

Separation and Discrimination: The Lived Experience of COVID-19 Survivors in Philippine Isolation Centers

Illness, Crisis & Loss
1–15

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DOI: 10.1177/10541373221090019

journals.sagepub.com/home/icl



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Abstract

Social isolation in times of pandemic can affect the well-being of individuals infected with a contagious disease. This study explores the lived experience of the 12 COVID-19 survivors placed in community-based isolation centers in Cebu City, Philippines and whose cases were mild and asymptomatic. In describing their lived experience, we employed Max van Manen's phenomenology of practice. Results show that the COVID-19 survivors have suffered more from the consequences of separation and discrimination than the disease's physiological effects. Educating the whole community about social responsibility and ethical behavior in dealing with COVID-19 survivors is essential to minimize social stigma and discrimination.

Keywords

COVID-19 survivors, discrimination, isolation center, lived experience, separation

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Introduction

The surge of COVID-19 cases in the Philippines from March to August 2020 overwhelmed the country's entire health care system. To address the large-scale health crisis, the government issued a directive to the local authorities to dedicate community isolation facilities. These facilities are primarily public schools converted into isolation and quarantine facilities. Community quarantine is a strategy aimed at reducing community-level transmission of COVID-19. It involves, among others, contact tracing, testing, quarantine of persons, and where needed, isolation of patients (Department of Health -Department of Interior and Local Government, 2020). Since hospitals prioritized severe COVID-19 patients and other critical illnesses, the community-based isolation facilities were strategically designed to provide care for COVID-19 patients with confirmed asymptomatic and mild cases.

The trend in COVID-19 studies using phenomenological approaches is mainly on the experiences of healthcare providers (Gunawan *et al.*, 2021; Iheduru-Anderson, 2021; Liu *et al.*, 2020; Sun *et al.*, 2020a), patients during hospitalization (Sun *et al.*, 2021; Sun *et al.*, 2020b; Wang *et al.*, 2020) and stranded college students (Cahapay, 2020). We found three studies (Mansoor *et al.*, 2020; Olufadewa *et al.*, 2020; Sahoo *et al.*, 2020) applying a phenomenological method to the experiences of COVID-19 survivors. However, the study of Sahoo *et al.* (2020) does not specify the phenomenological framework it employs, considering that there are many phenomenological lenses (Dowling, 2007; Finlay, 2012; Moran, 2000; Spiegelberg, 1960, p. 1971; van Manen, 2014), either as a philosophical movement (e.g., Husserl, Heidegger, Merleau-Ponty, Gadamer, and Ricoeur) or as a method in qualitative research (e.g., Benner, Colaizzi, Giorgi, van Kaam & van Manen), through which one can view the phenomenon in question. While a Heideggerian phenomenology is applied in the study of Shaban *et al.* (2020) in the understanding of isolation as a subject of contextual meaning with patients in an Australian hospital, our present study looks into the experience per se of COVID-19 sufferers quarantined in community isolation facility using van Manen's phenomenology of practice.

COVID-19 survivors have rich experience before, during, and after their isolation period, which can provide the public with a deeper understanding of the psychological and social impact of the disease. Studies reveal that isolated COVID-19 patients felt stigmatized, rejected, blamed, anxious, and confused but could cope with their situation (Chen *et al.*, 2020; Rahmatinejad *et al.*, 2020).

The purpose of the study is to describe the lived experience of the COVID-19 survivors who were quarantined in the community isolation centers. These descriptions reveal the deeper meaning of the COVID-19 survivors' experience, which may be relevant to improving COVID-19 psychosocial support and management in community isolation facilities.

Phenomenological research such as this study can provide context-specific and granular data, valuable for evidence-informed policy. Evidence derived from research findings and context-related information may serve as a sound basis for decision-

making in public health care. The Department of Health has also recognized this approach to pursuing a universal health care system in the country (DOH AO-2020). Thus, gathering relevant data from the qualitative resource will inform policy-makers in crafting effective policies and programs.

Design and Methods

Since the study employs a phenomenological inquiry, we used purposive sampling to identify the research participants who survived the COVID-19 ordeal. The phenomenon (i.e. the lived experience of the COVID-19 survivors) investigated determines the method, including the selection of participants (Hycner, 1999 as cited in Groenewald, 2004). We interviewed 12 COVID-19 survivors from varied socio-economic backgrounds who are residents of Cebu City, Philippines. They were selected through purposive sampling with the following criteria: (1) a resident of Cebu City, (2) a COVID-19 survivor who was asymptomatic or who had mild symptoms, and (3) confined in a community quarantine center in Cebu City.

The participants were referred to us by the community health workers after a permit to conduct an interview was granted by the city government and after securing an ethical clearance from a local university. The interview was arranged through the assigned health worker in the respective communities and was held inside the community center to ensure the participants' privacy and comfort. We obtained the informed consent from each participant following the ethical procedures (e.g., disclosing the complete research information, ensuring that the research participants understood the risk involved, and giving them enough time to decide whether to participate or not). We interviewed the participants in a face-to-face physical setting observing the health protocols imposed by the local authorities, such as wearing of face mask, face shield, and physical distancing.

We employed the unstructured in-depth interview to access the lifeworld of the COVID-19 survivors. The interview gives us the tool to "understand the world from the subjects' point of view" to make sense of their experiences in their own context (Kvale, 1996 as cited in Groenewald, 2004). To secure the accuracy of our documentation, we took notes while recording the interview after asking permission from the participants. After every interview session set for the day, we reviewed our notes and discussed our observations during the interview. Our notes captured what we saw, heard, and experienced during each interview session (Groenewald, 2004). This kind of information served as our reference and guide in our transcription of the recorded interview and our description of the participants' lived experience. The 12 interview recordings were transcribed literally in the original language (Cebuano). After listening several times to the voice record while referring to our field notes, we transcribed. The next step that follows is the heart of our phenomenological writing.

Van Manen's phenomenology mainly informs our investigation of the lived experience of practice. Although van Manen *et al.* (2016) "dissociate" phenomenology from saturation "owing to the concern to obtain full and rich personal accounts," the researchers decided to interview 12 participants to get more data of their lived experiences. The researchers also based their choice of 12 participants on Liu *et al.*'s (2020) study, which employed Colaizzi's phenomenological method. Other scholars (Boyd, 2001 & Creswell, 1998 as cited in Groenewald, 2004) suggest up to 10 participants to reach saturation. The whole trajectory of the study covers the pre-isolation, during, and post-isolation experience of the COVID-19 survivors.

Van Manen's phenomenology of practice, labelled as interpretive phenomenology (Finlay, 2012), draws from many phenomenological models. He thinks that these models can contribute to the rich understanding of the meaning of the phenomenon since they provide different ways of 'seeing.' As van Manen (2014) explains,

What is fascinating about phenomenology is that the influential thinkers who have presented various versions of phenomenological inquiry do not just offer variations in philosophies or methods. They inevitably also provide alternative and radical ways of understanding how and where meaning originates and occurs first. And yet, it is the search for the source and mystery of meaning that we live in everyday life lies at the basis of these various inceptual phenomenological philosophies. Looking back at the landscape of phenomenological thought, we discern a series of mountains and mountain ranges from which particular views are afforded to those willing to attempt scaling the sometimes challenging and treacherous ascents and descents. (p. 22)

Phenomenology cannot be reduced to a single method or procedure. This is so because a phenomenon can manifest itself in many different ways, "depending in each case on the kind of access we have to it" (Heidegger, 1927/1927/1962, p. 51). Such an attempt to reduce phenomenology in a single method simplifies a complex and enigmatic reality. A single thought cannot encompass the world nor its meaning thoroughly exhausted even if we are "open" to and in "communication" with it (Merleau-Ponty, 1945/1945/1962, p. xvii). The downside of a single model approach to phenomenology leads to an inadequate understanding of reality. As van Manen (2014) argues,

Phenomenology does not let itself be seductively reduced to a methodical schema or an interpretive set of procedures. Indeed, relying on procedural schemas, simplified inquiry models, or a series of descriptive-interpretive steps will unwittingly undermine the inclination for the practitioner of phenomenology to deepen themselves in the relevant literature that true research scholarship requires, and thus acquire a more precise grasp of the project of phenomenological thinking and inquiry. (p. 22)

In phenomenological research, rigor does not mean adherence to a single method. Instead, it is achieved through a thoughtful process of heuristic questioning,

experiential description, phenomenological thematizing, insightful, voking, and interpretation (van Manen, 2014, pp. 376–377). After going through this rigorous process which is the key to accessing the pre-reflective experience, the ultimate goal of phenomenology is to describe the 'originary' essences of the lived experience to arrive at other possible and deeper meanings.

To reiterate, van Manen (2014) suggests the following steps in describing the lived experience: (1) heuristic questioning, (2) experiential description, (3) phenomenological thematizing, (4) 'insightful' and 'voking,' and (5) interpretation. The starting point of phenomenological inquiry is to ask a critical question that sets the agenda of the entire interview process. This process is heuristic questioning which involves asking the overarching question, "What does it feel like to have COVID-19?" In asking this question, the four fundamental structures of the lifeworld: lived-body, lived-space, lived-time, and lived-human relation or lived-other (van Manen, 1990, pp. 101–102), were invoked. The second step is an experiential description which extracts vivid accounts from the interview transcripts. This process involves looking at rich accounts of the experience (1) as one lived through it, avoiding explanations and generalizations about the experience, (2) told from the state of mind evoking feelings and moods, (3) focusing on a specific event, (4) attending to what stands out for its vividness, and (5) attending to sensory details (van Manen, 1990, pp. 64–65). This explication is intended to make the phenomenon show itself 'be seen from itself in the very way in which it shows itself from itself' (Heidegger, 1927/1927/1962, p. 58). Hycner (1999 as cited in Groenewald, 2004) warns researchers to be cautious with "data analysis" as the term (analysis) implies "breaking into parts." Phenomenology does not break the parts to understand the whole, but rather, it looks through the parts to understand the whole. In response to what is being shown, the perceiver has to maintain an attitude of openness, wonder, and attentiveness to the revelation of reality. The third step, phenomenological thematizing, uncovers and isolates thematic statements.

To determine the suitable themes of the lived experience, van Manen (1990) reminds us that themes are not like universal concepts or axioms but are the essential structures of experience. Themes are a linguistic arrangement that "captures the phenomenon one tries to understand" (van Manen, 1990, p. 79). Themes arise from the interpreter's '*desire to make sense*' of the lived experience which involves '*openness to something, insightful invention, discovery, and disclosure*' (van Manen, 1990, p. 88). Through the themes, the researcher or reader can see and explore the specific aspect of the lived experience transformed from being taken-for-granted realities into meaningful experiences. The fourth step is 'insightful,' and 'voking.' Insightful is used to aid reflection on the lived experience by drawing from related scholarly literature (van Manen, 2014, p. 377). However, we are careful not to impose our constructions of reality. Instead, we utilized relevant scholarly texts to clarify our interpretation of the lived experience themes. In addition to 'insightful' is 'voking,' which involves the careful attentiveness to the vocative nature of language and is part of the phenomenological reflective writing process (van Manen, 2014,

p. 377). The last step is interpretation. This articulates our insights to make the themes visible to have a 'fuller grasp of what it means to be in the world' (van Manen, 1990, p. 12) for those infected by the novel coronavirus.

We used the English language in doing the phenomenological writing. The original Cebuano transcriptions were then translated to English while retaining the nuances of the original language. From the English translation, we highlighted the lived-experience description. A lived-experience description is a rich account of the experience, (1) as one lived through it avoiding explanations and generalizations about the experience, (2) told from the state of mind evoking feelings and moods, (3) focusing on a specific event, (4) attending to what stands out for its vividness, and (5) attending to sensory details (van Manen, 1990, pp. 64–65). In Heideggerian parlance, phenomenological explication is a matter of letting 'that which shows itself be seen from itself in the very way in which it shows itself from itself' (Heidegger, 1927/1927/1962, p. 58). This requires, on the part of the perceiver, an attitude of openness, wonder, and attentiveness to the revelation of reality. It is then the task of the phenomenological researcher to use compelling language that could bring this revelation to an experience-near level.

Results (Themes of the Lived-Experience)

The COVID-19 survivors lived experience is categorized into five themes. These themes are drawn from the experiential data of the interview transcripts from the 12 research participants quarantined in the community-based isolation facility. We used anecdote fragments or vignettes as examples of the phenomenological experience for presentation purposes. We employed fictitious names to protect the identity of the participants and for narrative effect. Because stories are easy to remember and relatable, they are credible sources of understanding experiences and world views of others (Zwack, M. et. al., 2016; Lämsä & Sintonen, 2006). In fact, stories and other creations of our imagination cultivate human solidarity – “the imaginative ability to see strange people as fellow sufferers”- which “is not discovered by reflection” and theory “but created. . . by increasing sensitivity to the particular details of the pain and humiliation of the other, the unfamiliar sorts of people” and which “makes it more difficult to marginalize people different from ourselves by thinking” (Rorty, 1979). Since the outbreak of the COVID-19 reached the Philippines, people have been hearing various stories of heroism, kindness, suffering, and recovery. Of all these stories, it is the story of a COVID-19 survivor that matters the most because it bears a new experience that can change the way we see the world in this pandemic era.

Theme 1: Feeling Confused and Miserable

When the research participants knew about their results, they were confused and anxious about contracting the disease. Rene, single and a mild COVID-19 patient with comorbidities, shared his experience and revealed his battle against

COVID-19. He recalled, "Why do I have to undergo this kind of suffering? I do not understand why this happened to me. Nobody can help me there (isolation center)." He claimed that his first few weeks in the isolation center made him more vulnerable. He could no longer ask for the attention and support from his parents and siblings, whom he depends on for his health needs. He was also not given the appropriate care he expected in the isolation center. Belinda, a 21-year-old asymptomatic patient, confessed that she cried when the local health workers took her to the isolation center because she had never been separated from her child. She recounted, "Listening to the voice of my son is like dagger plunged into my heart. It was unbearable. I need to lie to him that I would just be gone for a while."

Feeling miserable is also experienced by Mica, 24 years old. She narrated, "During the first four days, it was tough. We suffered a lot in there, and nobody helped us. We were famished for two days." The effect of separation from her other healthy family members who were not allowed by the authorities to visit them aggravated their daily struggle at the isolation center.

Based on the narratives above, feeling miserable is associated with the lack of understanding of the disease, the restriction to connect physically with family members, and the lack of basic provisions and amenities in the isolation center.

Theme 2: More Worried for the Loved Ones They Left Behind Than Their Illness

When the five COVID-19 survivors learned about their positive results, their loved ones first came to their minds. Who would take care of them? They were more anxious about their family members' welfare, whom they would leave when the local authorities brought them to the quarantine facility. Among these COVID-19 survivors, Anton, 38 years old, married, shared how worried he was for his wife, who was pregnant at the time of his isolation. He painfully recalled, "She was all alone by herself, and the thought of her suffering, both physical and emotional, is unbearable to me. The physical pain brought by COVID-19 is no match to my constant restlessness for my wife." Anton's separation from his wife for 25 days was an ordeal. He even entertained the thought of escaping from the isolation center. He recalled, "My longing to escape from the facility becomes like a burning desire."

Two research participants, Belinda, mentioned in *theme 1*, and Jonel, both parents, felt devastated by their situation. Belinda, who left her son at home, had to face the sad reality of separation. To recall, Belinda narrated the moment when she called her son over the mobile phone, "Listening to the voice of my son is like dagger plunged into my heart." Similarly, Jonel, a young father confirmed to be a mild case, was more worried about his seven-year-old son. The latter also contracted the disease and was with him in the isolation facility. He indicated, "I'm kinda depressed. I was crying at that time (when they brought me to the isolation center). I have a child, but as for me, I was okay."

The other research participants also have their painful separation stories to tell. Mike, who has a terminally ill father brought about by complications of COVID-19, could not bear being isolated from him, who eventually died of the disease. He recalled, "I was not so much bothered by it (COVID-19) because I am more anxious (for my father's condition)." Susan, a grandmother, quit smoking when she learned she is positive with COVID-19 to stay healthy. She gave up her smoking habit for the sake of her grandchildren. According to Susan, "I need to build my resistance (against COVID-19). I have to do it for my grandchildren."

For these COVID-19 survivors, the disease is not so much a medical concern. They claim they were not so worried about their physical condition. However, being separated from their loved ones for whom they felt a great responsibility caused their constant fear and worry. For example, Anton had wanted to escape from the isolation center just to be reunited with his family. Also, Mike had agonized for his father's death because he could not stay by his side. For these survivors, COVID-19 is not something as dreadful as the separation they were made to go through.

Theme 3: The Pain of Discrimination is More Potent Than the Virus

The participants experienced discrimination in varying degrees. A full description of this account is given by Patricia, a young mother at 21. She narrated how the neighbors' act of "throwing bottles and stones" has hurt her family more than fearing the virus. She recalled, "Although my neighbors' insensitive words are like swords, the physical act of throwing bottles and stones at our house is deadlier than the virus." Similarly, Anabel, a 62-year-old widow, disclosed that discrimination takes the form of simple gestures of avoidance. She recounted, "When they saw you coming, they would avoid you. What happened to me? I was confused at that time." Grace, 19-year-old mother, also shared how surprised she knew that her neighbors had learned of the news (of her positive result) before she knew it. She felt stigmatized by this invasion of her privacy. She narrated, "The rumor has spread much faster than my result. I was shocked, and that was why my uncle was so mad. We didn't expect things so private became the concern of everyone in the village!"

Another form of discrimination was experienced by Edgar, a husband blamed by his spouse for contracting the disease and for exposing his family to significant risk. Edgar worked as a janitor and was isolated for 14 days in the isolation center. He recalled, "I was broken-hearted. I was utterly blamed (by my wife) that I could have also infected them."

These COVID-19 survivors encountered various forms of discrimination. Discrimination, even in subtle ways, such as turning away or just saying "do not go near them," is deeply painful for the participants. The pain becomes more intense if this comes from one's family, as in the case of Edgar.

Theme 4: Witty and Funny Response to Discrimination

Some participants countered discrimination with witty and funny responses. In one account, in *theme 3*, Anabel put on a witty response to her neighbors, who gave insensitive comments after her release from the isolation center. She narrated what she said to her neighbors, “Why would you fear me? I am already negative! I should be the one to fear you because you are not tested yet! You used to avoid me then, and I should be the one to stay away from you from now on.

In another account, participants employed funny language to their detractors. Jonel, mentioned in *theme 1*, jokingly warned his friends by “spitting on the face” to respond to their subtle ridicule. Another participant, Marga, used the famous zombie imagery to defend herself from her disparagers. She cautioned them with humor, “I already have the antibody, and if you would be tested (and when found positive), you would turn to a zombie.”

Theme 5: Relationship as Source of Strength

COVID-19 survivors claimed that their relationship with God and family was a source of strength. As mentioned in *theme 2*, Rene held on to his faith in God and family to keep his spirit up. Also strengthened by her deep faith, Anabel, mentioned in *theme 4*, pleaded to God not to take her yet as she needed to care for her youngest grandchild, who inspires her to fight for life. Anabel recalled, “I always prayed to God. I was not ready (to go) yet because I still had my youngest grandchild, who was still schooling. That was my source of strength for me to fight against COVID.” Another participant, Grace, mentioned in *theme 3*, a young mother of two, was allowed to bring her breast-feeding child to the isolation center. She shared with us, “I knew I could win this battle against this (COVID-19) for my baby.”

The COVID-19 survivors testified they could adjust to their new environment because of the facility management’s daily activities, which brought them closer. The regular exercise routine like dancing the *Zumba* (a trendy dance workout in the Philippines) positively affects the participants’ well-being. As Anabel testified, “I got cheered up through Zumba, and also I was taking care of the elderly in the facility.” Also mentioned in *theme 3*, Patricia claimed she found new friends in the isolation facility. She recalled, “We just enjoyed doing the activities together in the center like dancing. I even have more friends now and many from the center.”

Discussion

The study’s findings disclose the possible deeper meanings of the whole gamut of experience of the COVID-19 survivors. Although the lived experience is a personal journey that cannot be fully captured by describing the familiar underlying narratives among the survivors, we will turn our gaze to the compelling insights of their experiences that lead us to see the multi-faceted meanings of the COVID-19 experience.

The survivors have gone through the vicissitudes of affliction characterized by their experience of fear and care, helplessness and support, separation and reconnection, pain and ease, and doubt and faith. Propelling the gravity of these variables is the relational aspect of the lived experience – that is, how others 'see' them and how they 'see' others in the most uncertain moment of their life.

Social isolation in times of pandemic can impair mental health (Usher *et al.*, 2020). The COVID-19 survivors' stay in the quarantine facility has also adversely affected their relational bonds with family members. Anton's separation from his pregnant wife, who also suffered from discrimination, has taken a toll on his mental health. Studies have shown that separation can lead to anxiety (Bowlby, 1960). In the same vein, this lived experience is also found in the narratives of Belinda, Jonel, and Mike, who painfully went through the isolation period with their minds fixed on their loved ones. Even as an elderly, Susan conditioned her mind to survive for her grandchildren. One's beloved can be a reason for someone not to give up on life amidst suffering (Frankl, 1984, p. 133). From these experiences, we pose a challenge to see what lies beyond COVID-19 and see how it impacts the space that mentally and emotionally connects family members.

Confusion and misery among COVID-19 sufferers are associated with feelings of anxiety, shock, and doubt (Shaban *et al.*, 2020; Vindegaard & Benros, 2020) and extreme worry for their family members (Wang *et al.*, 2020), and discomfort due to the poor amenities of the isolation center. The feelings of confusion and doubt were particularly true to the asymptomatic patients. They could not reconcile their positive test results and what they felt physically. They claimed they did not feel anything wrong with their bodies, yet they were confirmed positive. Confinement in the isolation centers was unnecessary because they preferred to be home quarantined. Misery in the isolation center, as described by the COVID-19 survivors, is a mixed feeling of longing to reconnect with family members and pain of confinement. The isolation center was generally described as 'uncomfortable,' and necessities were 'insufficient' during the first few days. In effect, the COVID-19 sufferers feel more dejected and their persons dishonored.

The theme "the pain of discrimination is more potent than the virus" reflects how human words and actions can be more harmful than the deadly virus. As experienced by the COVID-19 survivors, discrimination left an indelible scar in their memory. Stigma or discrimination brings devastating consequences for the overall well-being of the stigmatized (Bhanot *et al.*, 2021; Wesselmann *et al.*, 2013). The house of Patricia was stoned by people whom they considered neighbors. Edgar, the husband blamed by his spouse for contracting the disease, experienced the most painful discrimination. The very person closest to him is the one who turned against him. This implies that the impact of discrimination is proportional to our proximity to another human being, i.e., the more significant that human other is, the stronger is their impact.

If discriminatory words are employed to inflict pain, the survivors use witty and funny responses to cope with discrimination. For example, Anabel's subtle warning to her neighbors, "I should be the one to fear you," serves as her way of protecting

her dignity as a person. The silliness in Jonel's language to "spit on one's face" and Marga's use of "zombie" as visual imagery in her response serves to address discrimination in a nonconfrontational and fun manner. Levity is employed to avoid straining the close relationship with their friends and neighbors.

The COVID-19 experience is not all negative responses. The emerging and growing camaraderie and friendship in the isolation facility, as narrated by the COVID-19 sufferers, has encouraged them to take things lightly and believe that their affliction and discomfort would soon be over one day. The emotional and social support provided by their family members, friends, and fellow patients and strong faith in God has helped improve their mental health and well-being. This matches with the results of a previous study (Mansoor et al., 2020) that family support and spiritual connections are factors of effective stress coping. In general, religious involvement tends to positively affect mental health (Schieman et al., 2013).

To recall, the COVID-19 sufferers, quarantined and separated from their families, were more concerned with the welfare of their family members left at home than their illness. This characterizes an ethic that puts the human other above the self (Levinas 1969,). Here, the moral character of the 'subject' is shaped by its response to the ethical appeal of the human other. We become better people through the care and compassion of our fellow human beings. The human other can be a reason for us not to give up on life amidst suffering. As Frankl (1984, p. 133) reminds us,

Being human always points, and is directed, to something, or someone, other than oneself—be it a meaning to fulfill or another human being to encounter. The more one forgets himself—by giving himself to a cause to serve or another person to love—the more human he is, and the more he actualizes himself.

Conclusion

The crucial aspect of the lived experience of the COVID-19 survivors is the pain of separation and discrimination, which strained family and social relationships. The COVID-19 survivors have suffered more from the consequences of separation and discrimination than the disease's physiological effects. Looking at this reality, we recommend that the health care management consider improving the psychological and emotional support for the COVID-19 sufferers. Although the COVID-19 survivors received psychosocial support from the health authorities, these were not enough to address their mental health needs. There is also a need to understand the context of COVID-19 sufferers' personal and social realities. Considering the strong family bonds among COVID-19 patients, we also suggest that the psychosocial support program be tailored to the family needs (Tanoue et al., 2020).

Educating the whole community about social responsibility and ethical behavior in dealing with COVID-19 survivors is essential to minimize social stigma and discrimination. Most importantly, the health authorities can maximize family and community care to help mitigate suffering by providing a community-based peer support program

(Hope *et al.*, 2021). Even after confinement, the program needs to continue to facilitate the survivors' seamless and successful reintegration into the community.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

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