

Journal of Epidemiology and Public Health Reviews

ISSN 2471-8211 | Open Access

CASE REPORT Volume 7 - Issue 2

Social Stigma and Suicide among COVID-19 Victims: A Case Study in India

Sudesh Kumar Aryan*

Department of Humanities and Social Sciences, G.D. Goenka University, Sohna, Gurgaon, Haryana, India

*Corresponding authors: Sudesh Kumar Aryan, Assistant Professor of Sociology, Department of Humanities and Social Sciences, G.D. Goenka University, Sohna, Gurgaon, Haryana, India, E-mail: aryansudesh@yahoo.com

Received: 28 Mar, 2022 | Accepted: 11 Apr, 2022 | Published: 15 Apr, 2022

Citation: Aryan SK (2022) Social Stigma, and Suicide among COVID-19 Victims: A Case Study in India. J Epidemiol Public Health Rev 7(2): dx.doi.org/10.16966/2471-8211.224

Copyright: © 2022 Aryan SK. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Abstract

The COVID-19 pandemic has led to a dramatic loss of human life worldwide and presents an unprecedented challenge to humanity. Frequent lockdowns, travel restrictions have further created lot of problems such as livelihood at risk, loss of jobs, mental stress, and socio-economic insecurity in the society. The study was trying to examine how COVID-19 victims were facing social stigma and also committed suicide. Study was based on both primary and secondary sources. For conducting the study snowball technique was used to collect data followed by interview schedule (both telephonic and face to face). As far as secondary sources are concerned journals, books, newspaper, media report, online sources were used to collect relevant information for the study.

The main objective of this study was to understand why the COVID victims were facing lot of problems and why they committed suicide due to social stigma. In the study it was observed that most of the families were facing social stigma within the society such as isolation, being the spreader of virus and empathetic attitude. Neighbors and relatives totally ignored them. Even the family members also isolated them which further effected their mental health. The isolation created lot of mental stress among corona patients. As far as suicide is concerned, most of the victims committed suicide due to the fear and being the spreader of corona virus. In some of the cases the COVID victims even ended their life due to suicide in order to save the lives of their family members.

Keywords: Suicide; Pandemic; Society

Introduction

The year 2020 can be seen as a biggest disaster for the humanity as far as the pandemic is concerned. It has led to adverse effects on society as a whole. Everywhere there was lot of chaos and confusion among the people. Throughout the country millions of people have been affected due to the COVID-19 virus which has created fear and anxiety among people. During this pandemic crisis, social stigma and culture of suicide was seen among COVID-19 victims. The stigma created lot of problems among the COVID- 19 victims which had direct impact on their social life. The family as well as community members did not give them moral support and the victims felt alienated from the society [1]. In many cases it was seen that due to the lack of social bond within the family, and isolation from the society many COVID-19 victims committed suicide which caused the big setback for the Indian society. World Health Organization (WHO) reported that each suicide in a population is accompanied by more than 20 suicide attempts. Thus the number of mentally distressed people who might seek help from mental health services can be expected to increase in the context of the COVID-19 pandemic [2].

Suicide risk might be increased because of stigma towards individuals with COVID-19 and their families. There is some evidence that death by suicide increased in the USA, during the

1918-19 influenza pandemic among elderly people [3]. Widely reported studies modeling the effect of the COVID-19 pandemic on suicide rates predicted increase ranging from 1%-145% [4]. Numerous surveys have mentioned that the mental health has been disproportionately affected, relative to elderly one [5]. Social isolation, anxiety, fear of contagion, uncertainty, chronic stress and economic difficulties may lead to the development or exacerbation of stress-related disorders and suicidality in vulnerable populations including individuals with pre-existing psychiatric disorders, low-resilient persons, individuals who reside in high COVID-19 prevalence areas and people who have a family member or a friend who has died of COVID-19 [6].

There is a high probability that the COVID-19 survivors especially survivors who had severe COVID-19 are at elevated suicide risk. Stressful experiences such as learning about the diagnosis of COVID-19, fear of infecting others, symptoms of the illness, hospitalization, especially admission to an intensive care unit, and loss of income may lead to the development of anxiety, depression and post-traumatic stress disorder [7]. Many recovering COVID patients have physical symptoms including pain for a long time [8]. Neurological disorders such as ischemic stroke, headache and seizures are associated with suicidal behavior [9]. Physical symptoms, especially pain also increase suicide risk [10].



Research Methodology and Objective of the Study

The study is qualitative in nature and both the primary and secondary sources were used to collect data. For conducting the study snowball technique was used to collect data, with the help of telephonic interview. Semi structured interview schedule was used to collect relevant information for the study. In the study 80 families were interviewed through snowball method who was victims of COVID 19 virus. The main objective of this study was to examine why people faced social stigma and also committed suicide due to COVID-19 virus.

Finding of the Study

COVID-19 victims and the stigma attached

Social stigma was defined by Goffman in 1963 as "an attribute which is deeply discrediting" that reduce a person "from a whole and usual person to a tainted, discounted one". It creates a dichotomy between "being normal and acceptable" versus "being tainted ad undesirable". Social stigma is commonly related to race, culture, gender, intelligence and health. The conceptualization of stigma identifies four elements, which interact with each other, anticipated, perceived, experienced and internalised stigma [11].

COVID-19 has been associated with all these four elements of social stigma. People have modified their actions because of fear of being discriminated against, for example avoiding testing for SARS-COV-2 (anticipated stigma), patients and their families felt judged by others (perceived stigma), infected or exposed persons were excluded, isolated and discriminated against by their household and or community member (experienced stigma); and some patients might have felt shame and self-rejection (internalised stigma) [11]. Stigma associated with COVID-19 poses serious threat to the line of health care workers, patients and survivors of the diseases [12]. Physical distancing is important to reduce the chances of transmission of the diseases. But this practice may create stigma and discrimination, which can have the counterproductive effect of hindering disease control. People start to hide their symptoms, avoid seeking medical attention and testing until they are seriously ill and do not collaborate in effects to investigate contacts [13].

From the telephonic interview with the COVID victims, it was observed that most of the families are facing social stigma within the society such as isolation, spreader of virus and empathetic attitude. Neighbors and relatives totally ignored them. Even the family members also isolated them which further had impact on their mental health. The isolation created lot of mental stress among corona patients. During the conversation with the COVID victims, it was observed that majority of the victims were facing experienced and internalised stigma. COVID victims are isolated from their family members due to the fear of virus infection. Elderly patients are feeling that they are discriminated within the family which is further effected their mental health. It was also observed that the elderly people are the worst affected due to the isolation from their family which directly affects their mental health also.

In the past, it was observed that people faced social stigma in the society due to some fatal diseases such as mental illness, HIV AIDS, leprosy, and TB. But if we see the present conditions of the society, the pandemic has created lot of fear and stigma among COVID victims and their families. The study further observed that people are in so much panic and fear that they do not go for COVID-19 test. Most of the people were feeling that if they were CORONA positive then they will face social stigma with in family as well as in society. The incident

of social stigmatization towards COVID 19 victims and their family has been tremendously increased.

It was also observed that in many places, COVID-19 victims as well as front liners are also facing social stigma within the society. There were many reports by media which showed how the front liners were thrown out of the houses by their landlords due to the stigma attached with the virus.

The Indian Express, 24 March, 2020 reported that in Telangana doctors were denied houses on rent in Warangal due to virus scare. Man refused to give house on rent or asked them to vacate due to the fear of spreading of corona virus. Livemint.com 25 March, 2020 reported that doctors and nurses face stigma over corona virus and were asked to vacate rented houses. Social stigma related to corona virus became more apparent as resident doctor's association of the AIIMS reached out to Home Minister of India complaining about their forcible eviction by their landlords over COVID-19 pandemic. The doctors cited that their landlords were scared that doctors can be carriers of corona virus. The Indian Express on 1 May, 2020 reported that two doctors have been asked to vacate their rented house in Pune. Young doctor was also asked to vacate his rented flat in Pimpri by his landlord due to fear of COVID-19 virus.

It was further observed that the social bond of the communities also declined due to fear and stigma attached with the corona victims. In many places it was seen that the family of COVID victims are harassed by their community members and they were not allowed to perform the last rites of their family members due to the fear of virus. In India there are many reports by media which show the empathetic attitude of the community towards the COVID victims' family.

As far as Indian express report on 17 April 2020 is concerned, it shows that in Meghalaya a 69-year-old physician and founder of one of the first big private hospitals of the state was buried at a church cemetery, almost 36 hours after he died. The report further stated that the family wanted to bury him in Nongpoh, where they own a house. But residents and community leaders refused, citing the virus spreading. Another similar kind of incident has been observed in Chennai where a doctor died due to CORONA, and people refused a proper burial and protested at the cemetery where his body was taken. As the mob pelted stones and attacked the ambulance, his colleagues had to dig a grave with bare hands to bury the doctor (India Today, 17 April 2020). In Mangalore, another incident shows the lack of dignity in death for COVID-19 victims. The dead body of 31 years old COVID-19 victims from idya in Surathkal was sent back from a burial ground in Bolar after residents opposed the burial (TOI, 27 June 2020).

The study was also found that in Andhra Pradesh, another family was facing social stigma in the society. TOI, 22 April, 2021 highlights the issues when an 80 years old woman was thrown out of house by landlords due to fear of infectious disease. The incident took place at Akivedu village in west Godavari district on April, 19, 2021. Woman was ill and she was discharged from the hospital, but her landlord turned her away suspecting she had COVID and might infect others. He did not listen to the pleas of her sons that she was discharged from the hospital after doctors found she was not infected by the virus. The report also stated that there was no place to stay at that hour, the woman along with her sons went to the village crematorium at around midnight and slept there. After police intervention, the old woman went back to her rented place and the police warned the landlord of serious action if he did not allow her inside the house. The police also told the landlord that the old woman was not affected by CORONA virus.



Social stigma and suicide among COVID-19 victims

It was observed that the pandemic created lot of panic, chaos, social stress among people. But on the other hand, the society is facing new kind of challenges i.e. suicide due to the corona virus. People are in so much fear of social stigma which is attached with them due to corona virus that they are forced to commit suicide which is one of the worst negative consequences among COVID victim's family as well as society. In the pandemic crisis, culture of suicide is apparently found among COVID victims whom the society has never seen before. The study found that due to social stigma, depression and isolation are the main reasons for the COVID victims to commit suicide which is a serious issue that the society is facing. It can be observed that if the pandemic crisis continues for next one year then it would be a big threat to human lives as far as the culture of suicide is concerned.

In India, it was observed that due to the corona virus many people committed suicide though there is no systematic data regarding suicide. The study has taken media reports and tried to highlight how the COVID victims face social stigma in the society and why they commit suicide.

As per Telegraph India, 17 April, 2020 report is concerned, a young newlywed couple from Uttarakhand committed suicide together by hanging themselves from a tree (Ashok Kumar 24 years and his wife). Mr. Kumar was quarantined (after returning from Punjab) at a school that had been turned in to an isolation center near his village. Although he had no COVID symptoms yet he was prevented from going home and his wife was being pressured and harassed by neighbours to leave the village because they all thought her husband had COVID. The wife visited her husband at the quarantine center and both felt the situation was hopeless so committed suicide together in a forest near the center [14].

According to DT. Next report on 8 October, 2020 victims of COVID stigma died of suicide at home. Report stated that a 46-year-old woman committed suicide at her house in Adambakkam after her husband was tested positive for CORONA virus and admitted to a hospital in the city. The police said that her husband Kumaravel (52-year-old) who worked in a private firm in Velachery was tested positive recently and was admitted in a private hospital in Kelambakkam. Neighbors' in the apartment are avoiding them and they are not even attending her phone call.

Indian express, 27 June, 2020 highlights another case where a wife of COVID-19 victims dies by suicide in Visudhnagar (Chennai). The report stated that a 57-year-old husband was a railway booking staff working at vishdhnagar and while she was a teacher in private school. Official sources said that the man had tested corona positive and same was informed orally to their family. The husband succumbed to the virus and was declared dead. His body was brought to the cremation ground directly, and his wife and daughter were quarantined. When her daughter left to test themselves for corona virus, the woman who was alone at their residence allegedly hung herself to death.

Times now, 8 October, 2020 also reported that a woman jumped to death after finding her husband dead from the corona virus at Ambedkar colony in Hyderabad. She was unable to cope with the loss and jumped off from third floor of their apartment.

India Today, 20 August, 2020 highlights that how the social stigma is taking the life of COVID victims. The report stated that how due to the social stigma wife and two children of a man, who died of corona virus, ended their lives by jumping off a bridge in Andhra Pradesh. According to police, after the death of family a 52-year-old Narasaiah,

who was infected with corona virus, his family was depressed and felt humiliated when their relatives and friends did not give them solace after their loss. Police also recovered a suicide note from the car and the note said that the family was victim of the social stigma surrounding the virus and decided to kill themselves.

India Today further reported that on 6 July, 2020 a 37-year-old COVID victim who was a journalist killed self by jumping off the fourth floor at AIMS Delhi. There was also another report on India Today, 25 June, 2020 which stated that Hari Singh owner of Tirunelwelis famous IruttuKadai died of suicide after being tested CORONA positive.

The first post .com, 13 May 2020 also highlights the similar kind of problem which the COVID victims faced. The report shows that a 56-year-old hung himself in Andhra Pradesh, Chittor district near his mother's grave because he thought he was corona virus positive and was afraid he would infect his three children and wife.

Sripad MN, et al., [15] mentioned that the median age of COVID-19 related suicide victims was 45 years (15-80 years). Where in 61.3 per cent belonged to 30-59-year age group and 75.3 per cent were males. They further stated that 50 per cent suicides occurred within the first week of COVID, diagnosis confirmation and 50 per cent suicides occurred at COVID centres. Hanging (53.8%) was the commonest method of suicide, followed by jumping (12.9%).

The study further observed that in this pandemic crisis, it is not only middle age group who committed suicide, but the elderly people also got tremendously affected due to isolation, mental stress, and also became a victim of social stigma. There are many reports in media which show that the elderly couple committed suicide due to fear of virus and social stigma.

Griffiths, and Mamun (2020) studied COVID-19 and suicidal behavior among couples through case study evidence from press reports. They stated that as far as the HT report on 6, April, 2020, an elderly couple from Amritsar, age 65 years committed suicide by consuming a poisonous substance together. Their suicide note said, there was tension because of COVID-19. Their suicide notes simply said, "We are finishing our lives and no one is responsible for this. There has been a tension due to corona virus. We both are also ill". The police reported that they were not actually infected with COVID-19.

Usha, Rana (2020) also mentioned in her study that a 75-year-old person committed suicide by hanging himself from ceiling fan in his residence in Maharashtra. The police officer found a suicide note in which it was clearly mentioned "CORONA FEAR".

A similar case of suicide of 60-year-old was reported from Tamil Nadu state who hanged himself from a window grill in the isolation ward of a government hospital out of corona fear (Indian Express, 2020) c.f Usha Rana (2020). In Punjab state a 65-year-old woman committed suicide citing concern that she would infect her daughter (The Tribune, 2020).

Another case of suicide was found in Mangalore, where a middle age couple committed suicide due to the fear of COVID-19 virus. The wife's father and mother contracted COVID-19 infection and the couple had symptoms. The couple have written (in a suicide note) that they saw media reports about COVID-19, black fungus and took their lives out of fear." In a series of voice notes, the husband detailed his predicament and said that he and his wife were taking their lives over fears of contracting COVID-19 and the black fungus disease. The couple had assumed that they had contracted COVID-19 however, the Commissioner said that the post-mortem report had said that they



had tested negative for the virus (https://in.yahoo.com/news/couple-mangaluru-die-suicide-leave-124443113.html).

Suggestions to avoid social stigma and suicide

Social stigma and suicide is apparently observed within the society during this pandemic crisis. From the above analysis of the study and the present situation of the society, the study is recommending some suggestions to avoid stigma and suicide among COVID victims.

- The COVID victims should be treated as normal human beings and should not be seen as a virus spreader.
- The community and family members should talk freely with COVID victims while maintaining physical distance or through telephone so that they will not face any kind of alienation or isolation and also motivate them to cope up with disease. The motivation is one of the best methods to deal with any situation. They should also try to help them socially as well as emotionally so that the COVID victims do not feel any social stigma within the society.
- Family members should not leave COVID victims alone. There
 should be interaction process going on through direct/ indirect
 way so that the patients do not feel any depression.
- The society should ignore the concept of social stigma and try to understand the problems which COVID victims are facing.

Conclusion

From the above discussion, it can be seen that due to the pandemic crisis the social stigma and suicide has taken place in the society which is showing the negative consequences among people as well as communities. Such consequences are fear, isolation, behavior changes, mental stress, and conflict between the community members, declining norms and values and suicide. Social rejection by the society towards COVID victims and their family is creating a lot of mental stress, depression and anxiety and fear of contagion of virus. In the pandemic crisis, the society is witnessing a new kind of problem i.e. culture of suicide. In the above finding, it is clearly seen that the incident of suicide rate is high among COVID victims who has resulted in a big setback for the society. People are committing suicide due to the fear of corona virus, and social stigma (most of the people are facing experienced and internalized stigma in to the society). It is also observed that the egoistic and altruistic suicide was seen among most of the COVID victims.

Media Report

India Today, 14 March, 2020

Indian Express, 24 March, 2020

Indian Express, 17 April, 2020

India Today, 17 April, 2020

Indian Express, 1 May, 2020

Indian Express, 25 June, 2020

India Today, 25, June, 2020

TOI, 27 June, 2020

India Today, 6, July, 2020

India Today, 20, August, 2020

Times Now, 8, October, 2020

DT. Next, 8, October, 2020

The Tribune, 2020.

Quest.com, 7 April, 2020

First post.com, 13 May, 2020

Declaration of Conflicting Interests

The author declared no potential conflicts of interest with respect to the research, authorship and/or publication of this article.

Funding

The author received no financial support for the research, authorship and/or publication of this article.

References

- Kumar S, Mishra AJ (2020) Social Consequences of COVID-19 on Indian Society: A Sociological Analysis. Epidemol Int J 4: 1-7.
- Klomek AB (2020) Suicide prevention during the COVID-19 outbreak. Lancet Psychiatry 7: 390.
- Gunnell D, Appleby L, Arensman E, Hawton K, John A, et al. (2020) Suicide risk and prevention during the COVID-19 pandemic. Lancet Psychiatry 7: 468-471.
- John A, Eyles E, Webb RT, Okolie C, Schmidt L, et al. (2020) The impact of the COVID-19 pandemic on self-harm and suicidal behaviour: a living systematic review. F1000Res 9: 1097.
- Pierce M, Hope H, Ford T, Hatch S, Hotopf M, et al. (2020) Mental health before and during the COVID-19 pandemic: a longitudinal probability sample survey of the UK population. Lancet Psychiatry 7: 883-892.
- Sher L (2020) The Impact of COVID-19 Pandemic on Suicide Rate. OJM 113: 707-712.
- Sher L (2020) Are COVID-19 survivors at increased risk for suicide? Acta Neuropsychiatr 32: 270.
- D'Ambrosio A (2020) COVID-19 sequelae can linger for weeks. Medpage Today.
- Hudzik TJ, Marek GJ (2014) Neurological disease and suicidal behavior. In: Cannon KE, Hudzik TJ, eds. Suicide: Phenomenology and Neurobiology. Springer International Publishing, Cham, Switzerland.
- Sher L (2019) Resilience as a focus of suicide research and prevention. Acta Psychiatr Scand 140: 169-180.
- 11. Sotgiu G, Dobler CC (2020) Social stigma in the time of coronavirus disease 2019. Eur Respir J.
- 12. Sanjeet B (2020) Stigma during the COVID-19 Pandemic. Lancet Infect Dis 20: 782.
- Villa S, Jaramillo E, Mangioni D, Bandera A, Gori A, et al. (2020) Stigma at the time of COVID-19 Pandemic. Clin Microbiol Infect 26: 1450-1452.
- Griffiths MD, Mamun MA (2020) COVID-19 Suicidal Behaviour among Couples and Suicide Pacts: case study evidence from press reports. Psychiatry Res.
- Sripad MN, Pantoji M, Gowda GS, Ganjekar S, Reddi VSK, et al. (2021) Suicide in the context of COVID-19 diagnosis in India: insights and Implications from online print media report. Psychiatry Res.