

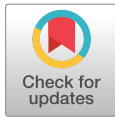


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OPINION

Stigma Over COVID-19; New Conception Beyond Individual Sense

More than four months have passed since the diagnosis and spread of COVID-19 and many people around the world has infected with the disease. What is evident is that in most countries, the disease has become an important public health issue (1). Another important point is the outbreak features of COVID-19 that make it susceptible to stigmatization (2). The existence of many scientific gaps on characteristics of the disease has raised many concerns about its epidemiologic, diagnostic and therapeutic aspects.

The World Health Organization (WHO) has raised the global alert level for the disease to a very high level and finally reported the situation of COVID-19 as the pandemic condition (3). WHO director-general has stated that in our current situation, our biggest enemy is not the virus, but fear, rumors and stigma (4). In fact, stigma is, in a way, discrimination against a group of people and in context of COVID-19 disease, it is attributed to factors such as lack of awareness about its spread, along with fear and excessive anxiety about it. In some opinion, stigma actually begins with the threat of losing what it has and can traverse many social and even moral arenas (5).

The important point in COVID-19 pandemic is the influence of various factors as the basis for stigma. Establishing social constraints and eliminating some of the individual freedoms is another aspect of the situation that can exacerbate the stigma of the disease. For example, the use of quarantine in some cities can be associated with stigma. A transition to similar epidemic experiences in the past also reveals another aspect of the concept of stigma. What is seen is the existence of individual differences in the sense of it (2). Both the stigmatized persons and stigmatizers exhibit many moral and personal characteristics in these conditions that, under ordinary social life, may be less likely to accommodate similar conditions (5).

Given these widespread concerns and the disruption of many common social and even ethical rules, individual-centered and single-level and single-target group approaches to stigma appear to be inadequate. Stigmatized individuals experience a pervasive stress that may result in a sense of social worthlessness (6).

On the other hand, years of experience in stigma in the field of psychiatric disorders point to the fact that mere direct social interaction and social role-playing do not substantially change the status of stigma (7). It can be

concluded that the origins of stigma in the field of COVID-19 seem to extend beyond concepts such as social disability or moral transgressions. Like other recent experiences in the COVID-19 pandemic, new experiences in the concept of stigma arising from it are also emerging. The recent Ebola epidemic in Africa, which is similar in some respects to the COVID-19 pandemic, has had an important teaching point. The role of social mobilization and community engagement was crucial in overcoming those scary condition (8).

Attempts to raise public awareness of the nature of the disease, as well as a proper understanding of the cognitive models that create coping mechanisms for probable fear and anxiety, are the other important tools for dealing with stigma (9). Paying attention to cultural features and expanding public confidence through raising awareness of the masses is part of the need to combat stigma in the face of COVID-19 disease (10).

Conflicts of Interest

There is no conflict of interest.

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