



NOW AND AGAIN

## Fear and stigma

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I opened the newspaper this morning and my heart felt heavy. A nurse had to be escorted home by a group of policemen. Why? Because she provided help to a person infected with coronavirus and opted to self-quarantine. She was returning home. But the neighbourhood dadas stopped her and said that she could not go home; she had to quarantine herself elsewhere.

A few days back, my friend's mother was diagnosed with Covid-19 and was admitted to a hospital. Her three family members tested negative. They were returning home after their tests. Neighbours asked them not to enter the house and live elsewhere.

This coronavirus has inflicted deep fear in us. The fear of being infected. The fear of death from infection. Fear has resulted in stigmatization. Stigmatization leads to discrimination. Stigmatization and discrimination are social evils and each of us must fight these evils.

My mind went back to a conference on “Stigma and Global Health” held in the USA where I was invited to deliver a lecture in 2002. More than 250 participants from 30 nations, including 23 developing countries, discussed stigma associated with HIV/AIDS, mental health, epilepsy, physical anomalies, alcohol and drug abuse, physical and sexual abuse, genetics, race and gender.

While preparing my lecture, I read a book by Erving Goffman titled “Stigma.” That book begins with the reproduction of a letter written to Miss Lonelyhearts (a book by Nathaniel West). “Are-you-in-trouble? Do-you-need-advice? Write-to-Miss-Lonelyhearts-and-she-will-help-you.” The letter was written by a sixteen-year-old girl, “Desperate.” The last line of the letter read “Ought I commit suicide?” She asks this of Miss Lonelyhearts because everyone avoids her. She has no boyfriend.

Even though other girls her age go out with their boyfriends, she can't go. Why? “I was born without a nose.” This girl is unfortunate to have been born with a very rare genetic defect. She has been stigmatized. Stigma born of fear. “I have a big hole in the middle of my face that scares people, even myself.”

Now in these times, fear is giving birth to stigma. This coronavirus is certainly fearsome. We are experiencing what no living person has experienced. Loss of work. Loss of livelihood. Forced avoidance of social interaction. Forced internment.

Indeed, we have to avoid being infected. But, tainting or stamping someone as “dangerous” just because she or he is infected is unacceptable. This is done ostensibly to avoid spread of the infection. As a matter of fact, stigmatization or social marginalisation can have an opposite effect. If infected persons are not allowed to live within the confines of their homes even if their symptoms are mild, then such persons may not inform early about symptoms. Such denial may result in delay of quarantine or medical attention. This delay, in turn, may result in faster spread of the infection in society.

It is important to take measures to prevent infection. Physical distancing, wearing a mask, washing hands with soap, avoiding assemblies, confinement, etc. are all measures to prevent infection. We are all practicing these. However, a person who is infected is one of us. We still have to treat that person with dignity. By socially marginalizing an infected person, we cause more harm than good. Social cohesion will be adversely affected. The adverse effects will be felt long after the virus is gone.

Factories and workplaces will soon reopen after months of lockdown. It is inevitable every workplace will have a few persons who may have been infected by the coronavirus and have recovered. It is not unlikely that others will avoid such persons. It is bound to happen, unfortunately.

We need to talk among ourselves about the way coronavirus spreads. About how we can avoid its spread. About how we can avoid being infected. But also, why we should not shun those who have contracted the infection. And those who have recovered. We need to behave rationally and scientifically. We need to discuss these as often as possible.