

Stigma and Discrimination Attached to COVID-19 Pandemic in India:

Issues and Challenges

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Abstract: The emergence of coronavirus or COVID-19 along with the consequences has altered the living conditions of the people. High infection rate and the mortality rate have uncovered the social breakage within the communities with discriminatory responses, like avoiding, labelling, physical violence, racial insults among the general people. As there is a continuous effort designed to limit further infection, the report of stigma and discrimination has been increasing enormously. People have a false notion that it has been associated with a certain group of people, thereby mostly concluding by pointing fingers at the folks from North-east regions of India, the health workers as well as the minority community. As a result, stigmatization could lead to various psychological health issues among discriminated people. Although in this aggressive stream of fear and anxiety, it is often unaffordable to separate as well as isolate people through xenophobia, steps are required to make certain that stigmatizing behaviours are strongly discouraged. It is the responsibility of every single individual to support one other, have compassion for each one, and promote a healthier society. Those with the loudest voice i.e. the government and media must speak their mind to express disapproval for these inhuman actions.

Keywords: COVID-19, Discrimination, North-east India, Health workers, Minority, Blame

“All human beings are born free and equal in dignity and rights...” (Universal Declaration of Human Rights, 1948)

In the present day, the entire world has been broken down due to the fallout of the global respiratory syndrome, COVID-19, previously known as the “2019 novel coronavirus” that emerged in Wuhan city of China’s Hubei province in December 2019. Most cases of COVID-19 are mild; however, severe cases can cause pneumonia and finally death. Subsequently, the virus has been spreading intensely outside China, affecting the entire human-kind. On January 30, 2020, WHO has confirmed this novel virus as ‘public health emergency of international concern’ and eventually as ‘pandemic’ on March 11, 2020 (Chen et al., 2020). A similar kind of outbreak occurred with different pathogens named SARS-COV during 2003 and MERS-COV during 2005 (Krishnakumar, & Rana, 2020). However, COVID-19 promotes respiratory problems and is easily spreadable, which makes severe life threats. However to safeguard the citizen of the countries, health securities, and medical staff, the government has taken initiatives to control the epidemic.

Escalation of stigma with the rise of COVID-19 in India

India has not escaped from the pandemic, although the scenario is descent than other countries. But, the cases of COVID-19 have been escalating in India, changing the perspective of everyone in the country, as it is affecting and infecting humans all around. The novel entry of viral disease has become an unexpected challenge. Despite the fact that India has been following lockdown since 22nd of March 2020, and every activity has been taken place with due permission from the government, yet, the cases of COVID-19 has been emerging (Gupta et al., 2020) with a total of 8,49,553 confirmed positive cases all over the country, with 22,674 death cases (WHO, 2020, 13th July).

COVID-19 has uncovered the social breakage within the communities with discriminatory responses (Devakumar et al., 2020), as people have misinterpreted the social distancing measures taken to control the spread and marked it as social discrimination (NIMHANS, 2020). Therefore, it can be said that this outbreak has created fear, confusion, and anxiety among the general people. As there is a continuous effort designed to limit further infection, the report of stigma and discrimination has been increasing enormously.

Social stigma in the context of disease outbreak

However, stigma can be said to occur when society labels someone as undesirable. Stigma involves three elements: ignorance (lack of knowledge), prejudice (negative attitude), and discrimination (unfair treatment of people based on race, race, age, and gender) (Thornicroft et al., 2007). However, social stigma in the view of health could be defined from a different perspective.

Stigma during the outbreak of a contagious disease is to assign blame to the other people. People are trying to respond to certain questions: “where did the virus come from?” and “How the disease is spreading?” Consequently, people are trying to create an illusory correlation between “us” (uninfected) and “them” (infected) (John Hopkins Centre for Health Security, 2020). Social stigma in the context of disease outbreak is the “negative association between a person or group of people who share certain characteristics and a specific disease” which can also be regarded as a racial stigma. Due to the perceived link with the disease, people are often labelled, stereotyped, discriminated and treated separately, thereby provoking social stigma and discrimination against a certain ethnic group of people in India i.e. people among the North-east region are being targeted for the epidemic, infectious people as well as the health care professionals (WHO, 2020).

Why are people blaming “Outsiders” for the contagion?

It is comprehensible that the intensity of stigma is found to be related to three factors: the disease is new with many unknown factors, people are afraid of the unknown, it is easy to associate fear with others (WHO, 2020). Psychologically, it could be seen that alteration of the living environment facilitates people to feel unsafe, uneasy, and anxious (Shigemura et al., 2019). With a high infection rate and mortality rate, individuals are found to worry about COVID-19 (Lin, 2020). Fear is often the breeding floor for hatred, stigma, and discrimination. With a high level of fear, individuals may not think clearly and rationally to COVID-19. However, the World Health Organisation’s Director of Global Infectious Hazard Preparedness said that “Fear and stigma go together and when people fear; they tend to stigmatize some groups” (Ren et al., 2020)

While people lack knowledge regarding the root of the pandemic, and uncertainty about the disease rumours and negative attitudes often flourish. People have a false notion that it has been associated with a certain group of people. Additionally, pointing fingers at others for the mysterious illness makes people feel more comfortable. People with different nations, ethnicity, and religion are often considered outsiders. They are historically been accused of spreading germs, and as a result, become the easy target (Markel & Stern, 2002). Earlier studies have shown how causal factors for a contagious disease have been related to a group of people. During 2009 H1N1 epidemic, the Mexicans and Hispanics were blamed for the spreading of “swine-flu” (Schoch-Spana et al., 2010), during 1980s people blamed Haitians for the extensive spread of AIDS, regardless of knowing the fact that the disease spreads through specific behaviour and not through particular kind of people (Farmer, 2006) and Typhoid Mary was not only blamed for spreading infection among people but also the whole working-class Irish immigrants were identified guilty (Leavitt, 1996). These examples would show the way to recognize why and how the people of China and especially people from the North-east region of India which resembles people from China as well as the frontline health workers and staffs are being targeted and unfairly charged of the swelling of COVID 19.

Two-factor theory of sigma

A sense of social contamination is found to be a part of COVID-19. However, people are capable of thoughtful and immediate emotional reaction to stigma. Pryor and Reeder (1993) characterized that contamination reaction is associated with an automatic negative effect, which is an associative process where negative affects springs from various ideas related to stigma, for instance, based on prior negative experiences. The automatic negative effect characterizes the initial reactions to stigma. The negative effect could be activated by any person, thing, or disease to which stigma is associated such as illness, death, and out-groups. However, negative reactions that people have while communicating or contacting with stigmatized people, may arise due to the fear of negative affect being associated with self. Moreover, those people who are connected or affiliated with the stigmatized people also feel the burden of stigma. Due to this reason, unaffected people might often become evident for aversion related to COVID-19 or related diseases. The immediate and automatic reactions have developed through learning and evolved in human beings. People, therefore, learn culturally held association with a label. For example, people repeatedly associate HIV disease with homosexual behaviours. However, with time, resources, and motivation this initial negative reaction could be adjusted leading to less negative reactions. Lieberman et al., (2002) described the automatic system as behaviour in accordance with the connectionist model, thereby theorizing that it is associated with motor function or schema that elicits overt behaviour such as avoidance.

The controlled or thoughtful reactions or rule-based system on the other hand involves conscious deliberation of overt behaviour as well as products of the automatic system. People may automatically consider whether or not the person is needed to be avoided or stigmatized, thereby reflecting the appropriate emotional reactions (Pryor et al., 2004).

Indian Minorities Fighting Social Stigma during COVID-19

The outbreak of coronavirus in India has presented yet another opportunity to launch a fresh attack on minorities especially the Muslim community. Physical, verbal, and psychological warfare is being waged against the people of the community, pushing further their ostracization in Indian society. Violent attacks on Muslims perceived to be carriers of the virus have been reported from different parts of India. There have been reports of meetings in gated communities discussing the prohibition on Muslims being allowed in. Elsewhere, gangs of youth have been manning the entry points of villages to prevent the entry of Muslims. Muslim vendors were also pressurized to stop selling on the streets.

There has been a sudden surge in Islamophobic hashtags and posts on different social media platforms accusing Muslims of purposefully spreading the virus. A new term, 'corona jihad', has been coined to describe this conspiracy. Videos showing Muslims spitting on vegetables and fruit, licking plates, and smearing surfaces with their saliva are being circulated widely (Apoorvanand, 2020).

Table 1

Forms of stigma identified towards the Minority community

<i>Forms of social stigma identified:</i>
1. Naming Muslim community as corona Jihad
2. Blaming the Muslim community for spreading of the virus
3. Avoiding people with the Muslim religion
4. Avoiding people coming in contact with Muslim people
5. Not allowing women with the Muslim religion to enter the hospital
6. Blame and exclusion resulting in suicide
7. Physical violence (beating, and pelting stones)

Why North-east people of India are battling social stigma amid global pandemic?

“The North East is where India looks less and less India and more and more like the highlands of southeast Asia” (Bhaumik, 2009, p. 259). The North-east of India encompasses eight states – Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim, and Tripura. The region is the mosaic of plenteous tribal communities, linguistics and food habits, and ethnic identities. North-east regions of India trace their lineage to South East Asia, by means of acculturation between them. On the other hand, the narrow corridor, known as Chicken’s Neck, is separating the region from the mainland with a width of 20km. (Hazarika, 2011). This thin stretch of land may be considered as the Mongoloid Laxman Rekha, which may be understood as the racial boundary for the Mongoloid Indians to experience discrimination, and racial abuse in other parts of India (Samson, 2017).

Therefore, there is a tendency among many Indians outside the north-east who distinguishes the region to be subjugated by the Mongoloid features, associate Mongoloid Indians with Chinese. Furthermore, the “North-East” is unsympathetically related to oriental (eastern) look and hence racialized (Thounaojam, 2012). Furthermore, north-easterners studying and working in the mainland India often face racism from their peers or co-workers and end up with questions such as “Is your home state a part of India?” considering to be outsiders (Bhutia, 2020, April 1st). In this sense, it can be rightly winded up by saying that the north-east region does not contribute to any common “collective consciousness” (Barua, 2007).

However, as we have seen the world to slip into the dark ages, thereby, allowing the innate xenophobia, racism, and discrimination to surface at the face of the ongoing pandemic against Mongoloid looking people living across the country. The reason for the attack might be due to the origin of the Virus. Since North-easters resembles the Mongoloid features, a large number of people from mainland India associate them as outsiders and fear that they spread the infections. The Rights and Risks Analysis Group (RRAG), has reported 22 cases of racial discrimination from 7th February to 25th March 2020. Mongoloid Indians are mocked and abused over and over again and apart from verbal abuse with names such as “chinky”, “chini”, “Chinese”, Hakka noodles, etc. (Samson, 2017), currently, they are being called “coronavirus” “Wuhanvirus”. Therefore, during the COVID-19 pandemic, the North-east region and its inhabitants turn out to be an easy target. As a result, north-east people were spat on and forcibly quarantined despite showing no symptoms of COVID-19, compelled to leave apartments, forced to depart from the restaurants to make others feel secured and nobody wishes to share the public transportation due to their looks. The act of racial discrimination has also taken place in educational institutions such as TISS and NCERT. Ideas and reports of Stigmatization are also shown through social media (NIMHANS, 2020).

Incidents of racism against the North-east people during COVID-19 in India

Since discriminations and ignorance during the time of the pandemic are directed towards north-east people based on their race, features, and ethnic origin impairing the recognition, human rights, and fundamental freedom, social discrimination could be also called racism. For a couple of months, several incidents of racial attacks towards north-east people have been reported from different parts of the country, as the number of coronavirus cases is ever-increasing.

On 23rd of March, 2020 a television personality Meiyang Chang reported that two-man passed racial comments by screaming “corona”. He wanted to scream back but didn’t see any point as he thought to be an act of stupidity and ignorance. Although he was hurtful, he tried to be optimistic. Moreover, few of the students from Nagaland were forced to leave their rented apartment in Kolkata. Likewise, a woman was seen covering her face seeing a girl from Mizoram in Pune mall. The women also showed rude gestures and when asked if anything was wrong the woman shouted aloud, making the girl embarrassed enough to leave the mall immediately. Similarly, it was reported that Cathy Chakhesang and eight others from the state of Nagaland were quarantined in Allahabad, Gujrat as it has complained that they could spread coronavirus because of their Chinese look. However, none of them had shown any of the symptoms. Moreover, a Manipuri woman was called an outsider by a middle-aged man in a grocery (Jha, 2020, March 24).

Students in Kolkata from North-east were also allegedly attacked and beaten by their neighbours and were threatened to be killed and chopped off. They screamed at them saying “go corona go” (Sirur, 2020, 25 March). Another case of discrimination was reported on March 16, 2020, by Rinzin Dorjee (suffering from cancer), and his daughter, where their entry to society in Mumbai was denied as the inhabitants thought they were Chinese and were infected by a coronavirus (Dixit, 2020, 28 March). It was reported that a man on bike argued with a Manipuri woman in Delhi, in so doing, he shouted “Chinese coronavirus coming” and fled away. The man has been arrested under section 509 of the Indian Penal Code due to the act of insulting women’s humbleness (Deori, 2020, 8th April).

It’s very disheartening to see college/university students discriminating North-east students and labelling them as Coronavirus. A student, Noihrit Gogoi, from Delhi University, has reported that ever since the cases of coronavirus have been reported, racism was escalated. Students openly called them Coronavirus. Another student Reema has reported that she along with her friends were thrown water balloon in the metro station by three men. People were blaming them for shamelessly walking around spreading coronavirus (Beny, 2020, 10th March). The incidences were not isolated, rather, it reflects and highlights the deep-rooted racist mentality among the Indian people that sets fire to such abuses, harassments, and discrimination.

Table 2

Forms of stigma identified towards people of North-east India

Forms of social stigma identified:
<ol style="list-style-type: none"> 1. Blaming northeasters for spreading of the virus 2. Using racial insults 3. Saying North-eastern people to go back 4. Avoiding grocery shops 5. Labelling them as outsiders
Forms of racism called micro-aggression (beliefs, behaviours or words that corresponds to hostile racial insults) identified:
<ol style="list-style-type: none"> 1. Referring to North-east people as Coronavirus 2. Walking away from north-east people in the grocery shops 3. Refusing to seat/ share public transportation 4. Pulling a mask/scarf when near to a north-eastern person 5. Keeping social distance from people from the North-east region 6. Asking if north-east is a part of India 7. Physical violence (beating)

Why Health professionals are discriminated against by the local public in India?

Frontline health workers treating infected patients are now seriously facing social stigma and discrimination. Those health workers are exposed and are in direct contact with the confirmed and suspected cases, and are vulnerable to infections. The general population is quarantined for a long period, as a result, may develop a collective sense of hysteria, fear, and anxiety towards the hospital workers. Therefore, people are now distancing from the doctors and staff due to the fear of getting infected from them. Health professionals are harassed and chased away by their landlords, spending their nights on the street and are beaten up by the local people (NIMHANS, 2020). Many doctors have been sharing their pain on social media seeking help under the bizarre condition.

Incidents of discrimination against health care workers during COVID-19 in India

The media has covered various cases of harassment and discrimination against overworked health care workers during the pandemic time. A junior doctor from Hyderabad MGM Hospital stated that people recognize them with their lab coats. They have also been asked to vacate their rented

house as their landlords believed that they would make others staying the house more vulnerable to COVID-19. They were abused by names such as dirty and had to stay on the roads. Moreover, in West Bengal, the Federation of Resident Doctors Association wrote to the Indian Health Ministry on the 24th of March seeking protection and safety. Several health workers from AIIMS have reported severe harassment from neighbours, forcing them to seek interventions. Physical violence has also been reported against the doctors. On the 24th of March, a doctor from Mamata Medical College from Telangana's Khammam was assaulted by the police for stepping out during the ongoing pandemic (Sharma, 2020, 25th March).

Health workers being pelted with stones and chased away in the Indore; Madhya Pradesh is gathering massive attention. Five health workers, who went for the purpose of screening of COVID-19 suffered an injury. The president of the progressive Medios and scientists' forum had stated that violent attacks towards the health workers are heights of madness. It breaks the confidence and puts the doctors in doubt if people are worthy of their efforts (Kapoor, 2020, 3rd April).

In the city of Bangalore, health workers were attacked while checking people from door to door for symptoms. In Bhopal, doctors returning from their shifts were accused to spread the disease by the policeman and were beaten by batons. In New Delhi, doctors were assaulted by the shopkeepers and were chased away. The doctors who rented apartments, the owners cut off the electricity, followed by water supply, and finally asked to leave the house (Altstedter et al., 2020, 14th April).

Table 3

Forms of stigma identified towards health workers

Forms of social stigma identified:
<ol style="list-style-type: none"> 1. Blaming doctors for spreading of the virus 2. Asking the doctors to vacate the rented apartments 3. Walking away from the doctors 4. Not allowing the doctors to enter their homes 5. Keeping social distance from health workers 6. Physical violence (beating, and pelting stones) 7. Using insults such as dirt 8. Cutting off electricity and water supply 9. Chasing doctors away from the market

The impacts of stigmatization of people in India

It is very crucial to understand that social stigma and discrimination destabilizes and challenges social cohesiveness, thereby, prompting feelings of shame, hopelessness, and social isolation from the group. It has the capacity to contribute to a condition where the virus is more likely to spread, rather than folding up, resulting in a more serious outbreak of the disease (WHO, 2020). Potential carriers among the discriminated people from the North-east region, as reported are denied on a regular basis to access housing and food, owing to which they may spend most of their time searching for essential supplies instead of self-quarantine. This might possibly lead to increase the contact with others, consequently, multiplying the number of affected cases (He et al., 2020).

People from North-east people are the vulnerable group facing Social/Racial Stigma during COVID-19. The general public is so far not aware of the hazardous factors that could be developed due to discrimination against the north-east people. They might be at a risk to develop psychological and physical health problems since social stigma might possibly result in the following symptoms:

Table 4

Psychological and physical impacts on people from the North-east region of India

PSYCHOLOGICAL AND PHYSICAL IMPACT (Becares et al., 2009; WHO, 2020; Rajkumar, 2020; He et al., 2020)
<ol style="list-style-type: none"> 1. Compel people to hide the symptoms of illness to stay away from discrimination. 2. Reduce guts to ask for help or seek health care immediately, and reduce adherence to health care recommendation making it harder for authority to control the disease. 3. Dishearten people to adopt healthy behaviour. 4. Ending up by developing other mental health issues such as depression, anxiety, loneliness, and self-harm. 5. Increase aggressive or violent behaviour towards the general public. 6. Lead to loss of self-esteem. 7. Increase the pre-existing psychiatric illness 8. Induce fear of being targeted with discrimination and this leads to chronic stress. 9. Can use negative coping mechanism by relying on substance use (alcohol, smoking, or other pharmaceutical drugs) 10. Higher levels of biological dysregulation measured by stress hormones (cortisol, epinephrine, and nor-epinephrine) 11. Disturbance in sleep and food intake. 12. Develop somatic symptoms 13. The fluctuation of systolic and diastolic blood pressure, 14. Instability in body weight 15. Stress might weaken immune system encouraging for the development of the contagious disease (COVID-19) 16. Escape from the hospitals as previously occurred during Ebola, SARS.

The additional stress due to the fear of labelling, and stigmatization, in spite of the hard work and effort, has potentially impeded the physical and mental health among the health workers. They may suffer from various symptoms such as:

Table 5

Psychological and physical impacts on health workers of India

PSYCHOLOGICAL AND PHYSICAL IMPACT (Wei, 2020; Altstedter et al, 2020, 14 th April; Rana et al., 2020)
<ol style="list-style-type: none"> 1. Workers suffer from worry, stress, fear, helplessness, depressive symptoms, and trauma. 2. Families may pressurise to leave the job. 3. Health workers may lose confidence in their abilities. 4. Frontline workers may be de-motivated to carry their responsibilities. 5. Sleep disturbance, and other physical problems due to injuries. 6. Frustration, helplessness and adjustment challenges among the workers. 7. Stigmatization may hold them back from seeking counselling and intervention. 8. More increase of psychological distress among the health workers family members. 9. Such actions might be disheartening and can destroy the morale and spirit of the frontline workers.

Strategies to reduce discrimination and negative attitude

Discrimination and Education

“We recognize that education at all levels and all ages, including within the family, in particular human rights education, is a key to changing attitudes and behaviour based on racism, racial discrimination, xenophobia, and related intolerance and to promoting tolerance and respect for

diversity in societies; we further affirm that such education is a determining factor in the promotion, dissemination, and protection of the democratic values of justice and equity, which are essential to prevent and combat the spread of racism, racial discrimination, xenophobia, and related intolerance". (Durban Declaration, para. 95)

Stigma heightens due to insufficient knowledge, about its origin, transmission, treatment, and prevention. Since mass media have long been documented as a powerful force for shaping our experiences in the world, it can help to spread accurate community-based information to a large population at a low cost. WHO has launched the WHO Information Network for Epidemics (EPI-WIN), to combat misinformation, by partnering with tech companies such as Facebook, Google, Twitter, Pinterest, and online influencers. This would facilitate in promoting the right information reducing social stigma and discrimination due to COVID-19. Moreover, adverse action would be taken against "hate speech" by removing the content, restricting its reach, and blocking the account of the person (WHO, 2020).

Therefore, health education is the key to reduce stigmatization. An interactive program with the local population to explain the key features of COVID-19 (such as the history of the infection, detection of the vulnerable group, personal protection, and social stigmatization) should be initiated by the inhabitants of various states in Indian to address the misunderstandings and change the dangerous behaviours adopted by the public. The professional and experts should initiate with a short briefing followed by a question/ answer session, where every citizen could raise questions regarding clarification. However, such kind of approach has been kicked off by a small Italian town of Trinidad' Agultu e Vignola in Northern Sardinia (Sotgiu et al., 2020).

World Health Organization (2015) had introduced guidelines to reduce stigma and the negative impacts such as fear and anger towards people or certain regions, during the outbreak of the Zika virus stating that when an outbreak occurs it can affect everyone regardless of who they are and where they are from. Yet India is fighting and struggling against stigma-related factors. WHO has declared certain behaviours to be adopted to reduce stigma such as (a) to avoid talking about the disease or use Wuhan virus/Chinese virus, (b) Social distancing not be confused with social discrimination, and treat everyone with equal status, (c) misconceptions to be corrected and discourage false propagation, (d) communication, support and encouragement to be offered to the frontline health workers.

It is also important to amplify the voices and stories of the people who have been experiencing the virus and supporting the loved ones. An initiative of the 'hero campaign' could be implemented to honour the caretakers and health workers. However, the government took initiatives to applaud the frontline health workers, by soliciting people from all over the states in India to pour tributes through standing ovations from windows and balconies and light up candles to honour them (WHO, 2020). Moreover, the caller tune of the cell phone that has been replaced by the coronavirus ringtone is constantly reminding people to be aware of and bring to an end to the discriminating behaviours against people and health workers who are working as a shield for the local population.

Discrimination and Rationalizing fear

Reducing fear would encourage bringing an end to discrimination. Therefore, it is crucial to take into consideration the types of photos being used to communicate stories, messages, and advice related to coronavirus, thereby avoiding photos that could reinforce discrimination. Moreover, it is essential to avoid using languages that may trigger fear-based responses. This means people should focus on delivering facts and coherent information about coronavirus to keep themselves and loved ones healthy and safe (Public Health Institute, 2020).

Discrimination and Legal action

The police force is taking strict actions by arresting people for racist attacks. According to a report, the Delhi police have arrested a 40 years old man for abusing a North-east girl and calling

“Coronavirus” under section 509 (outraging modesty of a woman) of Indian Penal Code (Krishna, 2020, 25th March). On April 15th, the CM (Mr. Yogi Adityanath) has ordered the police to arrest the people who attacked the team of doctors, under the National Security Act. A total of 17 persons were arrested for pelting stone. The government has given the power to Zonal deputy commissioners to take strict penalty actions against the landlords who have been forcing the doctors and people from north-east India to vacate their residence (Ravi, 2020, 16th April).

Discrimination and Psychological intervention

Moreover, stigmatized people should not keep themselves isolated but should speak out about it. Since the family is the biggest pillar of support, family members or friends can help them if they are aware of their mental condition. It is crucial to reach out to people they can trust for the compassion, support, and understanding that they need (NIMHANS, 2020).

For the health worker and staff working under the intense stress adaptation model act as an early intervention. Health workers addressing their mental health issues can help them better fight the pandemic (Banerjee, 2020). Online and electronic medical advice could reduce the pressure to handle stigma and discrimination related issues. Moreover, the discriminated north-east people could be given online tele-counselling for the purpose of catharsis and support. It is essential to make the discriminated people recognize that the consequences are due to lack of knowledge and information among the general public, in so doing it would facilitate them to realize that the blunder is not because of them (Rana et al., 2020). Additionally, the mental health practitioners and social workers also need to deliver early interventions to the family members of the discriminated and excluded people of society.

The process of discrimination and social identity threat has several consequences for any disadvantaged group. Experience of devaluation based on groups leads to health inequalities by affecting areas such as stress, health care, and health behaviour. Firstly, the stigmatized group experiences discrimination. This leads to heightened stress that negatively affects their health. Secondly, discrimination triggers unhealthy behaviours to cope such as smoking, drinking, binge eating, which negatively affects health. Thirdly, social biases can affect the quality of health care that the members might receive during the pandemic (less time spent with the patients, not getting appropriate treatment, miscommunication) (Major et al., 2013). Therefore, improving affect, behaviour, and cognition reduces intergroup conflict, and reduce health inequalities.

Cognitive Behaviour Therapy (CBT) can be used to reduce prejudice and discrimination (Birtel & Crisp, 2015). For example, negative events “encountering a health worker” can lead to irrational thinking “they can spread the virus” that in-turn could evoke negative affectivity “fear and anxiety” and behaviour “withdrawal and avoidance” among the people. In this situation, CBT breaks the cycle of negative thoughts, feelings, and behaviour, and assists in reinterpreting the event.

Mental imagery is the practice of “seeing things with the mind’s eye and hearing with the mind’s ear” (Kosslyn et al., 2001). This intervention can strengthen promoting tolerance and reduce inequality as well as discrimination. Imagining positive intergroup contact can reduce intergroup attitudes, which could be exercised as a multicultural approach and anti-racist approach (Dei, 1996).

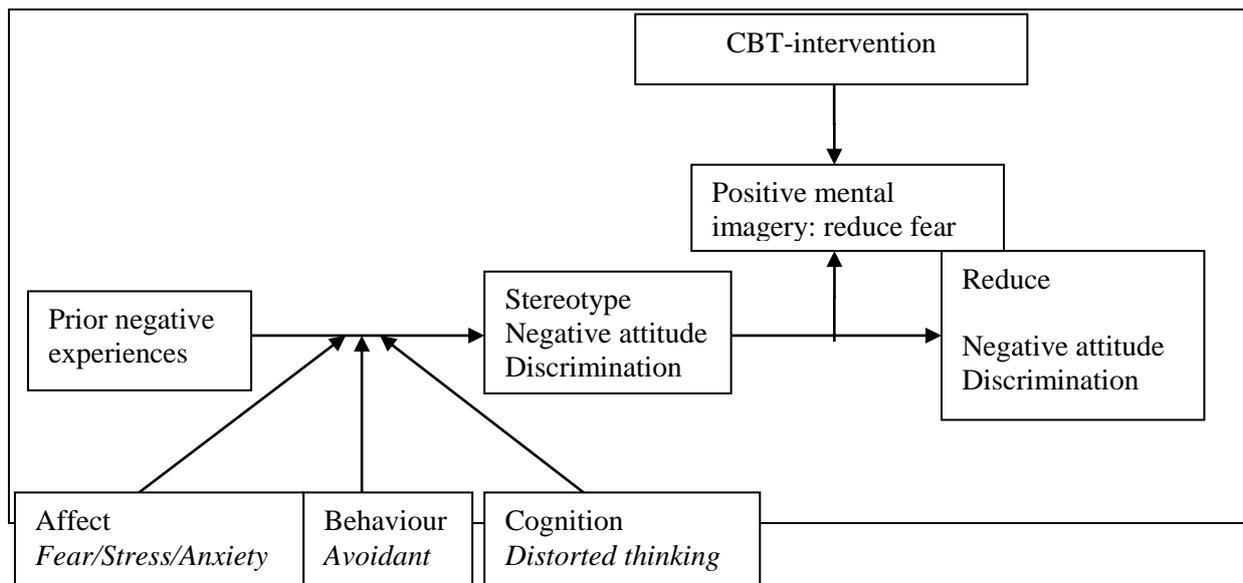


Figure 1: A cognitive-behavioural model of social change (Birtel & Crisp, 2015)

Conclusion

In this aggressive stream of fear and anxiety, it is often unaffordable to separate as well as isolate people through xenophobia. On the other hand, steps are required to make certain that stigmatizing behaviours are strongly discouraged. It is the responsibility of every single individual to support one other, have compassion for each one, and promote a healthier society. Those with the loudest voice i.e. the government and media must speak their mind to express disapproval for these inhuman actions. They must realize and comprehend their sense of duty to edify the public, shelter the vulnerable, and hold people accountable for stigma and discrimination. By staying noiseless, we actually allow xenophobic and racist attacks to damage our society, the ramification of which will likely to persevere beyond the global pandemic.

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