STORIES FROM THE COVID-19 PANDEMIC: A NARRATIVE INQUIRY INTO EXPERIENCES OF UNIVERSITY STUDENTS IN PAKISTAN

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Abstract
The worldwide spread of the COVID-19 infectious disease resulted in a pandemic that has threatened millions of lives. This pandemic can well be associated with the mental and social well-being of individuals as it has affected all spheres of life. For the present study, the Narrative Inquiry method has been used to collect data from 11 Pakistani university students, both male and female, who have had first-hand experience with the COVID-19 virus by contracting it. This is a qualitative study in which narrative interviews and story-telling have been used to collect data from students studying in various universities in Pakistan. The online tool, Google Meet, was used to collect the data. The findings reveal the lived experiences of the participants who contracted the virus and had first-hand experience with COVID-19. The strong feelings of fear, depression, anxiety, guilt, the importance of relationships & family support, the ambivalent role of social media, Corona scepticism and social stigma are some of the themes that emerged from the data.The study is important to understand the trauma university students have been going through during the times of this pandemic. This can help to gauge their social, mental and physical well-being so that their performance in studies and other matters related to social relationships does not decline.
Keywords*: COVID-19, Narrative Inquiry, Mental Well-Being, Social Stigma, Pakistan*

1. INTRODUCTION

Since December 2019 Coronavirus has raised significant concerns over public health as it affected more than 209 countries of the world, including Pakistan. In Pakistan, the Ministry of Health, Govt of Pakistan confirmed the first case of COVID-19 on February 26, 2020, in Karachi, Pakistan. As of September 2021, the time the present research was conducted, Pakistan was going through the 3rd wave of COVID-19 and the total number of cases was 1,246,538 with a 2.2 % death rate and recovery rate being 93.9%. Now that the 5th wave of COVID-19 has started in Pakistan, currently, the total number ofcases has surged to 1,556,445 (Ministry of Health, August 2022).

The Government of Pakistan has been lauded by the WHO and some other international organizations for taking impeccable precautionary measures against the spread of COVID-19 in the country. Despite all the steps taken by the Govt. the spread of the virus was at its worst between May 2020 and June 2021 as a number of people refused to follow Standard Operating Procedures (SOPs) and at the same time, conspiratorial ideas about the virus ran amok all over Social Media. This was a global phenomenon, where the news of the virus as a hoax or propaganda spread greatly and "countered the efforts of governments and other agencies that made marked efforts to tackle the spread of the pandemic" (Akhtar, et al., 2021).

The findings of Pieh, et al. (2021:3) in a cross-sectional study suggest that the COVID-19 pandemic is associated with impaired mental health. They found that the mental well-being and life satisfaction in adolescents in Austria were significantly lower in 2021 compared with previous years. Pieh, et al. (2021:3) in their study elaborated that "depressive symptoms, anxiety symptoms, insomnia, and disordered eating" were significantly higher than prior to and at the beginning of the COVID-19 pandemic. Alarmingly, Pieh, et al. (2021:3) found that the suicidal ideation among their sample was significantly higher with approximately "one-third of adolescents reporting suicidal thoughts". Interestingly, Smartphone use among these adolescents increased and this was

"significantly associated withmental health".

According to previous studies on various viral diseases, the survivors of viral infectious diseases are prone to anxiety (Wheaton et al., 2012), depression (Kuhlman et al., 2018), acute stress-related disorder (Koopman et al., 1995), adjustment disorder (van Hoek et al., 2011), and post-traumatic disorder (Noone, 2013). Similarly, Guo, et al. (2020:22) explain how "Stigma is also an important issue among patients with COVID-19, as it may negatively affect their daily life in the community."

2. METHODOLOGY

In the present study, we have used the narrative inquiry method. Clandinin& Connelly (2000) and Cresswell (2005) believed that in narrative research the researcher looks for ways to understand and then present real-life and lived experiences through the stories of the research participants. Similarly, in the present research story-telling through narrative interviews approach has been used as a tool to examine the immediate impact of social-psychological factors on COVID-19 patients who have now recovered from the virus. We also explored the relationship between psychological distress and their use of social media, as well as the social stigma of post-covid (un) acceptance bysociety.

Narrative interviewing is a qualitative data collection method where a story is generated through the interview. In this method instead of emphasising a question-answer format, the purpose is to provide an opportunity for the participant to narrate their experience to the researcher. Allen (2017) explains that this presents a shift in how the roles are conceptualized i.e. from "interviewer–interviewee into narrator–listener", hence the narrative interview, a commonly used method in narrative research, emphasizes the collection of narratives through interviews in order to assign meaning to lived experiences.

For the present study through the purposive sampling technique, 11 narrative interviews were conducted with Pakistani students studying in universities in Rawalpindi/Islamabad. Among them 5 were male and 6 were female students. These students had suffered the COVID-19 virus and at the time of the interview in September 2021, they were fully recovered. These narrative interviews were conducted online using Google Meet. Each interview consisted of a 60-minute narration of experiences.

Although Masri&Masannat (2020: 2) believe that "digital platforms do not replace the comfort of face-to-face interactions, especially when interviews cover difficult, personal subjects", still in the present study we did not feel any communication barriers between the participants and the listeners. The reason could be that these semi-structured narrative interviews with open-ended questions were conducted following Bell's (2003) technique. Just as Bell (2003) suggests, before beginning the interviews participants were shown a list of the questions. Our intent was to make them feel comfortable so that their stories would flow easily. Another technique, proposed by Bell (2003), was also used for making the participants feel at ease. In this, the first few questions of the interviews were on the topics most familiar to the participants, in this case, e.g. their experience of online classes, their favourite social media platform, current fashions etc.

2.1. Ethical considerations

Ethics innarrative research is of utmost importance. The "narrative researcher is in a dual role---in an intimate relationship with the participant and in a professionally responsible role in the scholarly community" (Clandinin, 2007). In the present research ethical considerations were properly covered by taking informed consent from the participants. The informed consent form clearly stated that the participant is free to withdraw from the study at any time. The form also stated that the interviews will be video/audio recorded; because it is unethical to surprise the participants with a surprise recording. On the form, the participants were also given a choice to either agree to a video-audio or just an audio interview. Except for one participant, the rest had no issue with turning their cameras on during the interview. Furthermore, for the purpose of anonymity and to hide their real identity in the analysis each participant has been given a unique code i.e. P1, P2, P3...P11. Experiences during a pandemic can be quite disturbing and emotional.

Wang and Geale (2015: 197-198) talking about such a situation are of the view that “an appropriate plan should be prepared in advance for how these situations could be managed by the researcher”. In the present study, in one instance, one of the participants [P.6.] whenreached the point in her narrative where she mentioned she had lost her father to COVID-19 we stopped the interview and asked [P.6.] if she wanted to withdraw the consent as it was a very emotional moment for the participant. But she said she wanted to continue. So, in this way, we followed all the protocols of ethics while conducting the interviews.

3. ANALYSIS AND FINDINGS

There was a two-pronged use of the Three-Dimensional Space Narrative Structure framework by Clandinin and Connelly (2000) for the present study. Firstly, it was adapted to design the interview questions and to give directions to the narratives of the participants. Secondly, it enabled us to analyze the narrative data of the participants from all three dimensions i.e. Interaction, Continuity and Situation. However, the analysis was guided by the themes that emerged from the data.

Table 1: The Three-dimensional Space Narrative Structure Adapted from Clandinin and Connelly (2000).

Interaction		**Continuity**			**Situation**
Personal	**Social**	**Past**	**Present**	**Future**	**Place**
Look inward to internal conditions, feelings, hopes, aesthetic reactions, moral dispositions	Look outward to existential conditions in the environment with other people and their intentions, purposes, assumptions, and points of view	Look backwards to remembered experiences, feelings, and stories from earlier times	Look at current experiences, feelings, and stories relating to actions of an event	Look forward to implied and possible experiences and plot line	Look at context, time, and place situated in a physical landscape or setting with topological and spatial boundaries with characters' intentions, purposes, and different points of view

In the three-dimensional space narrative structure approach Clandinin and Connelly (2000) divide the narratives into personal and social (Interaction); past, present, future (Continuity); and place (Situation) as shown in Table 1 above. The present research draws upon this three-dimensional space narrative structure. In this approach, **Interaction** involves both social and personal experiences of the participants. Using this framework, we analyzed the stories forboth the personal experiences of the participants and their interactions with others. **Continuity** isquite central to any narrative research so when analysing a story, we considered the past and present actions or beliefs of the participants as chances are that those actions may occur in the future (Clandinin and Connelly, 2000). **Situation** or Place was also considered when analysing the stories. We looked for specific locations in the participants' landscape that gave some kind of meaning to their narrative, such as their physical location and how it affected their experiences.

3.1. Derived Themes

After careful and in-depth coding of the participants' stories by applying the Three-dimensional Space Narrative Structure (Clandinin and Connelly, 2020) the following themes emerged out of the narratives of the participants who have had first-hand experience of the COVID-19 virus as they contracted it:

1. Fear, Anxiety and Depression for Self
2. Fear, Anxiety and Depression for Others
3. Guilt and Remorse
4. Blaming and Accusing others
5. Social Stigma
6. Corona Skepticism
7. Support and Coping Strategies

(i) Family Ties
(ii) Social Media

3.1.1 Fear, Anxiety and Depression for Self

Brooks et al. (2020) confirm thatthe stress of quarantineand isolation can affect the psychological well-being of adults, whereas, Liu et al. (2012) study says that this might also have long-term effects. "A study conducted on parents and children quarantined in 2009 during H1N1 influenza showed that the high-stressful isolation increased parents' psychological distress that in turn had an impact on their children's well-being" (Sprang and Silman, 2013 in Morelli et al. 2020). Similarly, the narratives that we collected had instances of fear of the unknown laced throughout the stories.

"A friend's father died while being admitted in the COVID isolation ward in the hospital. They did not hand over the body to his family. When in my isolation period I came to know about this a strong fear gripped me and I prayed to God to not let me die" [P.2.]

Apart from the physical and economic consequences of the COVID-19 pandemic and the subsequent lockdown and social distancing, its psychological impacts are also tremendous and should be the world's next focus for research and interventions (Majeed& Ashraf, 2020). Similarly, in our study, we found how isolation, quarantine and the fear of the unknown had their toll on the participants.

"Isolation period was full of depression and loneliness. I could not meet the family and this was eating me alive, more than the virus itself" [P.7.]

"When I received the news that I am COVID positive, although I was expecting it, still I felt quite depressed and a little scared too" [P.3.].

"During isolation period I would hear the voices of my kids outside the room and yearn to hug them, this loneliness caused a lot of depression to me" [P.7].

Majeed and Ashraf (2020:168) are of the view that "Social isolation/distancing is followed to reduce the spread of the coronavirus, but it will ultimately increase the subjective feelings of loneliness", and the stories from the present study confirm their claim.

Studies reveal that this pandemic has further added to the insecurities of people around the world(Majeed& Ashraf, 2020). We find a similar situation in the stories that were narrated to us in the present study:

"When I was admitted in the hospital for 3 days, and there was no one else in that ward with me, I felt so scared, I kept on thinking that my family is not with me and what will happen if I die here" [P.3]

3.1.2. Fear, Anxiety and Depression for Others

This emerged as a very strong theme in the narratives. Feeling anxious for the dear ones is quite understandable in the Pakistani socio-cultural context where we have an extended family system and all the family members live together under one roof.

"I used to have nightmares on the thought of, God forbid, losing my parents to COVID-19" [P.8].

"I was not much concerned about myself but I used to wake up during the nights to check if my mother is breathing" [P.4.]

Contextually these narratives make sense and anyone from Pakistan can relate to them. The elders of the family are given the status of the head of the family and mostly they are considered the binding force behind the unity and stability of any family and losing them doubles the fear.

Parallel to the fear and anxiety for the old, we also found a story where the fear was for the unborn child:
"I am pregnant and when I was infected with COVID I read all the researches published till that time to know whether this infection will harm my baby or not, you can't imagine what I was going through because I was worried sick for the little life that was inside me"[P.2.]

and the subsequent depression:

"My doctor told me that this might cause abnormality in my baby. You won't believe how much I cried after hearing this. My nights were sleepless and I would pray almost all night to Allah to keep my unborn baby safe" [P.2.]

Apprehensions and guilt correlate with each other so the next strong theme that emerged from the narratives is the theme of guilt.

3.1.3. Guilt and Remorse

"Within a week of catching the virus, my father left us---just like that! And we couldn't do anything to save him" [P.6].

Guilt remorse and regret emerged very strongly from the stories. Almost all the participants of this research were the first ones in their family to contract the virus,
"I have been very careful with all the SOPs and my parents' diet during this pandemic but one day I attended a wedding and contracted the virus from there" [P.8].

A participant told that all her elder siblings live abroad and she is the only one living with her ageing parents. When she contracted the virus, by the time it was diagnosed her 68 years old father had already contracted it from her:
"I was more scared for my parents than for myself. I didn't want them to catch the virus from me. When my father's test also came positive I blamed myself and cried." [P.8]

Participant [P.1.] had similar feelings,
"My university reopened for three weeks after the first wave of COVID-19 and I came back to the hostel in Islamabad. After 3 weeks universities closed again and I went back home, not knowing that I had caught the virus. I share the room with my 72-years old father. Thank God he didn't catch it from me but those 2 days were like hell when we were waiting for his reports." [P.1.]

When asked if he had felt any guilt that other family members could also get infected from him, his reply was, ***"If my father had caught the virus, I would have never forgiven myself, you see, he is an old man and not really sound health-wise" [P.1.].***

In [P.6.]'sstory, her father expired within a week of contracting the virus. Although she was not the first one in the family to catch the virus still she had regrets,

"My father took me and my sister to the doctor as we were not feeling well and we thought it is normal flu. That's when he caught the virus. If he had not accompanied us to the doctor he would have been alive today" [P.6.].

This was the moment when we stopped the interview and gave a choice to the participant to withdraw if the experience was getting too emotional for her (c.f. 2.1). Still, the participant was brave enough to continue.

3.1.4. Blaming and Accusing Others

Blaming others can lead to several unhelpful emotions like hatred and resentment (Gonzalez, 2022). It also contributes to feelings of powerlessness and helplessness that further accumulates into anger or depression. In the following narrative, the sense of powerlessness has accumulated into anger and hatred towards the alleged perpetrator:

"My father caught the virus from his friend. And when my father got really really ill I felt like calling his friend and shouting 'this is happening all because of you' [P.5].

In the words of Gonzalez (2022: para 3), we have yet to meet anyone "who blames people for the good things that happen in our lives."

Experts say that sometimes victim-blaming is done directly and sometimes indirectly. "An individual may outright blame a person for getting sick. At other times, victim-blaming may be a little subtler" (Morin, 2021: para 10) because it is easier to be angry at a person than at a virus during COVID-19. Just as *[P.6.] was very emphatic about it:*

"My sister is in a medical college. She came home and brought the virus with her, although she did not know that she is infected yet" [P.6.].

When we asked [P.6.] why is she so sure that she caught the virus from her sister, she assertively persisted:

"Because she was sitting with me and coughed on my face and that's how I also caught it" [P.6.].

A study by Niemi and Young (2016: 1229) examined why some people blame theperpetrators while othersblame the victim. They found that an individual's moral values played a determining role in whether they blamed perpetrators or victims, "Those who value reducing harm and impartial treatment are likely to blame perpetrators. Those who place higher importance on values like loyalty, purity, and obedience are more likely to blame victims."

3.1.5. Social Stigma and Rejection

Sadly speaking, "Covid-19 shaming and finger-pointing reduce our ability to fight the pandemic" (Livingston,2020: para1) and in the present study 8 out of 11 participants shared how they were Corona-shamed in their social circles.

In the following narrative, we come across a very contextualized socio-cultural aspect. In many communities in Pakistan people live like a family with their neighbours, hence this participant's disappointment is quite real,

"My father was the first one in the family to be infected in June 2020. The health department's teams came to our house to test other family members. Our neighbours looked at this and none of them even telephoned to ask if we were ok" [P.8.].

And the rejection by your friends,

"When I got infected with COVID-19 during the first wave, my friends even stopped picking up

my calls, (laughing sheepishly) as if I would infect them through the mobile phone"[P.1.].

This was identified as "personalized stigma" by Berger, et.al., (2001) i.e. losing friends, feeling that people were avoiding us, and regrets for having told people about our illness (Imran, et.al., 2020).
The literacy rate in Pakistan is quite low, i.e. just 60% and social attitudes can be gauged in the backdrop of a lack of education and awareness.
"Even two months after our tests came out negative, our relatives avoided inviting us to their homes. Even when someone invited us to a wedding and when we went there, the other guests did not like it. I had to tell everyone again and again that we are not infected anymore" [P.4]

and furthermore,

"After that wedding that I and my mother attended, somebody got infected with COVID-19 and they blamed us for it! I had to Whatsapp them our COVID negative reports to prove our innocence [P.4].

Another participant who experienced similar rejection says:
"Even when we all got well and our tests were negative, relatives and neighbours avoid coming to our house. This is a small town, I don't know if the same happens in bigger cities, but here our house has become a no-go area for the neighbours" [P.6.]

This is how some felt after the social ostracisation:
"Virus did not hurt us as much as the attitude of the people---it is as if we are infected for life" [P.4]

"Even if you become COVID negative, people still remain in doubt about you and they avoid you like anything---this attitude was more depressing for me and it really hurts! [P.5]

"Even a month after our tests came negative, my 7-years old nephew's friends do not play with him when he goes to the nearest park. They have labelled our house as"COVID house", and say to him, "go back inside your Covid house" ". [P.2.]

The above stories ooze a gloomy state of our society where COVID-19 patients and survivors became a victim of social stigma and isolation. Brooks et al. (2020) proclaim "Quarantined individuals are more likely to report stigmatization and social rejection", similarly, Imran et al. (2020) affirm "The increased stigma associated with COVID-19 may further exacerbate the psychological impact." According to Unicef (2020), each one of us must play a role to prevent discrimination throughkindness, by speaking up against the negatively portrayed stereotypes, and by learning more about mental health to provide the support needed to the COVID-19 patients and survivors. This

3.1.6. Corona Skepticism
In a qualitative study on Iran, Nosratabadi&Halvaiepour (2021) explains that there is a need to make society "more sensitive" toward COVID-19. They further believe that people need to be educated on "the physical, psychological, and socio-economic effects of coronavirus" so that their biased attitudes and beliefs can change. Here are excerpts from a few stories that we collected where people had their own peculiar notions about COVID-19,
"During the first wave we were very careful but in 2nd wave, we became quite carefree and stopped following the SOPs, so much so that the whole family got infected" [P.2]

"I have suffered a lot by taking everything about Coronavirus so lightly in the past, but now I

tell everyone to take COVID seriously" [P.2]

"When my mother caught the virus my father said it is just the flu. Then her situation started getting worst, I really got worried but my father did not believe in COVID-19 so we secretly took her to the hospital for the test" [P.4]

Nosratabadi&Halvaiepour (2021) further elaborated that "Changing people's negative attitudes about the use of preventive measures, promoting individual and social protection awareness programs, and strengthening people's sense of responsibility for their health and society are all efficient strategies," and it has been observed that 7 out of 11 participants said that initially they themselves or any of their close family members did not believe in Coronavirus and the subsequent pandemic to be real.

"For some time I also believed in the conspiracies and lies about Coronavirus that were being spread through the social media, but then one day I saw a team, wearing PPE suits, come to one of our neighbouring houses to take the COVID infected patients away to the hospital and that made me realize that things are really serious" [P.1]

In a similar study on Pakistani students, Rasul et al. (2021:3010) also "found a fair distribution of the sample across a number of myths" about the existence of COVID-19 that their respondents "or their families believed in". In the case of the participants of the present study, when the virus eventually hit their homes, only then did they believe it to be true. Many had the notion that this is all a hoax and international conspiracy. Rasul et al. (2021) believe that their skepticism eventually resulted in depression and anxiety.

3.1.7. Support and Coping Strategies

This came out as another strong theme where the participants were found either getting emotional support from their families or themselves becoming a source of support for others. They also found Social Media helpful in these trying times.

(i) Family Ties- the Internal Support

Contextually and culturally speaking, the strongest part of a society and culture like Pakistan is its family support system. The extended or joint family system may have its cons but it also provides a strong social bonding. The same has been seen in the stories that our participants narrated. The experiences of the participants show how they are thankful to their families and how during the virus-infected stage they realized what a treasure their family could be,

"My brother who is only 14 gave me company during my isolation. He used to sit outside my door and we would talk and talk on anything under the sun" [P.6]

Narrating further, she said

"I and my younger brother are otherwise not really close to each other but he took such good care of me when I was infected. He used to make juice for me and usedto cheer me up. One day he confessed that deep down he was scared of losing me, as we had already lost our father to COVID [P.6].

Another participant realised the importance of a typical Pakistani noisy household with a joint family set-up,

"I have two young kids and my university studies are quite tough. Whenever my kids used to make noise while I was studying I used to get really irritated. But during the infection and isolation period, I realized what a blessing my little children are to me. I missed them dearly and at times I used to get nauseated by missing them. But now I love them more when they are making noise" [P.7]

Sheer selflessness can be seen in the following narration— the crux of strong family ties in Pakistan,

"My mother is a teacher, she contracted the virus from her school. We isolated her, but since she is also a heart patient and diabetic, she needed someone to be with her all the time to check her BP and sugar level, etc. So I decided to move in with her during her quarantine period. So that's how I also contracted the virus. But both of us had a good time together in isolation, it kind of strengthened our mom-daughter bond" [P.4]

In the above stories we can see how family ties worked as coping strategies during periods of anxiety and isolation. In nuclear set-ups in the west like in Italy, Spain and Portugal, it was seen that COVID-19 infected patients used to stand in their balconies to interact with others by singing songs, clanking pots and pans or playing the piano (Locker & Hoffman, 2020). Whereas in Pakistan our coping strategies came from within the family system. This can well be called the "internal support system" where siblings, parents, children, the young and the old all prove to be the closest allies and great pillars of love and support. This can be seen in contrast with the situation where the participants of this study lamented how they were socially shunned and rejected by their neighbours and others in their social circles (c.f. section 3.1.5).

(ii) Social Media- the External Support

Social Media platforms like Facebook, Twitter, Instagram and Whatsapp played both positive and negative roles during the COVID-19 pandemic. Almost all the participants confessed to using social media extensively to educate themselves about COVID-19.

"Social media had given a lot of awareness about Covid symptoms so when my test came positive it was of no surprise to me" [P.3]

"During the first wave we followed many remedies received through Whatsapp or Facebook, (laughing) we even used to sanitize the whole house with Harmal smoke" [P.9.]

"We drank Sana Makki tea and took steam regularly. My mother-in-law received this message via Whatsapp and she made us all drink that tea" [P.2.]

"Harmal" is a weed commonly known as Syrian Rue and is used for medicinal and spiritual purposes by some. Whereas "Sana Makki" is Senna leaves whose tea was believed to be a panacea to avoid contracting COVID-19.

"My dad brought a huge sack of Sana Makki (Senna leaves) one day and asked us to drink its tea regularly because he read it somewhere on Facebook" [P.9.]

We also found some diverse views on the role of social media, for some it was positive external support,

"In the time of isolation only Whatsapp, Instagram and Facebook were my true partners, I could easily contact the outer world" [P.3]

but for others the "infodemic" on social media was bothersome,

"So much goes on on the social media that one starts getting scared of all this information. The same happened to me, I felt the more I use Facebook and Whatsapp the more restless I get" [P.8.]

Wong et al. (2020) explain that there is no better way to control how information is spread and

distributed on social media. They further elaborate, “In an ideal world, all social media users should produce and spread information in a morally responsible manner. In reality, however, this is often not the case, especially in the face of crisis, e.g. the current pandemic, when emotions run high.”

DISCUSSION AND CONCLUSION

In Clandinin and Connelly's (2000) model they talk about the importance of the physical landscape and in our study we have seen that instead of the physical location, the participants’ psychological placement played a more pivotal role. The narratives of the participants of the present study reveal how COVID-19 not only affected them physically but also psychologically. It appears that the time of isolation was the most difficult time for them. This is understandable as most of the households in Pakistan have a joint family setup and a when person who is used to living in a house full of people is all of a sudden isolated, this can be depressing for them.

Covid shaming and social stigmatization have emerged as another important phenomenon in this study. This was not only the case in our neighbourhoods but even the health care workers were feeling its brunt as Ali and Ali (2020: e3) state that in the cardiac care units in the hospitals various patients who had a cough, shortness of breath or fever were hiding these symptoms “to avoid discrimination” because they were under the impression that the doctors and nurses will not treat them if they revealed their symptoms. Regrets, remorse and shifting the blame to others is another strong theme of the study. Some of the participants narrated that they were taking the COVID-19 SOPs issued by the Govt and WHO quite lightly because of rumours and conspiracy stories but after getting hit by the virus they relinquished their skepticism.

Further research can be conducted by taking interviews from the fully vaccinated people who got infected in the 4th and 5th waves to understand their narratives. A comparison can be drawn between the COVID survivors of the first 2 waves and the ones who survived COVID in the 4th and 5th waves. As Social stigma has emerged as a strong phenomenon a study can be conducted to measure if people still consider COVID-19 a stigma or not. The current research is significant in identifying how the students and young people in Pakistan were socially and mentally affected by COVID-19. Social acceptance and rejection played a large part vis a vis Covid-shaming and social stigmatization created anxiety and depression among them. The participants believed that their strong family structure helped them survive in this time of turbulence.

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