Review Article

Development of social stigmatization during a pandemic caused by COVID- 19

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ABSTRACT:
The pandemic of Coronavirus disease (COVID-19) is matter of concern. Social stigma in the situation of health is the negative association between a person or group of people who share certain characteristics and a specific disease. The present article highlighted impact of social stigma on health and way to prevent it.
Keywords: COVID-19, general health, Social stigma, pandemic, oral health.

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INTRODUCTION

Corona group of viruses, so named due to the outer fringe of envelope proteins resembling crown ('corona' in Latin), are a family of enveloped RNA viruses. They are generally pathogenic to mammals and birds and cause mild upper respiratory tract infections in humans. They occasionally can be transmitted to a larger human population and can cause severe respiratory illnesses exemplified by Severe Acute Respiratory Syndrome (SARS) and Middle-East Respiratory Syndrome (MERS) in 2003 and 2012 respectively.[1]
Social stigma in the situation of health is the negative association between a person or group of people who share certain characteristics and a specific disease. In an outbreak, this might signify that 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 who are not suffering from the disease but share other characteristics with this group may also suffer from stigma. The current COVID-19 outbreak has provoked social stigma and discriminatory behaviours against people of certain ethnic backgrounds as well as anyone perceived to have been in contact with the virus.[2]
The scale of stigmatization on the basis of COVID-19 is due to three main factors, firstly, this is a new viral disease, many of whose characteristics are still unknown; secondly, people tend to fear the unknown; and thirdly,

the emerging fear is easily explained by the intrigues of "outsiders". The confusion, anxiety and fears of society are understandable. Unfortunately, these same factors provoke the spread of harmful stereotypes. Social stigma often undermines society and activates the mechanisms of isolation of individual groups, creating the prerequisites for a more, not less intense spread of the virus. This can lead to more serious consequences for public health and complicate the fight against an outbreak.[3]

As COVID19 is a new disease and is having the most devastating effects globally, its emergence and spread, causes confusion, anxiety and fear among the general public. Fear is the breeding ground for hatred and stigma. Social stigma has arisen as certain populations (Indian north-east people) are targeted as being the reason for this outbreak. It is vital to avoid this stigma as it can make people hide their illness and not seek health care immediately. WHO is providing expert guidance and answers to public questions, to help people manage fear, stigma, and discrimination during COVID-19.[4]

IMPACT OF SOCIAL STIGMA
Stigma can undermine social cohesion and prompt possible social isolation of groups, which might contribute to a situation where the virus is more, not less, likely to spread. This can result in more severe health problems and difficulties controlling a disease outbreak. Stigma can-
1. Prevent people from seeking health care immediately.
2. Drive people to hide the illness to avoid discrimination.
3. Discourage them from adopting healthy behaviours.

Research shows that stigma and fear around communicable diseases hamper the response. Developing trust in reliable health services and advice, showing empathy with those affected, understanding the disease itself, and adopting effective, practical measures so people can help keep themselves and their loved ones safe. Communicating approach about COVID-19 is critical in supporting people to take effective action to help combat the disease and to avoid stimulating fear and stigma. An environment needs to be created in which the disease and its impact can be discussed and addressed openly, honestly and effectively.[5]

Cases have been reported of people affected with COVID-19 as well as healthcare workers, sanitary workers and police, who are in the frontline for management of the outbreak, facing discrimination on account of heightened fear and misinformation about infection. Even those who have recovered from COVID-19 face such discrimination. Further, certain communities and areas are being labeled purely based on false reports floating in social media and elsewhere. There is an urgent need to counter such prejudices and to rise as a community that is empowered with health literacy and responds appropriately in the face of this adversity.[6]

Points to remember
Despite all precautions, if anybody contracts the infection, it is not their fault. In situation of distress, the patient and the family need support and cooperation. It must be noted that the condition is curable and most people recover from it.[7]

- Healthcare workers including doctors, nurses, and allied & healthcare professionals are rendering their services tirelessly to provide care and medical / clinical support in this situation of crisis.
- Sanitary workers and police are also doing selfless service and playing critical roles in addressing the challenge of COVID-19.
- They all deserve our support, praise and appreciation. Appreciate efforts of people providing essential services and be supportive towards them and their families.
- Share only the authentic information available on the website of Ministry of Health and Family Welfare, Govt. of India or the World Health Organization (WHO).
- Cross check any information related to COVID-19 from reliable sources before forwarding any messages on social media.[8]
- Share positive stories of those who have recovered from COVID-19.

Dos
1. Appreciate efforts of people providing essential services and be supportive towards them and their families.[9]
2. Cross check any information related to COVID-19 from reliable sources before forwarding any messages on social media.
3. Share positive stories of those who have recovered from COVID-19.

Don'ts
1. Never spread names or identity of those affected or under quarantine or their locality on the social media.[10]
2. Avoid spreading fear and panic.
3. Do not target healthcare and sanitary workers or police. They are there to help you.
4. Do not label any community or area for spread of COVID-19.
5. Avoid addressing those under treatment as COVID victims. Address them as "people recovering from COVID".
6. All those directly involved in the management of COVID-19 are equipped with appropriate protective equipment to keep them safe from the infection.

7. Targeting essential services providers and their families will weaken our fight against COVID-19 and can prove grievously detrimental for the entire nation.

Roy et al[11] assessed the knowledge, attitude, anxiety experience, and perceived mental healthcare need among adult Indian population during the COVID-19 pandemic. An online survey was conducted using a semi-structured questionnaire using a non-probability snowball sampling technique. A total of 662 responses were received. The responders had a moderate level of knowledge about the COVID-19 infection and adequate knowledge about its preventive aspects. The attitude towards COVID-19 showed peoples' willingness to follow government guidelines on quarantine and social distancing. The anxiety levels identified in the study were high. More than 80 % of the people were preoccupied with the thoughts of COVID-19 and 72 % reported the need to use gloves, and sanitizers. In this study, sleep difficulties, paranoia about acquiring COVID-19 infection and distress related social media were reported in 12.5 %, 37.8 %, and 36.4 % participants respectively. The perceived mental healthcare need was seen in more than 80 % of participants. There is a need to intensify the awareness and address the mental health issues of people during this COVID-19 pandemic.

WORDS MATTER
When discussing 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 dehumanize 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. 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.[12]
Johnson and Hariharan et al[13] conducted a study following the H1N1 epidemic, it was seen that a significant proportion of the general public was unaware of the seriousness and measures of prevention of the epidemic. Ilesanmi and Alele et al[14] evaluated the knowledge, attitude, and perception of Ebola virus infection among secondary school children of Nigeria,

found that most of the participants had inadequate knowledge and carried a negative attitude towards the outbreak.
When anxiety affects a larger population, it may result in panic buying, leading to exhaustion of resources. It also can lead to limitations in daily activities, avoidance behavior causing limited socialization, self-medication. Because of anxiety, people adopt various unwanted lifestyle and dietary modifications under the influence of rumors. These may affect mental health adversely. Hence, it is important to deal with the mental health difficulties in situations of the pandemic. Similarly, additional changes like – isolation, social distancing, self-quarantine, restriction of travel and the ever-spreading rumors in social media are also likely to affect mental health adversely.[15]
It is recommended that outbreak response measures use different levels of intervention. Levels are ranked according to the needs for social and cultural interventions based on basic services, up to specialized services provided to people with more difficult living conditions. Key principles include: do no harm; strengthen human rights and equality; apply participatory approaches using available resources and opportunities; engage in multilevel interventions and work with integrated support systems. In any epidemic condition, people usually experience stress and anxiety.[16] Reactions of people affected by the epidemic, either directly or indirectly, may include: fear of getting sick and dying; avoidance of appeals to medical institutions for fear of infection; fear of loss of livelihood, lack of ability to work in isolation, dismissal from work; fear of social exclusion/ quarantine due to illness (for example, racism against people from territories affected by the epidemic or perceived as such) a sense of helplessness in protecting relatives and fear of loss; fear of separation from relatives, guardians due to quarantine; refusal to take care of minors, people with disabilities or elderly people whose parents / guardians are in quarantine, for fear of infection; feeling of helplessness, boredom, loneliness and depression due to isolation; Fear of reliving the experience of a past epidemic.

CONCLUSION
Social stigma in health matters - the emergence of a negative association of a certain disease with a specific person or group of people with common characteristics. During an outbreak, the disease can be expressed in the prevalence of bias, stereotypes, discrimination and segregation of such people and / or in the loss of their status due to their perceived connection with the disease.

REFERENCES
1. J.A. Rizaev, E. A. Rizaev, N.N. Ahmadaliyev, Coronavirus disease (covid-19): a modern view of the problem from the

position of physiological effects of melatonin, Journal of Biomedicine and Practice, 2020.

2. Priya Bansal, Theresa A.Bingemann, Matthew Greenhawt, Giselle Mosnaim, Marcus Shaker Clinician Wellness During the COVID-19 Pandemic: Extraordinary Times and Unusual Challenges for the Allergist/Immunologist The Journal of Allergy and Clinical Immunology: In Practice In press, journal pre-proof Available online 4 April, 2020.

3. Waleed Rana, Sonia Mukhtar, Shamim Mukhtar Mental health of medical workers in Pakistan during the pandemic COVID-19 outbreak Asian Journal of Psychiatry 2020; 51.

4. Abebe, T.B., Bhagavathula, A.S., Tefera, Y.G., Ahmad, A., Khan, M.U., Belachew, S.A., Brown, B., Abegaz, T.M., 2016. Healthcare professionals' awareness, knowledge, attitudes, perceptions and beliefs about Ebola at Gondar University Hospital, Northwest Ethiopia: a cross-sectional study. J. Public Health Afr. 2016;7:570.

5. Steven Halepas, Elie M. Ferneini A Pinch of Prevention is Worth a Pound of Cure: Proactive Dentistry in the Wake of COVID-19. Journal of Oral and Maxillofacial Surgery In press, journal pre-proof Available online 9, April 2020.

6. Fiorillo A, Gorwood P. The consequences of the COVID-19 pandemic on mental health and implications for clinical practice. European Psychiatry. 2020 Apr 1:1-4.

7. Holmes EA, O'Connor RC, Perry VH, Tracey I, Wessely S, Arseneault L, Ballard C, Christensen H, Silver RC, Everall I, Ford T. Multidisciplinary research priorities for the COVID-19 pandemic: a call for action for mental health science. The Lancet Psychiatry. 2020;1.

8. Banerjee, D., 2020. The COVID-19 outbreak: crucial role the psychiatrists can play. Asian J. Psychiatry. https://doi.org/10.1016/j.ajp.2020.102014.

9. World Health Organization. Mental health and psychosocial considerations during the COVID-19 outbreak, 18 March 2020. World Health Organization; 2020.

10. Rubin, G.J., Amlôt, R., Page, L., Wessely, S., 2009. Public perceptions, anxiety, and behaviour change in relation to the swine flu outbreak: cross sectional telephone survey. BMJ. WHO, 2020a. Pneumonia of Unknown Cause – China. URL https://www.who.int/csr/ don/05-january-2020-pneumonia-of-unkown-cause-china/en/ (Accessed 3.31.20). .

11. Roy D, Tripathy S, Kar SK, Sharma N, Verma SK, Kaushal V. Study of knowledge, attitude, anxiety & perceived mental healthcare need in Indian population during COVID-19 pandemic. Asian Journal of Psychiatry. 2020 Apr 8:102083.

12. WHO, 2020b. Coronavirus Disease 2019 (COVID-19) Situation Report – 46. URL https:// www.who.int/docs/default-source/coronaviruse/situation-reports/20200306-sitrep46-covid-19.pdf?sfvrsn=96b04adf_2 (Accessed 3.31.20).

13. Johnson, E.J., Hariharan, S., 2017. Public health awareness: knowledge, attitude and behaviour of the general public on health risks during the H1N1 influenza pandemic. J. Public Health 25, 333–337.

14. Ilesanmi, O., Alele, F.O., 2016. Knowledge, attitude and perception of Ebola virus disease among Secondary School Students in Ondo State, Nigeria, October, 2014. PLoS Curr.

15. WHO, 2020c. Rolling Updates on Coronavirus Disease (COVID-19). URL https:// www.who.int/emergencies/diseases/novel-coronavirus-2019/events-as-they-happen (Accessed 3.31.20).

16. WHO, 2020d. Coronavirus Disease 2019 (COVID-19) Situation Report – 70. Yao, H., Chen, J.-H., Xu, Y.-F., 2020. Rethinking online mental health services in China during the COVID-19 epidemic. Asian J. Psychiatry. https://doi.org/10.1016/j.ajp. 2020.102015. 102015.

74