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Social Stigma and Other Consequences of COVID-19 Pandemic in Low Resource Setting, in Eastern Africa: The Need to Increase Preventive Efforts and Addressing the Consequences, 2020

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SUMMARY

Since the emergency of COVID-19 pandemics, many countries have been encountered a multitude of challenges. People have been facing health related and other social consequences throughout the world. It is too early to know the aggravated impact of COVID-19 on people living in resource-limited setting, like east Africa countries. In these countries, besides direct public health impact, the COVID-19 pandemic has provoked social stigma and discriminatory behaviors against people of certain ethnic backgrounds as well as anyone perceived to have been in contact with the virus. Social stigma can negatively affect those with the disease, as well as their caregivers, family, friends and communities. COVID-19 pandemics have also been provoked great impacts on daily social consumptions such as food and other food supplements. In addition, COVID-19 pandemic were overshadowed endemics diseases such as malaria, TB and HIV related care and antenatal care services as well as other non-communicable diseases prevention and control. Social stigma coupled with other consequences could result in more severe health problems, can undermine social cohesion and prompt possible social isolation of groups, which might contribute to a situation where the virus is more, not less, likely to spread and difficulties controlling a disease outbreak. Therefore, how we communicate about COVID-19 is critical in supporting people to take effective action to help combat the disease and to avoid fuelling fear and stigma. An environment needs to be created in which the disease and its impact can be discussed and addressed openly, honestly and effectively. This is a message for government, media and local organizations working on the COVID-19 infections.

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Background

With the emergency of new corona virus strain (COVID-19), various symptoms such as pneumonia, fever, breathing difficulty, and lung infections are the main heath problems worldwide [1, 2]. Since December 2019, cases of pneumonia of unknown etiology have been confirmed in Wuhan city, Hubei Province, China. As the 2019-nCoV is a newly identified pathogen responsible for the outbreak of the pandemic disease, there is no sufficient evidence to reveal the whole nature of this virus [3-6].

Starting March 2020, the WHO detected community transmission in some African countries (including Ethiopia) and the risk to spreading COVID-19 is due in large part to deep challenges in practicing social distancing and frequent hand washing in settings of high population density and lack of running water, as well as the non-specific symptoms of covid-19 that make it difficult to differentiate from endemic illnesses such as pneumonia, malaria and influenza [7-10].

It became clear that the COVID-19 infection occurs through exposure to the virus, and both the immunosuppressed and normal population appear susceptible. There are some groups that are at higher risk of getting very sick from the disease. This includes older adults and people who have serious medical conditions, such as heart, lung, or kidney disease, or diabetes [10, 11]. In addition, various adverse conditions like overcrowding, extreme climatic condition, pollution and shared accommodation could increase the risk of spread and transmission of COVID-19 infection. Africa is particularly susceptible because 56 percent of the urban population is concentrated in overcrowded and poorly serviced slum dwellings (excluding North Africa) and only 34 percent of the households have access to basic hand washing facilities [12]. The virus can spread when people are in close contact with one another, through coughs and sneezes. A person can also get the virus by touching surfaces where the virus is and then touching their mouth, nose or eyes. Still, research is underway to understand more about transmissibility, severity, and other features associated with COVID-19.

Social stigma as consequences of COVID-19 pandemic

Social stigma in the context of health is the negative association between a person or group of people who share certain characteristics and a specific disease [13]. In an outbreak, this may mean people are labeled, stereotyped, discriminated against, treated separately, and/or experience loss of status because of a

perceived link with a disease. Such treatment can negatively affect those with the disease, as well as their caregivers, family, friends and communities. People who don't have the disease but share other characteristics with this group may also suffer from stigma.

The current COVID-19 outbreak has provoked social stigma and discriminatory behaviors against people of certain ethnic backgrounds as well as anyone perceived to have been in contact with the virus. Prejudice against those affected by the virus, including frontline health workers and Diaspora communities and their families, is contributing to stigmatization across country and discouraging people from seeking healthcare if they develop symptoms[13, 14].

Several rapid assessments carried out by Save the Children in April, along with increasing anecdotal reports from staff indicate that, misinformation around how COVID-19 spreads is a concerning barrier to reducing infection rates of the disease [15]. The assessments found that: In Somalia of more than 3,000 people surveyed, 42% of respondents said they believed COVID-19 was a government campaign and around three quarters said that while they had heard of the virus, they did not feel they knew enough about it and 27% felt COVID-19 generated a stigma against specific minority groups in their community. Of these 32%, also felt it stigmatized all foreigners [15].

In Tanzania, an assessment of 121 people revealed that, 86% thought that COVID-19 generates stigma against particular groups [15]. In Zambia, a rapid assessment of 400 people found that while 57% of participants expressed an accurate understanding of how COVID-19 is contracted, most respondents had been exposed to inaccurate information, with 69% incorrectly saying that daily tooth-brushing prevented COVID-19. It also found that 43% believed that drinking alcohol could prevent transmission [15]. These findings reflect recent findings from the Africa Centre for Disease Prevention and Control, which found that while COVID-19 awareness is high across the continent, significant misconceptions exist. These include 55.8% of people believing that you should avoid people who have recovered from COVID-19 to prevent the spread of the disease.

Save the Children fears that people who have had COVID-19 and their families could be at risk of similar levels of stigmatization as those seen during the 2014-16 and 2018 Ebola outbreaks on the continent. During those epidemics, several people who had recovered from Ebola and their families were expelled from their community, and humanitarian workers were attacked. In addition, some children who lost parents to Ebola were reportedly shunned by their community and ended up living on the streets. Save the Children is also concerned about the longer-term impact of misinformation and COVID-19 stigmatization, including the potential breakdown of social cohesion and trust within communities [15].

"There is a deep-seated misunderstanding of the unknown that we are currently experiencing, and that's driving a stigma attached to COVID-19," says Lochandra Naidoo, President of the South African Federation for Mental Health, in an interview with SciDev. Net last week (16 April). In addition, according to Matshidiso Moeti, WHO Regional Director for Africa, at least 50% of people with depression do not receive treatment and in Africa the lack of information, stigma and cultural issues are significant barriers that prevent people from seeking help [16].

Consequences of stigma

Misinformation and myths about COVID-19 could delay the introduction and uptake of measures designed to slow and mitigate the spread of disease, which could see it spread faster, moving silently and hidden in communities. When communities receive the wrong information about an illness, it creates fear – in this case of others – and fear can lead to stigma, isolation, poorer health outcomes on individual and societal levels, and in some cases, violence. There is a worrying lack of counseling for people in isolation. We have already heard of cases where people are afraid to return to their communities because they fear being targeted as potential COVID-19 carriers. We have already heard of cases where, around 20 years old girl from Arba-Minch, Ethiopia, suicide herself in quarantine room due to fear of social stigma. In addition, we have already heard that, around 16 people who have had exposure history around northern Shewa were hidden themselves despite of their COVID-19 result was positive. Furthermore, a 20 years man was leaved from Addis Ababa quarantine to his family area, Wolayita zone after he knows as he is COVID-19 positive. This can result in more severe health problems, can undermine social cohesion and prompt possible social isolation of groups, which might contribute to a situation where the virus is more, not less, likely to spread and difficulties controlling a disease outbreak.

In African governments should create isolation facilities that support mental health needs with clinicians, clergy and the mental health community. According to one study, Africa has 1.4 mental health workers per 100,000 people compared to a global average of nine workers [16]. This is particularly concerning for a region where there is already a shortage of skilled caregivers. Saths Cooper, president of the Pan-African Psychology Union said that, "There are poor health systems in general on the continent, and that pushes mental health to the lowest order on the spectrum," he says. "The result is a lack of education and preparedness in order to identify and deal with mental health issues during a crisis". This also compounded by pandemic-driven restrictions on daily life including social distancing and lockdowns, there is little chance people will be unaffected, says Cooper [16]. Ncebakazi Willie, a 27-year-old survivor of COVID-19 in a rural community in the Eastern Cape of South Africa, tells that, "I was having an emotional breakdown, and it affected me and my family. People started calling my son 'corona kid' and they called my house 'corona house' [16].

In Cameroon, Yap Boum, an epidemiologist in Yaounde, said, "Many people prefer to keep to themselves when they develop symptoms. Some have died because they delayed seeking medical treatment for fear of being associated with the virus" [17]. Caregivers in particular are often treated like "plague victims", Boum said. Cameroonian nurses have been left by their husbands, driven out of their homes because they were working in Coronavirus units, said Laure Menguene Mviena, who heads a psychological response unit for COVID-19 patients in Yaounde.

Consequences of COVID-19 pandemic on daily social consumptions

Many Africans countries including Ethiopia, the most segments of the population becoming insecure with regard to day to day consumptions of food as a consequence of COVID-19 pandemic [18-20]. About 26 million people in Ethiopia live below food poverty line and at least 23 million lives below absolute poverty line (proportion of people that cannot afford to buy a basic basket of goods) [21]. People in most African countries get their day to day consumptions of food by their daily work. In a region where roughly 8 out of 10 people are engaged in low-wage informal

employment and often just making ends meet, the livelihoods, incomes and well-being of many households, and their human capital, are at risk [22]. There will be widespread loss of income which leads reducing day to day consumptions of food.

In urban areas, it is expected that there will be a rise in the price of key commodities, driven largely by behavioral changes in urban areas – food hoarding, etc. Particularly, food price hikes will have a considerable impact on vulnerable and poor urban households. There will be widespread loss of income and deeper levels of poverty as social distancing intensifies. For instance, one study in rural area of Sierra Leone showed that, almost all households responded reduction in weekly income by (50-100%), difficulties in providing food for family members by (82%), and anxiety (60%) [23].The combination of labour constraints and limited access to markets will drive poverty and exacerbate food insecurity. Loss of income especially for those engaged in informal operations where women are over-represented is likely [23].

The COVID-19 pandemic began to impact African economies heavily and destroys livelihoods as well before it reached the shores of the continent. The Government of Ethiopia has also revised its growth rate estimates from 9 % to 6.2% in the best-case scenario and to 5.2% in the worse-case scenario in 2020 [24]. Following the outbreak of Corona Virus, Tourism Sector, Manufacturing Sector, Micro, Small, and Medium Enterprises (MSME‟s) Sector, Banking Sector, Insurance sector, Tax administration, The Service Sector, Export and Remittance and etc are among the highly affected business sectors which naturally requires human mobility, and close social interaction [25].

The consequences include reduction in hotels occupancy rate from 80-85% to less than 5%, halting of transportation particularly international air travel, loss of market by connecting service providers in the tourism sector, ceasing of financial service providers linked to the industry, and the change in behavior of employees and customers. For instance, apparel and leather sub-sectors are expected to lose market demand by 25%, beverage industry by 10% and construction (most of small and medium) by 25% [25]. The current emergency could contribute to the rise in inflation, and instability of the exchange rate. For example, increase in prices due to reduced offers will mostly affect lower-income families and older people in society [25]. UNICEF Ethiopia's internal shows that between 0.4-1.2 million addition people, about half of which are children, can enter into poverty [14].

Limited health care visits as a consequences of COVID-19 pandemic

Approximately 600 million Africans (43.6%) live in urban areas, of which 56 per cent live in slums. Many African urban households live in a single room, do not have potable water or reside in over-crowded neighborhoods [12]. Since COVID-19 pandemic, especially, antenatal care services, TB and HIV related care; other non communicable cases were overshadowed with COVID-19 pandemic. For instance, the coronavirus pandemic is overshadowing this year's World Malaria Day (April 25) in Africa, despite malaria's much higher death toll across the continent. Health experts agree COVID-19 – the disease caused by the coronavirus - must be stopped from overwhelming already weak African health care systems; but, they worry the focus on the infection could roll back progress against malaria [26, 27]. In addition, blood donation activities were reduced fear of COVID-19 infections. Most people limit their healthcare facility visits and they preferred taking antibiotic from local drug venders. As the pandemic exacerbates the burden on already weak health systems in Africa, there is a vital need to ensure that existing health services are protected, not just repurposed, for COVID-19 [27].

The way forward to reduce social consequences related to COVID-19

To curb the spread of COVID-19, WHO has implemented several public health measures including rapid identification, diagnosis and management of the cases, identification and follow-up of contacts, infection prevention and control in health care settings, implementation of health measures for travelers, awareness rising in the population, and risk communication [28]. Immediately expand surveillance to detect COVID-19 transmission chains, by testing all patients with atypical pneumonias, conducting screening in some patients with upper respiratory illnesses and/or recent COVID-19 exposure, and adding testing for the COVID-19 virus to existing surveillance systems is essentials. Hence, to prevent the divesting health, social and economic impact of a pneumonia outbreak, containment is an important first step and extensive mitigation efforts will be required [27-31]. The main direction as the prevention measures of social consequences due to COVID-19 includes;

- Evidence clearly shows that stigma and fear around communicable diseases hamper the response. What works is building trust in reliable health services and advice, showing empathy with those affected, understanding the disease itself, and adopting effective, practical measures so people can help keep themselves and their loved ones safe. How we communicate about COVID-19 is critical in supporting people to take effective action to help combat the disease and to avoid fuelling fear and stigma.
- Stigma can be heightened by insufficient knowledge about how the new coronavirus disease (COVID-19) is transmitted and treated, and how to prevent infection. Therefore, prioritizing the collection, consolidation and dissemination of 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 are essentials.
- When talking about COVID- 19 infections, certain words (i.e. suspect case, isolation…) and language may have a negative meaning for people and fuel stigmatizing attitudes. This can drive people away from getting screened, tested and quarantined. We recommend a 'people first' language that respects and empowers people in all communication channels, including the media.
- Social media is useful for reaching a large number of people with health information at relatively low cost. Use simple language and avoid clinical terms. Words used in media are especially important, because these will shape the popular language and communication on the new Coronavirus (COVID-19). Negative reporting has the potential to influence how people suspected to have the new Coronavirus (COVID-19), patients and their families and affected communities are perceived and treated. This can drive people away from getting screened, tested and quarantined.
- Local health workers in collaboration with community leaders should promote awareness of factual information and dispel myths and inaccurate rumours about COVID-19 among communities, as well as providing support on practices that can be adapted to local contexts to detect and manage cases of COVID-19. They should be also engaged in community sensitization to minimize stigma of people affected by COVID-19, especially children and females, which could increase their vulnerability to abuse and sexual and gender-based violence.

- Given the fact that community in low literacy setting are more likely influenced by the people they already knew, public health actors and other stake holder working in the area had better use community influencers (religious leaders, community leader, tribe leaders, etc) to tackle the social stigma attached with being positive or being under quarantine.
- In anticipating of the possibility of food shortage, special in urban context, collaborating with the agricultural and other relevant sectors could be imperative in preventing the problem that may arise as a result of panic consumption.
- As part of an endeavor to mitigate the impact of covid-19 on health service uptake, there need to be and innovative techniques to improve service utilization. For instance, a phone call reminder would promote and motivate chronic patients to come to hospital.

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