

Covid-19: Stop the stigma and stereotyping of coronavirus sufferers

WELLNESS

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South Korean protesters carrying signs that say 'No Entry' in Korean, call for a ban on Chinese nationals entering their country during this Jan 29 rally in Seoul. Discrimination and stigma against Chinese people has been on the rise ever since the Covid-19 outbreak began in Wuhan, China. — AP

The word “stigmatise” meant “to brand or tattoo” in the 1500s.

The current Oxford English dictionary defines it as “to treat somebody in a way that makes them feel that they are very bad or unimportant”.

Throughout the history of medicine, there were instances when sufferers of infectious diseases were stigmatised.

There are global examples of healthcare institutions built for those with certain diseases, whose names have come to be stigmatised due to the diseases associated with them.

The Malaysian examples are Sungai Buloh Hospital in Selangor, Hospital Bahagia Ulu Kinta in Tanjong Rambutan, Perak, and Hospital Permai Johor Baru in Johor.

Sungai Buloh Hospital was originally built for leprosy patients, and the latter two hospitals for patients with mental health conditions.

Similarly, the 1918 influenza pandemic is commonly termed the “Spanish flu”, although it is unlikely that it originated in Spain – France, Britain, the United States and China have all been suggested as the origin of the pandemic.

There has been a tendency to associate new infectious diseases with foreign countries and nationals.

The effect of this naming convention is to imply a causal relationship between the spread of a particular infectious disease and a certain foreign population.

This contributes to irrational fear and stigma – it is common to blame foreigners and not locals.

The question is how to address whether fear of the “other” has a rational or irrational basis, and the persistence of xenophobic responses to infectious diseases in the face of contrary evidence.



Promoting the importance of screening, conducted here at the Kuala Lumpur International Airport (KLIA), is one of the important communication messages to help address social stigma. – AZHAR MAHFOF/The Star

The world’s media initially termed the SARS-CoV-2 virus, which is the cause of the Covid-19 infection, as the Wuhan or Asian virus.

This has led to certain incidents where those of East Asian appearance have been discriminated against due to their perceived connection with the coronavirus.

Fortunately, the World Health Organization (WHO) named the new (novel) virus early on in the outbreak.

Reports of the infection in numerous countries using the proper name have contributed to the disuse of the original term.

There are reports of the labelling and stereotyping of Covid-19 sufferers who are treated separately, and perhaps discriminated against, leading to loss of status because of a perceived link to the disease.

The basis of the stigma associated with Covid-19 are that:

It is a new disease of which much is known, but much more is still unknown.

Humans are often afraid of the unknown.

It is easy to associate human fear with “others”.

The confusion, anxiety, fear, and even panic, among the public is understandable. Unfortunately, these factors also fuel unwarranted harmful stereotyping.

Stigma leads to the hiding of illness to avoid discrimination. prevent the immediate seeking of healthcare and discourages the adoption of healthy behaviours.

Tips to prevent stigma

The primary success factor in any response to communicable diseases is trust in the healthcare system – the central feature of which is the maintenance of the confidentiality of the sufferer.

No one likes the public disclosure of his or her medical condition.

The International Federation of Red Cross and Red Crescent Societies, United Nations Children’s Fund (Unicef) and the WHO have published A guide to preventing and addressing social stigma.

Although the target audience of the guide are governments, media and local organisations working on Covid-19, it is also relevant to healthcare professionals.

Some pertinent aspects of the three tips on how to address and avoid compounding social stigma are:

Words matter

The guide says: “Certain words and language may have a negative meaning for people and fuel stigmatising 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 these 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.”

Do your part

Some of the tips on possible actions include spreading the facts, engaging social influencers, amplifying voices, making sure different ethnic groups are portrayed and practising ethical journalism.

The guide says: “Make sure you portray different ethnic groups: All materials should show diverse communities being impacted and working together to prevent the spread of Covid-19.

“Ensure that typeface, symbols and formats are neutral and don’t suggest any particular group.”

It adds: “Ethical journalism: Journalistic reporting that 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.

“Emphasising efforts to find a vaccine and treatment can increase fear and give the impression that we are powerless to halt infections now.

“Instead, promote content around basic infection prevention practices, symptoms of Covid-19 and when to seek healthcare.”

Communication tips and messages

The guide says: “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 humanise 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 frontlines of response to this outbreak (healthcare workers, volunteers, community leaders etc).”

The conclusion of the guide is very apt, i.e. “Facts, not fear, will stop the spread of Covid-19.”

Empower ourselves

Now that Covid-19 has hit our shores, everyone – particularly those who provide messages to the population and various groups – have a part to play in addressing the challenges of containing and mitigating the effects of the disease, which has substantial personal, economic and social impacts.

The remarks by WHO’s Health Emergencies Programme executive director Dr Michael Ryan are pertinent: “Everyone is talking about social media; everyone is talking about staying calm and keeping our populations calm, yet every chance we get, we seem as if we want to accelerate the infodemic and not contain the epidemic.

“So I think we need to be very balanced and careful here with our populations, with our communities.

“They already have concerns and they’re concerned, and the real issue is to empower our communities to take action to protect themselves, to give them things to do, and there are things that every single human being on this planet can do to protect themselves from this disease.”

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