



Stigma and Negative Attitudes towards the Clients with COVID-19 and Coping Strategies: Implication for Social Work

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Abstract

In December 2019, in the Chinese city of Wuhan, the New Corona Virus appeared. It was classified by the World Health Organization on March 11th, 2020 as a pandemic. The number of infected people over the world has reached 35,659,007, including 1,044,269 deaths until now. Its emergence has been accompanied by many social problems that require the social work response. This article discusses the social stigma for people with COVID-19 and its effects on them. In addition, the article develops a set of facing strategies that may be useful for social workers over the world in responding to the stigma of those people.

Keywords: Stigma; Negative attitudes; Coronavirus (COVID-19); Egypt

Introduction

The stigma is one of the important topics in social work which has always been concerned with dealing with the stigma of clients infected with HIV, cancer, leprosy, venereal diseases, psychiatric diseases such as schizophrenia, skin diseases, addiction, disabilities, juvenile deviation, and infectious diseases [1-8]. Kucharsky indicated, in his book "The Rules of Infection", that history tells us that epidemics lead to the stigmatization of societies. This can make controlling epidemics more difficult. Stigmatizing behaviour's towards individuals infected with epidemics can make families deny that they have an infected person. It makes people reluctant to report about the patient which increases the infection spread [9].

Covid-19 can be accompanied by discrimination and social stigma for infected people, their families, their health care and frontline workers. Stigma and discrimination must be faced through some steps through all stages of responding to Covid-19. Wang indicated that people tend to overreact and prejudice towards patients, especially when they feel that they are more exposed to the infection [10]. Logie & Turan explained that there is a need for more studies that provide us with information which help to reduce the stigma of COVID-19, with the need to find

effective strategies that prevent the stigma from occurring with people who have a contact with New Corona Virus victims [11].

When and how does Corona Victims' Stigma Occur?

The evidence indicated that public health emergencies such as (Covid-19) represent difficult times for people and societies. Fear and anxiety from disease can lead to a social stigma towards people, places, or things. Stigma and discrimination can occur when people associate a disease, such as COVID-19, with a population or a nationality. The stigma towards the patient appears when some people associate the virus with a specific person, place, or society. Stigma also occurs after a person leaves quarantine however, he/she is not a risk for spreading the virus. It also appears when some people die of the virus. People who work in health care may also feel stigmatized as people assume, they have the virus [12].

Effects Based on Corona Virus Victims' Stigma

Stigmatized groups can be exposed to the following risks: social avoidance or rejection; deprivation of health care, education, housing, and work; physical violence; as well as the effects of

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stigma on the emotional or mental health of stigmatized groups and the societies in which they live. Stigma can lead to social isolation and the spread of the virus. This leads to health problems and a disease outbreak. Stigma can make people hide infection and deprive people of health care [12].

Three Examples Stigmatic Feelings towards Corona Victims in Egypt

Like most countries in the world, Corona Virus appeared in Egypt. The number of people infected has reached nearly 3,500 people. One of the main concerns that have been linked to its emergence in Egypt is the fear of showing that people are infected leading to negative trends and feelings of stigmatization from their community and families. In Egypt, for example, some of people in a village of northern Egypt refused to bury a doctor because she died out of the virus. They believed that the dead person could infect the rest of people. In Cairo, some families gathered and demanded that one of the doctors leave her house immediately just because she works in a hospital dealing with Corona Virus cases. They were worried that she may infect their children. The third example is about an infected person who recovered from the virus and stated that some of his neighbours refused to let him continue staying in the same street and asked him to leave his house because they believed that he was still suffering from the virus. These three examples summarize the stigma of some members of society. In addition, there is the stigma of those who have a contact with Corona Virus victims, medical staff, or victims' families and relatives.

Strategies to Counter Stigmatic Behaviour's Towards Corona Virus Infected People and Those in Contact with them

With the increasing feelings and behaviours of stigma towards individuals infected with Corona Virus, many international organizations such as the WHO, IFRC, UNCIF and the Centre for Disease Control have rushed to publish several strategies to deal with stigmatic behaviour's towards the infected people. These organizations have demanded stopping the stigma as important requirements to make members of societies resist this epidemic. Everyone can help in stopping the stigma related to Covid-19 through the following points [12,13]:

1. Knowing the facts about the virus and sharing it with others in the community.
2. Sharing precise information about how the virus spreads.
3. Maintaining the privacy and confidentiality of those seeking health care and those who are in contact with the infected person.
4. Raising awareness about Covid-19 without raising fear.

5. Speaking about the negative effects associated with stigmatizing the infected persons and their families including negative data on social media about groups of people or excluding those people who don't constitute danger from daily activities.
6. Making sure to take care about the images that are shared on social media and ensuring that they do not reinforce stigmatic stereotypes about the infected.
7. Participating in stigmatized groups across media channels including news media and social media.
8. Delivering support, encouragement, and thanksgivings to those who are on the frontlines of this outbreak (health care workers, volunteers, community leaders, etc.).
9. Demanding help from people who travelled to areas where Covid-19 outbreak occurred for providing valuable services to the society by helping to ensure that this disease does not spread significantly and providing the most appropriate ways to prevent this virus.
10. Providing all forms of social support to the people who have returned from China or are concerned about friends or relatives in the affected area as well as providing psychological support to the infected persons and their families.
11. There is a need for collective solidarity and global cooperation to prevent further transmission and reduce the concerns of societies.
12. Sharing sympathetic narratives that humanize the experiences and struggles of individuals or groups affected by the new Corona Virus (Covid-19).

It is worth noting that in order to deal with the stigmatic behaviour's towards those infected with Corona Virus in Egypt, the Egyptian government gave the name of doctor Sonia Aref, who died of the Corona Virus and some people from her village refused to bury her due to their fear of infection, to a school in this village and also to a hospital for Hospital of Infectious Diseases in Cairo. The government also launched a campaign to stop bullying against doctors and against people infected with the virus. Religious institutions also prohibited the negative perception towards the people living with the virus. At the end of this article, we invite researchers to conduct more descriptive studies, as well as to test the effectiveness of therapeutic interventions in reducing stigma for the New Corona Virus patients and their families.

Declaration of Interest

The author has no relevant affiliations or financial involvement with a financial interest in or financial with the subject matter or materials discussed in the manuscript.



Conflicts of Interest

There is no conflict of interest.

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