

Social Stigma associated with COVID-19



A guide to preventing and addressing social stigma¹

Target audience: Government, media and local organisations working on the new coronavirus disease (COVID-19).

WHAT IS SOCIAL STIGMA?

Stigma occurs when a disease is associated with a population (for example, in the case of the new coronavirus (COVID-19) people of Asian descent are being associated with the disease).

In an outbreak, this means people are labelled, stereotyped, separated, and/or experience loss of status and discrimination because of an affiliation with a disease. This can negatively affect those with a disease themselves, as well as their caregivers, family, friends and communities.



WHY IS COVID-19 CAUSING SO MUCH STIGMA?

The current COVID-19 outbreak has provoked social stigma and resulting discriminatory behaviours against people of Asian origin. The new coronavirus is a new disease presenting a lot of unknowns: 1. understanding of how virus spreads; 2. how one can be treated if sick 3. where is the virus coming from so we can stop it.

A lack of understanding or access to information can cause fear or panic among individuals leading to irrational assumptions and the need to blame others.

It is unsurprising that there may be confusion, anxiety, and fear among the public. Tragically we are seeing that these factors - confusion, anxiety and fear - are fuelling harmful stereotypes and racism. Increasingly we hear reports of people who are Asian, or of Asian descent, tourists, students, and long-term residents alike, being mistreated and discriminated against due to misconceptions that they could be a source of the new coronavirus (COVID-19).

WHAT IS THE IMPACT?

Stigmatizing and xenophobic attitudes can undermine social cohesion and prompt possible social isolation of groups who are stigmatized. This might contribute to a situation where the virus is more, not less, likely to spread. In fact, stigma can:

¹ This checklist includes recommendations from Johns Hopkins Center for Communication Programs, READY Network.

- Drive people to hide the illness to avoid discrimination.
- Refrain people from seeking health care immediately and
- Prevent them from adopting healthy behaviours.

The consequences are more severe health problems and difficulties controlling a disease outbreak.

HOW TO ADDRESS SOCIAL STIGMA

It is well evidenced that stigma and fear around communicable diseases hamper the response. What works is building trust in reliable health services and advice, empathy with those affected, understanding of the disease itself, and adoption of effective practical measures through which people can help keep themselves and their loved ones safe.

How we talk and 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 further. 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 dehumanise 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 it 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.

There are many concrete examples of how the use of inclusive language and less stigmatizing terminology can help to in control epidemics and pandemics from the HIV, TB and H1N1 Flu.²

² [UNAIDS terminology guidelines](#): from 'AIDS victim' to 'people living with HIV'; from 'fight against AIDS' to 'response to AIDS'.

DOS and DON'TS

Below are some **dos and don'ts** on language when talking about the new coronavirus disease (COVID-19):

DO - talk about the new coronavirus disease (COVID-19)

Don't - attach locations or ethnicity to the disease, this is not a "Wuhan Virus", "Chinese Virus" or "Asian Virus".

The official name for the disease was deliberately chosen to avoid stigmatisation - the "co" stands for Corona, "vi" for virus and "d" for disease, 19 is because the disease emerged in 2019.

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 criminalising or dehumanising 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 rumours, and avoid using hyperbolic language designed to generate fear like "plague", "apocalypse" etc.

DO - talk positively and emphasise 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 - emphasise or dwell on the negative, or messages of threat. We need to work together to help keep those who are most vulnerable safe.

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

DO YOUR PART:

Governments, citizens, media, key influencers and communities play an important role to stop stigma surrounding people from China and Asia 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 (COVID-19).

Here are some 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, prioritise the collection, consolidation and dissemination of accurate country- and 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.³
- **Engaging social influencers**⁴ such as religious 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 information must be personally engaged, and geographically and culturally proximate 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 the leader of the Chinese community.
- **Amplify the voices**, stories and images of local people who have been treated for the new coronavirus (COVID-19) and been cured, or who have supported a loved one through treatment to demystify treatment and emphasise that COVID-19 can be cured. Also, **implementing a “hero” campaign** honouring caretakers and healthcare workers who may be stigmatized. Community volunteers also play a great role in reducing stigma in communities.
- **Make sure you portray different ethnic groups.** Avoid constant use of visuals that portray only one group (e.g., Asian people), or typefaces and symbols that evoke a specific group. Make sure your materials show diverse communities and are adjusted to the local context.

³ Nigeria successfully contained the 2014 Ebola outbreak that affected three other countries in West Africa partly through employing targeted social media campaigns to disseminate accurate information and correct hoax messages circulating on Twitter and Facebook. The intervention was particularly effective because international non-governmental organisations (NGOs), social media influencers, celebrities and bloggers used their broad platforms to forward and share information and opinions on the health communication shared. Fayoyin, A. 2016. Engaging social media for health communication in Africa: Approaches, results and lessons. *Journal of Mass Communication and Journalism*, 6(315).

⁴ The term “Angelina Jolie effect” was coined by public health communication researchers to account for increased Internet searches about breast cancer genetics and testing for several years after 2013 actress Angelina Jolie underwent a much-reported preventative double mastectomy. The “effect” suggests that celebrity endorsements from trusted sources can be effective at influencing the public to seek health knowledge, their attitudes towards and uptake of healthcare services for Covid-19.

- **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. Some media outlets have for example focused on speculating on the source of COVID-19, trying to identify "patient zero" in each country. Furthermore, emphasis on efforts to find a vaccine and treatment can increase fear and give the impression that we are powerless to halt infections. Content around basic infection prevention practices, symptoms of COVID-19 and when to seek health care need to be promoted instead.
- **Link up:** there are a number of initiatives to address stigma and stereotyping, it is key to link up to these activities to create a movement and a positive environment that shows care and empathy for all.

COMMUNICATION TIPS and MESSAGES

An "infodemic" of misinformation and rumours 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 behaviour 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 frontline response of 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).