# Analysis of Discrimination Towards the Mental Health of Women COVID-19 Survivors

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## ABSTRACT

Infectious disease patients such as those with HIV, AIDS, TB and Leprosy have always been shunned by society. They often face discrimination such as people refusing casual contact and social isolation from the community due to the stigma people hold. These discriminatory actions have a detrimental effect on the patients' emotional and mental health. The effect is reported to other infectious diseases such as COVID-19. Discrimination toward COVID-19 survivors was high in 2021. Despite the sentiments going down in 2022, no studies have been conducted to explore the phenomenon. Hence, this study attempts to understand the causes and effects on the mental health of women COVID-19 survivors. Therefore, the study employed qualitative research to determine the causes and effects on the mental health of women COVID-19 survivors. To arrive at the result, researchers interviewed six COVID-19 survivors that were infected in 2021 and 2022 purposely from civilian, media, and medical practitioners. The result of the study discovered four themes namely *'Public Reaction Towards COVID-19 Survivors', 'Survivors' Behaviour During the Mistreatment', 'Mental Health of Survivors facing Public Discrimination',* and *'Causes of the Discrimination according to the Survivors'* - all of which answered the research question developed. By creating an indicator that recognises early warning systems of potential indicators of conflict, the government may be able to address this issue as well as other potential kinds of discrimination. Besides that, media practitioners must adhere to Peace Journalism elements and Society of Professional Journalists to promote social stability.

**Keywords:** *Qualitative method, discrimination, mental health, women, COVID-19.*

## INTRODUCTION

Despite the relatively lengthy pandemic in Malaysia and the development of technology, certain people in this nation, whether in rural or urban areas, still have a backward mentality, which could lead to stigma and prejudice (Ting & Shamsul, 2022). According to Chew et al. (2021), although the individual has recovered from the COVID-19, his/her and their families will still be experienced with the social stigma towards the disease, which could negatively impact their emotional, mental and physical well-being. For instance, in Malaysia, several COVID-19 survivors have expressed worry that the public views them as a threat (Sundarasen et al., 2020). Despite the fact that COVID-19 survivors have recovered, others are still hesitant to approach them for fear of contracting the disease. Sundarasen et al. (2020) also mentioned that the COVID-19 survivors encounter prejudice from their loved ones, friends, neighbours, coworkers, and other society members.

The government has played their role by informing and educating the public to reduce the stigma and discrimination. Director General of Health, Tan Sri Dr Noor Hisham Abdullah stressed that survivors who have recovered cannot infect others (Nurul Riduan, 2021). Sabah Chief Minister Datuk Hajiji Noor, who is also a COVID-19 survivor, urges the public to refrain

from alienating COVID-19 survivors in order to aid in their full recovery, particularly in terms of mental health (Harian Metro, 2021). Ministry of Health (MOH) also implemented the Mental Health and Psychosocial Support Programme (*Program Kesihatan Mental dan Sokongan Psikososial*) with the aim to avoid stigma and negatively label those infected with COVID-19 as it can discriminate and prevent the others from seeking screening test and treatment (MOH, 2021). While these efforts were beneficial, they are certainly insufficient in light of the fact that discrimination continues to occur. Additionally, programmes aimed at dispelling misconceptions against COVID-19 survivors are also scarce.

While media outlets such as *Berita Harian* (2022), *Harian Metro* (2020), *Sinar Harian* (Norhaspida, 2020), and *MalaysiaKini* (Yii, 2020), have contributed to the reduction of this stigma by reporting on discrimination faced by COVID-19 survivors, such coverage is nevertheless scarce. This is presumably because there are other incidents occurring in Malaysia that are more newsworthy than the effect of discrimination towards the mental health of COVID-19 survivors such as Sabah, Melaka and Johor State Elections, appointment of new Prime Minister Datuk Ismail Sabri and national environmental crisis such as floods.

The government has neither conducted any new effective strategy to lessen this discrimination. Media also lacks coverage on COVID-19 survivors' perspectives on being discriminated against (Su et al., 2021). This may be due to their inability to understand the causes and effects towards the mental health of COVID-19 survivors. Other than that, Bahar Moni et al. (2021) also reported that lack of knowledge of mental health consequences on COVID-19 survivors in the Malaysian context. Therefore, this study aimed to address that gap by analysing the causes and effect of the public discriminatory acts towards the mental health of COVID-19 survivors. To achieve this objective, in-depth interviews were conducted with COVID-19 survivors to ascertain the causes behind the said negative behaviour according to survivors' perspectives. Also, this study strives to seek the comparison between the discrimination faced by COVID-19 survivors in 2020 and 2021 by purposely selected participants infected in the respective years. Lastly, the outcome of this study will demonstrate the significance and conclusion of the study as well.

## LITERATURE REVIEW

This section examined a theoretical overview of the relevant prior literature to this research. Hence, the subsection of the prior literature is detailed below.

### Stigma and Discrimination Faced by Patients of Infectious Diseases

The study by Craig et al. (2017) explained the stigma faced by tuberculosis (TB) patients. TB cases are particularly prevalent among socially and economically marginalised people in low-incidence, high-income nations namely Western Europe, the USA, Canada, Australia, and New Zealand. This disease often affects people who have difficulties accessing healthcare due to social stigma such as homeless people, drug addicts, alcoholics and immigrants. As such, this study aimed to identify stigma related to TB using systematic mapping review and discovered that while the infection rate of TB is high among immigrants, they avoid screening tests due to unwelcoming policies of healthcare facilities that will deport them. Therefore, it could be concluded that stigma may not be a barrier to healthcare access, but rather discriminatory policies that are not patient-centred, which may promote stigma.

Other patients of infectious diseases that are often stigmatised are leprosy patients. Leprosy remains a symbol of stigma owing to observable characteristics such as deformities, damage, and disability. The stigma attached to leprosy affects many aspects of patients' life,

including marriage, social contact, and work (Marahatta, 2018). Consequently, the purpose of this research was to examine the level of stigma associated with leprosy among community members residing near a specialist leprosy hospital and health care personnel who offer services to leprosy patients in Lalitpur district, Central Nepal. Marahatta et al. (2018) used a cross-sectional focus group discussion involving 46 participants.

Marahatta et al.'s (2018) study found that participants in focus group discussions (FGD) reported that leprosy awareness had risen in recent years. Nonetheless, many highlighted that leprosy patients need continued support from the community. Numerous participants said that they had committed no unpleasant behaviours against leprosy patients. Participants were aware of such societal prejudice, but mostly felt that that was a "thing of the past". However, the same participants also discussed how nervous they would feel visiting the home of a leprosy patient if they had visible deformities. Some participants were hesitant to visit due to concerns about infection. While others were aware that infection was unlikely, many were reluctant to visit because of the community's unfavourable attitude of leprosy. Besides that, wariness and concern about purchasing food from leprosy patients were mentioned in all FGDs. Fear of possible transmission was often cited as a reason for reluctance to purchase food from leprosy patients. Purchasing food from leprosy patients was often avoided because community members did not want their food touched by leprosy patients. Certain members of the community were less inclined to support businesses run by leprosy patients.

*Stigma COVID-19 Survivors Faced in Other Countries*
Using qualitative methods, specifically literature review and thematic analysis, Bhanot et al. (2021) revealed that many stigmas appeared during the pandemic. Stigma is always directed to the infected or the people who are suspected of COVID-19. Bhanot et al. (2021) argued that the stigma aroused due to the fear of the unknown plus death and attitude better be safe than sorry. Bhanot et al.'s (2021) study revealed three themes: 'stigmatisation of the infected and suspected individuals', 'stigmatisation based on race which is directed towards Northeast India' and 'stigmatisation towards medical and police personnel'.

In terms of stigma towards the infected and suspected of COVID-19, these people are often accused of being ignorant and careless. The society in India often treated the infected and suspected negatively such as making derogatory social media postings about them, barring them from residential neighbourhoods, and spreading lies about them based on their religion, class, and caste. Even COVID-19 survivors who had recovered from the diseases received such hits. They are alleged to be regarded as untouchables, subjected to humiliating remarks, and having their fingers pointed at them and their family; their street has been dubbed "*corona wali gali*" (corona street). Those hardships made them tempted to move someplace else.

Bhanot et al. (2020) also found that the society in India also stigmatised based on race which is directed towards Northeasterners, Northeasterners have typical mongoloid characteristics, which resemble those of Chinese folks who are also widely demonised as the cause of this pandemic. Society in India often treated Northeasterners with bigotry, prejudice, and claimed them as illegal immigrants of India. Northeasterners were referred to as "corona," spit upon, socially shunned, assaulted, suspended from job, or had difficulty acquiring health care.

Another than that, Bhanot et al. (2021) also discovered in India health care and police personnel who are risking their lives are also stigmatised. They were shunned by their neighbours, landlords, taxi drivers, and even family. Nurses and doctors became homeless after being ridiculed, assaulted, and blamed by their landlords. Moreover, they had to sleep in the staff rooms of the hospitals. The stigma against COVID-19 is worse in India since it involves people who are not a part of the initially stigmatised group, but these people still become a target due to their exposure to the disease for their occupation.

Meanwhile in China, infected people are subjected to social stigma which causes them to be embarrassed of themselves, engage in self-deprecating acts, or cut ties with family and friends (Yuan et al., 2021). COVID-19 stigma can result in a variety of bad outcomes, including mental distress, prejudice, and worst of all suicide. COVID-19-related stigma may pose an obstacle to COVID-19 prevention and control because individuals who are stigmatised are less likely to reveal their health condition, and refuse to do COVID-19 testing.

The study found that COVID-19 survivors have considerably higher social rejection, financial insecurity, internalised shame, and social isolation when compared to healthy controls. Increased levels of perceived stigma among COVID-19 survivors might be linked to concerns about spreading the virus to family members, acquaintances, and coworkers, as well as fear of discrimination or mistreatment. Yuan at al. (2021) also found that people who suffered larger economic losses as a result of the COVID-19 experienced higher degrees of stigma.

*Mental Health of Elderly and Adult COVID-19 Survivors*
The current state of knowledge on COVID-19 patients' psychological well-being after recovery is insufficient. Thus, Mowla et al.'s (2022) objective is to examine the psychiatric symptoms experienced by elderly COVID-19 survivors two weeks after hospital release. This study involved a comparative control group. Sample of Mowla et al.'s study included 69 elderly COVID-19 patients and 60 elderly residents aged 65 or older in Shiraz city who were not infected with COVID-19.

Both elderly groups were reported to have high depression and anxiety during the pandemic. Psychological reasons such as dread of death as a result of the illness's possibility for fatality, concerns about infecting family members, and stigma associated with the disease all contributed to anxiety, sadness, and post-traumatic stress disorder symptoms. Apart from that, societal factors such as quarantine, isolation, social distancing, and financial problems also contributed to the depression. With the development of the Internet and smartphones, people are bombarded with information, which results in increased misconceptions about the disease, excessive worry, and unnecessary anxiety. Another cause of anxiety is a lack of effective medications, which contributes to high depression in COVID-19 patients.

Mowla et al. (2022) aligned with Cai et al. (2020) in the sense that there is still little data on the mental health difficulties and psychiatric morbidity associated with COVID-19 infection. COVID-19 patients have characteristics similar to SARS patients in 2003 such as mental health disorders namely PTSD, anxiety, and depression, even after they have been treated and released from the hospital. Cai et al.'s (2020) study intends to add to a growing body of research in the field of elderly psychiatry by examining changes in psychological distress symptoms and their associated effects over the lifetime of COVID-19 survivors using mixed methods.

Cai et al.'s (2020) study discovered that psychological distress is significant in the early recovery stage of COVID-19 patients. This is due to COVID-19 being highly contagious, no definitive medication, fears, horrors, and concerns. The second reason is, the Internet and smartphones become more of a trend therefore, people are overwhelmed with information, resulting in increased misconceptions about the disease, excessive worries, and unnecessary fears. Third reason is distance from family and friends exacerbates feelings of powerlessness and loneliness. Idleness throughout the isolation time is likely to enhance negative mood states and concern for one's physical health. The pandemic also impacts the employment and earnings of the majority of families, contributing to psychological anguish. Fifth, sorrow and concern about the infection of family members and close relatives contribute to more negative emotions. Lastly, the majority of survivors expressed fear of being stigmatised as a result of their infection and were overwhelmed by the prospect of being treated differently in the future.

## METHODOLOGY

To examine the causes and effects of public discriminatory acts towards the mental health of COVID-19 survivors, this study used the qualitative method, specifically in-depth interviews. Thus, the explanation of all methods used in this study is provided throughout this subsection.

### *Qualitative Method - In Depth Interviews*

Purposive sampling involved identifying and selecting individuals or groups of individuals that are especially knowledgeable about or experienced with a phenomenon of interest (Creswell & Plano, 2017). Since the phenomenon of interest in this study is investigating the discrimination against women COVID-19 survivors, the standpoints are needed to complete the research. Therefore, this study chose women COVID-19 survivors since there is no study being done about causes and effects of discrimination towards the mental health of gender marginalised groups, namely women. Also, the researchers studied women COVID-19 survivors that reside in Klang Valley. These areas have the most number of survivors - 886,354 according to Covid.now as of 31st October 2021. Not only that, Klang Valley is the most densely populated city in Malaysia, this area is also the epicentre of COVID-19 cases.

The sample size is a terminology used in research for specifying the number of participants included in the study. By sample size, we comprehend a group of individuals that are picked from the general population and are regarded as a representation of the actual population for that particular research. Guest, Bunce and Johnson (2006) recommended six in depth interviews to reach 70% saturation, while Francis et al. (2010) said that themes can be generated with five to six interviews. Following these experts' consideration, researchers decided to interview six participants for this study. The backgrounds of the participants include working class civilians, media and medical professionals. All of the participants were infected with COVID-19 at least once prior to the interview. Their identities were kept secret to safeguard their privacy. Table 1 shows the participants' background.

Table 1: Participants' background

| Participants | Age | Occupation | Education | Date of COVID-19 Infection |
|---|---|---|---|---|
| Civilian 1 (C1) | 25 | IT Officer | Diploma | June 2021 |
| Civilian 2 (C2) | 28 | IT Manager | Master | June 2021 & June 2022 |
| Media 1 (M1) | 33 | Reporter Radio TV Malaysia (RTM) | Master | June 2022 |
| Media 2 (M2) | 36 | Editor Media Selangor | Master | April 2022 |
| Nurse (N1) | 25 | Radiographer at Private Hospital | Bachelor Degree | March 2022 |
| Nurse (N2) | 30 | Radiographer at Private Hospital | Bachelor Degree | May 2021 |

Additionally, the in-depth interview was conducted in Google Meet platform due to pandemic physical constraint. This study used the Google Meet platform because it is a part of Google's feature and also for its convenient interface (Jamal et al., 2021). This study also developed a semi structured interview adopted from interview protocol by (Castillo-Montoya, 2016). The interview protocol set by (Castillo-Montoya, 2016) ensures that the interview questions align with research questions. As such, researchers developed 15 interview questions for the participants (Please refer to appendices). This study used thematic analysis procedures set by (Braun & Clarke, 2006) to analyse data. To achieve the research objectives, this study analysed the transcribed interview of the sample using thematic analysis approach. Table 2 described the thematic analysis procedures used in this study.

Table 2: Thematic analysis procedures

| Steps | Descriptions |
|---|---|
| 1. | The first step in any qualitative analysis is reading, and re-reading the sample to familiarise yourself with the data (Maguire & Delahunt, 2017) In the context of this study, researchers read the transcribed interview multiple times. |
| 2. | Afterwards, researchers assigned preliminary codes to the data in Atlas. Ti. Coding allows researchers to organise data in a meaningful and systematic way. This stage involved separating similar and contracting data to avoid redundancy and repetition of codes. |
| 3. | Following that, researchers reviewed, evaluated and modified the codes should the need arise while ensuring that the codes were relevant to research objectives. |
| 4. | Then, researchers developed themes. Theme is a pattern that captures something significant or interesting about the data and/or research objectives (Braun & Clarke, 2006). The interconnected and related codes were categorised under one theme. |
| 5. | The themes developed were reviewed and researchers assigned them with suitable titles to describe it. This stage also involved ensuring the themes answered the research questions |
| 6. | Finally, relevant examples were assigned to the themes and subthemes for better understanding. The results were organised into tables which contained themes, subthemes and several examples were provided for each sub themes |

# FINDINGS AND DISCUSSIONS
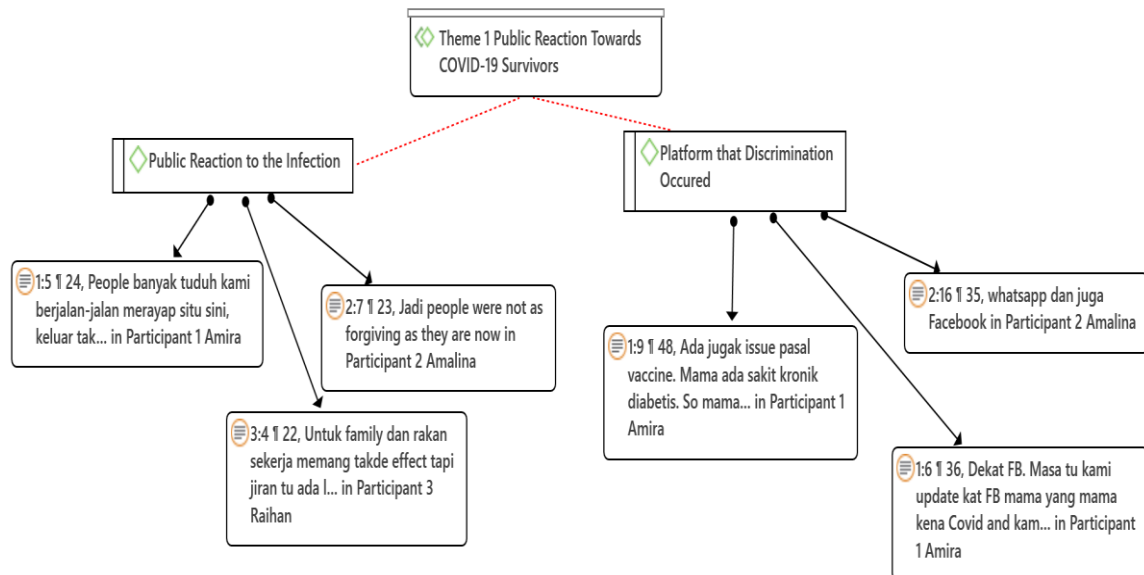
### I. *Public Reaction Towards COVID-19 Survivors*



Figure 1: Network of theme 1: Public reaction towards COVID-19 survivors

### a) *Initial Public Response to the Survivors*

All participants agreed that they experienced some level of discrimination from extended family, neighbours, coworkers and strangers, despite the fact that half of the participants, specifically C2, M1, M2, and N1, were infected in 2022, a year in which the rate of discrimination was lower than in 2021. C1 explained some of her neighbours would not even come near her house's yard. This situation will worsen the COVID-19 survivors' journey toward healing since two-way communication or building and restoring relationship is a form of self-therapy that can boost self-confidence (Wibawa et al., 2022)

Although PSAs government appreciates the frontliners such as medical practitioners, PDRM and courier riders, they are not exempted from such discrimination. Even among their peers, both N1 and N2 faced discrimination, which should not have occurred given that their peers should have been more aware of the risks and nature of the COVID-19 due their medical background. N1 and N2 were labelled as irresponsible and careless after getting positive results in their daily RTK test before going to work. Besides that, C2 also confirmed that she was infected at a government hospital, indicating that despite all precautions, everyone is susceptible to COVID-19 infection.

The public reaction towards the survivors is similar to medical personnel. Some of them instantly blame the infection on the survivors. This condition was reported by all participants with the exception of M1. This is likely because the majority of her coworkers who reported news in the Johor State Election for RTM were diagnosed with COVID-19. Thus, this confirmed that the more people were infected with COVID-19, the lesser the discrimination faced.

Other than that, it is clear that the public has little knowledge on the risks of vaccines towards the high-risk groups such as pregnant women, cancer and diabetic patients. These high-risk groups, if infected, were accused as anti vax immediately. Despite the fact that there

were numerous government PSAs at the time discouraging these high-risk individuals from receiving vaccinations, the public did not investigate why these groups were late in receiving the immunisations before passing judgement. The easiest approach for the public to confirm the COVID-19 survivors' condition would have been to contact them via phone, but they did not do so.

### b) Platform where Discrimination Occurred

With the exception of N1 and N2, other participants concurred that the discrimination often occurred in online platforms such as WhatsApp and Facebook. This is due to the higher rate of misinformation and fake news in Facebook than other social media platforms (Guess, Nyhan, & Reifler, 2020). The predicament in WhatsApp is also no different. The usage of social media during the pandemic according to Uran et al. (2022) was to seek information about the latest update from the government and as a source of communication within family and friends. It is common for individuals to communicate news and use the forward feature through WhatsApp groups, particularly news about COVID-19 (Ahmed et al., 2021). Therefore, once an individual in the neighbourhood is infected with COVID-19, everyone in the community will know, as people like to be informed about COVID-19 cases surrounding them. This situation also opens more speculation and gossip regarding how and where the individual was infected which could lead to discrimination.

On another note, N1 and N2 stated that they encounter these discriminating behaviours face to face in their medical workplace rather than in social media. This is owing to the fact that both of them are medical officers who are expected to physically report to work, as opposed to those who work remotely from home. N1 and N2 are subjected to discrimination on a regular basis at work, which has rendered their working environment unpleasant. The study drew the conclusion that if C1 and C2 were required to work physically at the office, they would face the identical difficulties as N1 and N2.

### II. Survivors' Actions During and Post COVID-19 Infection
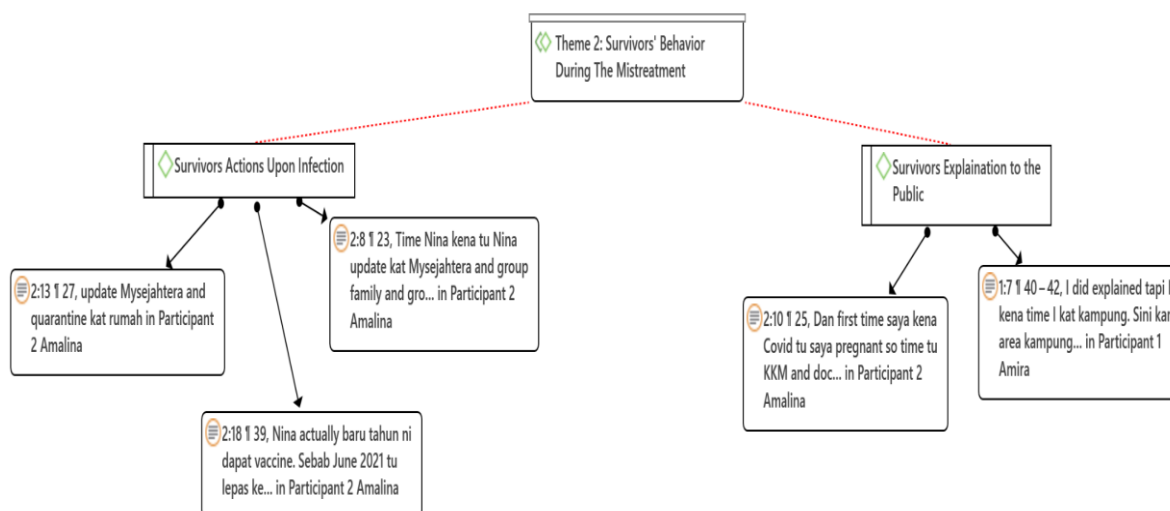


Figure 2: Network of theme 2: Survivors' actions during and post COVID-19 infection

*a) Survivors' Actions Upon Infection*

The participants updated their MySejahtera application, quarantined and obliged other SOPs during the mandatory quarantine either at home or hospital. A participant, namely N1 took extra precaution and sanitised her house although it was not mandated in the SOPs. Another important note to remark is that, the participants were infected with COVID-19 due to mandatory life obligations such as going to work and hospital visits as opposed to the public's assumption that they went out for leisure. All and all, this study scrutinised that all participants took the responsible actions upon confirming infection of COVID-19.

Furthermore, some employers such as RTM also took the right initiative and closed down its office to give way for proper sanitation to take place. Meanwhile, the workplace of N1 and N2 conducted daily RTK tests for early COVID-19 detection. From this, researchers can conclude that generally Malaysians are aware of the government SOPs in combating COVID-19 and obliged most of the time. Employers, particularly government sector and medical institutions, have a strong adherence to SOPs as a form of support and a model for the private sector and public.

*b) Survivors' Explanation to Public when Facing the Discrimination*

Several studies, such as Coelho et al., (2020) and Gómez-Corona et al. (2021), have established that the discrimination of COVID-19 patients stems from a fear of the unknown. Henceforth, researchers questioned participants if they had explained their predicaments to people who had discriminated against them. Most of the participants except for N2 explained their situation to people who inquired but the participants noticed that the public continued to blame them regardless.

For example, despite C1 and C2 justification that they cannot get vaccinated during the earlier phase of National COVID-19 Immunisation Programme due to their high-risk medical state (C1's mother was a diabetic patient and C2 was pregnant), people still discriminated against them. This indicates that people's fear of COVID-19 outweighs their rational thinking or child's logic as coined by Golden (2016) whereby emotions trump rationality or when the logical brain is unprepared to counteract the emotional rush which resulted in poor judgement. Inner pain, such as fear, anxiety, shame, hopelessness, and powerlessness aroused irritation and outbursts (Golden, 2016).

Apart from that, participant N2 who was discriminated against by her medical peers stated that even if she explained her situation, she would still be blamed. This scenario indicated a high level of discrimination even among medical practitioners. This finding is aligned with Golden (2016) where the public acted irrationally in hope to avoid COVID-19 infection such as refusing to step foot to the survivor's house yard.

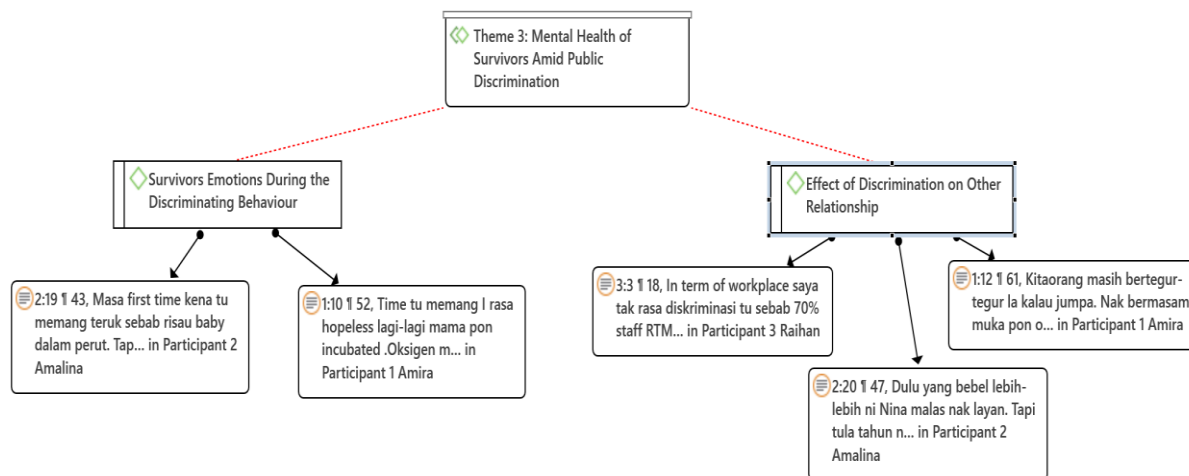### III.   *Mental Health of Survivors Facing Public Discrimination*



Figure 3: Network of theme 3: Mental health of survivors facing public discrimination

#### a)  *Survivors' Mental State Facing the Discrimination*

Being accused of bringing bad luck to the community by people who have known you for a long time made the participants feel lonely, hopeless and angry. The participants claimed that they had absolutely no control over the infection. The COVID-19 symptoms are painful and unbearable that they need support from everyone but they received hate and judgement. All participants admitted that they were pushed to their limit mentally and physically in all aspects of life during the time of infection.

C2 disclosed that when the opportunity for another job at a new employer presented itself, she jumped at it because she claimed that her previous employment was too toxic. She was constantly reminded and ridiculed because she was on leave for a prolonged period in 2021 due to COVID-19 and maternity leave. Moreover, her coworkers mocked her post COVID-19 symptoms which are cough and sore throat, believing that she was seeking pity.

Additionally, C1 and C2, who were infected at a period of heightened discrimination related to COVID-19, reported feeling a wave of animosity towards them until August 2021, three months after recovering from the disease. Despite having recovered, they noted that their neighbours and community avoided them often over the course of three months. C1, who lost her mother as a result of the pandemic, revealed that her family held an online *tahlil* (remembrance ceremony where Muslims gather to recite prayers) via Google Meet for her mother and only few people participated due to the public discriminating behaviour. The public actions deeply affected her since she has known them since she was a child.

#### b)  *Effect with Other Relationship*

N2 mentioned she is now seeking employment opportunities at other private clinics while C2 accepted a new job offer as soon as she received it. Researchers concluded that C2 and N2 are describing a toxic workplace since they were being bullied and ridiculed. Toxic workplace may include control freaks, narcissists, manipulators, bullies, poisonous individuals, or humiliators, toxic managers (Kusy & Holloway, 2009). According to Anjum et al. (2018), a toxic environment in the workplace deals with a high turnover rate due to emotional burnout. Researchers drew the conclusion that this discrimination has impacted their careers and working lives.

In the social lives' aspect, all participants chose to disregard the hostility and condemnation of the public. C2 noted that the same individuals who were irritated with her for being infected with COVID-19 were the same ones that sought her out for advice on managing COVID-19 symptoms and long-term COVID in 2022 since Malaysia saw a surge of infection cases at that time. She provided them with her tips and advice and wished them a swift recovery. C1 also did the same since she lives in *kampung* where community spirit and unity is encouraged and fighting is frowned upon.

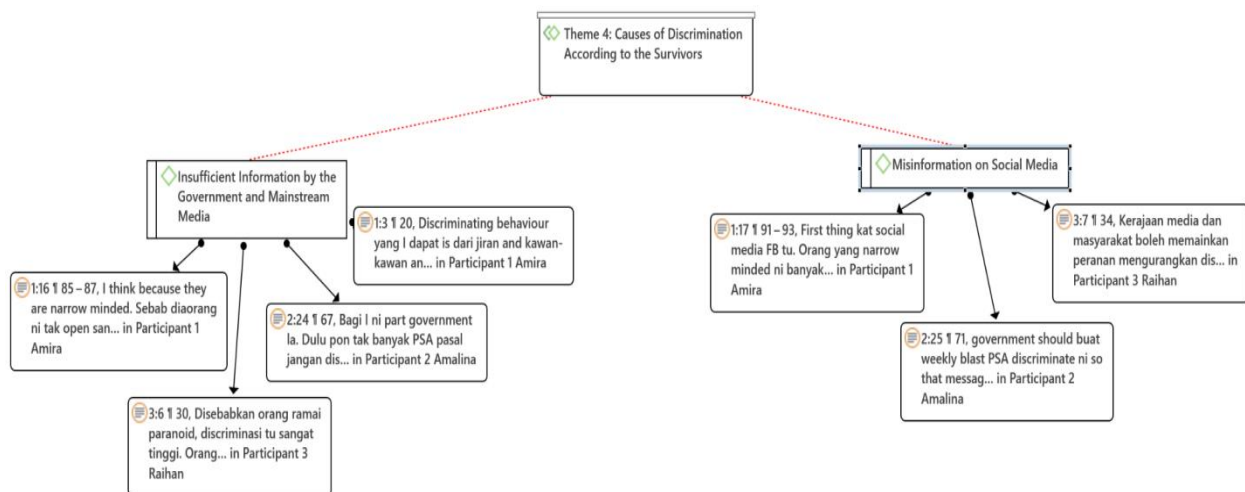### IV. Causes of the Discrimination According to the Survivors



Figure 4: Network of theme 4: Causes of the discrimination according to the survivors

#### a) Insufficient Information by the Government and Mainstream Media

The scarcity and inadequate of PSAs addressing discrimination against COVID-19 survivors was highlighted by all participants. This is demonstrated by Hashim and Salleh's (2021) investigation of PSAs generated by MOH on YouTube — only 30 PSAs were published in 2020 despite the high incidence of COVID-19 at that time. The anti-discrimination PSAs was not developed until cases of discrimination were fiercely debated on social media which is in mid-2021. Not to mention the message of the PSAs also was not effective. The PSAs should have involved emotion and perspectives since these issues affect the mental state of the COVID-19 survivors. The participants agreed that these are elements that were missing from the government's PSA. This finding is supported by Otamendi and Sutil Martín (2020), who claimed that the efficacy of advertising is assessed by the unconscious emotional reactions of people. Since PSAs are also a form of advertisement it should have emotional elements which are strongly correlated with human's attention, understanding decision-making, and memory (LeBlanc et al., 2014).

Besides that, C2 made the observation that government PSAs on social media are inconsistent. For example, PSAs on Facebook and Twitter utilised the same visual aids but the captions are different. Captions on Facebook explained the mandatory SOPs imposed by the government for instance wearing mask and using hand sanitizers whereas Twitter captions discussed more on COVID-19 discrimination. The government PSAs should be consistent in all platforms to avoid misinformation and confusion by the public. Furthermore, as C1 and C2 stated that they experienced more discrimination on Facebook than on other social media

platforms, anti-discrimination PSAs should be often posted on Facebook. Hence, comments on Facebook should be regulated or they might bring turmoil or insecurity in the country (Umor & Ismail, 2022). Should this suggestion be implemented at the time it could lessen the time the discrimination behaviours slightly.

### b) Misinformation on Social Media

This sub theme aligned with the findings found in Literature Review. Social media is the breeding ground for misinformation during COVID-19 (Gabarron et al., 2021). Due to the advancement of technology, the misinformation spread like wildfire and faster than ever (Turk, 2018). Participants agreed that not all people verified the information they read on social media. This situation facilitates confusion which drives doubt and mistrust, creating the ideal setting for dread, anxiety, rejection, stigma and discrimination - all of which may result in loss of life. Another than that since social media have the power to amplify news; it also amplifies misinformation. This situation becomes an added problem in combating COVID-19.

### CONCLUSION

The purpose of this study is to understand the causes and effects towards the mental health of women COVID-19 survivors. Henceforth, this study employed qualitative analysis specifically in depth interviews of six women COVID-19 survivors to collect data. To analyse the data, this study used thematic analysis to determine the causes and effects towards the mental health of women COVID-19 survivors. As a result, the study was able to classify four main themes. Each theme consists of two sub themes that further elaborated the findings. The four mains themes developed were:

i. Public Reaction Towards COVID-19 Survivors
ii. Survivors' Behavior during the Mistreatment
iii. Mental Health of Survivors Facing Public Discrimination
iv. Causes of the Discrimination According to the Survivors

Researchers took the initiative to prepare appropriate recommendations for all parties that have the power to make this situation better for the COVID-19 survivors. The parties in question are the government, media and society. Government may remedy this situation and other possible forms of discrimination by developing an indicator that detects early warning systems of possible signs of unrest. Following that, the government may then build a productive, efficient, and impactful national awareness campaign to resolve the issue. Then, government entities should coordinate to debunk misinformation and provide tools for the public to easily identify fake news.

The next party that could assist in discrimination faced by COVID-19 survivors is the media. Journalists and reporters must instil Peace Journalism elements in their work to foster social stability by sticking to news values and presenting diverse society viewpoints. The media also must abide by the Society of Professional Journalists (SPJ) code of ethics. Society also needs to play their duty by reading the entirety of the news and validating its sources. Society should also refrain from disseminating misinformation and speak out against discrimination to prevent their prevalence.

Given that there is a knowledge gap regarding the effect of discrimination against COVID-19 survivors, this study proposes expanding the body of knowledge by investigating more populations and methods in the future. Other populations that can be studied are males, people with disabilities (PWD), children, and the elderly which will expand the

knowledge. Although the causes of COVID-19 discrimination towards each population may be similar, the effect may vary amongst the populations. The more the population being studied, the greater knowledge and understanding we have on the root of issues and with this insight we will be able to raise public awareness in order to address the underlying problems.

Next, future researchers might build on this work by investigating and collecting data or samples from other methods such as social media content analysis in Facebook, Instagram, Twitter, TikTok or by quantitative methods involving large respondents. Social media content analysis allows future researchers to examine online human interaction. On one hand, the quantitative method enables future researchers to collect a larger sample size of COVID-19 survivors, making it simpler to test hypotheses and make accurate generalisations.

Besides that, future researchers may opt to conduct comparative studies. By conducting comparative study, it allows future researchers to examine two or more populations at the same time. For example, future researchers may be elected to study the effect of discrimination towards elderly and teenagers COVID-19 survivors. The findings of the study can illustrate the connections and contrast of being discriminated against towards the elderly and teenagers COVID-19 survivors.

## BIODATA

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APPENDIX

**Interview Protocol**

**Script Before the In-Depth Interview:**
I want to express my gratitude for agreeing to participate in the interview section of my research. As I earlier mentioned, my research tries to understand public discrimination towards the mental health of women COVID-19 survivors.
Prior to this interview you were infected with COVID-19 therefore you are the suitable sample for my study.
Your experiences and thoughts are needed to complete this paper. You had returned to me the consent form I gave before the interview indicating that I have your permission to record our session.
Today's interview will be recorded using GMeet. You may turn off your camera if you wish.
The interview is expected to take around 30 minutes. Before we start, do you have any questions for me?
___Yes ___No
If you have any questions or concerns throughout this research, you may address them at any time. I'd be happy to help. Let's start.

| Rationale | Questions | Probe / Follow up Questions |
|---|---|---|
| **RQ1: What are the discriminating behaviors of the public towards COVID-19 survivors?** | **English:** 1.Please tell me how and when you got infected with COVID-19? **Malay:** Sila ceritakan bagaimana dan bila anda dijangkiti COVID-19? | 1. Where did you receive treatment for COVID-19? 2. How was the treatment you received in the medical institution? |
| | **English:** 2. Please describe the discriminating behavior that you encounter? **Malay:** Sila terangkan tingkah laku diskriminasi yang anda hadapi. | 1. Do you remember when and where this occurred? 2. Do you know these people? 3. How would you categorize these people? Strangers/ friends/ close friends/ neighbors/ colleagues / relatives? 4. Does their tone of voice, facial expressions, or body language also indicate their discrimination? 5. Please describe their actions that you deemed as discriminating? |
| | **English:** 3. Where does the discriminating behavior usually occurs? **Malay:** Di manakah tingkah laku diskriminasi biasanya berlaku? | 1. Does it occur in the workplace or social setting? 2. Does it occur in digital space such as Whatsapp and social media? |
| | **English:** 4.What did you do after the discriminating behavior? **Malay:** Apakah yang anda lakukan selepas tingkah laku diskriminasi itu? | 1.Did you calmly clarify the situation or yell at them or be sarcastic or ignore them? 2. How did they react to your reaction? |

| **RQ2: What are the effect of those discriminating behavior towards the mental health of COVID-19 survivors?** | **English:**<br>5. How you feel during and after the discriminating encounter?<br>**Malay:**<br>Apakah perasaan anda semasa dan selepas pertemuan yang bersifat diskriminasi? | 1. Did you feel numb, angry, or scared?<br>2. Do you feel that those people will talk bad about you or your family to others? |
|---|---|---|
| | **English:**<br>6.Does the discriminating behavior affect your relationship with them?<br>**Malay:**<br>Adakah tingkah laku diskriminasi menjejaskan hubungan anda dengan mereka? | 1. Given the choice, would you cut ties with them?<br>2. If you maintain a cool demeanor toward them, do they ever inquire why? |
| | **English:**<br>7. Do you know other COVID-19 survivors that received the same treatment?<br>**Malay:**<br>Adakah anda tahu mangsa COVID-19 lain yang menerima rawatan yang sama? | 1. If you can, please share their details and story |
| | **English:**<br>8. How do you think other survivors cope with this discrimination?<br>**Malay:**<br>Pada pendapat anda, bagaimanakah mangsa COVID-19 yang lain yang menghadapi diskriminasi? | 1. Did they ever share information on how they cope with the situation? Please share. |
| | **English:**<br>9. Are you aware that there are many support groups for COVID-19 survivors on social media?<br>**Malay:**<br>Adakah anda sedar bahawa terdapat banyak kumpulan sokongan untuk mangsa COVID-19 di media sosial? | 1.Do you join any of them?<br>2. How do you know these groups?<br>3. What kind of information are you looking for in this group? Support? Post care for COVID-19? To share experiences? |
| **RQ3: What are the effect of those discriminating behavior towards the mental health of women COVID-19 survivors?** | **English:**<br>10. Do you think the women COVID-19 survivors had it worse than men COVID-19 survivors?<br>**Malay:**<br>Adakah anda fikir mangsa COVID-19 wanita mengalami diskriminasi lebih teruk dari mangsa COVID-19 lelaki? | 1.Why do you think so?<br>2.Do you know any women COVID-19 survivors?<br>3.Did they share their experiences with you? |

| | | |
|---|---|---|
| | **English:**<br>11.Do you think women COVID-19 survivors can bounce back from this?<br>**Malay:**<br>Adakah anda fikir mangsa COVID-19 wanita boleh bangkit daripada ini? | 1. How do you cope with this situation?<br>2. How do you think other women COVID-19 survivors cope? |
| | **English:**<br>12. Please describe what other factors that can help women COVID-19 to recover from this situation?<br>**Malay:**<br>Sila terangkan apakah faktor lain yang boleh membantu mangsa COVID-19 COVID-19 pulih daripada situasi ini? | 1.Does support from friends, family help?<br>2. What do you think they can do to help? |
| **RQ4: What are the causes of public discrimination against COVID-19 survivors from the women survivors' perspectives?** | **English:**<br>13. Why do you think the public behave this way to COVID-19 survivors?<br>**Malay:**<br>Pada pendapat anda, mengapakah orang ramai berkelakuan begini kepada mangsa yang terselamat daripada COVID-19? | 1.Is it because of the lack of information from the government, media and family teaching or because the public are scared of the disease? |
| | **English:**<br>14. Does the discrimination you faced lessen then than now?<br>**Malay:**<br>Adakah diskriminasi yang anda hadapi dahulu lebih teruk dari sekarang? | 1. Why do you think that? |
| | **English:**<br>15. How do you think the government, media and society can play a role to reduce this discrimination?<br>**Malay:**<br>Pada pendapat anda, bagaimanakah kerajaan, media dan masyarakat boleh memainkan peranan untuk mengurangkan diskriminasi ini? | 1. What is the best way and platform to educate the public? |

**Script After the In Depth Interview:**
This concludes our interview session. Thank you for your time and participation. The result will help me to determine the effect of discrimination towards the mental health of women COVID-19 survivors.