Disrupting COVID-19 Stigma

March 30, 2020

This short guide includes important considerations and resources to support country programs in recognizing and working to reduce stigma around COVID-19.

WHAT IS STIGMA?

In the context of health, stigma is the negative association between a person or group of people who share certain characteristics and a specific disease. In an outbreak, this may mean people are labeled, stereotyped, discriminated against, treated separately, and/or experience loss of status because of a perceived link with a disease (from Social Stigma Associated With COVID-19).

Why do people stigmatize?

Stigma comes from the impulse to assign blame, especially during an outbreak of a highly contagious disease. In the case of COVID-19, there is still much unknown about the disease as it rapidly spreads across the globe. This uncertainty brings fear and concern as people try to understand where the disease came from, how it is spreading, and how they can protect themselves and their families. Making a distinction between "us" (the uninfected) and "them" (the infected) and pointing a finger at people, rather than the pathogen (cause of the disease), can help make the mysterious seem more familiar and manageable. This can provide a false sense of security and prevent people from taking preventive action, in addition to being harmful to those who are stigmatized.

What do stigma and its effects look like?

Stigma can take many forms. It can be expressed in the derogatory language people use, biased media stories and, in its worst forms, manifest as discrimination and xenophobia (dislike or prejudice against people from other countries).

This fact sheet was made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of Breakthrough ACTION and do not necessarily reflect the views of USAID or the United States Government. The guidance includes contributions from the READY initiative funded by the Office of U.S. Foreign Disaster Assistance. Johns Hopkins Center for Communication Programs serves as a READY consortium member.





Some examples of stigma during the COVID-19 pandemic include:

- Language: Leaders, the press, social media, and other channels may blame groups of people, such as foreigners in general or Chinese and/or Asian people specifically, and even healthcare workers as being responsible for spreading the disease.
- **Visual portrayals:** The media (mass or social) may reinforce this blame by only showing certain groups of people or professions associated with COVID-19.
- **Consumer choices:** The avoidance of Chinese and/or Asian restaurants and grocery stores by many Americans because of their presumed association with COVID-19.
- **Housing discrimination:** The forced eviction of individuals from their housing by landlords in the United Kingdom due to the misperception that tenants who work in healthcare they pose a risk to others in the building.
- **Physical attacks:** The escalation to xenophobia where attacks are perpetrated on groups of people believed to be the cause of COVID-19.

Why is addressing stigma so important?

Stigma has the power to destabilize communities and isolate groups of people. Historically, people in scapegoat groups are reluctant to seek medical care when they are symptomatic, thereby putting themselves and others at greater risk. In the event of an infectious disease outbreak, greater levels of isolation and fear can actually lead to increasing the spread of the disease as people avoid seeking testing and health care and disclosing their illness. This can gravely affect not only those who may be ill but their friends, family, and the larger community. This can all result in greater challenges in controlling the outbreak and more severe health consequences.

In brief, stigma can further exacerbate the spread and negative health outcomes of COVID-19 by:

- Stopping people from getting tested or seeking medical care.
- Forcing people to hide their illness.
- Dissuading people from choosing healthy behaviors.

How can we reduce stigma?

Know the facts

In order to recognize misinformation and potential stigmatizing language, it is imperative to be equipped with the latest COVID-19 facts. To do so, refer to globally respected sources for up-to-date information:

• Find evidence-based information on the <u>WHO COVID-19 webpage</u>, the <u>CDC COVID-19 webpage</u>, and your local government's websites.

Anticipate stigma and be ready to respond

Stigmatizing language and actions can come from political leaders, institutions, family members, friends, and the wider community.

If you are concerned someone is furthering stigma, you can:

- Correct their misperceptions at the same time as acknowledging that people's feelings and subsequent behavior are very real, even if the underlying assumption is false.
- Remind them how COVID-19 is spread and how they can protect themselves. Refer to the <u>WHO</u>
 Myth Busters webpage to find the facts to respond to common misconceptions and myths.
- Remind leaders of the responsibility they have to lead a stigma-free response.
- Send letters to the editor to respond to stigmatizing news stories.
- Respond to social media posts to counteract the stigmatizing language. (For more information, refer to <u>How to Use Social Media to Better Engage People Affected by Crises</u> developed by IFRC. Additional resources are below.)

To better understand how stigma is operating in communities:

- Watch for rumors and myths that may be propagating in your community as they may be the basis of stigma and stigma-related discrimination. (Refer to the <u>COVID-19 Rumor Tracking</u> <u>Guidance</u> document.)
- If possible, conduct a rapid assessment of community members' knowledge, attitudes, beliefs, and perceptions about COVID-19, as well as to find out who are trusted sources of information. During times of social distancing, this may best be done using digital technologies, such as GeoPoll or WhatsApp. Understanding the community's perceptions (and misperceptions) will help you anticipate where stigma may arise and how best to address it. (Note: Guidance on using digital technologies during the COVID-19 response will be provided to Breakthrough ACTION teams in the near future.)
- Conduct a stigma assessment by reviewing your local media and social media content on popular, locally-accessed channels (e.g., Facebook, Instagram). Note: If derogatory language or images are being used, address them with correct facts and information where feasible.

Develop and conduct messaging campaigns that disrupt stigma

Campaigns may be disseminated nationwide or may be more focused on communities where stigma is most pervasive. Understanding how and why people are stigmatizing specific groups is essential to effectively addressing people's root fears and concerns and motivating them to change their behaviors. Understanding the local context is paramount to developing messages that will counteract stigmatizing language, behaviors, and actions.

Messages should be based on data gathered through rumor monitoring, social media scanning, news reports, and other reliable sources. Local leaders and community groups can be excellent sources of information about local perceptions and stigmatizing actions. If possible, meet or interact frequently

with local leaders and community groups to understand what the local community thinks of the pandemic as well as any misconceptions or bases for stigma that may be forming. During social/physical distancing restrictions, these meetings can take place virtually through the phone or by communicating via SMS or WhatsApp groups. It is critical to take stigma into consideration when designing your messaging campaigns, whether they are general COVID-19 campaigns or campaigns to specifically address stigma.

Keep in mind:

- **Avoid using language** that perpetuates stigma. For instance:
 - Use the proper name of COVID-19 or SARS-CoV-2 rather than "Wuhan Virus" or "Chinese Virus," which stigmatize these locations and people.
 - Use people-centered language such as "people with COVID-19," "people recovering from COVID-19," or "people who have died from COVID-19" instead of "COVID-19 victims" or "COVID-19 cases".
 - Avoid imposing blame on specific individuals or countries for "bringing it in" or "not acting quickly enough".
- **Avoid using images** that portray only one group in reference to COVID-19 (e.g., healthcare workers, Asian people)
- Create thoughtful messages for your campaign.
 - Build empathy by sharing narratives from communities being affected by COVID-19, including survivors, healthcare workers, and others.
 - Challenge and correct misconceptions, myths, and rumors that will perpetuate stigma while acknowledging the uncertainty and fear that people are experiencing.
 - Pretest messages with community members and work to include members from stigmatized communities.
- If you are developing a campaign, disseminate it through trusted information sources, such as religious leaders, political leaders, social influencers, and celebrities.
 - Encourage these individuals to speak against stigma and discrimination and amplify their messages.
- Refer to the <u>WHO Social Stigma Associated With COVID-19</u> and <u>CDC Reducing Stigma</u> webpages for more information and guidance.

Implement interventions, trainings, and programs to fight stigma

Based on your local response, it may be difficult to implement in-person interventions and trainings in the near-term. However, you can still raise awareness among your staff, stakeholders, and response personnel about stigma. Among other activities, you can:

- Review and practice the language in the <u>Interrupting Microaggressions</u> tool to use when you are confronted with stigmatizing language or behavior.
- Use digital technology to train your staff, COVID-19 response teams, frontline health workers, and others. Consider partnering with <u>Viamo</u>, which has experience in designing and facilitating digital trainings for health workers.

- Conduct training for staff to increase their capacity to discern stigmatizing visuals, statements, or behaviors and provide practical ways to address it.
- Conduct journalist training to ensure they have the facts about COVID-19 and are not using stigmatizing language. Journalistic reporting that overly focuses on individual behavior and patients' responsibility for having and "spreading COVID-19" can increase the stigma of people who may have the disease.
- Review stigma toolkits from other infectious disease outbreaks, such as the <u>HIV Stigma Toolkit</u>, <u>Ebola Stigma Toolkit</u>, and <u>TB Stigma Toolkit</u>, and adapt them if stigma becomes a widespread issue in your country or community.
- Create an anti-stigma social media campaign using the guidance below.

How can we use social media to reduce stigma?

Social media is an easy and inexpensive way to disseminate anti-stigma messaging. Keep in mind:

- You don't have to start a social media campaign from scratch. Review examples from other organizations:
 - King County developed an <u>Anti-Stigma Social Media Toolkit</u>.
 - Voices of Youth developed a campaign called <u>Your Voices Against Stigma and</u>
 Discrimination.
- Be aware of popular hashtags being used for COVID19.
 - Medscape has compiled a <u>hashtag list</u>. (Note: You will have to register for a free account in order to view the list.)
- You can identify popular hashtags on Twitter by searching for common COVID-related terms, such as #COVID-19 and #stigma.
- Check out successful hashtags that the mental health community has used to reduce stigma, such as #StampOutStigma, #StopTheStigma, #SmashStigma, and #stigma.
- Create new and share content on social media that will address stigma head-on, such as:
 - Identify and/or promote recovery stories (e.g., videos, testimonials) through social media.
 - Implement a "hero" campaign honoring caretakers and healthcare workers who may be stigmatized.
 - Highlight communities/individuals who show positive deviance and don't stigmatize.

Additional Resources

- COVID-19: Resources for Social and Behavior Change
- Human Rights Dimensions of COVID-19 Response
- Mental Health and Psychosocial Considerations During COVID-19 Outbreak
- Psychology of a Crisis
- Blame and Discrimination Attached to 2019-nCOV