

Stigma associated with COVID-19 infection in Palestine

Introduction

On January 30, 2020, the World Health Organization (WHO) declared Coronavirus Disease 2019 (COVID-19) as a global health emergency. On March 11, 2020, with the rapid escalation in the number of cases, WHO announced COVID-19 as a pandemic.¹ COVID-19 has elevated fears among people due to the uncertainty regarding the virus, and the spread of misinformation and fake news, despite the large amount of information being published by credible outlets and agencies.² COVID-19 survivors often feel unwelcome and experience social avoidance by the community.³ WHO expressed its concern regarding the stigma caused by COVID-19 as it can encourage infected cases to avoid seeking healthcare in an effort to protect themselves from discrimination, impeding the ability of public health authorities to detect infections early on and control transmission of the disease.⁴

In July 2020, the Palestinian National Institute of Public Health (PNIPH), in partnership with the Ministry of Health (MoH), conducted a cross-sectional study on the perceived quality of quarantine/isolation services⁵ among patients who had recovered from COVID-19. Study participants were selected from a list provided by the MoH of patients who contracted COVID-19, were discharged from isolation/quarantine centers, and finished home quarantine. Data was collected through phone interviews. For study participants below the age of 16, their mothers were interviewed instead of the patients themselves.

The response rate was 46.5% (93/200). The study included 93 patients (77 from the West Bank and 16 from Gaza). The stigma questions in the survey were developed based on the abbreviated Berger HIV stigma scale.⁶ To better understand the stigma faced by the recovered patients, three sub-scales were used in the analysis:

1. Personalized stigma (consequences of other people knowing their status)
2. Disclosure concerns regarding COVID-19
3. Public attitudes (what people think about COVID-19)

¹ World Health Organization. Coronavirus disease (COVID-19), Situation Report: World Health Organization; 2020 [Accessed on 2020 18th July]. Available from: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports>.

² Yeen Huang and Ning Zhaoa, "Generalized Anxiety Disorder, Depressive Symptoms and Sleep Quality during 2 COVID-19 Epidemic in China: A Web-Based Cross-Sectional Survey," *medrxiv* (2020).

³ Pandey, T. (2020), "Raipur woman gets herself tested for covid-19, battles stigma to save parents, grandparents. India today", Accessed on 2020 18th July. Available at <https://www.indiatoday.in/india/story/raipur-woman-battles-coronavirus-stigma-gets-tested-1663446-2020-04-05>

⁴ World Health Organization (2020), "Social stigma associated with COVID-19". Accessed on 2020 18th July. Available at <http://www.emro.who.int/pse/palestine-news/landing-page-for-covid19.html>

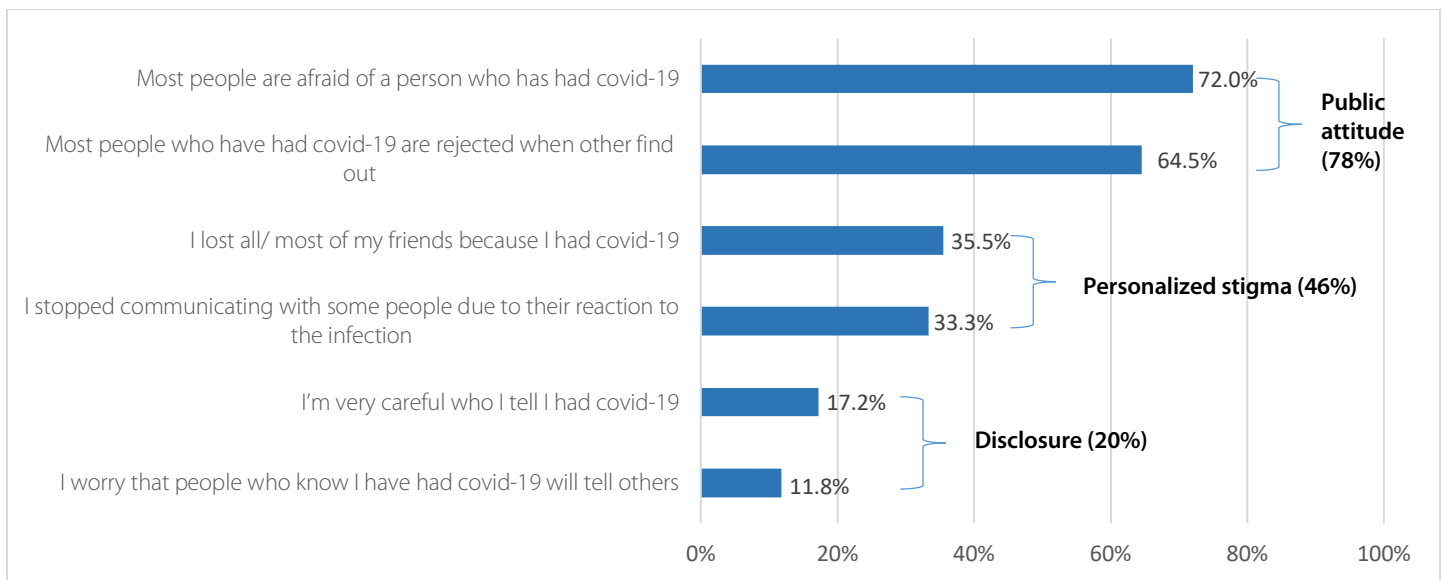
⁵ Isolation refers to quarantine of patients in hotels, while quarantine refers to quarantine of patients in hospitals/health centers.

⁶ Wright K, Naar-King S, Lam P, Templin T, Frey M. Stigma scale revised: reliability and validity of a brief measure of stigma for HIV+ youth. *Journal of adolescent health*. 2007 Jan 1;40(1):96-8.

Main Findings

Stigma against recovered COVID-19 patients

Based on study findings, there were mixed feelings towards patients infected with COVID-19: 46% of respondents felt that people feared them once they knew they were infected, while 44% felt empathy and support. Based on study participants' reports, around 32.3% were bullied and blamed for getting the infection.

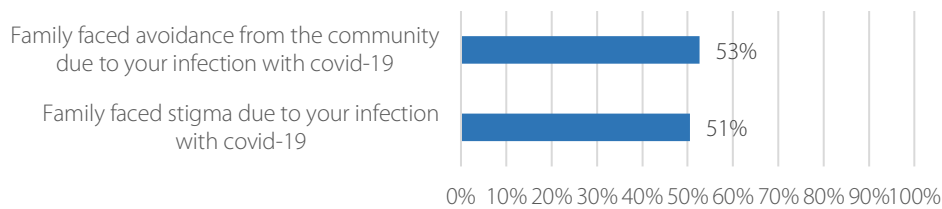


According to the study, public attitude was the most reported stigma, with 78% of respondents reporting that people were afraid of and/or rejected those who were infected with COVID-19. When asked about major stressors during quarantine, according to the 64 participants who reported psychological distress during quarantine, the most prevalent were social stigma (66%) and being blamed and accused of infecting others (63%). Personalized stigma was reported by 46%, who indicated that they stopped socializing with people and/or lost most or all of their friends due to their infection. Around 20% reported disclosure concerns, being careful who they told that they had been infected with COVID-19, and/or that they worried that people would tell others once they knew about their infection. Around 13% of respondents blamed themselves for getting infected and around 63% of study participants reported that being blamed for getting the infection was among the stressors they experienced during quarantine.

Stigma against families of COVID-19 patients

As was the case with community reaction towards those infected with COVID-19, there were also mixed feelings towards the families of patients with COVID-19. More than half of the interviewed COVID-19 patients' families faced avoidance or stigma from the community. In fact, social rejection against the family was among the top reported stressors during quarantine.

Stigma against families of patients with COVID-19



The existing social support system in Palestine that has sustained Palestinians and helped them manage daily life under occupation was also reflected during the pandemic—68% of the interviewed COVID-19 patients' families received support from the community.

Recommendations⁷

Health communication strategies

- Use language that respects and empowers COVID-19 patients through all communication channels. Governments, citizens, media, social influencers, religious leaders, and communities have an important role to play in preventing and stopping stigma surrounding people who have COVID-19. Avoid using words such as suspected case or isolation, and language that may have a negative meaning for people and fuel stigmatizing attitudes. This language 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.
- Correct misconceptions while acknowledging that people's feelings and subsequent behavior are very real, even if the underlying assumption is false. For example, study results show that stigma continues after recovery based on the false assumption that the person infected is still contagious.
- Share sympathetic narratives that humanize the experiences and struggles of individuals or groups affected by COVID-19 rather than blaming them for contracting or spreading the infection, especially to family members. This could be achieved by documenting personal stories through short videos on COVID-19 patients that show best practices while focusing on the positive outcomes of prevention and disease control.
- Share accurate information about the disease. Differences in numbers of patients with COVID-19 released by mayors and the MoH is one of the factors contributing to local mistrust.
- Challenge myths and stereotypes. This is especially important in Palestine regarding the stigma against workers and people visiting from the occupied 48 lands.
- Choose words carefully. The way we communicate can affect the attitudes of others. Below is a table adapted from WHO regarding COVID-19 communication "Dos and Don'ts."

"We had to find a name that did not refer to a geographical location, an animal, an individual, or a group of people, and which is also pronounceable and related to the disease" Tedros Adhanom Ghebreyesus, WHO Director General.

1 out of 3 interviewed recovered COVID-19 patients said that stigma continued or increased after recovery.

In our study, 73% of participants who reported psychosocial stress during quarantine reported official public announcements regarding the outbreak as a main stressor.

⁷ World Health Organization. Social Stigma Associated with COVID-19. A guide to preventing and addressing social stigma. Work Health Organization. 2020.

Do	Don't
"People who have COVID-19"	"COVID-19 cases"
"People who may have COVID-19"	"Suspected cases"
Speak accurately about the risk from COVID-19, based on scientific data and the latest official health advice	Repeat or share unconfirmed rumors
Talk positively and emphasize the effectiveness of prevention and treatment measures. For most people this is a disease they can overcome.	Emphasize or dwell on negative or threatening messages
People who go to, work in, or visit areas where the disease is widespread and the risk of infection is higher need to take extra precautions (list the measures that are applied in the country, whether it is wearing protective gear or self-quarantine for a specific number of days after visiting).	Attach locations, for example singling out residents of Jerusalem, residents of 1948 occupied land, or individuals working in settlements

Policy level Strategies

- Develop a strategy to implement community-based interventions designed to mobilize different social actors to address stigmatizing behaviors at multiple levels (individual, community, and national) to comprehensively advocate against stigma and discrimination.
- Implement strategies that ensure and protect the rights of recovered patients to return to socially and economically productive lives.
- Cooperate on a multi-disciplinary level to engage stakeholders from different governmental sectors (health education, information), UN agencies, NGOs, and grassroots organizations to implement interventions against stigma.

More than half of the employed respondents (51%) reported losing their jobs due to their infection and most of whom are workers. Moreover, 34% of the employed study participants reported fear of losing their job due to their infection with COVID-19

Study Limitations

The study sample was convenient, and included a limited number of study participants from Gaza due to the smaller number of patients who contracted COVID-19 at the time of data collection, and the longer duration of quarantine (2 weeks in the West Bank and 3 weeks in Gaza). As a result, we did not have enough recovered patients in Gaza who were discharged from the quarantine center and finished home quarantine. The low response rate was also a limiting factor, as those who did not consent to participate in the study may have had different exposures to stigma than those who did participate. However, the study provides insight on recovered patients' perceived stigma against them and their families in the earlier months of the outbreak which can inform policy and decision makers for future interventions.