



## **Examination of the sociological aspects of stigmatization and mortality during the COVID-19 pandemic in India**

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### **ABSTRACT**

The unforeseen onset of the Coronavirus pandemic has had a devastating impact on human life. The situation caused widespread worry, anxiety, and terror among people, leading to the stigmatization of sick individuals. This stigmatization further impacts the way people seek healthcare, owing to a lack of faith in the public health system. The virus has left the globe in a state of powerlessness as individuals helplessly witness the death of their loved ones due to the lack of adequate medical intervention. The required standards implemented by governments to combat the epidemic prevent dead people from receiving a decent death. This article aims to comprehend the process of stigmatization around the Coronavirus and its impact on people's health-seeking behavior. Furthermore, this stigmatization, along with dread and worry, resulted in the refusal to acknowledge the possibility of dying with dignity in India.

**Keywords:** *COVID-19, India, Stigmatization, Death, Social Stigma.*

### **Introduction**

The COVID-19 epidemic has had significant societal ramifications worldwide, and India is not exempt from these effects. The epidemic has not only presented health difficulties but has also highlighted and worsened pre-existing societal dynamics, especially with stigmatization. This investigation explores the social dimensions of stigmatization

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during the COVID-19 epidemic in India, including its origins, expressions, repercussions, and proposed solutions to reduce them. The number of Coronavirus cases is rapidly increasing at an unprecedented level worldwide. The consequence is a rapid increase in mortality rates, since several deceased individuals who were infected are abandoned and left unattended in residences, public areas, and morgues (Gray, 2020; Horowitz & Emma, 2020). These severe situations have emerged due to hastily drafted rules and directives implemented by authorities, such as an abrupt prohibition on burial services in some nations. The global population is compelled to observe this significant era as passive onlookers of the widespread destruction wrought by the epidemic. It had caused widespread feelings of bereavement, sorrow, and anxiety among individuals. Maddrell (2020) correctly observed that those regularly exposed to the virus are susceptible to high levels of viral infection. Similarly, people who experience an elevated frequency of tragic death and personal problems are subject to a heavy emotional burden, referred to as an “emotional-viral load”.

### **Novel coronavirus as pandemic**

The COVID-19 pandemic is classified as a severe respiratory disease. The primary agent of this condition is the SARS-CoV-2 virus, a member of the Coronavirus family. This virus is encapsulated and has a positive single-stranded RNA (WHO, 2019). The primary transmission mode for the virus is by the intake of respiratory droplets and their subsequent deposition on the mucosal surface. However, other studies have shown that transmission may occur via contact with infected body excretions and the fecal-oral pathway (Vidua et al., 2020). Authorities emphasized the need to implement key steps such as isolating oneself, identifying potential sources of infection, and using PPE to safeguard against infection. The head of the WHO emphasized the need for contact tracing in managing this outbreak. According to the WHO (2020b), because this approach has successfully controlled previous significant outbreaks, including Ebola, smallpox, and polio, it will also effectively suppress COVID-19. Despite being found in 2019, the state of the planet remains alarming. Although technologically advanced countries have made significant progress in research and development, they have been unable to find an efficient remedy for this lethal virus. Multiple individuals perished while awaiting a remedy. The circumstances had become very dire, with morgues overflowing with deceased individuals and hospitals overwhelmed by an excessive number of patients. Therefore, it has

clearly shown the inefficiency of our healthcare system in managing significant disease epidemics. In India, several people were refused medical treatment by hospitals owing to a lack of adequate hospital equipment, including beds, proficient healthcare staff, and personal protective equipment (PPE) kits. The condition was alarming, prompting the India IMA to issue a red notice to medical professionals and the administration of medicine responsible for coronavirus containment efforts (Sahay, 2020). In addition, the cost of therapy that the individual must pay reaches one hundred thousand dollars for 10 days. The allocation of such a substantial price is challenging for families with limited income, highlighting the government's ineffectiveness in addressing the Coronavirus. In response to the extraordinary circumstances, the Indian Supreme Court became involved and mandated the government to establish a set of guidelines on the expenses associated with COVID-19 therapy. The statement emphasized that no patient should be denied medical care due to the exorbitant cost of COVID-19 therapy (Thomas, 2020). In addition, many problems were faced in finding efficacious therapy for the Coronavirus: The first concern was undergoing testing to determine the existence of the Coronavirus. Despite asking a charge of around four thousand five hundred, even privately owned laboratories could not offer a COVID-19 test without any obstacles. Despite 30 percent of testing laboratories in the private sector, only 12-18 percent of the total samples were actually examined in these private labs.

The 2<sup>nd</sup> issue is the lack of a timely report, which resulted in the patients being denied hospitalization. Meanwhile, the patients' illnesses worsened significantly, and in several instances, individuals perished either in the ambulance or at home owing to the lack of access to the COVID-19 test findings.

The third aspect pertains to the hesitancy and unwilling to cooperate demeanour of individuals in divulging their signs and symptoms because to the societal stigma associated with Covid-19, leading to challenges in promptly diagnosing the illness. Another issue arose owing to certain technicalities, such as the need to notify higher authorities before conducting the last rituals for a dead COVID patient. Furthermore, many instances in India were not reported due to a lack of necessary resources.

The impact of stigma on our daily lives has been extensively studied, but more investigation is required to understand how stigma represents the identity of individuals with Coronavirus. The stigmatized status of individuals with COVID-19 arises from the lack of a successful therapy,

as well as the virus's heightened virulence and frequency of occurrence. This paper aims to comprehend the phenomenon of stigmatization around COVID-19 and its impact on people's health-seeking behavior. Moreover, several occurrences emphasize that deceased individuals were deprived of a respectful burial as a result of the fear and social disapproval associated with the Coronavirus. Recently, in Bihar, there was an incident when a COVID-19 sufferer took their own life at a quarantine centre. In response, the authorities compensated a guy with fifteen hundred rupees to carry out the burial rites for the deceased individual. The individual absconded with the sum of money and abandoned the partially incinerated corpse. Subsequently, feral canines consumed the deceased remains (Mishra, 2020). This was only a singular occurrence. Numerous such situations were occurring daily. This paper aims to comprehend how the stigmatization, fear, and anxiety surrounding the pandemic outbreak in India have resulted in a refusal to acknowledge the possibility of a dignified death.

## **1. Origins of stigma**

### **Association with disease**

Geographic stigmatization occurred during the early stages of the epidemic, especially targeting individuals from metropolitan hotspots such as Mumbai and Delhi, which were significantly impacted by the virus. People from these regions were often unjustly accused of being responsible for transmitting the virus.

The epidemic resulted in the stigmatization of specific jobs that were considered high-risk, including healthcare professionals and sanitation personnel, based on social class and occupation. Despite their crucial contribution in fighting the virus, they were sometimes unjustly linked to its transmission.

### **Norms regarding culture and society**

Lower-caste people and those from underprivileged groups experienced heightened social stigma due to their caste and socioeconomic status. The long-standing biases based on caste were intensified, resulting in a disproportionate impact on lower-caste and economically disadvantaged communities, who were also unfairly held responsible.

Religious and ethnic groups experienced stigmatization as a result of disinformation or biased media narratives. For instance, some

populations were unfairly depicted as the main agents responsible for the transmission of the virus.

## **2. Manifestations of stigma**

### **Isolation from society**

**Community Reactions:** Individuals who had positive test results or were suspected of being infected with COVID-19 often experienced social exclusion. Neighbors and even family members sometimes isolated themselves out of concern about potential contamination.

**Quarantine Challenges:** Individuals undergoing quarantine or isolation felt alone and secluded, exacerbated by societal disapproval. Consequently, their social networks failed to provide the necessary support.

### **Service-based discrimination**

**Healthcare Access:** There have been reports of discrimination against those seeking medical treatment. Hospitals and clinics were often unwilling to give treatment out of fear of infection, compounding the disease's stigma.

**Concerns Regarding Employment:** Individuals who had tested positive for the virus or were connected with it reported employment instability and discrimination in the workplace, which is reflective of wider cultural stigmas.

### **The impact of media and disinformation**

**Sensationalist Reporting:** The media often exaggerated the virus in their coverage, which added to the dread and stigma surrounding it. Dissemination of negative depictions and false information on the virus and its impact has contributed to establishing and perpetuating biased views.

**Social Media Influence:** Social media platforms serve a dual function, disseminating reliable information while amplifying disinformation. The prevalent dissemination of stigmatizing tales on certain groups or places significantly intensified prejudice.

## **3. Psychological and social impact**

### **Psychological implications**

The stigma surrounding COVID-19 has led to a rise in mental health problems, including anxiety and depression, among individuals

impacted. Individuals suffered from increased levels of anxiety, despair, and stress as a result of their fear of being socially excluded and blamed. Obstacles to seeking help: Individuals who are stigmatized frequently hesitate to seek medical assistance or support because they are afraid of being judged. This anxiety causes them to postpone seeking treatment, which worsens their health problems.

### **Social dynamics and community**

The erosion of trust occurred due to the stigmatization and fear of infection, resulting in a decline in communal cohesion. Distrust among people and institutions has weakened, impacting the community's cohesiveness and the effectiveness of collective response efforts. Resilience and Support Networks: Despite the negative perception, several communities came together to assist individuals impacted. Grassroots organizations and local groups arose to provide assistance and counteract social stigma, showcasing their strength and unity.

## **4. Pathways for mitigation**

### **Public awareness and education**

Addressing Misinformation: Initiatives aimed at disseminating precise, evidence-based information on COVID-19 might effectively diminish stigma and oppose spreading false information. Public health efforts should prioritize the promotion of empathy and solidarity. Promoting empathy: Educational programs prioritizing empathy and comprehension might help reduce stigma. We may encourage a more empathetic reaction by showcasing narratives of persons impacted by the virus and their hardships.

### **Policy and institutional measurements**

Protecting Vulnerable Groups: Policies should be implemented to prevent prejudice against disadvantaged and stigmatized groups. This includes providing equitable access to healthcare and job opportunities. Supporting Mental Health: It is critical to provide mental health assistance to persons impacted by COVID-19 while addressing stigma. Mental health services should be more accessible and sensitive to the needs of marginalized people (See Thakur, 2022a; Thakur, 2022b).

### **Enhancing community assistance**

Constructing robust networks: Enhancing community support networks may mitigate the effects of stigma and aid those impacted. Promoting

community cohesion and reciprocal assistance helps develop a nurturing atmosphere.

### **Social stigma and infectious diseases**

With the rapid escalation of the Coronavirus epidemic in India, impacting Millions of individuals, society is confronted with an existential crisis characterized by dread and worry. According to Strong (1990),

A pandemic outbreak is a situation that poses a significant danger to existence. A large, fatal epidemic seems to present to social order; on the waves of fear, panic, stigma, moralizing, and calls to action that seem to characterize the immediate reaction. Societies are caught up in an extraordinary emotional maelstrom which seems, at least for a time, beyond anyone's immediate control. Moreover, since this strange state presents such an immediate threat, actual or potential, to public order, it can also powerfully influence the size, timing and shape of the social and political response in many other areas affected by the epidemic" Strong (1990).

Due to worry and dread, individuals often employ the concept of 'stigma' as a means to actively avoid contact with an infected individual. Infectious illnesses pose a danger to the community's capacity to operate optimally by infecting people and spreading via their interactions within the social system (Smith, 2007). Hence, the reactions of society to the new illness and agents that cause infections are often ascribed to avoiding contact, reducing the likelihood of spread. Quarantine measures have often been used at the societal level, as shown in historical instances like the HIV epidemic, SARS outbreak, etc. Even at the personal level, individuals are shown to avoid infections actively.

Goffman's (1963) seminal research on stigma explains that stigmatization happens when an individual's judgment leads to their discreditation. Stigmatization of individuals results in their systematic exclusion from specific social interactions due to possessing a particular attribute or being a member of a specific group (Kurzban & Mark). Previous studies have identified the specific attributes of stigma that are crucial to comprehending the COVID-19 epidemic: Communicable illnesses that are believed to be acquired by voluntary and preventable actions are subject to significant social stigma. Furthermore, there is a significant social disapproval associated with medical disorders that are both life-threatening and incurable. Furthermore, a heightened level of social disapproval is linked to a disease that presents a potential danger

to others (Herek, 2002, p. 596). Therefore, an individual may conceal their symptoms out of concern for possible social disapproval. However, while “passing,” they constantly live in dread of their stigmatized disease being revealed at any moment. Nevertheless, if the stigmatized individual loses their credibility, they encounter further challenges such as being stigmatized via avoidance, discrimination, and violence (Goffman, 1963). Person (2004) argues that the social consequences of prejudices typically exacerbate the internalization of stigma.

Stigmatization is made easier with the use of symbols that represent stigma. In his 1963 work, Goffman describes stigma symbols as indications communicating social information about a person’s stigmatized position. In the context of Coronavirus cases, strict home quarantine is used with the practice of applying stickers with the name of the COVID-19 patient on the outside of the house to facilitate authentication of the infected individual. The text emphasizes the victim’s uniqueness and assigns identities such as ‘diseased’ and ‘contagious’ to the individual. These labels serve as emblems of stigma, labeling the family as ‘Coronavirus positive’ and warning people to be cautious around them. As a result, they contribute to the stigmatization of the family. Furthermore, the instances of shredding such labels by the stigmatized family emphasize the predicament faced by COVID-19 patients when deciding whether to reveal their socially stigmatized status (Goffman, 1963),

The cooperation of a stigmatized person with normals in acting as his known differentness was irrelevant and not attended to is one main possibility in the life of such a person. However, when his differentness is not immediately apparent, and is not known beforehand, when in fact he is a discreditable, not a discredited, person, then the second main possibility in his life is to be found. The issue is not that of managing tension generated during social contacts, but rather that of managing information about his failing. To display or not to display; to tell or not to tell; to let on or not to let on; to lie or not to lie; in each case, to whom, how, when and where

The presence of contagious illnesses not only subjected the patient to victimization but also stigmatized those who had intimate connections with the patient, including spouses, relatives, and even medical professionals. Due to the infectious nature of the sickness, even those who are considered ‘normal’ are apprehensive about the possibility of these individuals serving as carriers of the virus. Goffman (1963)

referred to this stigma as ‘courtesy stigma’. Therefore, this additional manifestation of stigma poses obstacles for those who experience it. The recent incidents in India, when landlords intimidate physicians and nurses to force them to leave their homes owing to concerns about the spread of dangerous diseases, provide a clear illustration of this issue (Jagannath, 2020).

Understanding the influence of stigma on the health-seeking behavior of COVID-19 patients is crucial, since it results in heightened difficulties and barriers. The prevailing worry and dread have fostered detrimental beliefs among individuals, which have been firmly ingrained in their thinking. Bear (2020) contends that a dearth of comprehensive information on the hospitalization process, coupled with restrictions on visiting patients in hospitals, has resulted in uncertainty and difficulties in adjusting to these newly established regulations. In addition, the fear of possible social exclusion and stigmatization that may arise from the breakout of illnesses might cause individuals to reject any clinical symptoms and refrain from seeking appropriate medical treatment.

Some research suggests that stigma in infectious illness might have a beneficial impact by promoting disease avoidance and enhancing personal cleanliness. However, several studies emphasize that the presence of stigma and prejudice creates obstacles when it comes to getting healthcare (Fischer et al., 2019). The presence of possible obstacles may lead to significant health complications and challenges in managing infectious diseases. Fischer et al. (2019) assert that during the occurrence of a contagious illness epidemic; individuals are compelled to adhere to particular guidelines in order to monitor and regulate the transmission of the disease. Public health professionals often advocate for frequent testing, medication adherence, and the adoption of certain behaviors as preventive measures against infection. In previous epidemics such as HIV, Ebola, it was necessary to identify and monitor people, and important steps were made to prevent the virus from spreading. However, stigma discourages patients from exhibiting these anticipated behaviors. Research indicates that Black/African American and Hispanic individuals are less likely to get HIV testing owing to the presence of health-related stigma and negative perceptions. In addition to reduced compliance with medicine, there are increased levels of sadness, anxiety, and suicidal thoughts. The stigma associated with TB has also affected the use of contact tracing in epidemic investigations.

Therefore, the combination of stigma and lack of faith in public health, caused by the unavailability of a vaccine and rising death rate, leaves

individuals in a state of confusion and uncertainty. As a result, several instances remain undetected, thus impeding the disruption of the viral transmission. The escape of individuals from the quarantine facility underscores the lack of confidence.

Consequently, as a result of the increased cost of treatment that individuals have to pay themselves and the lack of any successful cure, the epidemic has caused a significant feeling of public concern. It poses a significant danger to the existence of the cultures in which it has originated. Therefore, individuals are using stigma as a strategy to prevent the transmission of these infectious illnesses, which ultimately serves the purpose of self-protection. However, individuals who are stigmatized are encountering several obstacles, which are impeding the progress of contact tracing investigations for COVID-19 sufferers. Healthcare workers are diligently working with few resources provided to them. However, India's current position as the second most afflicted country might be attributed to the government's inability to effectively contain the epidemic. A significant number of deceased individuals are stacked in morgues and hospitals. Therefore, it is important to comprehend the ways in which this epidemic is modifying the dying ceremonies in India.

The coronavirus pandemic was rapidly intensifying in India, with a cumulative total of 111,921,118 cases and 157,694 deaths as of March 6, 2021. Individuals are regularly informed about these incidents via various forms of media. Upholding respect for people's humanity and dignity is essential, since we are not just dealing with approximate mathematical statistics, but with real people who are being impacted by the epidemic. Pathak (2020) accurately observed that the current epidemic has reduced death to a mere statistical concept, without any personal identity or significance. The epidemic has provided a chance for many individuals to have decent final rites. Dignity and respect are universally seen as crucial elements associated with dying in all cultures, and they should never be infringed upon under any circumstances. The Indian Supreme Court has advised the government to ensure the appropriate disposal of unclaimed deceased remains discovered in public areas. War victims' remains should be treated with respect. This highlights the principle that a deceased individual should be treated with reverence, regardless of the circumstances surrounding their death (Prajapati & Bhaduri, 2019, p. 57). In order to comprehend the impact of

COVID-19 on death rites used in Hinduism, it is crucial to get a concise understanding of these ceremonies in India.

### **Sociological perspective on death**

Death is seen differently across many civilizations, and the rituals and traditions associated with death are unique to each society. The criteria used to classify a death as either a 'good death' or a 'bad death' vary across individuals. According to Parry (1994), in Hindu culture, any death is considered favorable if it occurs on consecrated land, and the corpse is cremated in the open air along a riverbank. In Hindu culture, it is widely believed that if a dying individual utters or recites the name of the lord during their last moments, it is seen as a "good death." A "bad death" is sometimes referred to as an "untimely death" because the person who died was unable to prepare for their own death, such as in cases of violence, accidents, or chronic sickness. He further states that in Hinduism, a "good death" is seen as a sacrificial act that brings about the regeneration of the departed, time, and the universe. Death is often interpreted as the mental cessation of a person. However, Hertz provides more details on the notion that death does have a distinct significance within social awareness. Society collectively assumes certain moral and societal responsibilities that are unique to a single tradition and hence dictated by it (Hertz, 1960). Thus, when a human dies, it not only signifies the cessation of their physical body, but also eradicates the social identity that society has bestowed upon them, along with the significance and dignity associated with it (Hertz, 1960, p. 77).

Each community has distinct ritualistic beliefs and rituals pertaining to burial rites, which exhibit variation across different cultures. Parry (1994) explains that Hindus have a certain protocol they follow following the death of a loved one. According to Parry, when a person dies, their body is cleaned, anointed with ghee (clarified butter), wrapped in white linen, and adorned with perfumes and flowers. To venerate the corpse, it is customary to insert a gold object inside the mouth and nose. The act of venerating the corpse is referred to as 'shava puja' in Banaras, a place where cremation is considered to mark the conclusion of the cycle of rebirth (Parry, 1994). Once the necessary procedures for preparing the deceased corpse have been completed, individuals are provided with an opportunity to pay their last respects, marking the beginning of the grieving period.

According to Van Gennep (1991), grieving is seen as a transitory stage in which individuals go through rituals of separation before reintegrating

into society via rituals of integration. Curiously, in some instances, the time of change experienced by the dead is equivalent to the period of transition experienced by those who are mourning (Robben, 1991, p. 213). Therefore, when the departed spirit is thought to become part of the ancestors at the same time, the person grieving is also reintegrated into society.

Therefore, within Hindu society, the rituals conducted in the initial ten days following a person's death serve the purpose of creating a physical form for the 'ethereal spirit' and giving it a new body that is considered to be less substantial than the one the deceased previously possessed. Therefore, it allows the departed individual to reunite with their ancestors. Parry (1980) explains that if funeral ceremonies are not performed properly, the soul may not be able to join its predecessors and instead remain in a state of limbo, wandering like a ghost. This may pose a perpetual threat to the living relatives.

### **Importance of cremation**

Cremation in Hinduism means discussing the spiritual and philosophical aspects of dying. People in Hinduism have differing opinions regarding when they believe death to occur, even at an esoteric level. According to Parry (1994), it is typically the end of a person's body's physiological processes. However, it is said that the heat from the pyre and the "kapal kriya" rite (breaking of one skull) release the life-giving air. As a result, beliefs state that death occurs during the cremation procedure. According to Davies (2005) even the smoke rising from the pyre into the sky is seen as a metaphor for the soul's liberation and assimilation into heaven, signifying a "good death." According to Parry (1994), cremation is considered a sacrifice by Hindus. It is referred to by the erudite Hindus as "antitiesthi," which means "the last sacrifice." It involves giving one's own self as a sacrifice to the gods (Das, 1976). Furthermore, Das highlights several similarities between the practices used in cremation and Other Sacrifice Rituals, such as site cleaning, the prescribed use of ritually pure wood, and the formation of "agni" (fire) with the appropriate recitation of mantras. The deceased is prepared in the same way as a sacrificial victim and given divine attributes.

### **COVID-19 impacting death rituals**

With the increased mortality rate caused by the epidemic, the handling of departed corpses and the proper execution of funeral rituals are worrisome issues worldwide. Typically, the fatalities that are happening

during the COVID pandemic might be categorized as ‘undesirable deaths’ since they are happening unexpectedly and people are not ready for them. A significant number of individuals are perishing in hospitals and inside the confines of their own residences, experiencing profound feelings of isolation and alone. Death-related rites and rituals are essential for easing the suffering of the grieving family and aiding the process of mourning. It is crucial to execute rituals correctly due to the community’s strong belief in incorporating the spirit of the departed with their ancestors (Parry, 1980). However, this epidemic has transformed the whole globe into a passive observer, as individuals just see the accumulation of lifeless corpses, awaiting their funerals. Nations have implemented compulsory norms and stringent regulations to manage the epidemic, therefore prohibiting individuals from transitioning between locations. The family members who have lost their loved ones are already experiencing extreme grief and sorrow as a result of the unexpected loss. In addition, students are required to adhere to those principles when feeling confused. In addition, as a result of the negligent conduct of medical personnel, several grieving families are unable to get the remains of their deceased relatives (Srivastava, 2020). All of these circumstances result in anguish and unease among grieving families. Despite the inability to carry out all the aforementioned procedures owing to the severity of the situation, it is imperative that the deceased corpses be treated with the utmost respect and dignity.

In Varanasi, the city is known for its celebration of death, and it is thought that everyone who dies there achieves ‘Moksha’ (Salvation) (Kaushik, 1976). A cremation powered by electricity was constructed in Harischandra ghat in 1991. Although it has been converted into a gas crematorium, the majority of the deceased are still burned by hand. The primary rationale for this is the deeply ingrained conviction that conducting Cremation by hand, complete with all the prescribed ceremonies and rituals, aids in the departed soul’s attainment of salvation. Simultaneously, transitioning from conventional cremation to an electric crematorium eliminates the observance of significant rites such as ‘Parikrama’ (circumambulating around the pyre), ‘Mukhagni’ (placing fire into the mouth of the corpse), and ‘Kapalkriya’ (cracking the skull of the deceased). These rituals are deeply rooted in strong beliefs and values. The amount and quality of wood used at a funeral are important in asserting one’s elevated social standing. Engaging in rituals is essential for fostering social cohesion within the Hindu community.

Furthermore, submerging cremated remains into a moving river is another significant element of a Hindu cremation. Hertz emphasizes that cremation alone does not complete the process; it is essential to also carry out the accompanying ritual. In accordance with Indian tradition, after the corpses have been fully cremated, it is customary to gather their ashes and submerge them in the river (Hertz, 1960). Parry (1981) expands upon this idea and emphasizes that in order to recreate the world, its complete destruction is required, namely by the means of fire and water. Similarly, the departed corpse is first subjected to cremation. After his cremation, his ashes are submerged in water in order to revive him (Parry, 1981). Therefore, the immersion of ashes has significant importance in Hindu culture. However, there have been complaints over the mixing of ashes from individuals belonging to various castes in electrical crematoriums (Prajapati & Bhaduri, 2019, p. 59). Consequently, the presence of difficulties in conducting rites in the electrical crematorium leads families to opt for manual cremation.

However, due to the epidemic, individuals no longer have the option to choose. Indian authorities have mandated the use of only electrical and gas crematoriums, by the rules set by the WHO, 2020. Therefore, the Coronavirus epidemic has impeded several rites, including 'kapal kriya' (skull-breaking), which is thought to release the spirit from the deceased body. Additionally, the current nationwide lockdown poses obstacles to the practice of scattering the cremated remains of the dead into the flowing river. The lockdown during COVID-19 and the epidemic guidelines hinder individuals or family members from carrying out these rituals/rites, causing distress among grieving families. Moreover, the rising death rate and insufficient capacity of mortuary services on a global scale have heightened concerns, as the number of deceased individuals often exceeds the available space in morgues, crematoriums, and burial grounds. In Italy, the authorities enlisted the army to handle the disposal of dead remains because they were unable to manage the sudden increase in fatalities effectively. In Brazil, the situation was also similar, with gravediggers excavating mass cemeteries. In Spain, the corpses of the old individuals remained at the nursing home until the military arrived to assist in their removal. In Ecuador, there were deceased individuals whose remains remained unclaimed and were left on the streets, awaiting their last burial (Armario, 2020). The mortality toll has exceeded the country's capabilities to handle the issue. In India, a similar situation exists where medical workers are engaged in the mass

burial of remains owing to the rising number of deceased due to the COVID-19 pandemic in the second wave.

In addition to these measures, governments have implemented stringent standards and necessary protocols to manage the onset of the pandemic, which have influenced the welfare of grieving family members. Countries such as China, Ghana, Brazil, and Ecuador have implemented a full prohibition on funeral rites. According to Moore et al. (2020), there are cases when gatherings have been completely outlawed, and these measures may have a psychological and social effect on families who have lost a loved one (Moore et al., 2020). Several nations implemented stringent measures, such as prohibiting funerals, while others enforced mandatory cremation for all religious groups. The authoritative directive to alter long-standing funeral customs has provoked a strong reaction from the community, similar to what occurred in India when the Brihanmumbai Municipal Corporation mandated that remains of Coronavirus patients be burned regardless of religious affiliation (Singh, 2020). It is essential to provide families the freedom to pay tribute to their deceased loved ones by adhering to practices that are distinctive to their culture, in order to prevent the complications associated with the mourning process. Bear (2020) argues that implementing mandatory cremation will result in societal upheaval. The author advises against implementing mandatory cremations, particularly mass cremations, and delaying the release of deceased corpses due to the significant distress these measures cause within the communities. Moreover, a few countries, like South Korea, India, and France, have placed limitations on the number of people who are allowed to attend funerals. These countries have also established other regulations and standards, including the need to maintain physical distancing throughout the funeral proceedings. As a result of a limited allocation, several mourners were excluded from participating in the last rituals for the dead.

Another guideline, such as seeking permission from authorities prior to conducting funeral rituals, causes a delay in the execution of these rituals. The procedure of awaiting clearance from the authorities caused more disruption and distress. An incident was recorded where family members had to preserve a deceased corpse for two days because there was a delay in receiving the COVID-19 test result. Medical professionals declined to issue the death certificates due to the lack of a COVID-19 test result. The lack of a death certificate has exacerbated the difficulties in arranging a burial, since mortuaries are refusing to take the corpse.

In addition, medical personnel were seen physically pulling and discarding deceased corpses into a common grave for mass burial (Kattimani, 2020). Numerous grieving families had difficulties in arranging a respectful funeral for their loved ones, as funeral personnel refused to perform cremation or burial for deceased individuals who had succumbed to the Coronavirus, out of fear of contracting the infection (Bhalerao, 2020). Consequently, the bereaved family members often have profound feelings of guilt, which may lead to a decline in their mental well-being. (Bear et al., 2020, page 8).

These examples show that, as a consequence of the COVID-19 sickness and pandemic, grieving, which was formerly thought of as a communal expression, is now happening on an individual basis across Urban and Rural spaces. Therefore, Moore (2020) suggests that authorities should consult with religious leaders or community members when devising alternative practices and provide a comprehensive explanation for any modifications made to rituals, including the reasons behind them. Previous evidence from pandemics suggests that individuals are open to adopting new funeral practices if these practices fulfill the symbolic, emotional, societal and requirements of traditional ceremonies and if the communities affected by the changes are actively involved in their development (Moore et al., 2020).

Furthermore, it is undeniable that funeral personnel face immense strain in delivering funeral services for deceased individuals. Although the chances of health professionals contracting the Coronavirus from dead bodies are currently low, the WHO and the Ministry of Health and Family Welfare in India have established recommendations for treating infected corpses. It is recommended to use a leak-proof plastic body bag with a minimum thickness of 150mm. Additionally, it is advised to decontaminate the outside of the body bags. These guidelines are provided by the Government of India (2020) and the WHO (2020b). In addition, the World Health Organization (WHO) has advised against washing or embalming deceased bodies (WHO, 2020b). Due to the high level of contagion of the Coronavirus, those who handle deceased corpses are at an elevated risk. Therefore, it is crucial to maintain measures. The World Health Organization (WHO) has suggested that only qualified personnel wearing Personal Protective Equipment (PPE) should be permitted to handle the disposal of deceased remains, while adhering to all necessary protective measures. In addition, the ICMR recommends the use of electrical or compressed natural gas

crematoriums for the appropriate disposal of remains to be burned (Vidua et al., 2020). However, India's approach to managing this immediate danger is precarious. This raises an important issue about the authority's role in good preparation and its approach to coping with the epidemic.

In Hinduism, traditional cremation is often favored over the use of electricity or gas crematoriums, as previously stated. However, technical issues with the electrical crematorium's functioning are common. For instance, the gas crematorium at Harischandra Ghat in Varanasi is closed for a protracted amount of time. The crematorium's capacity is limited due to the presence of just two chambers for cremating remains (Kumari, 2020). The gas-fueled incinerators at the Nigambodh Ghat electrical crematorium in Delhi had malfunctions at the peak of the COVID-19 outbreak. The government's response to these difficulties seemed inadequate. Consequently, deceased individuals were sent to hospital morgues, where there were already accumulations of corpses awaiting cremation for the previous five days (Kumar, 2020a). According to an official interviewed by Hindustan Times, the number of pending cases is growing daily. Donning personal protective equipment, we endure the scorching sun outside the crematorium, only to be informed later in the day that they are unable to receive the deceased's remains. Currently, there are a total of 28 corpses scattered across the floor, either lying next to one another or stacked on top of each other.

Swift directives were given to cremate bodies using a wooden pyre as a reaction to this crisis, in direct opposition to the guidelines set out by the WHO. Due to concerns about their safety, employees at the crematorium expressed intentions to resign from their positions. Similarly, the cremation in Ghaziabad ceased functioning while a COVID-19 patient's partially burned corpse was still inside. It took around 29 hours to restore the crematorium. A mechanical problem caused the gas crematorium in Varanasi to shut down for four to five days during a comparable time. Consequently, the authorities were putting pressure on the Dom1 community to incinerate the dead using a hardwood fire. The Dom community was anxious since the authorities had failed to provide them with any personal protective equipment (PPE) kits or offer them any training on how to avoid the spread of the contagious illness. Under typical conditions, Dom lacks any safety apparatus for incinerating deceased individuals. However, the monsoon season of 2020 was marked by an increase in worry and panic caused by the extremely contagious nature of the Coronavirus. Due to the cessation of the crematorium and the subsequent rise in water level. Consequently, Personal Protective

Equipment (PPE) kits were deemed obligatory for them, prompting them to advocate for their increased availability before higher authorities. Wearing personal protective equipment (PPE) during the cremation of a corpse may be hazardous because the plastic materials in the PPE might melt owing to the elevated temperatures produced by the pyre.

Furthermore, there were reports of inadequate resources for a suitable funeral in India as a result of the country's abrupt shutdown, as cremations were encountering difficulties in obtaining a sufficient quantity of wood (Amrita, 2020). Therefore, these occurrences emphasize the strategies used by India in managing this epidemic.

### **Conclusion**

Infectious illnesses are stigmatized because they may easily spread from person to person, and the lack of a treatment makes it even easier to stigmatize those who are sick. The stigmatization negatively impacts people's willingness to seek healthcare and also hampers the contact-tracing procedure. The government entities have enacted many steps to authority the outbreak. However, these restrictions effectively deprive individuals of their right to be with their family members during their last moments, resulting in people being compelled to pass away in solitude. Individuals are prohibited from engaging in acts of kissing or embracing the dead as a means of expressing their feelings. These circumstances result in significant worry and stress among the family of the dead. While it is crucial to implement prompt and stringent measures to manage the epidemic, it is also important for authorities to recognize the needs and concerns of the grieving families. Although frontline personnel are under great strain, incidents such as the disappearance of dead corpses from hospitals and the disrespectful dumping and dragging of remains for mass burial cannot be condoned under any circumstances. The sociological dimensions of stigmatization throughout the COVID-19 epidemic in India expose underlying problems pertaining to societal norms, disparity, and apprehension. The pandemic not only exacerbated pre-existing stigmas but also underscored the need for more inclusive and empathetic responses to public health emergencies. To tackle these problems, it is necessary to use a blend of public awareness campaigns, changes in policies, and community assistance. The objective is to diminish the negative perception around these concerns and promote the ability to recover from future difficulties.

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