virus that made the situation more complex and it caused many severe consequences. This research mainly focused on the stigma faced by the doctors and the other consequences of the stigma during the pandemic on the respondents and the family members faced. The study was conducted in Mahendergarh district of Haryana and the doctors working in government hospital were the respondents. The study was qualitative in nature. The descriptive research design was used and the semi-structured interview scheduled with open and closed ended question was used to collect the information regarding the topic. The data was analyzed based on the narratives and themes were used to justify the research objective of the study. The duty of the respondents was mandatory at that time. The respondents had to play different role during the pandemic like collect sample from the suspected area, in home isolation, in Covid ward. From the narratives the stigma was there and the nature of stigma was intra-personal in nature. The respondents and their family members faced stigma during the pandemic period. The family of the respondents even forced them to quit the job but the respondents still performing their duty they said it was their profession and they were happy as they had got chance to save life. The respondents also faced violence the post effect of the stigma. The mental health issues anxiety, workload, stress, and many more were the other issues the respondents faced during the duty in the pandemic. In last the study identified some crucial suggestions to improve the health system so that in upcoming pandemic and in such situation, they will do better and save more and more lives.

Keywords: *Social Stigma, Covid-19 Pandemic, Sociological Study, Doctors Mahendergarh*

The world has been facing a deadly disease in the last year, the novel corona. It was an infectious disease, and it spreads rapidly around the whole world. No country was untouched by it. It was not confined to a particular class, section, society and religion

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but affects everyone directly or indirectly. This virus mainly affects the respiratory system. The virus was not new to us, as from 1910 until we faced five pandemics [the Spanish flu 1918 (H1N1), Asian flu 1957 (H2N2), Hong Kong flu 1968 (H3N2), 2009 pandemic flu (H1N1), corona virus 2019 (sars-cov-2)] caused by the virus. But the Covid-19 was more severe and still spreading, and the virus mutates into many variants.

The corona virus was first reported in December 2019 when several cases of pneumonia of unknown etiology had reported in Wuhan city, Hubei province of China. COVID-19 was declared a Public Health Emergency of International Concern by the World Health Organization (WHO) on January 30, 2020. The first who used the term stigma were the Greeks. They referred to stigma as “a bodily stigma designed to expose bad and abnormal towards the moral value of signifier. The sociologist Ervin Goffman had explained this concept in his famous work “Stigma: Notes on The Management of Spoiled Identity”. The means through which regular people identify these stigmatized people were known as stigma symbols. Some people conceal these symbols and develop some encounter symbols called Disidentifies. The degree of stigma was a function of visibility and social information. Although the stigmatized person tried to hide the attribute from others, he may succeed sometimes, but he never hides these attributes to himself. There are many consequences of stigma, including loss of status, discrimination, less social network, lack of accessibility to health facilities, depression, mental problems, and many more.

Over the past two years, the world had been confronted with a situation that had never been seen before. This predicament was brought about by a global pandemic known as COVID-19 Coronavirus disease (COVID-19); an infectious disease brought about by the SARS-CoV-2 virus. Testing as well as vaccination, were two of the most important things that doctors can do to protect the health of their patients and the general population. During this crisis, they were referred to as front-worriers because they worked in such hazardous conditions and had to contend with a wide variety of other obstacles. In order to have a better understanding of the role that doctors played during this time period, this study had investigated how they dealt with many difficulties they could not had anticipated. In this study, the doctors' experiences during the height of the pandemic were being collected and analyzed. During this time, doctors began to experience an "abnormal condition" that they had never before encountered since beginning their careers in medicine. Not only has COVID-19 had no negative impact on the doctors' physical health, but it had also caused significant shifts in their day-to-day lives and impacted their mental and social well-being. Their relatives never stopped worrying about the health risks posed by their presence in the home and always suspected that they carried the potential to spread disease. Additionally, society formed a number of preconceived notions regarding them. Because of all of these factors, their life ended up very differently from how they had been.

This research was on health care workers, so the theme was around them. Many incidents had highlighted in the news, like violence against doctors and their medical staff from different parts of the world. But there were some stigmas these health workers faced and untouched by media. There was a main stigma that these health workers were potential infection transfers. The health workers were assaulted verbally by people; people avoid meeting and talking in society due to fear.

LITERATURE REVIEW

The problem faced by the health worker was not equipment related, but there were many others like the violence against them, the stigma they face in the community, the misbehavior they meet at the market, etc. According to a report published in *The Wire* by Murrey, 2020, the report stated that out of the total of almost 1200 incidents of attacks on health workers, 1/3rd occurred during the last year of 2020 due to the Coronavirus outbreak. Safeguarding Health in Conflict Coalition (SHCC) showed data that India had the highest number of attacks on health workers (412); 128 were by patients' relatives, protesters, and police. Mexico had the second-highest number of attacks; here, nurses were not allowed to travel on public buses by the passengers, and the health workers were beaten up when they tried to connect to infected persons. An incident where a doctor sprayed with bleach was also reported there.

Stigma faced by doctors during the disease's pandemic other than covid-19

The profession of health (doctors) was very complicated where the doctors had to face many situations like they had to treat patient's emergencies, they had to face deadly accidents patients where the chance of patients living was significantly less, they had to face deadly diseases affecting patients; besides these, the doctors and Health Worker's also faced the violence from patients relative, stigma in the society according to the field they are. Tattersall et al. (1999) state doctors' working conditions at the workplace. The stress level than any other profession, the doctors were facing the maximum. The stress level in health was also a hierarchy of work they were doing. Bai et al. (2004) surveyed the stress level and reactions among the health workers during the SARS outbreak. Braiden and Maguire (2003) worked on leprosy and stated that the knowledge among the health workers was not completed; many were unaware that leprosy was now curable, but there still a rumour that it was spread by touch or come in contact with the patients. Wallace (2010), said that stigma starts with the initial labeling based on characteristics, deformity, and other abnormal situations. Nichol et al., 2016 in their study on the Ebola virus outbreak, stated that most health workers and people feel frustrated and hopeless. Verma et al. (2004) stated that practitioners who worked during SARS had anxiety and social dysfunction compared to those not involved in the treatment process.

Stigma faced by doctors during covid-19 in World

Crimi and Carlucci (2020) look at the proportion of female workers infected during Covid 19 in Italy (69%), Spain (75%), and USA (73%). Rajput and Acharya's (2021) assessed the challenges faced by doctors working in Covid isolation duty. The study includes 50 doctors who served duty during Covid isolation, including 14 females and 36 male doctors. PPE was the crucial problem. Xiao et al. (2020) report showed that workers treating Covid patients suffer from anxiety and reduced sleep quality. Larkin (2021), the incidents of stigma and violence had been highlighted. In Chicago when a nurse coughed during travelling on a public bus. A passenger accused her of spreading the virus, and he even punched her when she left the station. Shastri (2020), after analysis of the different data and reports, mentions that in USA 1980s, 100 doctors died, and the reason behind it was violence against them, and 57% of emergency health care workers had threatened by using some weapons. According to a report by France 24 (2021) titled Health workers has assumed to be the carrier of coronavirus as they were directly involved in treating the infected ones.

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Stigma faced by doctors during covid-19 in India

Menon et al. (2020), describe the lack of supporting staff, equipment, etc. Besides these, the main point they focused on was the stigma faced by health workers like evading doctors from their homes, acts of violence against them, and denying burial space to health care workers. Seshadri LN and Geetham (2020) found in their study that 49 incidents of violence were reported during Covid 19 pandemics. The majority of incidents took place in south India. Among all the cases, 88% were reported in the urban area and only 12% in the rural area. Mainly happened in community health centre (76%). Samael (2021) look at the origin and symptoms as well as some related information of novel corona. Kuppuswamy and Warriar (2021) discuss two laws first law Protection of Medicare Service Person and Medicare Service Institution (Prevention of Violence and Damage to Property) Act and the Epidemic Diseases (Amendment) Ordinance, 2020.

News reports of violence happened during covid-19, a post effect of stigma

The first incident that came into highlight was the incident of Indore, where the health workers went to a community to take a sample of people. The people attacked the team by abusing, chasing and stone pelted on them. Many myths at that time directly or indirectly gave strength to the stigma against healthcare workers (India Today, 2 April 2020). There was an incident in the capital New Delhi in Apollo Hospital Sarita Vihar where the doctors and nurses had attacked after the deceased of a Covid patient and had destroyed the property. The relatives blamed they did not provide ICU beds (India Today, 27 April 2020). The highlighted case of Assam was where the health worker was beaten up in the hospital in a rural area very brutally after the death of a Covid patient. In this case, 24 people were arrested (NDTV, 2 June 2021). In Delhi, the mob attacked the doctors in Gautam Nagar when the doctor went to the market to take food at night; the shopkeeper abused and blamed them they were person who spread the virus. After that, 20-25 people gathered and started beating them. The doctor also mentioned that in Gautam Nagar, there was no respect for doctors; one can easily slap and wander freely (Hindustan Times, 2021). Two female doctors in Safdarjung Hospital Delhi had been accused of spreading the virus by a 42-year person who was a fruit seller. The doctors said that they first verbally assaulted and then also physically violent. The seller said that the doctors were responsible for spreading the virus all over the country (CNN News 18, 9 April 2020).

METHODOLOGY

The study's major goal was to emphasize the issue of stigma that doctors experienced and how it affected their lives as well as the doctors' families. By doing things this way, an effort was made to provide physicians field settings that reflected on their experiences and had significance and description contained within them. The study was empirical field research with the goal of understanding the prevalent notion of 'social stigma' among doctors who conducted their duties during the COVID-19 pandemic. The study region was the Mahendergarh district of Haryana. The fieldwork was carried out throughout the month of February 2022. At the time, the third wave was in progress. The doctors who worked at the government hospital participated in this study. Due to the lockout and the workload during the wave, only a limited number of interviews with respondents were possible. The respondents' information was gathered from the NHM office at Civil Hospital Narnaul. There were ten female doctors and fifty male doctors among the 60. The current study was qualitative, and nine doctors were interviewed using semi-structured interviews. Six of the nine respondents were men, and three were women. The interview schedule had been planned to collect data and information. The interview schedule was semi-structured, with

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open-ended inquiries and a number of questions based on the purpose of study and research questions they covered. A comprehensive and intensive strategy was adopted for data analysis. The respondents' narratives were used in this study to evaluate the prevalent stigma among doctors dealing with COVID-19 patients.

Data Interpretation

Everyone's help was critical in the fight against this pandemic, which touched no single country, race, or location. During this time, everyone contributed to their assigned role. One respondent had three years of experience, five had four to six years, and three had seven to ten years. Thus, these figures suggest that in this epidemic, young doctors contributed equally to the experienced ones in coping with the pandemic. 33% of responders are female, while 67% are male. The job in this epidemic was not gender-based. Everyone assigned to duty was present and played their part during the pandemic. The purpose of the interviews with both genders was to highlight the gender-based issues that were prominent at the time. The female doctors' responsibilities were fewer, but they fought the virus with the same zeal as the male doctors. Because each gender has a distinct social perspective, a wide range of remedies were adopted to solve difficulties. Other religious people were undoubtedly present in the Mahendergarh district but Hinduism was the most prevalent faith. Nonetheless, the majority, or over 95% of the population, was Hindu. All respondents practiced the Hindu religion. The majority of respondents were between the ages of 31 and 35. As a result, it was deduced that the maximum had some moderate professional experience. Another 22% are between the ages of 25 and 30, and 22% are between the ages of 36 and 40. This demonstrates that the most and least experienced respondents in the profession are the same. The responders are of various ages, indicating that they have a diverse range of professional experience. Some are novices who have just been in the industry for a year or two. Without a doubt, knowing up to six or seven years was the limit, and can even the most seasoned handle the pandemic? The highest proportion was married, accounting for 78% of all respondents. Only 22% of those polled are unmarried. This demonstrates that the majority of respondents are married and have more responsibility for their spouses, despite their best efforts to manage the pandemic. We cannot overlook the fact that unmarried persons had no responsibility. They had their own, but all responders, regardless of marital status, had one. To manage the population, the doctors adhere to the government-run family planning system. According to this graph, 71% of respondents had a single child, while 29% had two children. It also sends the message that the family is now opting for a single child, and it is easier to maintain a small family and pay to the government's many family planning programme. A total of 89% of respondents live in a mixed family, while only 11% live in a nuclear family. It could be interpreted as being more aware of their work role and their family. Because Mahendergarh was a semi-urban area with more rural parts, most people lived in joint families. The highest yearly income, i.e., 7-9 lakhs, is earned by 45% of respondents. 22% of respondents earned between 4-6 lakhs per year, while 33% earned more than 9 lakhs per year. There are various yearly income brackets which the respondents came from, and the compensation was determined by which post and level one was working. The data was evaluated based on themes extracted from the information via an interview schedule. Stigma Associated with Respondents' Profession, Preventive Measures and Protocol Adopted by Respondents, Stigma and Respondents' Lives, Stigma and Family, Stigma and Respondents' Mental Health, Stigma and Gender Changing Work Environment for the Respondents, Problems Faced during Pandemic by the Respondents, Suggestions by the Respondents to Improve the Health System.

CONCLUSION

The fundamental reason for the emergence of stigma, according to one, was a lack of understanding, and rumors/fake news circulated like wildfire at the time. During the pandemic, some instances, like as the Indore attack on the health team, shocked the health system. The locals had hurled a stone and beaten the health officials who had gone to collect the sample in a certain area of Indore. The data/information provided by the +respondents demonstrates that the stigma has persisted in modern society, when people are more educated and read. Some of the situations mentioned by respondents included aggression, barring entry, refusing to cooperate, and individuals believing that doctors were the ones spreading the infection the most. The doctors were stigmatized because of their role in the pandemic; even their families were stigmatized, but to a lesser extent than the respondents. The stigma respondents faced had an impact on both their personal and professional lives. Respondents were forced to work longer than their customary hours, such as two or three shifts each day, and to arrive at any time when needed. During the epidemic, they had to live apart from their family members, which had an influence on their personal lives. During the epidemic, the burden and stigma increased stress and negatively impacted their mental health. The stigma was not the only issue that the doctors had encountered during the outbreak. Other difficulties include aggression, abuse, being verbally denied basic daily necessities, being denied access to public transportation, a lack of treatment equipment, a lack of oxygen, and a limited number of ventilators that make work more difficult. All of these factors have an impact on the job of doctors and other medical personnel during the epidemic, both directly and indirectly. These raise the workload and affect doctors' mental health. The stigma also had an impact on their mental health. Workload pressure and stigma outside of the workplace resulted in considerable stress and anxiety among the doctors. Every responder stated that worry and anxiety were prevalent among all staff members throughout the epidemic, impairing the respondents' ability to work. The setting during this epidemic was substantially different from previous circumstances. The doctors had to work in a high-stress environment. During the pandemic, they had to work extra shifts and be available whenever needed. At the crest of the wave, they had no time to relax. They sometimes had to return home after two or three days. Those who asked to fulfil their duty during the epidemic were required to perform accordingly.

Finally, it was determined that not only the doctors but also their family members endured shame as a result of their work during the pandemic. It turns out that doctors faced more stigma than their family members. Because of the stigma, stress, anxiety, and mental health issues were raised. During the pandemic, the work environment was extremely stressful. The doctors had provided frequent motivating and stress-relieving seminars, as well as a training course to help people deal with the conditions better. It also demonstrated that when the pandemic was at its most damaging, the family forced them to resign their jobs, but the doctors remained in their positions and continued to do their jobs in that situation. There were incidences of aggression, which created an unfavorable atmosphere and made the situation more uncomfortable. Doctors and other frontline professionals worked around the clock without regard for unfavorable perceives towards them such as stigma, violence, and others. They played their part in the epidemic and contributed to a more effective handling of the situation, which could have been far worse in other countries. They had made recommendations to strengthen the health-care system so that it could better handle a pandemic-like the case in the future.

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Conflict of Interest

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