

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

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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 era.⁵

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 world.⁶⁻⁸ 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 discrimination.⁹⁻¹¹ Healthcare providers and emergency COVID-19 frontline responders,

once celebrated as heroes in many parts of the world,¹⁰ 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 psychotherapy.¹²⁻¹⁴

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 platforms.⁸ 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

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

Acknowledgments: HAA 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.

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

Availability of data and materials: All data generated or analyzed during this study are included in this published article.

Ethics approval and consent to participate: Not applicable.

Informed consent: Not applicable.

Received for publication: 11 May 2021.

Revision received: 20 July 2021.

Accepted for publication: 30 July 2021.

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Journal of Public Health in Africa 2021; 12:1419

doi:10.4081/jphia.2021.1419

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.

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