

The need to combat stigmatizing dogmas in the midst of the novel coronavirus disease (nCOVID-19) pandemic

Antonio Oladele Adefuye¹, Markes Butler², Henry Ademola Adeola^{3*}

¹*Division of Health Sciences Education, Office of the Dean, Faculty of Health Sciences, University of the Free State, PO Box 339, Bloemfontein 9300, South Africa.*

²*Free State Provincial Disaster Management Centre, Department of Cooperative Governance and Traditional Affairs, Free State Province, South Africa*

³*Department of Dermatology, Faculty of Health Sciences, University of Cape Town, Cape Town, South Africa.*

Acknowledgement H.A.A thanks the South African Medical Research Council (SAMRC) for a mid-career scientist and Self-initiated research grant; and the South African National Research Foundation (NRF) for Research Development Grant (RDG) for rated researchers.

***Correspondence:** Henry A. Adeola, Division of Dermatology, Department of Medicine, Faculty of Health Sciences and Groote Schuur Hospital, University of Cape Town, Observatory 7925, Cape Town, South Africa

Email: henry.adeola@uct.ac.za

Telephone: (+27) 21 650 3729

Fax: (+27) 21 447 8232

Key words: COVID-19; Stigma; health-seeking behaviour; access to healthcare; health education

Authors' contributions. All authors contributed equally to this paper.

Conflicts of interest. The authors declare no conflict of interest.

Funding. No author received funding to specifically carry out this study.

Consent to publish. The authors guarantee that this work has not been previously published elsewhere.

Dear Editor,

Stigmatization is a putative structural barrier to health-seeking behaviour, and radical education of the populace is crucial to ameliorate its detrimental effects. Even before the classic work of Erving Goffman in 1963¹ on the social psychology of stigma, the practice of fear and avoidance because of the presence of a disease, in particular infectious diseases² and in some cases non-infectious disease³ has been in existence in many societies. Similarly, infectious disease stigmatization – a standardized image of the disgrace of certain people that is held in common by community at large, on account of being ill by an infectious disease⁴ – has co-existed with human nature both in the pre- and post-modern era⁵.

At present, the ongoing novel coronavirus disease 2019 (COVID-19) pandemic has created fear and anxiety in many communities globally and this has led to the widespread resurgence of social stigmatization. Instances of prejudice, racial discrimination, the rise of anti-foreigner sentiments and the blaming of certain groups of people for the spread of COVID-19 has been documented in many parts of the world⁶⁻⁸. Intra-community discrimination and self-imposed isolation have also been reported in some instances where members of a community demanded that roadblocks be placed between them and another part of the community where COVID-19 cases have been diagnosed. The economic hardship precipitated by the prolonged lockdown regulations and social distancing fatigue has quickly transformed the initial positive sentiments enjoyed by healthcare workers, other first responders and COVID-19 survivors to resentment, social stigma and discrimination⁹⁻¹¹. Healthcare providers and emergency COVID-19 frontline responders, once celebrated as heroes in many parts of the world¹⁰, are now being stigmatized, experiencing rejection, denial of access to facility and harassment from the stigmatizing society^{12, 13}. This may have far-reaching psychological effects on these groups of workers critical in combating this pandemic, as seen in many COVID-19 survivors, who now report having emotional distress from stigma, shame, guilt and anger, and require additional supportive psychotherapy¹²⁻¹⁴.

Furthermore, propagation of COVID-19 stigmatization has been facilitated by social media and information technology platforms, and many incidents of COVID-19 stigmatization have been reported on most social media platforms⁸. It is plausible that the continuum of preventive care within the context of the current reality should include keeping COVID-19-negative individuals uninfected, while securing optimal care outcomes for those who are positive. However, the self-sabotaging effect of COVID-19 stigmatization can be significant and offers no benefit to public health efforts, as it precipitates harmful behavioural changes such as self or community denial; hiding the illness to avoid discrimination; not disclosing history of recent travel; and unwillingness to seek medical intervention or advice at an early stage of infection. From an enlightened public health management point of view, unbalancing the delicate trade-off between the civil rights of the infected person and that of the rest of the populace poses a potential barrier to providing robust communal health programmes during the COVID-19 pandemic. Stigmas have been reported to change the environment in which infectious disease pathogens exist, allowing the pathogen to create more havoc than without stigmas in place.⁵ This suggest that ongoing COVID-19 stigmatization will not increase our ability to survive the pandemic but rather act as a driver of problematic disease dynamics, undermine governmental efforts to curtail spread and act as a catalyst for failures in protecting public health. Hence, concerted effort should be made to stop the dogma of COVID-19 stigma and prevent stigma-promoting communication. Information technology and social media platforms should be deployed constructively to create stigma-free and ethical contact tracing apps, as well as telemedicine

consultation for patients in remote areas, *inter alia*. Not least, educating all stakeholders (government, society, infected individuals, patient relatives, caregivers and other first responders) would ameliorate the counterproductive aftermath of COVID-19 stigmatization (a list of do's and don'ts can be found here: <https://www.who.int/docs/default-source/coronaviruse/covid19-stigma-guide.pdf>). Above all, governments, policy-makers and citizens must avoid dehumanizing and demoralizing comments and policies.

References

1. Goffman E. Stigma: Notes on the Management of Spoiled Identity. London: Penguin Group; 1963.
2. Dadun D, Van Brakel WH, Peters RM, Lusli M, Zweekhorst M, Bunders J. Impact of socio-economic development, contact and peer counselling on stigma against persons affected by leprosy in Cirebon, Indonesia—a randomised controlled trial. *Lepr Rev.* 2017;88(1):2-22.
3. Baker GA, Brooks J, Buck D, Jacoby A. The stigma of epilepsy: a European perspective. *Epilepsia.* 2000;41(1):98-104.
4. Smith RA. Language of the lost: An explication of stigma communication. *Communication Theory.* 2007;17(4):462-85.
5. Smith RA, Hughes D. Infectious disease stigmas: Maladaptive in modern society. *Communication studies.* 2014;65(2):132-8.
6. Devakumar D, Shannon G, Bhopal SS, Abubakar I. Racism and discrimination in COVID-19 responses. *The Lancet.* 2020;395(10231):1194.
7. Chen HA, Trinh J, Yang GP. Anti-Asian sentiment in the United States—COVID-19 and history. *American Journal of Surgery.* 2020.
8. Senzo Ngubane, Matambo R, Nkosi S. COVID-19 and stigmatisation and discrimination 2020 [5 May 2020]. Available from: <https://www.accord.org.za/analysis/covid-19-stigmatisation-discrimination/>.
9. Ehrlich H, McKenney M, Elkbuli A. Protecting our healthcare workers during the COVID-19 pandemic. *The American Journal of Emergency Medicine.* 2020.
10. Cox CL. 'Healthcare Heroes': problems with media focus on heroism from healthcare workers during the COVID-19 pandemic. *Journal of medical ethics.* 2020.
11. Dubey S, Biswas P, Ghosh R, Chatterjee S, Dubey MJ, Chatterjee S, et al. Psychosocial impact of COVID-19. *Diabetes & Metabolic Syndrome: Clinical Research & Reviews.* 2020.
12. Bagcchi S. Stigma during the COVID-19 pandemic. *The Lancet Infectious Diseases.* 2020;20(7):782.
13. Singh R, Subedi M. COVID-19 and Stigma: Social discrimination towards frontline healthcare providers and COVID-19 recovered patients in Nepal. *Asian journal of psychiatry.* 2020.
14. Sahoo S, Mehra A, Suri V, Malhotra P, Yaddanapudi N, Puri G, et al. Lived experiences of the Corona Survivors (patients admitted in COVID wards): A Narrative real-life documented summaries of internalized guilt, shame, stigma, anger. *Asian Journal of Psychiatry.* 2020.