



Psychiatrists' Association of Nepal

Stigma associated with COVID-19: A guide for prevention and mitigation

WHAT IS STIGMA?

Stigma in the context of health is the negative association between a person or group of people who share certain characteristics and a specific disease. During a pandemic, this may mean people are labeled, stereotyped, discriminated against, treated separately, and/or experience loss of status because of a perceived link with a disease.

Such treatment can negatively affect those with the disease, as well as the health care workers involved in treatment of Covid-19, family, friends and communities. People who don't have the disease but share other characteristics with this group may also suffer from stigma.

The current COVID-19 outbreak has provoked social stigma and discriminatory behaviors against people who have been perceived to have been in contact with the virus. The patients who suffered from the novel corona virus are suffering from stigma not only while being ill but also after successfully recovering from the illness. Sadly they have suffered from stigma not only from the general people but also from the health care workers. In Nepal the migrant laborers returning from abroad and their family members are also suffering from stigma. Even the health care workers working in the covid-19 treatment centers are being subjected to considerable levels of stigma.

WHY IS COVID-19 CAUSING SO MUCH STIGMA?

The level of stigma associated with COVID-19 is based on three main factors:

- 1) It is a new disease about which many things are still unknown.
- 2) We are often afraid of the unknown.
- 3) It is easy to associate that fear with 'others'.

It is understandable that there is confusion, anxiety, and fear among the public. Unfortunately, these factors are also fueling harmful stereotypes.

WHAT IS THE IMPACT?

Stigma can lead to social isolation of groups, which might contribute to a situation where the virus is more, not less, likely to spread. This can result in more severe health problems and difficulties controlling a disease outbreak.

Stigma can:

- Drive people to hide the illness to avoid discrimination
- Prevent people from seeking health care immediately
- Discourage them from adopting healthy behaviors

HOW TO ADDRESS SOCIAL STIGMA

Experience from past epidemics and evidence clearly show that stigma and fear around communicable diseases hamper the response. What works is building trust in reliable health services and advice, showing empathy with those affected, understanding the disease itself, and adopting effective, practical measures so people can help keep themselves and their loved ones safe.

How we communicate about COVID-19 is critical in supporting people to take effective action to help combat the disease and to avoid fuelling fear and stigma. An environment needs to be created in which the disease and its impact can be discussed and addressed openly, honestly and effectively.

Here are some tips on how to address and avoid compounding, social stigma:

1. **Words matter:** dos and don'ts when talking about the new coronavirus (COVID-19)
2. **Do your part:** simple ideas to drive stigma away
3. **Communication tips and messages.**

WORDS MATTER:

When talking about coronavirus disease, certain words (i.e suspect case, isolation...) and language may have a negative meaning for people and fuel stigmatizing attitudes. They can perpetuate existing negative stereotypes or assumptions, strengthen false associations between the disease and other factors, create widespread fear, or dehumanize those who have the disease.

This can drive people away from getting screened, tested and quarantined. We recommend a 'people-first' language that respects and empowers people in all communication channels, including the media. Words used in media are especially important, because these will shape the popular language and communication on the new coronavirus (COVID-19). Negative reporting has the potential to influence how people suspected to have the new coronavirus (COVID-19), patients and their families and affected communities are perceived and treated.

DOS and DONTS

Below are some dos and don'ts on language when talking about the new coronavirus disease.

DO - talk about "people who have COVID-19", "people who are being treated for COVID-19", "people who are recovering from COVID-19" or "people who died after contracting COVID-19"

DON'T - refer to people with the disease as "COVID-19 cases" or "victims"

DO - talk about "people who may have COVID-19" or "people who are presumptive for COVID-19"

DON'T - talk about "COVID-19 suspects" or "suspected cases".

DO - talk about people "acquiring" or "contracting" COVID-19

DON'T talk about people "transmitting COVID-19" "infecting others" or "spreading the virus" as it implies intentional transmission and assigns blame.

Using criminalizing or dehumanizing terminology creates the impression that those with the disease have somehow done something wrong or are less human than the rest of us, feeding stigma,

undermining empathy, and potentially fuelling wider reluctance to seek treatment or attend screening, testing and quarantine.

DO - speak accurately about the risk from COVID-19, based on scientific data and latest official health advice.

DON'T - repeat or share unconfirmed rumors, and avoid using sensational language designed to generate fear like “plague”, “apocalypse” etc.

DO - talk positively and emphasize the effectiveness of prevention and treatment measures. For most people this is a disease they can overcome. There are simple steps we can all take to keep ourselves, our loved ones and the most vulnerable safe.

DON'T - emphasize or dwell on the negative, or messages of threat. We need to work together to help keep those who are most vulnerable safe.

DO - emphasize the effectiveness of adopting protective measures to prevent acquiring the new coronavirus, as well as early screening, testing and treatment.

DON'T – exclusively talk about failures and weaknesses of the government or the health care systems.

DO YOUR PART:

Governments, citizens, media, local leaders, health care workers and communities have an important role to play in preventing and stopping stigma surrounding people returning from abroad in general. We all need to be intentional and thoughtful when communicating on social media and other communication platforms, showing supportive behaviors around the new coronavirus disease.

These are the examples and tips on possible actions to counter stigmatizing attitudes:

- **Spreading the facts:** Stigma can be heightened by insufficient knowledge about how the new coronavirus disease (COVID-19) is transmitted and treated, and how to prevent infection. In response, prioritize the collection, consolidation and dissemination of accurate community-specific information about affected areas, individual and group vulnerability to COVID-19, treatment options and where to access health care and information. Use simple language and avoid clinical terms. Social media is useful for reaching a large number of people with health information at relatively low cost.
- **Engaging social influencers** such as local leaders on prompting reflection about people who are stigmatized and how to support them, or respected celebrities to amplify messages that reduce stigma. The information should be well targeted and the celebrities who are asked to communicate this information must be personally engaged, and geographically and culturally appropriate to the audiences they seek to influence. An example would be a mayor (or another key influencer) going live on social media and shaking hands with recovered patients.
- **Amplify the voices**, stories and images of local people who have experienced the new coronavirus (COVID-19) and have recovered or who have supported a loved one through recovery to emphasize that most people do recover from COVID-19. Implementing a “hero” campaign honoring healthcare workers who may be stigmatized may be helpful. Social workers can play a great role in reducing stigma in communities.

- **Make sure you portray different ethnic groups.** All materials should show diverse communities being impacted and working together to prevent the spread of COVID-19. Ensure that symbols and formats are neutral and don't suggest any particular group.

- **Ethical journalism:** Journalistic reporting which overly focuses on individual behaviour and patients' responsibility for having and "spreading COVID-19" can increase stigma of people who may have the disease. Emphasizing efforts to find a vaccine and treatment can increase fear and give the impression that we are powerless to halt infections now. Instead, promote content around basic infection prevention practices, symptoms of COVID-19 and when to seek health care. The journalists should try to debunk the conspiracy theories and misinformations that tend to increase the confusion and fear.

COMMUNICATION TIPS and MESSAGES

An "infodemic" of misinformation and rumors is spreading more quickly than the current outbreak of the new coronavirus (COVID-19). This contributes to negative effects including stigmatization and discrimination of people from areas affected by the outbreak. We need collective solidarity and clear, actionable information to support communities and people affected by this new outbreak.

Misconceptions, rumours and misinformation are contributing to stigma and discrimination which hamper response efforts.

- Correct misconceptions, at the same time as acknowledging that people's feelings and subsequent behavior are very real, even if the underlying assumption is false.
- Promote the importance of prevention, lifesaving actions, early screening and treatment.

Collective solidarity and global cooperation are needed to prevent further transmission and alleviate the concerns of communities.

- Share sympathetic narratives, or stories that humanize the experiences and struggles of individuals or groups affected by the new coronavirus (COVID-19)
- Communicate support and encouragement for those who are on the frontlines of response to this outbreak (health care workers, volunteers, community leaders etc).

Facts, not fear will stop the spread of novel coronavirus (COVID-19)

- Share facts and accurate information about the disease.
- Challenge myths and stereotypes.
- Choose words carefully. The way we communicate can affect the attitudes of others (see do's and don'ts above).

Adapted from WHO guidelines by the PAN task force on COVID-19 on 14 June 2020. The PAN task force on covid-19 consists of Dr Ranjan Thapa, Dr Rajan Sharma and Dr Neena Rai.