

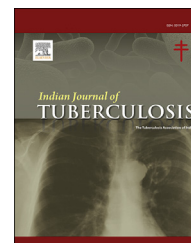


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Viewpoint

Covid-19 and social stigma: Role of scientific community

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ABSTRACT

COVID-19 has led to stigma and discrimination among various groups of people in different populations. Healthcare workers caring for those affected by COVID-19, people who have recovered from COVID-19, those belonging to lower socioeconomic groups, those having particular religious and racial identities have all been at the receiving end of the discrimination. COVID-19 has led to reinforcement of preexisting stereotypes against various groups. For instance, in Italy, in weeks before the national lockdown started, a state of emergency was declared but everyday life was going on as always, the sentiment toward the Chinese community changed: their restaurants were left empty, more and more parents did not want their children to go to school if they had a Chinese classmate, and a high-profile politician said on TV that 'we have all seen them eat live mice'.

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On 31st December 2019, health authorities in Wuhan, a city in Hubei province of China, reported the first few cases of atypical pneumonia which were eventually attributed to a novel coronavirus (2019-nCoV). The World Health Organization (WHO) declared the outbreak of 2019-nCoV as a Public Health Emergency of International Concern (PHEIC) on 30th January 2020, and on 11th March 2020 it was declared a pandemic.

In less than 6 months, this virus has reached all but a handful of countries spread all around the globe. It has already killed around 5 lac people and infected a total of 1 crore. It has posed major challenges for public health systems, especially in least developed and developing countries. At the same time, it has crippled the economies world-wide, making it difficult for the countries to fight this deadly disease. Because of its wide reach, it has produced much stress and anxiety

among the communities leading to fear of the virus and stigma.

1. Social stigma

According to WHO, in context of health, social stigma means a negative association between a person or group of people who share certain characteristics and a specific disease.¹ In an outbreak, this may mean people are labelled, 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 their caregivers, family, friends, and communities. People

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who do not have the disease but share other characteristics with this group may also suffer from stigma.²

Stigma carries serious consequences including fuelling fear, anger, and intolerance directed at other people. People who are subjected to stigma are more likely to experience reluctance to seek out treatment, leading to delayed treatment, which increases morbidity and mortality. They also experience worse psychological well-being, harassment, violence, or bullying, poor quality of life and disability, and increased socioeconomic burden and increased feelings of shame and self-doubt.

2. Stigma in Covid-19

COVID-19 has led to stigma and discrimination among various groups of people in different populations. Healthcare workers caring for those affected by COVID-19,³ people who have recovered from COVID-19,⁴ those belonging to lower socioeconomic groups, those having particular religious and racial identities have all been at the receiving end of the discrimination. COVID-19 has led to reinforcement of pre-existing stereotypes against various groups. For instance, in Italy, in weeks before the national lockdown started, a state of emergency was declared but everyday life was going on as always, the sentiment toward the Chinese community changed: their restaurants were left empty, more and more parents did not want their children to go to school if they had a Chinese classmate, and a high-profile politician said on TV that ‘we have all seen them eat live mice’.⁵

In addition to this, public health response to COVID-19 in itself carries the risk of increasing stigma and causing discrimination. For instance, social distancing norms, essential to contain the spread of the disease, can result in ‘Othering’ of those affected by it. Enforcement of travel bans, movement restrictions, and quarantines may disproportionately affect already stigmatized persons, including homeless persons, persons who are incarcerated, migrants and refugees, undocumented immigrants, and minorities. COVID-19 travel restrictions may also facilitate stigma and xenophobia by reproducing the social construction of illness as a foreign invasion, in turn reinforcing social hierarchies and power inequities.^{6,7} UNAIDS recommends that in lieu of criminalization for breaching COVID-19 public health policies, approaches should focus on empowering and strengthening communities to support persons to protect their own and one other’s health.⁸

3. Opinion

In the setting of a pandemic, stigma and resulting discrimination can pose significant challenges to health of people in general and those vulnerable in particular and can reduce the effectiveness of public health measures implemented to contain the spread of disease. It can result in reduction of social capital through exacerbation of existing social inequities and creating new forms of social divisions and

resentments. In this way, it can be detrimental to the social fabric in the long run.

Both Covid 19 and tuberculosis are air borne diseases and in both social cohesion and social isolation is driving people to hide their illness to avoid discrimination and thereby delaying diagnosis and treatment. Stigma can undermine the social matrix of the country and poses barrier for disease control.

Scientific community has a great role to play to allay stigma in society. First and foremost is of course, containing the spread of infection. Second is to assess the level of prevailing stigma, and at what level, society, family, friends, and workplace. Strategies should be developed to tackle at all levels. Treating physicians are best placed to help in this. Whenever managing an individual case, they should discuss this issue also with patients and their family members.

Nowadays most of doctors and scientists are often discussing COVID-19 on electronic and social media about its occurrence, management, prevention, vaccination, other challenges etc. They forget to mention social stigma. It is urgent and need of the hour also, that social stigma issue should be important part in all such discussion.

4. Conclusion

Preventing the rise of discrimination requires a multi-pronged strategy. First, containing the spread of disinformation and misinformation by widespread dissemination of authentic information as well as conducting fact-checks on the prevalent misinformation. Second, educating the public about the ill-effects of consuming and sharing false information. Third, being conscious of issues of inequities and pre-existing stereotypes in order to guard against them.

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