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Research Article

Covid-19 and Social Stigma: A Case of Indigenous People of North-East India

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ABSTRACT

The COVID-19 epidemic has aggravated social stigma and social discriminatory behaviour against indigenous people of northeast India. People affected by the virus within the indigenous community as well those returned from elsewhere is seen by the rest as the "other". Such alienated treatment negatively affects and fuels the stigma thus hampering positivity. COVID-19 pandemic need to be understood and perceived correctly in order to efficiently prevent its spread and thus the stigma. Therefore, this paper will draw a conceptual understanding and will address the concern of stigma against the indigenous people of North-East India in the context of Covid-19.

Keywords: Covid-19, Ethnic community, Indigenous people, North-East India, Social discrimination, Social stigma

INTRODUCTION

The triumvirate of stereotypes, biased outlook, and social discrimination are collectively perceived to be as prejudice or stigma. It has negatively affects stigmatized people's access to various resources and left ignorance by the other groups in which social organization they live in. The COVID-19 pandemic has not merely distorted the human resources; but disrupted the social fabric against individuals of certain ethnic backgrounds in many countries including India. In particular, it has aggravated socially discriminatory behaviours or stigma against a mongoloid featured indigenous communities of North-east India. Stigmatization, at its essence, is a challenge to one's

humanity – for both the *stigmatized* person and the *stigmatizer*. In an outbreak, this may mean that people are labelled, stereotyped, discriminated, and treated as others who ever have come in contact with the virus and those who share the common characteristics with the affected person also suffered from stigma. However, this unconcealed gloomy stigma is not new-fangled in the case of indigenous Communities of North-east India. Frequently, the indigenous North-east encountered with racial slurs. This is hardly address to prevent the issue. Many a times mainstream media covers merely the dark side of Northeast India such as political and insurgency related violence, bomb blast, riots, and massacre. This displays the deliberate dispassionate approach of Northeast region and it continues. As Gerhard Falk held, 'the process of stigmatization has a long history and is cross-culturally ubiquitous'. The covid-19 stigma is, therefore, the manifestation of blatant racism and xenophobia against Indigenous North-easterners. The pandemic has just sharpened the rusted unconcealed racial slurs and stigma. Surprisingly, Indigenous affected by the virus within the indigenous community as well as those returned from elsewhere is seen by the rest as the *"other"* and experienced stigma. The returned Indigenous may not be affected by the virus but are perceived to have been in contact with the virus and thus alienated within the community. Such ill alienated treatment negatively affects and fuels the stigma thus hampering positivity. Therefore, the COVID-19 pandemic need to understood and perceived correctly in order to efficiently prevent its spread and thus the stigma. The paper is constructed to re-conceptualize the concept of social stigma in context of Covid-19. Mainly the study is to analyze overt and covert experience of Covid-19 Stigma against/within the indigenous communities of North-East India. The study also suggests how to counter stigmatization within indigenous community. The study is constructed or drawn from the experience perspective, from secondary sources and case study conducted in the state of Tripura. In particular, the study has been carried out among the returned indigenous, and those faced stigma, through a telephonic interview, in order to grasp their experiences that comprehended the structure of stigma.

(Re) Conceptualising *"Social Stigma"* in the context of COVID-19

According to Erving Goffman, most influential sociologists of the twentieth century, described that stigma as a phenomenon whereby an individual with an attribute which is deeply discredited by their society (Sotgiu and Dobler, 2020). It is an attribute or reputation of negative response or rejection. He saw stigma as a process by which the reaction of others spoils normal identity. Therefore, social stigma is defined as a negative attribute or identity that devalues an individual within a particular context or culture (Goffman, 1963; Jones *et al*., 1984). It causes an individual to be mentally classified by others as undesirable, rejected, stereotyped rather than accepted or

supporting moral support. Goffman further, argued that there is a special kind of gap between virtual social identity and actual social identity. For example, he said that:

> *"while a stranger is present before us, evidence can arise of his possessing an attribute that makes him different from others in the category of persons available for him to be, and of a less desirable kind – in the extreme, a person who is quite thoroughly bad, or dangerous, or weak. He is thus reduced in our minds from a whole and usual person to a tainted discounted one. Such an attribute is a stigma, especially when its discrediting effect is very extensive [..] it constitutes a special discrepancy between virtual and actual social identity"(Goffman 1963:3).*

Goffman have distinguished three different types or dimensions of stigma, 'body disfigurements', 'blemishes of moral character', and 'tribal affiliations' such as race or religion (Cited in Quinn, 2006 p 83). The first one attributes to the abominations of the body consisting of various physical deformities, disabilities, and chronic diseases. The second is the 'blemishes of individual character which are inferred from a known history of socially deviant behaviour; and the third refers to the inheritable ''tribal stigma of race, nation and religion (Katz, 1981 p 2). He further distinguishes between people who are already 'discredited' i.e. their stigma is known to others either because it is immediately visible or because other have previous knowledge of the stigmatized status or 'discreditable' – those whose stigma is concealed (Quinn, 2006). Here, the stigma faced by the indigenous of north-east is not new-thing. Prior to the pandemic socially discrimination are common against indigenous of northeast India. The pandemic has just sharpened the tedious and rusted knife. A couple of social theorists have also tried to term stigma to denote the common aspect of all socially disqualifying attributes, however different they may be in other respects. But there is much vagueness in the way the term has been employed. Perhaps, Goffman (1963) appears to be the only investigator who has tried to define it explicitly. Goffman reminds us that the word stigma originated with the ancient Greeks, who used it to refer to bodily marks or brands that were designed to expose infamy or disgrace e.g., that the bearer was a slave or a criminal. Today, Goffman writes, the word is widely used in something like the original literal sense but is applied more to the disgrace itself than to the bodily evidence of it. He prefers to have it denote an attribute that is deeply discrediting-that reduces the possessor in our minds "from a whole and usual person to a tainted, discounted one." Goffman cautioned that social context can be crucial; an attribute may be discrediting in one interaction setting but not in another. Nonetheless, there are important attributes that almost everywhere in our society are discrediting (Katz, 1981, p2). Perhaps, Emile Durkheim, the classical founding father and French Sociologist was the first to explore stigma, before Erving Goffman, as a social

phenomenon in 1895. He wrote: *imagine a society* of saints, a perfect cloister of exemplary individuals. Crimes or deviance, properly so-called, will there be unknown; but faults, which appear venial to the layman, will there create the same scandal that the ordinary offense does in ordinary consciousnesses. If then, this society has the power to judge and punish, it will define these acts as criminal (or deviant) and will treat them as such (Durkheim, 1982). Bruce Link and Jo Phelan propose 'Stigmatization model' that stigma exists when four specific components converge: 1) Individuals differentiate and label human variations, 2) Prevailing cultural beliefs tie those labelled to adverse attributes, 3) Labelled individuals are placed in distinguished groups that serve to establish a sense of disconnection between 'us' and 'them', and 4) Labelled individuals experience 'status loss and discrimination' that leads to unequal circumstances (Link and Phelan, 2011). According to Link and Phelan, in their stigmatization model contains the contingent on 'access to social, economic, and political power that allows the identification of differences, construction of stereotypes, the separation of labelled persons into distinct groups, and the full execution of disapproval, rejection, exclusion, and discrimination.' Subsequently, in this model, the term stigma is applied when labelling, stereotyping, disconnection, status loss, and discrimination all exist within a power situation that facilities stigma to occur

Prior experiences with stigma also affect the stigma process. Stigmatized individuals not only experience prejudice and discrimination directly, they are exposed to representations of their stigma in the dominant culture as well. Based on these prior experiences with stigma, members of stigmatized groups develop "collective representations," or shared feelings, beliefs, and expectations about their stigma and its potential effects. Furthermore, individuals who have had much previous direct or vicarious experience with exclusion, prejudice, and discrimination are likely to perceive and react more strongly to an instance of prejudice than are those who have had few such previous experiences. Some individuals may be chronically more sensitive to instances of prejudice and discrimination (Laar and levin, 2006 p 5). Stigmatized individuals possess or are perceived to possess an attribute conveying a devalued social identity within a social context (Crocker *et al.,* 1998; Kaiser, 2006, p 45). For example, the stigmatized encounter discrimination in many domains including restricted access to resources such as employment, income, housing, and education. Additionally, the stigmatized experience many forms of social threat, including being ignored, rejected, disrespected, and patronized (Kaiser, 2006 p45).

The COVID-19 pandemic has brought racial change in social and ecological behaviour change in communication. According to World Health Organization, social stigma in the context of health is the negative association that individuals assume regarding who

share the same similar characteristics of a specific disease. The outbreak has brought to different meaning of some people, with diluted experiences because of certain like to a virus. It has provoked social stigma and led to discriminatory behaviours against certain ethnic backgrounds as well as those perceived to come in contact with the deadly virus. For example, how mainland Indian has discriminated mongoloid featured Northeast Indigenous. The pandemic also negatively have affected among the Indigenous of Northeast, inapt action within Indigenous and community based hatred. It is understandable that there is confusion, anxiety, and fear among the all the people. But these factors have contributed to make it easy to associate with others in the form of stigma, fuelling harmful stereotypes. People may not come in contact with disease but share similar characteristics, especially returned from elsewhere suffering depressingly from stigma. They are seen like criminals in the society. Dr. Anil Pachanekar, Head of a Local Physician Association, also make strong statement, when they went around Dharavi, Mumbai sharing awareness to people about the virus. He said "it is not a crime to be tested positive for coronavirus". It is clear that being tested positive is never like committing a crime. However, due to immense increased in social discrimination, the affected individual or those who share same characteristics, though they may not be contain with the virus are force to drive away from other people and leading them to hid the illness to avoid discrimination. The COVID-19 stigma has prevented people from seeking health care immediately. It has deeply discouraged them from adopting healthy behaviours

COVID-19, Why Stigma and its Causes

The Coronavirus is a deadly illness, and it's much more dangerous than the normal flu (Wetsman, 2020). On 31st December 2019, China informed the World Health Organization of a cluster of cases of pneumonia of an unknown cause in Wuhan City in Hubei province (George, 2020). The public health experts around the globe scramble to understand, track and contain the new virus (Wetsman, 2020). The virus is highly transmissible; it is devastating across the country. The WHO, then named the flu illness caused by the coronavirus or COVID-19 - 'CO' and 'VI' stands for Coronavirus, 'D' for disease, and '19' for the year when the disease emerged and declared that the virus is a pandemic (Wetsman, 2020). A SARS-like virus outbreak originating in Wuhan, China, is spreading into neighbouring Asian Countries, including India (Nawrat, 2020). India reported the first confirmed positive case of the novel coronavirus on 30 January 2020 in the state of Kerala. The affected individual had a travel history from Wuhan, China. Initially, thousands of suspected cases have been tested, resulting in more than 2,000 confirmed positive cases in India (Deori and Konwar, 2020). The regions with the highest number of cases include Maharashtra, Kerala, Delhi, Karnataka, Andhra

Pradesh, Uttar Pradesh, Rajasthan and Tamil Nadu. On 12 March 2020, the first death case of coronavirus in Karnataka was reported in India. The first case of COVID-19 in North-East India was detected on 24 March 2020 in Manipur of a 23 year old returned student from UK. In Assam first case was confirmed on 31 March 2020. The case was of 52 year old man returned from Delhi after attending Nizamuddin Markaz. Tripura has its first case confirmed on 5th April 2020. The case was a 4 year old woman who returned from Kamakhya Temple in Guwahati. The State of Meghalaya's first case was confirmed on 13th April 2020 of 69 years old Doctor at Bethany Hospital who faced death later. Arunachal Pradesh has 2 confirmed and 1 recovered cases, Sikkim has 1 confirmed cases. Nagaland has 03 confirmed cases. And Mizoram had 1 positive who have recovered later (Deori and Konwar, 2020). In this way in every states of Northeast India positive cases were confirmed. The entire North-East Reached up to 50 on 17th March and 100 on 5 May 2020 (Deori and Konwar, 2020). Initially, in comparison to other states of India, relatively states of Northeast have very less confirmed positive cases of COVID-19. The impact of pandemic, however, have absorbed into different shape, more racial slurs, more uglier form, allocation of prejudice principles, and ethnic hatreds. In particular, the manifestations of social deviant, social discriminatory behaviour are against indigenous northeast on the basis of their race and colour. As I have already mentioned that Dr. Anil Pachanekar, Head of a Local Physician Association, also make strong statement, that "it is not a crime to be tested positive for coronavirus". However, the corona stigma are been allegedly tag to the virus being brought by the indigenous of Northeast, who reside in big cities like Kolkata, New Delhi, Banglore, Mumbai by the Indian mainlanders. They are not even tested positive for Corona, still Northeast indigenous were treated like criminals. For example, a man on a bike spat on a Manipuri woman in Delhi's Vijay Nagar area by calling out "*Chinese coronavirus coming*" and fled from the place (Deori, 2020). On the very night, a group of Northeast Indigenous students in Kolkata were allegedly attacked and beaten by their neighbours who demanded they left the same premises (Sirur, 2020). The common premise is that bearing 'Mongoloid features' of the Indigenous North-Easterners, who are conceived as 'Chinese' by the Indian Mainlanders. The racial violence, ill treatment and stigmatising of Indigenous communities of Northeast are perceived to be continuity and ubiquitous. For example, on January 29, 2014, a young man named *Nido Taniam* was beaten to death in Lajpat Nagar area of Delhi; just because he looked different or he carried Mongoloid features (Sharma, 2020). The pandemic have just become an instrumental tool to rinse the rusted stigma. It is the explicit manifestation of blatant racism and '*Racial Disparagement'* that has exacerbated and sharpened by the pandemic. Such experience of xenophobia as seen 'other' and racial violence negatively has hampered the positivity in the view of Indigenous North-easterners against the Indian mainlanders.

Interestingly, the prevailing stigmatizations and prejudice outlook are as well visible within indigenous communities of Northeast India. 17th May 2020 onwards migrant workers, students, and other people returned to their native lands including North-easterners. To Returnees unexpected experience, for example, on 25 May 2020, when a young man returned from Assam to Tripura to his village, the village committee didn't allow them to enter in their villages, and asked them to reside at Jungle in temporary made house until the completion of 14 days of home quarantine. Another incident on June 3 2020, a married man, who recovered from COVID19, committed suicide in Tripura on Thursday. The man was a resident of Agartala and worked at Delhi Airport. He returned to Agartala from Delhi and after a swab test, he was declared positive for the virus. He was shifted to a COVID Care Center in Agartala and was admitted there for 14 days. After being recovered from the deadly disease, he was discharged from the COVID Care Center. According to his family members after returning from the COVID19 Care Center, he remained upset and was mentally disturbed. "He did not talk much," the family members of the deceased said. On Thursday morning, his wife found him committing suicide by hanging in the backyard of their house. Earlier, a lady committed suicide at GBP Hospital in Agartala allegedly due to fear before she tested positive for COVID19. On 11 August 2020, a sugar patient took his last breath, but the whole community accused the deceased man that corona virus is the main cause of his death, despite he was tested negative. It is a wide-ranging phenomenon that has impacted upon every aspects of human life. The level of stigma associated with COVID-19 based on it is new form of disease which is still unknown to many people, and often unknown and indistinct nature of epidemics resulted in fear and anxiety. And these factors are associated in harmful stereotypes and stigma.

Stigma of COVID-19: Risk Community

The impacts of pandemic over human kinds are unimaginable, immeasurable, and incalculable. At this focal point, members of stigmatized groups as passive victims of stigma and its consequences demonstrates the tenacity and risk in countering to COVID-19 stigma. It shows diversity among Stigmatized individuals in their responses such as behavioural change in individual characteristics. It grades in psychological stress responses such as anger, anxiety, hopelessness, resentment, and fear. It increases in cardiovascular activity as part of physiological stress responses (Cited in Miller, 2006, p 21). Stigma creates stress, because devaluation exposes stigmatized individuals to a variety of stigma related stressors; stereotyped expectancies about what stigmatized people are like, harbour prejudiced attitudes toward stigmatized people, and behave in a discriminatory manner toward stigmatized people (Fiske, 1998; Miller, 2006). Encountering into new diseases or this obesity epidemic or pandemic has

aggravated harmful stereotypes and stigmatization. It has undermined social cohesion. Stigmatized people are prompt to social isolation from other individuals. This could bring more risk to a situation where the deadly virus would likely to spread more and would show difficulties controlling a disease outbreak. The stigmatized individuals may drive away and hid their illness to avoid discrimination. It might force them to prevent people from seeking health care immediately. It discourages stigmatization from adopting healthy behaviours. Choices made by the stigmatized individuals do not only have consequences over them but the very instant social interaction and their group's relations (Quinn, 2006). When there is no elucidation and nor confronting the injustice, ill treatment and perpetrators of prejudice to correct the biases, the stigmatized individuals may continue to believe that the social structure is unfair and permeable and feel no need to address group inequality and remain silent. Therefore, failure to confront prejudice may also lead other members of the stigmatized group to underestimate the degree to which their sense of injustice is shared and undermine their sense of efficacy in responding more collectively to their shared injustice (Laar and Levin, 2006, p 3). Kaiser studies showed that confronting the prejudiced behaviours of other leads to derogation of the complainant and increased conflict. Thus, when interpersonal and intergroup harmonies are the primary goals, confronting prejudice may thwart these goals and may result in reduced well-being (Cited in Laar and Levin, 2006, p 3). German born sociologist and historian Garhard Falk classifies stigma based on two categories, 'existential stigma' and 'achieved stigma'. Achieved Stigma designate to the 'stigma that is earned because of conduct and/or because they contributed heavily to attaining the stigma in question' where as existential stigma refers to the 'stigma deriving from a condition which the target of the stigma either did not cause or over which he has little control.' Here, the corona stigma could be looked through the lens of existential stigma. However, the stigma have not caused because of just coronavirus as it has always been associated with racial slurs. As Falk also concludes that "*all societies will always stigmatize some conditions and some behaviour because doing so provides for group solidarity by delineating 'outsiders' from 'insiders'*." Therefore, the focus should be on goal directed behaviour and need to consider "optimal" coping strategies in response to stigma. Because the community transmission is proceeding drastically, leaving every day and weeks a new disease.

Use of Inclusive Terminology

The defining characteristics of stigmatized individuals are those others devalued, ignored, excluded and spoil their normal identity (Miller, 2006). The stigmatized individuals may have difficulty in elucidating an accurate and clear self concept regard to domains relevant to stereotypes. Repeated negative experiences with stigma can

lead members of stigmatized groups to anxiously anticipate similar treatment in future situations, straining cognitive resources that would otherwise be devoted to other tasks. As a result of interactions with others who are perceived to hold negative stereotypes about their group, members of stigmatized groups may perceive themselves in ways that are consistent with these stereotypes in an effort to socially tune and maintain relationships with them (Laar and Levin, 2006, p 2). Moreover, members of stigmatized groups are not only affected by their own experiences; the actions of their fellow group members may also reflect negatively on them, causing shame when these behaviours are perceived as confirming the negative stereotype that exists of their group (ibid). It has become clear by now that stigma and fear around communicable diseases hamper the response and social cohesion. Building entrust in reliable health services, sense of belonging, and showing empathy with those affected by the virus, comprehensive understanding of the diseases and adopting effective practical measures could lessen the stigma and also be able to control the disease from spreading. How we communicate about COVID-19 is critical in supporting people to take effective action to help combat the disease and to avoid fuelling fear and stigma. An environment needs to be created in which the disease and its impact can be discussed and addressed openly, honestly and effectively. The very presentation of the word of 'Coronavirus' or 'COVID-19' have negative meaning for people, as if affected people are criminal and deliberately have come in contact with the virus and fuel stigmatizing attitudes. It perpetuates the existing negative stereotypes or assumptions, strengthens false associations between the disease and other factors, create widespread fear, or dehumanise those who have the disease. It is even driving people away from getting screened, tested and quarantined. Use of appropriate language is significant in tackling the stigma. Words used in media are especially important, because these will shape the popular language and communication on the new coronavirus (COVID-19). Negative reporting has the potential to influence how people suspected to have the new coronavirus (COVID-19), patients and their families and affected communities are perceived and treated. There are many concrete examples of how the use of inclusive language and less stigmatizing terminology can help to control epidemics and pandemics from the HIV, TB and N1N1 Flu. Similarly, we must begin using some appropriate terminology that will sound less stigma and make stigmatized people comfortable.

CONCLUSION

The impact of pandemic outbreak is deniable, but it is preventable with proper anticipatory measures. The COVID-19 stigma has undermines social cohesion and prompted possible social isolation of groups, which might contribute to a situation

where the virus is more, not less, likely to spread. The human kind is living with the COVID-19 pandemic, and therefore adopting the new normal would be the essential part of human life. Certain behavioural change would lessen the risk of informed communicable diseases. Change in our vocabulary and using inclusive appropriate terminology would lessen the panic over the disease that had subsided. People will begin to feel more comfortable visiting doctors to be tested. Also change in social behavioural communication would stabilize the fabric of the society or can strengthen the social cohesion together. Lastly, as Goffman stated that what constituted this attribute would change over time and what seems to be needed is a language of relationships, not attitudes or prejudices. An attribute that stigmatizes one type of possessor can confirm the usefulness of another, and therefore is neither credible nor discreditable as a thing in itself.

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