



Social Stigma Covid-19

Experiences of **Social Stigma** among Patients Tested Positive for COVID-19 and Their Family Members A Qualitative Study

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INTRODUCTION

Stigmatized people attributed to infectious diseases may experience

- **rejections** from **partners, family, friends, dismissal from work**, and declined quality of **health services** received
- causing **alienation, depression, or anxiety**

Social stigma against persons affected by COVID-19 may have been negatively impacted their **emotion, mental, and physical well-being**

OBJECTIVE

To explore the experience of social stigma among COVID-19 positive patients and their family members.

METHODOLOGY

Study Design	Exploratory Qualitative Study using In-Depth Telephone Interview
Duration	Apr to Jun 2020
Study population	Malaysian adults, 18-65 years old. Patient: tested <u>positive</u> for COVID-19 recovered, and discharged home for at least one month Family member: tested <u>negative</u> for COVID-19, have been residing with the patients for at least once a week to provide care and support on a regular basis
Sampling	Purposive Sampling, cold call method (12 patients, 6 family members)
Analysis	Thematic analysis

RESULTS

Emerging Themes

I. Stigmatization Experience

Isolation

'The nurse was terrified, the doctors were afraid. The nurse was sitting far away from me, didn't want to be with me for long, nor talk to me...' (58 years old female participant)

Labelling

'Yes, in the end [the neighbour] were fine, not that worried, but we are still being labelled as COVID-19'. (42 years old male family member)

Stereotyping

'Maybe they felt that this (previously) positive COVID (people) would infect them, [and then] infect their families'. (33 years old female participant)

Blame

That doctor scolded me for returning to hometown. I was wondering what is wrong with that. My purpose was to visit my family and I never expected to get sick... (58 years old female participant)

II. Disease Disclosure Perspectives

Refused to disclose

Selective disclosure

Willing to disclose

III. Stigma Reduction Suggestions

Government supports

'To me, MOH or MKN should provide details where we as former COVID patients will not be "contagious" nor spread the disease... This means that workers can return to work without any problems...' (31 years old Malay male patient)

The society and public

'We need to spend more time talking to people and let them know how we get infected, what are the symptoms, and the conditions in the hospital...' (31 years old Malay male participant)

Health care providers' support

'Counselor can offer some guidance to (hospital) workers who are not COVID positive on how to prevent stigma (against person inflicted by COVID-19)'. (38 years old female participant)

Religious support

The Ustaz may help by supporting those of us who are Muslims. Sometimes, we say a predestined test and the Ustaz may help spiritually if anyone is stressed out. (43 years old female participant)

Colleagues' support

If possible, we should try to work as before COVID-19. Try to create a warmth of human relationships just as before COVID-19, a happy and work friendly environment; however, now all this has been diminished... (38 years old Malay participant)

DISCUSSION

Stigma experience of COVID-19 inflicted group were **similar experience to those affected by other infectious disease e.g. HIV/TB.**

Stigma in health facilities

- Stigma against person suspected with and recovered from COVID-19 by the health workers in health facilities.

Overcome stigma in health facilities

- Teach health workers about stigma, its manifestations and effect on patients' health.
- Engage health workers to be in contact with the stigmatized group.
- Empowered the stigmatized group to improve coping mechanism.

Contributing factors of stigma in general public:

- Lack of understanding & knowledge
- Misconceptions & misinformation on this disease.



Interventions: require **collaboration of stakeholders** from different fields including the **government, health workers, the public and key opinion leaders**

- MOHM has informed the public about '**do and don'ts**' when interacting with COVID-19 patients & their family members
- To **provide accurate information** on disease prevention, treatment options, accessibility of health care to be disseminated **to the public in plain language.**
- Authorities, media and recovered persons to **share sympathetic narratives** that humanize the experiences and struggles of the infected patients or family members

CONCLUSION

- The recovered patients and their family have been isolated, labelled, and stereotyped for contacted COVID-19.
- **Non-disclosure** was mainly due to **fear and lack of public understanding** of the COVID-19 disease
- Social stigma mitigation requires the collaboration of stakeholders from different fields include **sharing of experience** from the recovered patients.