



## Moral panic, fear, stigma, and discrimination against returnee migrants and Muslim populations in Nepal: analyses of COVID-19 media content

Nirmal Aryal<sup>1</sup>, Pramod Regmi<sup>2</sup>, Shovita Dhakal Adhikar<sup>3</sup>,

Shreeman Sharma<sup>4</sup>, and Edwin van Teijlingen<sup>5</sup>

### Abstract

During the first phase of the COVID-19 pandemic, some media content in Nepal tended to create moral panic and public fear towards specific sub-groups in the population. This study explored the content published in the mainstream and social media for their role in creating public fear and stereotypes which were particularly focused on returnee migrants and Muslim populations living in Nepal and the subsequent impact on these population groups. The contents of three national daily broadsheet Nepali language newspapers, three Nepali online news portals and top YouTube videos by views were analysed for COVID-19 related coverage on Nepali Muslim populations and returnee migrants and published between January 1 and July 31, 2020. Data were analysed using a thematic approach. We identified a total of 56 relevant news items from daily newspapers, 35 items from online news portals and 18 videos from YouTube. Broadsheet newspapers tended to cover relevant issues of returnee migrants whereas online news portals published Muslim populations related issues more than the returnee migrants. Six themes emerged from our analyses: (i) Moral panics: stereotypical perception in the media; (ii) Societal response: stigma, fear and panic responses in the community; (iii) Inadequate and inappropriate government actions; (iv) Othering practices: discrimination, stigmatisation against returnee migrants and Muslim populations (v) Health care access and treatment of returnee migrants; and (vi) Response and resilience from the Muslim community. We conclude that the Nepali media tend to depict returnee migrant workers and Muslims living in Nepal as COVID-19 spreaders and a threat to the community for transmission of virus. There is an urgency for media professionals to accurately report on health issues. Health professionals and health promoters can play a significant role in delivering health promotion-related messages and tackling any misinformation using both mainstream and social media.

**Keyword:** *COVID-19, media, moral panic, returnee migrants, Muslims, Nepal*

---

<sup>1</sup> Faculty of Health and Social Sciences, Bournemouth University, UK

<sup>2</sup> Faculty of Health and Social Sciences, Bournemouth University, UK

<sup>3</sup> London Metropolitan University, UK

<sup>4</sup> Independent Media Researcher, Kathmandu, Nepal

<sup>5</sup> Faculty of Health and Social Sciences, Bournemouth University, Bournemouth, UK

## **Introduction**

The first case of COVID-19 in Nepal was confirmed on 23 January 2020 in a student who had returned to Kathmandu from Wuhan province, China (Bastola et al., 2020). The second case diagnosed two months later prompted the Government of Nepal to impose a nationwide lockdown on 24 March 2020 (Kansakar et al., 2021). On the same day, neighbouring India also declared a national lockdown which resulted in a mass outflux of Nepali migrants from India (Shrestha, 2020). Initially, the government stopped thousands of stranded Nepali migrants at the border from entering Nepal suggesting that they might bring COVID-19 into the country (Shrestha, 2020). Following the COVID-19 diagnosis in some returning migrant workers and Muslim individuals (mainly among mobile preachers in Nepal and those had congregated in India) in April 2020, the attention of media as well as local administrations was directed at these two communities. These are the two population groups which most experienced the stigmatising and discriminatory behaviour from the community. In addition, inadequate government action combined with a media frenzy focusing on returnee migrants from India as well as Muslim populations in Nepal heightened the public perception that these two marginalised communities were possible virus spreaders.

Long-term and seasonal migration to India for work is common particularly in four provinces in Nepal (out of seven): Sudurpaschim, Karnali, Lumbini, and Madesh. Due to the free movement treaty between Nepal and India, there is no official record of the number of Nepali migrants in India. However, a

2017 migration database suggested the number be half a million (United Nations Department of Economic and Social Affairs, 2017), but other estimates are closer to one million (Sharma, 2013). Most Nepali migrant workers in India have a low socio-economic status with poor literacy skills, and many work as labourers, hospitality workers, domestic workers, agriculture workers or security guards (Bhattarai, 2007). Although the full report of the National Census 2021 is yet to be published, the 2011 Census reported Islam as a minority religion in Nepal with 1.164 million Muslims (4.4% of the total population) (Central Bureau of Statistics, 2011).

The paper draws on Stanley Cohen's (1972) 'moral panic' theory to investigate the role of Nepali media (both mainstream and social media) in creating public fear and stereotypes (Cohen, 1999). According to Cohen (1972), the media play three roles in creating moral panics including (i) setting the agenda; (ii) transmitting the images; and (iii) making the claim. Cohen (1972) sees moral panics are 'boundary crises' that occur at times of uncertainty and people perceive both deviance and disasters in the way in which the situation is initially interpreted and presented by mass media (Cohen, 1999).

Studies show how mass media and social media's presentation/interpretation of disasters/crises (e.g., earthquakes, infectious disease outbreaks) cause both moral panics and public fear (Ahmed et al., 2018; Gilman, 2010; Montgomery, 2011). Evidence on misleading information in popular social media platforms (e.g. YouTube, Facebook, Twitter) during COVID-19, Ebola and Zika outbreaks suggests that at least one-quarter of

popular content (in terms of shares, likes, visits) is misleading (Balami & Meleh, 2019; Bora et al., 2018).

Moral panics often target marginalised groups based on ethnicity, class or religion. Such media manufactured/propagated threats to public well-being contribute towards further marginalising, stereotyping and stigmatising certain groups (Muzzatti, 2005). We argue that misinformation and rumours can therefore disproportionately take a heavier toll on some groups than on others.

This study aims to analyse media contents including: (i) public fear, moral panic, stigma, and othering practices experienced by Muslim populations living in Nepal and returnee migrants; (ii) subsequent impact on these population groups (including on their health); and (iii) responses from the communities and government authorities, and resilience in Muslim populations and returnee migrants.

We argue that traditional news media and emerging social media have played a significant role in Nepal in creating moral panic and public fear, thereby contributing to othering practices by the community towards returnee migrants and minority Nepali Muslim populations living in Nepal.

### **Methods**

This was a qualitative Nepali media content analysis of COVID-19 related coverage in selected broadsheet newspapers, online news portals and YouTube videos, during the period of January 1 and July 31, 2020.

### **Media selection**

Three national daily broadsheet Nepali-language newspapers categorized as 'A' class by Press Council of Nepal; Kantipur National Daily, Nagarik National Daily, and Annapurna Post National Daily were selected. Senior media professionals were consulted on the most widely circulated newspapers since there was no authentic source to confirm the daily circulation of Nepali newspapers. Newspaper contents included editorials, news, articles, feature stories, photos and cartoons.

Similarly, three Nepali language online news portals: Setopati ([www.setopati.com](http://www.setopati.com)), Onlinekhabar ([www.onlinekhabar.com](http://www.onlinekhabar.com)) and Nepal Live ([www.nepallive.com](http://www.nepallive.com)) were purposively selected based on two criteria: i) popularity ranking of [www.alexa.com](http://www.alexa.com), and ii) expert consultations. The Nepali search keywords/phrases included Muslim, Bhulke (name of the place where Muslims were diagnosed with COVID-19 during initial phase), Madrasa (Islamic school), Masjid (mosque), Majdur (labours), Kamdar (workers), Bharatbata pharkeka (returnee migrants from India), Seema (border), Naakaa (border), Chorbato (hidden route), Apahelana (malign), Durbyabahar (abuse), Abarodh (obstacle) and Samajik Bahiskar (social avoidance).

In addition to the above newspapers and online news portals, the top 100 YouTube videos with content related to either Muslim populations or returnee migrants were searched based on the view counts. Some Hindi-language YouTube videos were also found to include rumours against Nepali Muslim populations and the use of the English language (especially in the title) is common for Nepali language YouTube content. Hence, the search

keywords were used in English, Nepali and Hindi language (Nepali and Hindi language have the same alphabet). The keywords Corona OR COVID-19 were combined with Muslim, and Nepal for Nepali and Hindi language YouTube videos related to Nepali Muslim populations; and the keywords Corona OR COVID-19 and Nepal were combined with the terms migrant, border, and quarantine separately for returnee migrants related contents.

### **Data collection and analysis**

A media data collection template was developed (supplementary file 1) and pre-tested (van Teijlingen & Hundley, 2001). Information extracted from broadsheet newspapers and online news portals were: name of media, publication date, title, dateline, page number (for newspaper only), content type (e.g. news article, op-ed), theme (e.g. stigma, social response), source (official or individual), space coverage in column centimetre (for newspaper only) and specific quotes from the coverage. The tone of the news was also noted as positive, negative, and neutral. For YouTube videos information extracted were as follows: title, number of views, likes, and dislikes, length of video, theme, content type (generated by an individual user, organisation, or media), source (subject expert, government official, not mentioned), degree of truth (misleading, factual, limited information), and tone (positive, negative, and neutral).

Data were recorded in Microsoft Excel and analysed using an inductive thematic approach (Green & Thorogood, 2018). Codes were generated from the media extract which was combined to

develop themes. Ethical approval was not required for this secondary study.

### **Results**

Screening of newspapers resulted in a total of 56 relevant news items (Table 1). The highest number were covered by Kantipur National Daily (n=24), followed by Nagarik National Daily (n=19) and Annapurna Post National Daily (n=13) during the study period. Table 1 shows that items related to migrant workers were more than five times higher than those related to Muslim populations (47 vs 9). Thirty five relevant items were identified in online news portals (Online Khabar 21, Setopati 10, Nepal Live 4). The number of news items related to Muslim populations was nearly double that on returnee migrant workers in online news portals (24 vs 11). Eighteen YouTube videos met the inclusion criteria, eleven videos were related to Muslim populations and seven to returnee migrants. Nine videos were part of television output, six were posted by organisations and three were user-generated videos.

**Table 1:** *Number of included media contents by media type and population group*

Media type	Muslims	Returnee migrants	Total
Newspapers			
<i>Annapurna Post Daily</i>	3	21	24
<i>Kantipur Daily</i>	4	9	13
<i>Nagarik Daily</i>	2	17	19
<b>Sub-total</b>	9	47	<b>56</b>
Online news portals			
<i>Nepal Live</i>	4	0	4
<i>Onlinekhabar</i>	14	7	21
<i>Setopati</i>	6	4	10
<b>Sub-total</b>	24	11	<b>35</b>
YouTube	11	7	<b>18</b>

**Key characteristics of the selected media contents**

Newspapers: Of total 56 items captured from newspapers, only two were opinion pieces and both were published in Kantipur daily and one was an interview published in the same newspaper. All three were migrant-related and were focused on the views of the author or interviewees who mentioned that stigmatisation was creating a barrier to social harmony and emphasised stopping it. Just five of the included news items were published on the front page of the newspapers (Nagarik 3, Kantipur 2) and the rest were published inside. News was covered from 20 of 77



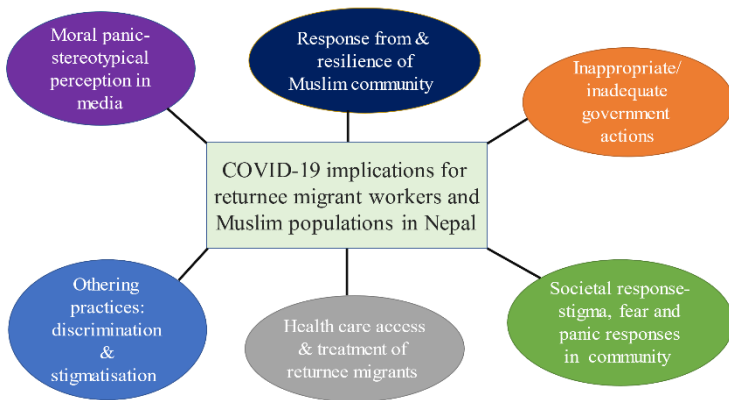
districts of Nepal, mainly from the areas bordering India or where labour migration to India is common. The highest number of relevant news was published from Banke district (n=10), followed by Kailali (n=6) and Rupandehi district (n=4). More than half of the included items [31 (55.3%)] had a positive tone (e.g. expressing sympathy towards migrants and Muslim populations), 20 (35.7%) were neutral (e.g. balanced views, did not take support of any party), and 5 (8.9%) tended to have a negative tone towards migrants and Muslim populations (e.g. use of inappropriate words, blaming for COVID transmission).

Online news portals: Results of online news portals reported the highest number of news items from Kathmandu district (n=15) in Bagmati Province, and five news each from Morang district (Province 1), and Parsa and Rautahat districts (Madesh Province). All contents found through keyword search were news items and no other category such as opinions and interviews were found. The majority of stories also used either images or file photos while some also covered the news from related districts. Although we included media contents from January to July 2020, we found no news coverage until February and negligible coverage in March and July. The highest number of items were found in April (n=19), followed by May (n=14) and June (n=8). All included items from online news portals had a neutral tone.

YouTube: The YouTube videos lasted from one minute to one hour. Except for two television interviews, the duration of videos was limited to less than 10 minutes. Two videos were in Hindi, namely-one Indian television channel and, a second with

user-generated content and both videos accused Nepali Muslim populations of spreading COVID-19 to India. Other videos included short footage of Jame mosque in Kathmandu, the quarantine/isolation centre in Bara district, locals shouting and chasing migrant returnees from quarantine, and interviews with Muslim leaders in Nepal clarifying the alleged role of Muslim populations in spreading the virus. A television interview with a public health expert on mismanagement of quarantine centres for migrant returnee received the highest views (39,097 views) followed by a user-generated video in Hindi language presenting his opinion on the possibility of truth in the news that claimed Nepali Muslim populations were spreading Coronavirus to India (19,214 views). Views of other included videos ranged from 100 to 5,000. The number of these views were recorded as of 17th June 2021. Of selected YouTube videos, three (16.7%) were identified as misleading (e.g. providing subjective opinion, did not use multiple source for verification), four (22.2%) had a limited information (e.g. limited description of the video footage), and ten were seemed to be factual (e.g. verified news, balanced views, providing opinions of victims).

Our thematic analysis identified six key themes: (i) Moral panics: stereotypical perception in the media; (ii) Societal response: stigma, fear and panic responses in the community; (iii) Inadequate and inappropriate government actions; (iv) Othering practices: discrimination, stigmatisation against returnee migrants and Muslim populations; (v) Health care access and treatment of returnee migrants; and (vi) Response and resilience from the Muslim community (Figure 1):



**Figure 1:** Six themes identified from media content analyses

**Theme 1: Moral panics – stereotypical perception in the media**

All types of media presented returnee migrant workers and Muslim populations as a source of COVID-19 and fear. Annapurna Post Daily published on 28 March 2020 quoted a local woman of Dadeldhura district as saying that her entire community is worried about virus transmission after around 30 migrant workers arrived in the village from India. The news claimed that fear grew in many communities after a large number of migrant workers returned home in Sudurpashchim Province.

Kantipur Daily of 5 May 2020 presented a Muslim man who returned from India as responsible for community transmission of the virus. The news provided details about where he had visited, including a vegetable market, city centres and nearby places. The health officials had interrogated him about the places he had visited to trace his contacts. The news gave the impression that he was personally responsible for spreading the virus to a whole city.

In a television interview, a Muslim leader (Haj committee chair) said media has presented selective content on Muslim populations:

“There has been a perception that the Muslim community is spreading COVID-19. I want to appeal that COVID-19 does not relate to any caste, class, ethnicity, race or gender. There is no truth in the news that Jamati were hiding in mosques. Local religious leaders had informed the local administration about Jamati’s stay at Nepal’s mosque. But media did not cover this. Some media spread propaganda as if they were hiding in the mosque. There is no reason to hide, they were not doing illegal act but supporting local administration by providing information.” (Araniko Television, 6 May 2020)

Although very rare, there was also a media reporting which dismissed a false story by Indian media. For example, Indian media accused Nepali Muslim populations of spreading COVID-19 in India by helping Indian Muslims to cross the Nepal-India border. Kantipur Daily (12 April 2020) mentioned that ‘he was instead involved in helping them to Birgunj-based quarantine

but Indian media presented him as a criminal and as a responsible person to spread the virus in India’.

Nepali media frequently used the term ‘hiding’ instead of ‘staying’ at mosques which tended to portray Muslim populations as a source of COVID and propagated a negative perception towards this minority group.

**Theme 2: Societal response: fear and panic in the community**

Following migrant returnees’ homecoming, incidents of stigmatisation, fear and panic grew in the community resulting in unwelcoming behaviour of community members, accusation as virus carriers and protest. News from Banke district of Nepal reported:

“... a returnee migrant from India, who was in contact with a person who was later tested positive for COVID-19, is under stress due to the negative societal response. He is staying in a quarantine centre at school. However, locals have protested demanding relocation of this quarantine centre.” (Kantipur Daily, 8 April 2020)

Such trends were also manifest in other districts.

In some incidents, locals created pressure on their elected representative not to establish quarantine centres in their locality. Kantipur Daily (5 July 2020) reported that while trying to establish a quarantine centre in Kohalpur of Banke district, locals protested against this government decision. They interrogated the municipal mayor. Due to the fear of the virus transmission in the locality, incidents of discrimination and protest were observed. Societal response affected not only the infected persons and their families but also religious rituals of coronavirus-related deaths.

There were few incidents where people protested against the burial ceremony of a returnee migrant suspected to have died from COVID-19. There was also a news report that the family members of COVID-19 infected returnee migrants experienced ostracising behaviour from villagers. A person of Yasodhara rural municipality felt that he was discriminated against by the neighbours because his son, who returned from India, was tested positive for COVID-19. The news quoted him as saying: "Villagers have stopped talking to me and no one asked about the illness of my son." (Kantipur Daily, 5 June 2020).

The attention of the media and local authorities was drawn towards Muslim populations after three Indian Muslims who were visiting Nepal for religious purposes were confirmed positive with COVID-19. According to Annapurna Post (13 April 2020), police had increased surveillance after 'three religious Muslim teachers who had hidden at a mosque in Birgunj were tested positive for COVID-19'. Following such consecutive incidents, media reported perceived increased fear in Province 3. "The risk level of virus infection has grown in Province 2 after four COVID-19 positive cases were confirmed in Muslim community. Three Muslim religion promoters (Dharma Pracharak) who were disguised in Jame mosque of Chapkainya Birgunj were tested COVID-19 positive. On the next day, 19 years old boy from Rautahat district who had returned from Delhi 16 days earlier was also tested positive. These incidents have challenged border security and raised a question on how the Muslim promoters who participated in Markaj Tablighi entered Nepal." (Annapurna Post daily, 15 April 2020).

Annapurna Post on 6 May 2020 reported that 22 foreign citizens were found 'hiding' in the two mosques of Sunsari district. The local authority took 14 Indian and 8 Pakistani citizens under their protection based on the information provided by the local people and sent them to a hospital for a check-up.

As news on Muslim populations continued to appear in news media, the government decided to monitor mosques across the nation.

**Theme 3: Inadequate and inappropriate government actions**

After the Ministry of Home Affairs issued a circular to identify migrant returnees, district administrations in each district appealed to people to notify the police or the local administration if they knew of 'new faces' in their village (Kantipur Daily, 27 March 2020). This helped shape the perception of returnee migrant as COVID-19 carriers and resulted in local fear, panic and stigma.

Local people also set up roadblocks to stop migrants from returning home. In some cases locally elected leaders also initiated such steps. A chairperson of Himali Rural municipality of Bajura district said that migrant workers who were on their way to their home had to pass through its municipality, posing a risk of COVID-19 transmission to locals. So, they blocked the main road to stop them from travelling due to the fear of COVID-19 spread (Annapurna Post, 9 April 2020).

Janak Rai, Professor of Sociology in his interview with Kantipur Daily published on 19 July 2020 unfolded how the perception of the migrant worker as COVID-19 carriers was framed and this could be partly attributed to government actions.

“The government stopped Nepali citizens in Nepal-India border for two months. When they entered Nepal, the government kept them in a mismanaged quarantine centres. Neighbours and relatives hated and offended them. The government built the impression that returnee migrants are bringing the virus. The health ministry made the situation worst by appealing to people to notify when they know someone coming from abroad. This appeal circulated the message that those who return home from abroad are ill and they transmit the virus. Thus, instead of extending consolation, society became a source of stress to the sick people.” (Kantipur Daily, 19 July 2020)

**Theme 4: Othering practices: discrimination, stigmatisation against returnee migrants and Muslim populations**

The media covered a number of stories of migrant workers who were discriminated and criminalised in several ways. For example:

“We were not treated as a human being at isolation centres. When we complained of poor services in quarantine, people in authority shouted to us. We were discriminated though our status about infection of COVID-19 was not confirmed. Many people stared at us as strangers. Even health workers were also seemed terrified with us.” (Kantipur Daily, 12 April 2020).

Society dealt with returnee migrants as COVID-19 carriers. Returnee migrants felt that they were disrespected in the quarantine centres too. "It is more difficult to rehabilitate in society than to deal with the virus", a health worker who was staying in a quarantine centre in Jumla with other returnee migrants said after his COVID-19 recovery (Nagarik Daily, 12



June 2020). Another news item quoted a returnee migrant who portrayed extreme levels of stigmatisation:

“People's representatives sealed a house of returnee migrants in Kailali with red ribbon to indicate that the house belongs to COVID-19 infected person. Two siblings (male) of Gauriganga municipality (SudurPaschim Province) were sent to their home for home quarantine though they wanted to stay at quarantine until they receive another report. We are scared of the way people's representatives behaved to us. They came to our house, sealed it, and declared a red zone. They have also scared the whole community by spreading the message that we are infected. Villagers have stopped walking through the roads that are next to our house.” (Annapurna Post, 22 June 2020).

A Nepali language YouTube video entitled “Locals reached quarantine carrying sticks to chase returnees from India” posted on 26 May 2020 (<https://www.youtube.com/watch?v=qfWmLrIPkHo>) shows a crowd carrying sticks, they look aggressive and are shouting. In the description section, the text mentions that local demanded the removal of returnees from the local quarantine centre.

Similar types of maltreatment were committed against the Muslim community.

“Muslim women were accused that they were advertently spreading virus by throwing 'infected money' in Janakpur. A people's representative from Birgunj, who is a Muslim, was accused of spreading virus in India. Nepali Muslims who returned from Indonesia were attacked in Imadol of Lalitpur

Nepal. These incidents portray a picture of class discrimination in Nepal.” (Kantipur Daily, 19 July 2020).

A user-generated YouTube video in the Hindi language entitled ‘Nepali Muslim Spreading COVID-19: this news is true or fact is something else’ blatantly accused Nepali Muslims of spreading COVID-19 in India (posted on 11 April 2020, available at: <https://www.youtube.com/watch?v=AbjODZaus0k>)

**Theme 5: Health care access and treatment of returnee migrants**

There was a significant impact of stigmatisation on the health and health-seeking behaviour of returnee migrant workers. Being refused entry to hospitals and health workers refusing to perform medical check-up of migrant workers, irrespective of their COVID-19 infection status, worsened their health condition. In some cases, this resulted in the death of migrant workers.

A returnee migrant of Palpa district returned from Dubai with a fever. As the fever could not be controlled with medication, he was rushed to the provincial hospital, where treatment was denied, Annapurna Post reported on 32 March 2020. “He was not treated when he reached the hospital, he would have been alive if his COVID-19 status was known,” the news quoted his wife as saying. The man was tested negative for the virus but only after his death. Whilst, Kantipur Daily reported similar incidents where a migrant died of diarrhoea in a Banke quarantine centre as no one took him to a health facility. His family accused that he died of not getting treatment on time though they had contacted responsible officials to take him to hospital (Kantipur Daily, 18 May 2020).

**Theme 6: Response and resilience from the Muslim community**

As media and community tended to blame Muslim populations for bringing and propagating COVID-19, Muslims' responses were mainly at the institutional level, refuting allegations made against them. In response to the rumour that Tablighi Jamati (mobile Muslim preachers) were spreading the COVID-19 virus, the Muslim Association Nepal issued a press release stating that Jamatis were not the group that spread the virus.

"Refuting the rumour, the association said that Jamatis are volunteers, involved in spiritual awareness, and are not the virus carriers. Association president appealed to people to change their thoughts that people should stay away from Muslims. He also requested the Muslim community to celebrate the festival by maintaining social distance". (Nepal Live, 10 April 2020).

Media also reported that the Muslim community tried to dispel rumours that COVID infected Muslim people were 'hiding' in mosques and their religious activities helped to spread the virus.

"A chair of Muslim Commission said that the mosques were monitored to clear the rumour that Muslim were hiding in the mosques. He further clarified that they monitored mosques to clear the illusion of the public and no one has been found hiding in the mosque. Further, National Muslim Commission appealed Muslim community to read Namaaz (Muslim prayer book) at the home in view of Covid-19." (Setopati, 25 May 2020).

YouTube videos also included interviews with Muslim leaders who argued against these rumours. A member of Religious Council Nepal responded to allegations of the Muslim community spreading COVID-19 (posted on 10 May 2020,

available at:  
<https://www.youtube.com/watch?v=rn0LpWmUoSM>).

In response to the narrative that Muslim people were gathering in the mosques for religious functions and increasing risk of COVID-19 transmission, the Muslim Commission Chair held a press conference appealing to Muslim populations to read the Namaaz (Muslim prayer book) at home during Ramadan and not to assemble in Madrasa and Masjid. He said:

“Muslim commission has been monitoring various mosques in different districts and providing information to the local administration for the safety of stranded Jamatis. There is no truth behind the rumours that Jamatis were carrying the disease. I appeal Muslim community to assist the government by complying with government rule not to assemble in the festival to prevent COVID-19 spread.” (posted on April 24 2020, available at: <https://www.youtube.com/watch?v=OcXZiEX-9ao>)

### **Discussion**

Drawing on Cohen’s moral panic theory (Cohen, 1999), the paper analyses the media content suggesting that the Muslim community living in Nepal and returnee Nepali migrants from India experienced discriminatory, stigmatised, and hatred behaviour from the community and even from the state authorities during the first phase of COVID-19 in Nepal. This could be the result of both long-standing undermining behaviours towards poor and religiously marginalised communities in the country as well as media-induced moral panics (Cohen, 1999). Generally, Nepali mainstream newspapers appear to provide less biased and more factual information compared to online and

social media fora. This trend has also been observed elsewhere (Bridgman et al., 2020). However, the present study clearly noted the negative terms used even by highly influential and otherwise responsible news media towards returnee Nepali migrants and Muslim populations. For example, the media frequently used the term 'hiding' when referring to Muslim religious preachers who were staying in mosques or Madrasas. We also observed that during the initial wave of COVID-19, media also tended to highlight the number of Muslim people contracting COVID-19 (but not other religious groups) linking Muslim people with COVID-19 transmission. It is also worth noting that Indian media have a huge influence in Nepal, particularly Indian television channels in the border areas. We strongly believe that inaccurate and sensationalised videos targeted at Muslim populations from Indian news channels contributed to creating negative perceptions of this community in Nepal.

Several media reports included in our study indicated returnee migrants as a carrier of COVID-19 virus and hence as a threat to the wider community. A similar phenomenon was also observed in a newspaper content analysis in Kerala State, India (one of the key destinations for low-skilled Nepalese migrants) where immigrants were depicted responsible for COVID-19 transmission (Muraleedharan & Bryer, 2021). Interestingly, the present study could not find news reports on discriminatory behaviours against Nepalese migrants returning from countries other than India (e.g. Gulf, European). Usually, those who migrate to India for work have a low socio-economic status and little or no education (Bhattarai, 2007). Thus, the differential treatment of

society to returnee migrants from India may suggest that poorer and less educated people are vulnerable to scapegoating, suffering, and dignity violation during the crisis.

This study also identified media coverage of inappropriate actions (e.g. road blockage for homecoming returnee migrants, police raid on mosques) from people in authority which increased hatred and ostracising responses from the community. There were no media reports on resilience in returnee migrants against ill-behaviour from the community in the study period, however, Muslim community leaders attempted to dispel the rumours by supporting local administration for mosque monitoring and urging the Muslim community to carry out religious activities from home.

As reported in news items in our study, the immediate impact of stigmatising behaviour was mainly seen in the form of refusal of transport to hospital and medical treatment. However, stigma could prevail in a society for a long time and could hinder social cohesiveness and integration (Bhattacharya et al., 2020). Hence, there could be a long-term psychological impact on these already marginalised groups. An early indicator of this was a returnee migrant from India who hung himself saying that he wanted to avoid COVID-19 transmission to other (Acharya et al., 2020).

Social stigma against the people who had contracted or suspected to have disease/infection during an epidemic is not a new phenomenon. This was also observed during the epidemic of severe acute respiratory syndrome (Person et al., 2004), H5N1 (Barrett & Brown, 2008) and towards people being treated for

mental ill-health (Trani et al., 2015), and HIV and AIDS (Bharat, 2011). Society often exhibited negative attitudes or behaviour in a situation of not enough information and fear of contracting the disease (Cohn, 2012). There clearly is a role for health promotion experts to help education the general population on these issues. Some incidents of stigmatising behaviour against frontline health workers were also observed in Nepal which further underscores this notion of social perception (Singh & Subedi, 2020).

A recent study that reviewed media reports and scientific papers on the impact of lockdown measures during the COVID-19 in six low-and middle-income countries (including Nepal and India) reported that migrant workers and religious groups were among those who suffered most (Chackalackal et al., 2020). A large-scale survey in four European countries including 31,568 participants reported that COVID-19 has further increased Muslim misperceptions which was partly attributed to the fake news (Arin et al., 2021). This evidence may suggest othering practices such as that discriminatory behaviour and stigmatisation, and resultant sufferings of returnee migrants and Muslim populations during COVID-19 in Nepal was not a unique phenomenon.

The limitations of this study should be noted. We studied key broadsheet newspaper and online news portals of the country. However, we could not perform a detailed quantitative analysis of media data. Also, the inclusion of regional and local media from the areas where there were extreme cases of public fear and discrimination against Muslim populations and returnee migrants (e.g. Kanchanpur, Kaplivastu, Rautahat districts) could

have added comprehensive information. We could not perform separate analysis for Muslims and returnee migrants due to scant coverage on Muslim populations by newspapers (which usually provide detailed coverage compared to online news portals). The findings of this study are also limited to the reporting at the time of the first wave of COVID-19 in Nepal.

### **Conclusion**

During the first phase of COVID-19 in Nepal, media information suggests that Muslim populations living in Nepal and returnee Nepali migrants from India experienced othering practices such as discrimination and stigmatisation from both the community and administrative authorities. Nepali media should therefore be sensitive on how they portray specific population groups and the impact this could have, particularly at the time of pandemic and crisis. If reliable information is not provided in the period of crisis and disaster, then undoubtedly this creates fear and panic. The media should also consider the broader context of any humanitarian crisis, i.e. not just the COVID-19 pandemic, where the poor and marginalised suffer more than others. Although we have seen some examples of media defiance against misinformation and derogatory remarks, this should be stronger and more persuasive in mainstream Nepali media in the current infodemic of mis/disinformation in social media. The role of health professionals and health promoters has increasingly become important, more than ever, in tackling misinformation and delivering health promotion related messages with the use of both mainstream and social media.

Supplementary File 1: Data collection template



**Acknowledgement**

We are thankful to The British Academy, UK for funding this study.

**Author Contributions**

NA, PRR, and SDA conceived and designed this study. SS collected data and performed data analysis. NA wrote the first draft of the manuscript and all authors contributed to the revision. EvT provided overall supervision and guidance during the study conception, design, implementation, data analysis, and publications.

Conflicts of Interest: None

**References**

- Acharya, S. R., Shin, Y. C., & Moon, D. H. (2020). COVID-19 outbreak and suicides in Nepal: Urgency of immediate action. *International Journal of Social Psychiatry*, 67(5), 606-608. <https://doi.org/10.1177/0020764020963150>
- Ahmed, W., Bath, P. A., Sbaffi, L., & Demartini, G. (2018). Moral panic through the lens of Twitter: An analysis of infectious disease outbreaks. *Proceedings of the 9th International Conference on Social Media and Society*,
- Arin, K. P., Lacomba, J. A., Lagos, F., Mazrekaj, D., & Thum, M. P. (2021). Misperceptions and fake news during the Covid-19 Pandemic CESifo Working Paper No. 9066,
- Balami, A. D., & Meleh, H. U. (2019). Misinformation on salt water use among Nigerians during 2014 Ebola outbreak and the role of social media. *Asian Pacific Journal of Tropical Medicine*, 12(4), 175. <https://doi.org/10.4103/1995-7645.257118>
- Barrett, R., & Brown, P. J. (2008). Stigma in the time of influenza: social and institutional responses to pandemic emergencies. *Journal of Infectious Diseases*, 197(Supplement\_1), S34-S37. <https://doi.org/10.1086/524986>

- Bastola, A., Sah, R., Rodriguez-Morales, A. J., Lal, B. K., Jha, R., Ojha, H. C., Shrestha, B., Chu, D. K. W., Poon, L. L. M., & Costello, A. (2020). The first 2019 novel coronavirus case in Nepal. *The Lancet Infectious Diseases*, 20(3), 279-280. [https://doi.org/10.1016/S1473-3099\(20\)30067-0](https://doi.org/10.1016/S1473-3099(20)30067-0)
- Bharat, S. (2011). A systematic review of HIV/AIDS-related stigma and discrimination in India: current understanding and future needs. *SAHARA-J: Journal of Social Aspects of HIV/AIDS*, 8(3), 138-149. <https://doi.org/10.1080/17290376.2011.9724996>
- Bhattacharya, P., Banerjee, D., & Rao, T. S. S. (2020). The “untold” side of COVID-19: Social stigma and its consequences in India. *Indian Journal of Psychological Medicine*, 42(4), 382-386. <https://doi.org/10.1177/0253717620935578>
- Bhattarai, R. (2007). *Open borders, closed citizenships: Nepali labor migrants in Delhi*. Institute of Social Studies, The Netherlands.
- Bora, K., Das, D., Barman, B., & Borah, P. (2018). Are internet videos useful sources of information during global public health emergencies? A case study of YouTube videos during the 2015–16 Zika virus pandemic. *Pathogens and Global Health*, 112(6), 320-328. <https://doi.org/10.1080/20477724.2018.1507784>
- Bridgman, A., Merkle, E., Loewen, P. J., Owen, T., Ruths, D., Teichmann, L., & Zhilin, O. (2020). The causes and consequences of COVID-19 misperceptions: Understanding the role of news and social media. *Harvard Kennedy School Misinformation Review*, 1(3). <https://misinforeview.hks.harvard.edu/article/the-causes-and-consequences-of-covid-19-misperceptions-understanding-the-role-of-news-and-social-media/>
- Central Bureau of Statistics. (2011). *Census Info Nepal 2011*. <http://dataforall.org/dashboard/nepalcensus/>  
<http://dataforall.org/dashboard/nepalcensus/>
- Chackalackal, D. J., Al-Aghbari, A. A. a., Jang, S. Y., Ramirez, T. R., Vincent, J., Joshi, A., Banjara, M. R., Asaga, P., Sanchez, R. C., & Carrillo, M. A. (2020). The covid-19 pandemic in

- Low-and Middle-Income Countries, who carries the burden? Review of mass media and publications from six countries. *Pathogens and Global Health*, 115, 178-187. <https://doi.org/10.1080/20477724.2021.1878446>
- Cohen, S. (1999). Moral panics and folk concepts. *Paedagogica Historica*, 35(3), 585-591. <https://doi.org/10.1080/0030923990350302>
- Cohn, S. K. (2012). Pandemics: waves of disease, waves of hate from the Plague of Athens to AIDS. *Historical Research*, 85(230), 535-555. <https://doi.org/10.1111/j.1468-2281.2012.00603.x>
- Gilman, S. L. (2010). Moral panic and pandemics. *The Lancet*, 375(9729), 1866-1867. [https://doi.org/10.1016/S0140-6736\(10\)60862-8](https://doi.org/10.1016/S0140-6736(10)60862-8)
- Green, J., & Thorogood, N. (2018). *Qualitative methods for health research*. SAGE Publications.
- Kansakar, S., Dumre, S. P., Raut, A., & Huy, N. T. (2021). From lockdown to vaccines: challenges and response in Nepal during the COVID-19 pandemic. *The Lancet Respiratory Medicine*, 9(7), 694-695. [https://doi.org/10.1016/S2213-2600\(21\)00208-3](https://doi.org/10.1016/S2213-2600(21)00208-3)
- Montgomery, H. (2011). Rumours of child trafficking after natural disasters: fact, fiction or fantasy? *Journal of Children and Media*, 5(4), 395-410. <https://doi.org/10.1080/17482798.2011.587142>
- Muraleedharan, V., & Bryer, T. A. (2021). COVID-19 and the Risk of Displacement of Migrant Workers: An Analysis of Media Framing in the Indian State of Kerala. *Public Policy and Administration*(1), 21-33. <https://www.ceeol.com/search/article-detail?id=951602>
- Person, B., Sy, F., Holton, K., Govert, B., & Liang, A. (2004). Fear and stigma: the epidemic within the SARS outbreak. *Emerging Infectious Diseases*, 10(2), 358. <https://doi.org/10.3201/eid1002.030750>
- Sharma, J. R. (2013). Marginal but modern: Young Nepali labour migrants in India. *Young*, 21(4), 347-362. <https://doi.org/10.1177/1103308813506307>

- Shrestha, S. (2020, 1 April, 2020). Hundreds of Nepalese stuck at India border amid COVID-19 lockdown. Aljazeera. <https://www.aljazeera.com/news/2020/4/1/hundreds-of-nepalese-stuck-at-india-border-amid-covid-19-lockdown>
- Singh, R., & Subedi, M. (2020). COVID-19 and stigma: Social discrimination towards frontline healthcare providers and COVID-19 recovered patients in Nepal. *Asian Journal of Psychiatry*. <https://doi.org/10.1016/j.ajp.2020.102222>
- Trani, J.-F., Bakhshi, P., Kuhlberg, J., Narayanan, S. S., Venkataraman, H., Mishra, N. N., Groce, N. E., Jadhav, S., & Deshpande, S. (2015). Mental illness, poverty and stigma in India: a case-control study. *BMJ Open*, 5(2), e006355. <http://dx.doi.org/10.1136/bmjopen-2014-006355>
- United Nations Department of Economic and Social Affairs. (2017). *Trends in International Migrant Stock: The 2017 Revision*.
- van Teijlingen, E., & Hundley, V. (2001). The importance of pilot studies. In N. Gilbert (Ed.), *Social Research Update*. University of Surrey. <https://aura.abdn.ac.uk/handle/2164/157>