



Vrije Universiteit Brussel



# Stigmatisation and discrimination: The inevitable social companions of public health crises.

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# What am I going to speak about?

1. What is stigmatisation and why does it occur?
2. The relationship of stigmatisation with discrimination.
3. Historical examples of stigmatisation and discrimination in epidemic contexts.
4. Why are epidemic contexts so conducive to incidences of stigmatisation and discrimination?
5. Potential strategies to reduce these harms.

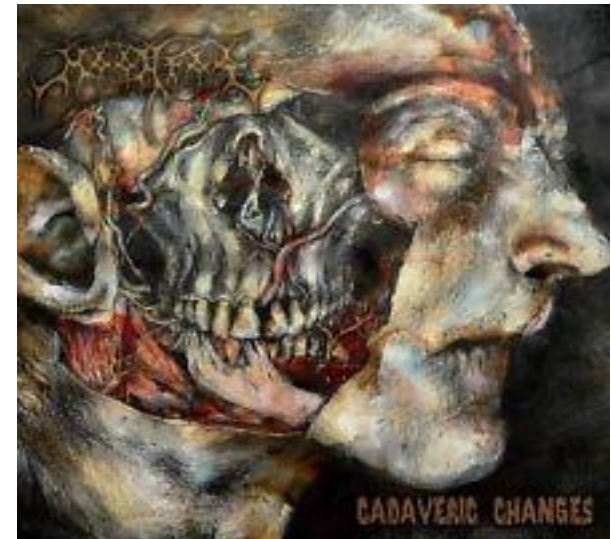
# What is Stigmatisation and Why Does It Occur (1)

- Stigmatisation can be thought of as a bio-cultural phenomenon
  - Has biological, psychological and cultural influences
  - Psychological literature often speaks of ‘affective’ and cognitive processes.
- Our disposition to stigmatise and feel stigmatised is likely linked to our evolution as a species
  - Evolved in small hunter gatherer groups.
  - Connected to the need to maintain reciprocal exchange



# What is Stigmatisation and Why Does It Occur (2)

- **Affective components of stigma**
  - A receptivity to signals denoting disloyalty, selfishness, weakness and disease
  - Instinctive revulsion to blemishes, boils, lesions, sores or signs of illness e.g. coughing or fever
  - Can induce feelings of disgust, fear, aversion etc. (such behaviour even observed in animals?)



# What is Stigmatisation and Why Does It Occur (3)

- **Cognitive components of stigma**
- Involves thoughts beliefs, experiences, cultural context etc.
- Cognitive elements can accentuate or attenuate effective impulses that can lead to stigmatisation.
- Represents an opportunity to reduce unwanted stigmatisation
- Also represents a threat in instances where misinformation can fuel stigmatising responses (e.g. myths in epidemic events)



# The Two Sides the Stigmatisation Coin

- The same sensitivity towards stigmatised traits makes us sensitive to the disapproving opinions of others.
- An evolved sense of being looked down upon or being rejected.
- The 'sociometer' response
- Feeling stigmatised can produced a range of harmful outcomes
  - Loss of self esteem/internationalisation.
  - Coping strategies e.g. avoidance and denial.

# What is Discrimination?

Common definition: ***The differential treatment of two different categories of individuals based on factors that should not be taken into account***

- Involves stereotyping that often represents a simplification that does not consider an individual's individual aspects enough.
- Some forms of discrimination are prohibited by the law.
- Most are not prohibited – democratic societies permit a wide range of discriminatory activity.
- Discrimination in addition to being morally dubious can worsen existing patterns of exclusion and marginalisation



# Stigmatisation and Discrimination – Similar But Different

- Often occur in the same contexts, one can lead to the other.
- Both involve some form of stereotyping
- Can both be tackled by debunking false stereotypes
- Some forms of discrimination may be prevented by legal frameworks, many will not be.
- Stigmatisation does not require 'treatment' – this makes it more difficult to tackle with legal solutions.

# Stigmatisation and Discrimination Commonly Occur In Epidemic Contexts

- Fear of infection stimulates powerful affective responses
- A vacuum of reliable information can lead to the formation of harmful myths
- Such myths often target already vulnerable groups
  - Groups that are already vulnerable and marginalised e.g. immigrants
  - Groups that are already associated with an increased risk of disease
- Individuals can be denied access to goods and services based upon inaccurate stereotypes
- ‘Genie out of the bottle effect’.

# Example: SARS

- Emerged in China
- A defined point of origin allowed the condition to become associated with individuals of Chinese or even sometimes Southeast Asian origin.
- Even individuals with tenuous links to these regions faced stigmatisation and discrimination.
- Medical staff treating individuals infected with SARS faced stigmatisation.



# Example: SARS (2)

- A Centre for Disease Control analysis of SARS related phone calls in April – May 2003 (during May 2003), 7,327 SARS-related calls were received; 4,013(54.7% of these calls were passively sampled) showed that an average of 10% of callers expressed concerns related to fear, stigmatization, and discrimination.
- Major concerns included the following:
  - Fears concerning the purchase Asian merchandise (187 calls); working with Asians (83 calls); living near Asians (45 calls); going to school with Asians (41 calls); and more generic issues such as being on a cruise ship or airplane (77 calls); and church, school, or workplace issues (65 calls) (Xinyu Jiang et al, 2006).

# Example: H1N1

- During the H1N1 pandemic the worldwide Mexican community was the subject of unwelcome the attention due to the fact that Mexico was perceived as being the origin of the new virus
- Ships refused to dock in Mexican ports (even though they were willing to dock in US areas where infections had also occurred)
- Mexican citizens (with no symptoms) were for confined by Chinese health officials and in some instances quarantined
- In the US, conservative media personalities blamed Mexican immigrants for spreading the disease across the border
- A reduced consumption of pork and stigmatisation of pig farmers. Discriminatory measures taken against pig farmers in Egypt.

# Example: Ebola(1)

- Families have concealed infected/dead individuals.
- Secret burials.
- Brutal stigmatisation of survivors/family members.
- Unwanted orphans.
- Individuals outside Africa with African origins have been the subject of stigmatisation and discrimination.
- Effects have extended to medical personnel in Africa and beyond.

# Example: Ebola

- Severe economic effects.
- 3 countries involved have been shunned by tourists and businesses.
- Airlines have refused to fly (often under pressure from unions) creating difficulties in managing the epidemic.
- African countries not involved have also been stigmatised, losing tourism and other economic opportunities. This has included states far from West Africa such as Kenya.



# Why is Stigmatisation So Destructive – Treatment Avoidance & Denial

- Individuals who feel that a condition is stigmatised may hide evidence of it from others worsening an epidemic.
- Individuals who possess a stigmatised trait often engage in denial, reducing the chances that they would seek treatment or testing.
- Individuals can become distrustful of health care providers.
- A loss in trust. Can have implications for future public health interventions and epidemics.





# Why is Stigmatisation So Destructive – Increased Marginalisation of Vulnerable Groups

- Victims of stigmatisation in times of epidemics are often those who are already marginalised
  - e.g. immigrants, individuals who have pre-existing conditions
- Destructive myths can create harmful effects that linger long after epidemic has finished
  - e.g. survivors of Ebola in Africa
- Stigmatisation can not simply be tackled with laws like discrimination can be. Impossible to simply outlaw (i.e. no equivalent of anti-discrimination laws)

# The Provision of Accurate Information Can Aid In Preventing Stigmatization in Epidemics

- Accurate and early information can prevent destructive myths from being created.
  - A role for the use of social media
- Myths need to be actively 'debunked' where they arise.
  - A role for the use of social media
- Care should be given not to attribute infectious agents to particular groups of people places or even animals.
  - E.g. 'Spanish' influenza of 1917, 'swine flu'

# Efforts Can Be Made Before, During and After to Avoid Unnecessary Stigmatisation

## Before

- Intervention in planning stages prior to epidemic events can be used to avoid potential stigmatisation.
- Many myths can be debunked during before and after an epidemic has begun.

## During

- The decisions of public health authorities to pursue certain courses of action should be explained with adequate reasoning in order to avoid incorrect conclusions being drawn that could lead to stigmatisation.

## After

- Where stigmatisation occurs it should be examined after the crisis has subsided so that lessons can be learned and plans made to avoid similar problems during future epidemics.

# The Importance of Consultation With Representative Groups

- **Consultation** with and feedback from stakeholders and community representatives can identify sensitive areas where stigmatisation might result.
- **Community representatives** can be used to communicate 'vicariously'.
- Community representatives, though their experience and contact with their respective communities, are **more likely to be aware of problems** linked to stigmatization and more able to suggest constructive solutions.
- **Feedback** from stakeholder and community representatives can allow stigmatising activities and messages to be identified and, where necessary, to be adjusted.

# Thank you for listening!

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