

A guide to preventing and addressing social stigma¹ associated with COVID-19



This document suggests actions to reduce the social stigma that some people experience during disease outbreaks.

Target audience: Government, media and local organisations working on COVID-19.



Social stigma reduces the effectiveness of the COVID-19 response

When we reduce the social stigma associated with diseases such as COVID-19, we improve the effectiveness of the response. Social stigma in a health context is the negative association between people who share certain characteristics and/or have a specific disease. In an outbreak, people who have a perceived link with the disease might experience discrimination. They may be treated separately and/or experience a loss of status.



Social stigma can affect people with the disease, and their caregivers, family, friends and communities. People who don't have the disease but share other characteristics with this group may also suffer social stigma.

The COVID-19 outbreak has caused social stigma and discriminatory behaviours.

People of certain ethnic backgrounds and anyone perceived to have been in contact with the virus are most affected.

A Lack of knowledge leads to social stigma

The social stigma associated with COVID-19 is based on three main factors:

- 1) it is a new disease about which there are still many unknowns
- 2) we are often afraid of the unknown
- 3) it is easy to associate that fear with 'others'.

It is understandable that there is confusion, anxiety, and fear among the public. Unfortunately, these factors also fuel social stigma.

Social Stigma drives unhealthy behaviour

Stigma can undermine social cohesion and unfairly marginalising certain groups and individuals. This makes the virus more likely to spread and can result in more severe health problems and difficulties controlling a disease outbreak.

Stigma can:

¹ This checklist includes recommendations from Johns Hopkins Center for Communication Programs, READY Network.

- Drive people to hide the illness to avoid discrimination
- Prevent people from seeking health care immediately
- Discourage people from adopting healthy behaviours

How to address social stigma

Social stigma around communicable diseases reduces the response effectiveness. To counter it, we must build community trust in health services and advice. We must enable communities to understand the disease, adopt effective, practical measures to manage it, and to show empathy with those affected.

How we communicate about COVID-19 is critical. We support people to take effective action to combat the disease when we create an environment where people can discuss and address the disease and its impact openly, honestly and effectively. That in turn reduces fear and the social stigma that comes from it.

This document includes suggested actions to reduce social stigma:

1. Words matter: dos and don'ts when talking about COVID-19
2. Do your part: simple ideas to address and prevent stigma
3. Communication tips and messages.

1. Words matter: dos and don'ts when talking about COVID-19

Certain terminology may fuel social stigma. Terms like 'suspect case' and 'isolation' are examples. They can promote existing negative stereotypes, strengthen false associations between the disease and other factors, create fear, or dehumanise those who have the disease.

This can discourage people 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 the media are especially important, because these will shape the popular language and communication on COVID-19. Negative reporting can influence how communities perceive and treat people suspected to have COVID-19, patients and their families and affected communities.

There are many examples of how inclusive language and less stigmatizing terminology helps to control epidemics and pandemics from the HIV, TB and H1N1 Flu.²

Dos and Don'ts

Below are some **dos and don'ts** on language when talking about COVID-19:

Do - talk about the new coronavirus disease (COVID-19)

Don't - attach locations or ethnicity to the disease. Don't refer to it as "Wuhan Virus", "Chinese Virus" or "Asian Virus".

The official name for the disease was deliberately chosen to avoid stigmatisation - the "co" stands for Corona, "vi" for virus and "d" for disease, 19 is because the disease emerged in 2019.

² [UNAIDS terminology guidelines](#): from 'AIDS victim' to 'people living with HIV'; from 'fight against AIDS' to 'response to AIDS'.

Do - talk about “people who have COVID-19”, “people who are being treated for COVID-19”, “people who are recovering from COVID-19” or “people who died after contracting COVID-19”

Don't - refer to people with the disease as “COVID-19 cases” or “victims”

Do - talk about “people who may have COVID-19” or “people who are presumptive for COVID-19”

Don't - talk about “COVID-19 suspects” or “suspected cases”.

Do - talk about people “acquiring” or “contracting” COVID-19

Don't talk about people “transmitting COVID-19” “infecting others” or “spreading the virus” as it implies intentional transmission and assigns blame.

Using criminalising or dehumanising terminology creates the impression that those with the disease have somehow done something wrong or are less human than the rest of us. This feeds stigma, undermines empathy, and potentially fuels reluctance to seek treatment or attend screening, testing and quarantine.

Do - speak accurately about the risk from COVID-19, based on scientific data and latest official health advice.

Don't – use hyperbolic language designed to generate fear like “plague” or “apocalypse”.

Don't - repeat or share unconfirmed rumours.

Do - talk positively and emphasise the effectiveness of prevention and treatment measures. For most people this is a disease they can overcome. There are simple steps we can all take to keep ourselves, our loved ones and the most vulnerable safe. We need to work together to help keep those who are most vulnerable safe.

Don't - emphasise or dwell on the negative, or messages of threat.

Do - emphasise the effectiveness of adopting protective measures to prevent acquiring COVID-19, as well as early screening, testing and treatment.

2. Do your part: simple ideas to address and prevent stigma

Governments, citizens, media, key influencers and communities have an important role in preventing and stopping social stigma. We all need to show supportive behaviours around COVID-19 when communicating on social media and other communication platforms. Here are some examples and tips on possible actions to counter social stigma:

- **Spread the facts:** Insufficient knowledge about COVID-19 increases social stigma. Collect, consolidate and disseminate accurate country- and community-specific information about affected areas, individual and group vulnerability to COVID-19, treatment options and where to access health care and information. Use familiar language and avoid clinical terms. **Social media** is useful for reaching many people with health information at relatively low cost.³

³ Nigeria successfully contained the 2014 Ebola outbreak that affected three other countries in West Africa partly through employing targeted social media campaigns to disseminate accurate information and correct hoax messages circulating on Twitter and Facebook. The intervention was particularly effective because international non-governmental organisations (NGOs), social media influencers, celebrities and bloggers used their broad platforms to forward and share information and opinions on the

- **Engage social influencers**⁴ such as religious leaders or other community leaders. Encourage them to prompt their communities to reflect about people who are stigmatized and how to support them and reduce social stigma. Use respected celebrities to promote targeted messages. The celebrities who communicate this information must be personally engaged, and geographically and culturally appropriate to the audiences they seek to influence. An example would be a mayor (or another key influencer) going live on social media and shaking hands with the leader of a stigmatised community.
- **Amplify the voices**, stories and images of local people who have experienced COVID-19 and prove that patients do recover. Emphasise that most people do recover from COVID-19.
- **Implement a “hero” campaign** honouring caretakers and healthcare workers who may be stigmatized. Community volunteers also play a great role in reducing stigma in communities.
- **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.
- **Promote ethical journalism**: Promote content around basic infection prevention practices, symptoms of COVID-19 and when to seek health care. A focus on individual behaviour and patients’ responsibility can increase stigma of people who may have the disease. For example, some media outlets focus on the source of COVID-19, trying to identify “patient zero” in each country. Emphasizing efforts to find a vaccine and treatment can increase fear and give the impression that we are powerless to halt infections.
- **Link up**: There are several initiatives to address social stigma and stereotyping. Participate in these activities to create a movement and a positive environment that shows care and empathy for all.

3. Communication tips and messages

An “**infodemic**” of misinformation and rumours is spreading more quickly than the current outbreak of COVID-19. This contributes to negative effects including social stigma and discrimination against people from areas affected by the outbreak. We need collective solidarity and clear, actionable information to support communities and people affected by this new outbreak.

Misconceptions, rumours and misinformation contribute to social stigma and discrimination which reduces response effectiveness.

- **Address misconceptions but** acknowledge that people’s feelings and subsequent behaviour are real, even if the underlying assumption is false.

health communication shared. Fayoyin, A. 2016. Engaging social media for health communication in Africa: Approaches, results and lessons. *Journal of Mass Communication and Journalism*, 6(315).

⁴ The term “Angelina Jolie effect” was coined by public health communication researchers to account for increased Internet searches about breast cancer genetics and testing for several years after 2013 actress Angelina Jolie underwent a much-reported preventative double mastectomy. The “effect” suggests that celebrity endorsements from trusted sources can be effective at influencing the public to seek health knowledge, their attitudes towards and uptake of healthcare services for Covid-19.

- **Promote the importance of prevention**, lifesaving actions, early screening and treatment.

Collective solidarity and global cooperation prevent further transmission and alleviate the concerns of communities.

- **Share sympathetic narratives** or stories that humanize the experiences and struggles of individuals or groups affected by COVID-19
- **Communicate support** and encouragement for those who are on the frontlines of response to this outbreak, including health care workers, volunteers, and community leaders.

Facts, not fear, will stop the spread of COVID-19

- Share facts and accurate information about the disease.
- Address [myths](#) and stereotypes.
- Choose words carefully. The way we communicate can affect the attitudes of others (see do's and don'ts above).