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Perceived Parents' Stigma and Personal Stigma Toward COVID-19 Survivors: A Study Among Emerging Adults in India

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Abstract: The COVID-19 pandemic introduced widespread stigma toward individuals who contracted the virus, impacting social interactions and perceptions within communities. This study aimed to understand personal and perceived parental stigma toward COVID-19 survivors among Indian college students, examining how this stigma varies based on the relationship closeness to the survivor (peer vs. best friend) and whether gender differences influence personal stigma levels. A sample of 650 Indian college students (mean age = 20.01 years, SD = 1.43; 501 males) participated in the study. We assessed both personal stigma and perceived parental stigma toward COVID-19 survivors, with additional comparisons made based on the survivor's relationship to the student (peer vs. best friend) and participant gender. Findings indicated that personal and perceived parental stigma were significantly higher toward peers than toward best friends who had recovered from COVID-19. Additionally, among perceived parental stigmas, stigma attributed to mothers was highest, followed by that attributed to fathers, with participants' personal stigma being lowest. Notably, no significant gender differences were found in personal stigma among participants. The results highlight nuanced perceptions of stigma toward COVID-19 survivors, with stigma levels varying by relational closeness and perceived parental attitudes, particularly mothers. These findings underscore the importance of targeting stigma reduction efforts, considering family influence and relational factors. Policymakers and mental health professionals could develop age-specific interventions to mitigate stigma toward COVID-19 survivors, potentially enhancing social support systems within college communities.

Keywords: COVID-19 survivors; perceived parents' stigma; personal stigma; emerging adults



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1. Introduction

COVID-19 is an infectious disease that has affected the whole world. As of November 2021, almost 34 million people have been affected, more than 400 thousand have died, and approximately 33 million people have recovered from the illness in India [1] (this tally is updated to 45 million COVID-19 cases as of October 2023 [2]). About 21.8% of the infected population in 2021 were young adults (aged 21 to 30 years) [3]. Studies during the Ebola epidemic and the H1N1 pandemic suggested that coming back to everyday life after surviving an infectious disease is the biggest challenge. One of the critical psycho-social challenges the survivors face is stigma and discrimination. Stigma is defined as an attribute or characteristic that conveys a social identity that is devalued within a specific social context [4]. In the case of diseases, factors such as severity and contagion often contribute to the development of stigma [5]. Past studies have shown that survivors have lost their jobs, been rejected by family, friends, and communities, and have experienced verbal abuse and social distancing [6,7].

Despite having the highest recovery percentage, emerging adults may experience stigmatization from their peers and friends. Since they usually spend substantial time at their educational institutions, stigmatization can influence their mental and physical well-being [8]. Hence, a thorough investigation of stigma among emerging adults toward their peers and friends who survived COVID-19 infections is crucial.

Parental stigma may be one of the factors influencing youngsters [9]. Perceived parental stigma refers to the beliefs and attitudes children attribute to their parents regarding certain social identities, which can shape their perceptions and behaviors. A study found that parents usually ask their children to avoid epileptic children [10]. This factor becomes prominent in a collectivist and allocentric country like India [11]. Youngsters need to adhere to cultural values and respect their elders without question [12]. Hence, it is essential to understand parents' stigma as perceived by emerging adults toward their peers and friends who survived COVID-19.

Emerging adults stigmatizing each other is a vitally important and underexplored area. In a critical development period, emerging adults need strong support from family, friends, and society. Social rejection, othering, and interpersonal aversion can seriously impact emerging adults' well-being and development. Post-pandemic, understanding young college students' beliefs will help formulate age-specific stigma reduction techniques. The objective of the present study is to investigate the personal and perceived parental stigma among Indian emerging adults toward COVID-19 survivors, specifically examining (1) if stigma varies based on the closeness of the relationship (best friends vs. peers) and (2) the influence of a parent's gender on personal and perceived stigma toward COVID-19 survivors. To address this objective, we explore the following research questions (RQ):

RQ 1: *Do personal and perceived parents' stigma among Indian emerging adults differ toward COVID-19 survivors based on their closeness, i.e., best friends vs. peers?*

RQ 2: *Does stigma toward COVID-19 survivors (best friends and peers) differ with the gender of emerging adults?*

RQ 3: *Does perceived parents' stigma toward COVID-19 survivors (best friends and peers) differ with participants' gender?*

RQ 4: *Does individual personal stigma toward COVID-19 survivors vary as a function of relationship closeness (best friends vs. peers), perceived parental (father and mother) stigma, and the participants' gender?*

2. Literature Review

2.1. COVID-19 Survivors and Stigma

During previous epidemics (Ebola, H1N1, etc.), stigma and discrimination were prevalent [13,14]. In disease outbreaks, individuals need to follow explicit rules to forestall further sickness transmission or to remain healthy. However, unknown factors about diseases create fear, myths, and rumors, heightening social stigma. People avoid interaction with diseased individuals, making them feel isolated. Even recovered individuals are often seen as carriers of the virus [6]. Studies suggest that the fear of contracting or transmitting a disease is the main underlying reason for stigmatization and discrimination [13], and it increases with the re-emergence of the disease [15].

The present study was conducted during the early phase of COVID-19. In the absence of a vaccine, individuals focused more on preventive measures. Hence, personal safety from COVID-19 was a salient marker of health at that time. Therefore, it was natural that individuals attempt to minimize their chances of getting infected with COVID-19. These conditions can potentially give rise to COVID-19-related stigma. Since stigmatization increased whenever there were reports of re-infection among Ebola survivors [15], we expect that a similar situation may happen for COVID-19.

Many incidents demonstrate that COVID-19 survivors have been refused entry into their communities due to the apprehension surrounding the idea that they are 'disease

carriers' and may be re-infected. In Maharashtra, India, a pregnant woman with COVID-19 was deserted by her family after she gave birth to a child [16]. Many other incidents took place in which neighborhoods isolated survivors, prohibited them from buying essential goods from general stores, and denied them work, leading to a life that is far from peaceful [16]. Despite increasing COVID-19-related stigma, systematic studies on the topic are often missing. Also, there is little knowledge of the stigmatizing attitudes toward COVID-19 survivors among emerging adults.

2.2. Emerging Adults' Personal and Perceived Parents' Stigma Toward COVID-19 Survivors

Research suggests that age influences perceived (fear of discrimination that stems from societal beliefs) and enacted (stigmatized people's real encounters with bigotry, prejudice, and exclusion) stigma [17]. A longitudinal study of Ebola survivors in African countries found that 20–29-year-old people experience more stigma than 12–19-year-olds and individuals above 50 years of age [18]. There is evidence of youths discriminating against their peers with physical impairments, communication difficulties, and mental health challenges [19].

Moreover, studies suggest that at a young age, parents play an important role in shaping ones stigmatizing attitudes [10]. Adolescents who strongly support having a parental figure as a safe haven show increased social isolation toward individuals with severe mental illness [20]. However, most stigma-related studies involving college students took place in Western countries where emerging adults are relatively independent in decision-making. In a collectivist country like India, a deep commitment and sense of duty to the family is important and limits the autonomy of young people [12]. Research suggests that decision-making power is normally vested in parents in Indian communities [21]. This leaves children with little autonomy to make decisions affecting them. Hence, it is likely that emerging Indian adults are influenced by their parents' stigmatizing attitudes, even if their beliefs are different. Understanding parents' stigma as perceived by emerging adults and their personal stigma toward COVID-19 survivors might help formulate age-specific stigma reduction interventions.

2.3. Personal and Perceived Parents' Stigma Among Emerging Adults Toward COVID-19 Survivors: Best Friends vs. Peers

COVID-19 survivors are those who tested positive for the SARS-CoV-2 virus and recovered after treatment. Previous studies suggested that survivors (of cancer and Ebola) often faced stigma and discrimination from society due to negative beliefs and the fear of getting infected.

According to the disease avoidance model [22], stigma and avoidance develop in two ways. First, disease labels invoke disease cues in the mind and indirectly trigger apathy (the cognitive component). Second, external signs of the disease directly stimulate disgust and contamination, prompting avoidance (the emotional component). COVID-19 survivors do not present any visible cues of the disease but may be labeled as 'COVID-19 survivors' or 'COVID-19 recovered' and generate stigma.

Perceived stigma may develop through socialization with other people and knowledge of the community's attitude. According to the modified labeling approach [23], societal concepts representing the attitudes of a community exist for people with several diseases. COVID-19 survivors may also generate some societal concepts causing devaluation (losing social status, being discredited) and discrimination (social isolation). Moreover, during the lockdown, participants mostly remained at home with their parents. Hence, they are expected to be aware of their parents' attitudes toward COVID-19 survivors through socialization.

However, stigma depends on the depth of the relationship. For example, Moses (2010) [19] observed that adolescents feel that they are treated differently due to their mental health issues by family members, peers, and school staff. Participants reported peers as the biggest source of stigma, followed by friends and parents in the case of weight-

based health issues [24]. Egocentric social network data collected in Guangxi, China [25], showed that HIV/AIDS patients (PLWHAs) and their caregivers anticipated less stigma from spouses or other family members than friends, peers, or others. Hence, as the depth of relationships moves from close (spouse, family) to distant (friends, peers, strangers), stigma increases. Additionally, frequent contact also helps in reducing negative attitudes. Since friends are in closer contact than peers, we hypothesized the following.

Hypothesis 1: *Individuals' personal and perceived parents' stigma will be higher for COVID-19-survivor peers than best friends.*

2.4. Personal Stigma Toward COVID-19 Survivors: Males vs. Females

Gender has a multifaceted role in determining disease-related stigma in countries like India. For example, Indian women are reported to have sympathetic attitudes towards mentally ill people; they are also reported to have greater social distance from them due to fear [26]. As Böge et al. (2018) [27] explain, public attitudes regarding the role of women play a significant effect. With limited external authority and independent decision-making capacity, women in India are dominated within the family hierarchy and long for social support from their families. A fear of social marginalization, domestic violence, and abandonment due to mental illness may result in a high level of internalized stigma among women. A study on young Indian college students (mean age 20.5 years) found that males are less hesitant to communicate with mentally ill peers and more open to marrying one. This study also indicates that young Indian females may have more perceived stigma toward peers with mental illnesses [28]. Similarly, Indian homemakers are reported to have an increased social distance from people affected by leprosy [29]. Thus, gender differences have been observed to be associated with varied levels of stigma.

A sharp rise in stigma is expected during pandemics, and stigma was prevalent during the Ebola pandemic [30]. Using a three-way survey study, researchers found that females displayed higher stigma toward infectious disease survivors than males. Also, the rate of change in a negative attitude toward survivors was slow in females. Traditional gender roles and gender inequality are factors affecting these varying degrees of stigma.

Also, during the COVID-19 pandemic, fear of stigmatization may be ubiquitous. Because of the dependence on male members and the need for social approval, Indian females may fear being stigmatized when ill and may bear more stigmatizing attitudes toward sick people.

Hypothesis 2: *Females will have a higher personal stigma toward COVID-19 survivors (both best friends and peers) than males.*

2.5. Emerging Adults' Perceived Fathers' and Mothers' Stigma Toward COVID-19 Survivors: Gender Dynamics

Previous studies [31] found that parents' stigma toward diseases may influence offspring's perception of their sick peers. In Nigeria, 37% of participants reported that their families consider epilepsy shameful, and 29% believed that their families would disapprove of a friendship with a peer with epilepsy [10]. Similarly, participants from the USA reported that families would display more negative attitudes toward children with ADHD and depression [32]. Parental upbringing is one of the predictors influencing Indian children's opinions of mental illness [26]. Also, higher stigma scores were reported among Indian mothers than fathers toward a girl-child with autism [33]. Hence, because of different parenting styles, sons and daughters may be influenced differently regarding their stigma.

Indian parents' interactions with their children differ widely due to prevailing cultural norms and gender-typical roles. Predominantly, parenting is considered a female role [27]. Mothers are responsible for food, health and discipline, and the upbringing of children. Hence, mothers may have more protective instincts and stigmatizing attitudes irrespective of their child's gender (because association with a diseased peer may lead to social rejection, and mothers are more concerned about family risks like these).

Although Indian fathers are considered highly demanding and grant a low level of autonomy to children [34], they may be overprotective of their daughters. Fathers are seen as the protectors of the family (consisting of females who are expected to be soft, nurturing, and caregivers). Fathers may perceive their daughters to be physically and mentally vulnerable to harsh realities. However, sons may be perceived by their fathers as 'rough and tough future protectors' who do not succumb to adversities. Hence, parents are likely to behave differently with their children. As a result, female and male participants are each likely to perceive their father's and mother's stigma differently.

Hypothesis 3: *Participants perceive their mother's stigma as more than their father's and their personal stigma toward COVID-19 survivors.*

Hypothesis 4: *Females perceive their father's stigma as more than their mother's stigma towards COVID-19 survivors.*

Additionally, an exploratory analysis was conducted to investigate the combined effects of relationship closeness (best friends vs. peers), as well as the influences of perceived fathers' stigma, perceived mothers' stigma, and gender on personal stigma toward COVID-19 survivors. This analysis aims to deepen our understanding of how these factors interact and contribute to the development of personal stigma. By examining these dimensions together, we seek to identify nuanced patterns in how individuals perceive stigma associated with COVID-19 survivors, ultimately providing a more comprehensive picture of the social dynamics at play.

3. Present Study

We conceptualized personal stigma as the degree of discomfort emerging adults feel while interacting with COVID-19 survivors (borrowing items, sharing a room, and eating meals together).

Perceived parents' stigma was conceptualized as the degree of discomfort that an individual believes his/her parents will feel if they interact with COVID-19 survivors. Using within-person analyses, we examined the difference between participants' perceived parents' stigma and personal stigma toward COVID-19 survivors. We captured the degree of closeness by providing two scenarios: best friend (closeness is high) and peer (closeness is low).

4. Methods

4.1. Participants

This study was conducted online using a survey-based questionnaire through Qualtrics software, <https://www.qualtrics.com/>. Survey links were sent to the participants via email, Facebook, and WhatsApp. We received a total of 650 usable responses from students who participated in the study. We excluded the responses that were either incomplete or in which the respondents failed the attention check. All the respondents were full-time undergraduate students (Mage = 20.01 years, SDage = 1.43, male = 501).

4.2. Materials

The stigma survey used three hypothetical scenarios (vignette-based questions) related to participants' interactions with COVID-19 survivors. Vignettes (vignette-based questions) are short descriptions or situations that ask participants to imagine a specific context, helping researchers capture anticipated feelings and responses to hypothetical interactions [35]. In this survey, vignettes focused on three different interaction scenarios: (a) borrowing items, (b) sharing rooms, and (c) eating a meal.

The survey consisted of two parts, which were distributed independently among participants.

Part 1: Interaction with a Best Friend (COVID-19 survivor)

In this part, participants were asked questions about their degree of comfort in borrowing items from, sharing rooms with, and eating meals with known persons ('best friends') who were COVID-19 survivors (e.g., "Would you be comfortable in physically borrowing electronic items from your best friend who was diagnosed with COVID-19, was quarantined and is now cured?"). Responses were given on a five-point Likert scale (1: extremely comfortable to 5: extremely uncomfortable), measuring participants' anticipated degree of discomfort in these interactions with COVID-19 survivors. For the same scenarios, participants were also asked to report their parents' (father and mother separately) expected degree of discomfort if they see participants interacting with a COVID-19 survivor best friend (e.g., "Would your mother be comfortable, if she sees you physically borrowing electronic items (and later using those electronic items) from your best friend who was diagnosed with COVID-19, was quarantined and is now cured?").

Part 2: Interaction with a Peer (COVID-19 survivor)

The second part of the survey mirrored the structure of the first but focused on interactions with "peers" (classmates whom participants may not know well) instead of a best friend. Participants answered similar questions about borrowing items from, sharing rooms with, and eating meals with a peer who had recovered from COVID-19 based on both their personal and their perceived fathers' and mothers' degrees of discomfort.

Demographics: participants reported their age (years), gender (male/female), educational status (undergraduate/postgraduate/doctorate/others), occupation (students/students doing part-time job/full-time employed), and whether they or anyone in their family had been infected with COVID-19 (Yes/No).

Attention Check: to ensure data quality, an attention check was included in both parts. Participants were asked to choose the letter 'S' from a list of three alphabets.

Participants were randomly assigned to one of the two survey parts. Total personal stigma scores for each participant were calculated by averaging the stigma scores across all three scenarios (reliability for personal stigma was high, with an intraclass correlation (ICC) of 0.82 for interaction with a best friend and 0.77 for interaction with a peer). Similarly, total perceived mothers' stigma and fathers' stigma scores were calculated by averaging the stigma scores across the three scenarios for each participant. Reliability was also high for these measures (ICC values for perceived mothers' stigma toward a best friend and peers are, respectively, 0.80 and 0.78; ICC values for perceived fathers' stigma toward a best friend and peers are, respectively, 0.80 and 0.79).

4.3. Procedure

After receiving ethical approval from the authors' institution, two separate survey links (using Qualtrics) (one measuring stigma toward COVID-19-survivor best friends and the other toward peers) were distributed randomly (June to August 2020) among students via social media. The survey was in English, and in each survey, participants were briefly informed about the nature of the study, the age restriction (18–23 years), and their right to withdraw from the study at any time. To ensure confidentiality, no personal identifying data (name/phone number) were recorded. After obtaining the participant's electronic consent (embedded in the survey), the survey was initiated, and it lasted for 5–7 min (only those who provided informed consent could proceed in the experiment; if consent was not given, the survey would automatically end). Participation in the study was entirely voluntary, with no compensation provided.

4.4. Data Analysis

For Hypotheses 1 and 2, an independent *t*-test was conducted. For Hypothesis 3, a one-way repeated measures ANOVA was conducted separately for best friends and peers, with cases (Mother vs. Father vs. Personal) as independent variables and stigma as a dependent variable. For Hypothesis 4, a one-way repeated measures ANOVA was conducted separately for males and females, with cases (Mother vs. Father vs. Personal) as independent variables and stigma as a dependent variable. Finally, a multiple regression

analysis was conducted to explore the combined effects of relationship closeness, perceived fathers' stigma, perceived mothers' stigma, and gender on personal stigma toward COVID-19 survivors.

5. Results

The final sample consisted of 650 undergraduate students, none of whose family members were affected by COVID-19. A total of 316 participants reported personal and perceived parents' stigma toward a COVID-19-survivor best friend. A total of 334 participants reported personal and perceived parents' stigma toward COVID-19-survivor peers. No significant difference was observed between the two groups concerning gender composition (χ^2 (df) = 0.73 (1), $p = 0.40$).

5.1. Personal and Perceived Parents' Stigma Toward COVID-19 Survivors: Best Friends vs. Peers

An independent *t*-test was conducted separately for three cases with best friends and peer groups (refer to Table 1). Results suggest that stigma is higher toward peers than best friends in all cases (personal and perceived father and mother). Hence, Hypothesis 1 was supported.

Table 1. Independent samples *t*-test scores.

	Best Friend (N = 316)		Peer (N = 334)		t-Score	df
	M	SD	M	SD		
Personal	3.16	1.20	3.75	1.05	−6.65 ***#	626.13
Perceived Father	3.82	1.05	4.15	0.90	−4.34 ***#	622.54
Perceived Mother	3.93	1.03	4.28	0.84	−4.69 ***#	608.84

Note: N: Number of respondents; M: Mean; SD: Standard deviation; df: Degree of freedom. # Equal variance not assumed; *** $p < 0.001$ (2-tailed study).

5.2. Personal Stigma Toward COVID-19 Survivors: Gender of the Emerging Adult

An independent *t*-test was conducted separately for males and females with best friends and peers (refer to Table 2). The results suggest that there is no significant difference in personal stigma toward COVID-19 survivors among males and females. Hypothesis 2 was not supported.

Table 2. Independent samples *t*-test score.

	Best Friend			Peers		
	No of Respondents	Mean	SD	No of Respondents	Mean	SD
Males	239	3.13	1.22	262	3.74	1.05
Females	77	3.27	1.12	72	3.81	1.05
<i>t</i> -test #	−0.97 (ns.)			−0.54 (ns.)		
df	139.38			332		

Note: SD: Standard deviation; ns: Non-significant; df: Degree of freedom; # Equal variance not assumed.

5.3. Personal and Perceived Parents' Stigma Toward COVID-19 Survivors

A one-way repeated measures ANOVA was conducted for participants' personal stigma and their perceived parents' (father and mother separately) stigma when a COVID-19 survivor is a best friend or a peer (refer to Table 3).

Table 3. Repeated measures analysis of variance.

	Total Participants				Female Participants				Male Participants			
	Best Friends (N = 316)		Peers (N = 334)		Best Friends (N = 77)		Peers (N = 72)		Best Friends (N = 239)		Peers (N = 262)	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Personal stigma	3.16	1.20	3.75	1.05	3.27	1.12	3.81	1.05	3.13	1.22	3.74	1.05
Father's stigma	3.82	1.05	4.15	0.90	3.89	0.99	4.23	0.91	3.79	1.07	4.13	0.90
Mother's stigma	3.93	1.03	4.28	0.84	4.03	0.95	4.38	0.81	3.90	1.05	4.25	0.85
F-statistics	192.06 ***		116.64 ***		46.11 ***		26.99 ***		145.55 ***		89.38 ***	
Partial η^2	0.38		0.26		0.38		0.28		0.38		0.26	
G and G correction (ϵ)	0.74		0.81		0.73		0.85		0.75		0.78	

Note: SD: Standard deviation; assumption of sphericity was violated; G and G: Greenhouse and Geisser; *** $p < 0.001$.

5.4. COVID-19 Survivor Is a Best Friend

A statistically significant difference in personal stigma and perceived fathers' and mothers' stigma toward COVID-19 survivors (best friends) is found, with $F(1.49, 468.07) = 192.06$, $p < 0.001$, $\epsilon = 0.74$, and partial $\eta^2 = 0.38$. Post-hoc analysis with the Bonferroni adjustment reveals that stigma statistically significantly differs from personal stigma to perceived fathers' and mothers' stigma, and perceived mothers' stigma is the highest ($M = 3.93$, $SD = 1.03$), followed by fathers' stigma ($M = 3.82$, $SD = 1.05$) and personal stigma ($M = 3.16$, $SD = 1.20$).

5.5. COVID-19 Survivor Is a Peer

It is found that there is a statistically significant difference in personal stigma and perceived fathers' and mothers' stigma toward COVID-19 survivors (peer), with $F(1.63, 542.25) = 116.64$, $p < 0.001$, $\epsilon = 0.81$, and partial $\eta^2 = 0.26$. Post-hoc analysis with the Bonferroni adjustment revealed that personal stigma, perceived fathers', and perceived mothers' stigma are statistically significantly different. Perceived mothers' stigma is the highest ($M = 4.28$, $SD = 0.84$), followed by fathers' stigma ($M = 4.15$, $SD = 0.90$) and personal stigma ($M = 3.75$, $SD = 1.05$).

5.6. Personal Stigma and Perceived Parents' Stigma: Gender of the Emerging Adult

A one-way repeated ANOVA was conducted for male and female participants separately for personal stigma and their perceived parents' (fathers' and mothers') stigma when a COVID-19 survivor is a best friend and a peer (refer to Table 3).

5.7. When COVID-19 Survivor Is a Best Friend

In the case of females ($N = 77$), there is a statistically significant difference in personal stigma and perceived fathers' and mothers' stigma, with $F(1.45, 110.41) = 46.11$, $p < 0.001$, partial $\eta^2 = 0.38$, and $\epsilon = 0.73$. Perceived mothers' stigma is the highest ($M = 4.03$, $SD = 0.95$), followed by perceived fathers' stigma ($M = 3.89$, $SD = 0.99$) and personal stigma ($M = 3.27$, $SD = 1.12$).

In the case of males ($N = 239$), there is a significant difference in personal stigma and perceived fathers' and mothers' stigma, with $F(1.49, 355.03) = 145.55$, $p < 0.001$, partial $\eta^2 = 0.38$, and $\epsilon = 0.75$, such that perceived mothers' stigma is statistically significantly higher ($M = 3.90$, $SD = 1.05$) than perceived fathers' stigma ($M = 3.79$, $SD = 1.07$) and personal stigma ($M = 3.13$, $SD = 1.22$).

5.8. When COVID-19 Survivor Is a Peer

In the case of females ($N = 72$), there is a significant difference in personal stigma and perceived fathers' and mothers' stigma, with $F(1.71, 121.17) = 26.99$, $p < 0.001$, partial $\eta^2 = 0.28$, and $\epsilon = 0.85$. However, no significant difference between perceived fathers'

stigma ($M = 4.23$, $SD = 0.91$) and perceived mothers' stigma ($M = 4.38$, $SD = 0.81$), $p = 0.08$, is found. Personal stigma ($M = 3.81$, $SD = 1.05$) is statistically significantly lower than perceived fathers' and mothers' stigma.

For males ($N = 262$), there is a significant difference in personal stigma and perceived fathers' and mothers' stigma, with $F(1.57, 408.36) = 89.38$, $p < 0.001$, partial $\eta^2 = 0.26$, and $\epsilon = 0.78$. Perceived mothers' stigma is the highest ($M = 4.25$, $SD = 0.85$), followed by perceived fathers' stigma ($M = 4.13$, $SD = 0.90$) and personal stigma ($M = 3.74$, $SD = 1.05$).

5.9. Combined Effect of Relationship Closeness (Best Friend vs. Peer), Perceived Fathers' Stigma, Perceived Mothers' Stigma, and Gender on Personal Stigma Toward COVID-19 Survivors

A multiple regression analysis was performed to examine the impact of relationship closeness, perceived fathers' and mothers' stigma, and gender on personal stigma toward COVID-19 survivors. The regression assumptions were met, showing no multicollinearity issues ($VIF < 10$) and independence of residuals (Durbin–Watson statistic of 1.96). The overall model was statistically significant, with $R^2 = 59.1\%$, indicating a large effect size ($F(4, 645) = 235.80$, $p < 0.001$). Among the predictors, relationship closeness was a significant negative predictor of personal stigma ($B = -0.288$, $\beta = -0.124$, $p < 0.001$), suggesting that closer relationships, such as with best friends, are associated with lower stigma levels. Perceived mothers' stigma also emerged as a significant predictor ($B = 0.213$, $\beta = 0.174$, $p < 0.001$), indicating that higher perceived stigma from mothers correlates with increased personal stigma. Perceived fathers' stigma was also significant ($B = 0.683$, $\beta = 0.582$, $p < 0.001$), with higher stigma from fathers linked to greater personal stigma toward survivors. In contrast, gender did not significantly influence personal stigma ($B = 0.017$, $\beta = 0.07$, $p = 0.80$), indicating no difference in stigma levels between males and females.

6. Discussion

Our study aims to understand the difference in personal and perceived parents' stigma toward COVID-19 survivors among Indian emerging adults. Previous studies [6,7,10] on community diseases observed stigma and discrimination against the survivors. Lately, several newspaper reports have also suggested the existence of stigmatization against COVID-19 survivors. Consistent with these observations, our results suggest the existence of personal and perceived parents' stigma toward COVID-19 survivors among emerging adults. It has been found that both personal and perceived parents' stigma are higher for COVID-19-survivor peers than for best friends. This confirms the hypothesis that COVID-19-related stigma decreases with the depth of the relationship. Hence, not only the contact but the level and nature of the contact decrease stigma toward COVID-19 survivors. Higher stigma toward peers than best friends may reflect the idea that closer relationships provide more context, familiarity, and compassion, reducing negative judgments. In contrast, stigma directed at peers, who may be less known or understood on a personal level, could reflect a more generalized fear or social bias associated with COVID-19. This insight highlights the importance of addressing stigma at broader, community levels to reduce stigmatizing attitudes, especially toward those with whom individuals may not have close ties. Consequently, a meaningful contact-based intervention can bridge the interpersonal divides and facilitate amicable interactions among COVID-19 survivors and others. Future researchers should incorporate different types of relationship closeness and familial and non-familial contexts to understand COVID-19 stigma.

The study does not support the existence of gender-based differences in personal stigma toward COVID-19 survivors (best friends and peers). Previous studies (e.g., [30]) suggested that differences in socio-demographic factors (education, age) may cause gender differences in personal stigma. However, we kept demographic factors (age, education) constant and assumed that traditional gender roles in Indian culture could adversely affect a person's attitudes, increasing avoidance of stigmatized others. However, it appears that within a similar educational environment and age group, participants might have egalitar-

ian gender roles, causing similar levels of stigma. This could indicate that gender-based differences in stigma may be less prominent among emerging adults in India, at least in the context of peer and close-friend relationships. This implies that interventions targeting stigma reduction might not need to focus on gender-specific messaging but instead could prioritize fostering empathy and acceptance across different types of relationships. Future studies may explore individual perceptions of gender roles and personal stigma toward survivors in more diverse contexts.

Results also suggest that perceived mothers' stigma is highest, followed by perceived fathers' and personal stigma for both best friends and peers. Previous studies (e.g., [36]) highlighted that parenting in India is usually a female responsibility. As a result, females are overprotective of their children and feel uncomfortable if their wards interact with COVID-19 survivors.

We also hypothesized that female participants would perceive a father's stigma as higher than a mother's stigma. We found that females perceive similar levels of stigma for both parents while interacting with peers. However, perceived mothers' stigma is the highest in the case of interaction with COVID-19-survivor best friends. Hence, other factors such as parents' relationships or parenting style might affect how young Indian women perceive parents' stigma.

The exploratory analysis of the combined effects of relationship closeness, perceived fathers' and mothers' stigma, and gender offers a more comprehensive view of the social dynamics involved in COVID-19-related stigma. Our results suggest that relationship closeness significantly interacts with perceived parental stigma to influence personal stigma levels, underscoring the complex interplay of social and familial factors in shaping attitudes toward COVID-19 survivors. By considering these variables together, we see that personal stigma is not solely an individual belief but is also influenced by how one perceives the attitudes of close family members, particularly in different relationship contexts. This insight suggests that stigma reduction efforts may benefit from a family-oriented approach, addressing not only individual beliefs but also perceived parental attitudes, especially concerning different types of relationships.

To sum up, our study finds that emerging adults project both personal stigma and perceived parental stigma onto COVID-19 survivors during interactions like borrowing items, sharing rooms, or eating meals, with stigma decreasing as relationship closeness increases. The high levels of perceived parental stigma suggest that socialization with parents, especially during the lockdown period, may influence young adults' attitudes. Youngsters may either adopt parental attitudes (avoiding COVID-19-recovered best friends and peers) or experience internal conflict if they disagree, potentially impacting their mental well-being. Therefore, educational anti-stigma programs targeting both young adults and parents are recommended, along with COVID-19 literacy initiatives to address parental concerns and promote supportive behavior. Additionally, public awareness campaigns, particularly online, could shift social norms to reduce stigma toward COVID-19 survivors.

There are certain limitations in the present study. Firstly, while the research captures perceived parental stigma from the children's perspective, this may not accurately reflect parents' actual personal stigma, potentially leading to discrepancies in understanding stigma dynamics. Future research should consider incorporating actual parental attitudes, which would enrich the data and provide a more balanced view of stigma from both perspectives. Additionally, the cross-sectional design restricts causal inferences, as it captures a snapshot in time rather than examining changes over time. This design may overlook how stigma evolves, particularly as societal attitudes shift during the pandemic. Future research should consider employing longitudinal methods. In our study, neither the participants nor their parents were COVID-19-infected. Previous studies point out that familiarity with a disease may reduce stigma. Future studies may examine if being infected with COVID-19 influences personal and perceived parents' stigma toward other survivors. Furthermore, this study's sample consists exclusively of Indian college students, limiting generalizability to other demographics or cultural contexts. Future studies could explore a

broader range of influencing factors, including socio-economic status and cultural context, to enhance the generalizability of findings.

This study's implications are crucial for addressing stigma toward COVID-19 survivors among emerging adults in India. Findings indicate higher stigma levels toward peers than best friends, highlighting the role of relationship closeness in shaping attitudes. High perceived stigma from mothers suggests a need for family-inclusive stigma reduction interventions. Educational programs that encourage open discussions about COVID-19 could foster empathy and acceptance toward survivors. Mental health professionals and policymakers should consider family dynamics when designing stigma reduction strategies. By implementing age-appropriate interventions and public awareness campaigns, communities can create supportive environments that promote the social reintegration and mental well-being of COVID-19 survivors.

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