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Short Communication

COVID-19, Stigma & Law of the Leper

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Abstract

COVID-19 also known as Corona Virus is a new strain of Chronic Obstructive Pulmonary disease. While its virology is yet to be properly understood, its impact by way of human deaths is well registered. Stigma of infected persons is least mentioned as a 'sub-strain' that can push people into social isolation and exclusion (like in the book of Leviticus 13) leading to COVID-19 Related Depression (C-19RD). Using inter-disciplinary approach, this paper seeks to understand how this can happen in a COVID-stricken world.

Keywords:
Public Health & Covid-19; Stigma; Social Media; Behaviour & Labelling theory Functionalism; Leviticus; Interactionism

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Introduction

The origins and background of COVID-19 has been intellectually discussed [6]. On social media platforms there are short videos and communication exchanges focusing on social (in terms of death), economic and political impact of the disease. What has not yet been discussed is its *melodrama* and hegemonic discourse [23]. The disease and its spread offers insights into social responses to deadly viral infections in different social contexts. In fact, this paper focuses on one such context – Ghana. This is important because of varied public responses portrayed mainly via social media. [31] The discussions here lead to qualitative understanding of the *how* and *why* of public reaction to the disease, and protest behaviour to express opinions about matters concerning them. This can also be understood from the 'Law of the Leper'.

Law of the Leper is a socio-religious injunction in biblical times (Leviticus 13; 14: 10 – 20) where people with infectious diseases were isolated from the community or quarantined to prevent cross-contamination or infecting others as is the case of COVID-19. They were only allowed into the community if given the all-clear; in spite of that, social interaction and acceptance is not guaranteed on return.

De-contextualisation

Since COVID-19 took the world by storm, the World Health Organisation declared the disease a global pandemic. it has affected almost the entire world with the exception of Antarctic regions where no official cases have been reported. As of April 2020, the global officially reported cases suggest that infections had reached 1, 696, 588 with 105, 952 deaths [34] [Online]. Within the same period Africa is reported to have 9,728 confirmed cases and 444 deaths. If the trend continues much longer it will render moderate gains made by most countries insignificant thus making already stressed economies worse [30]. Strains of COVID-19 such as Lambada strain, UK strain, Delta Plus strain, South Africa strain, B.1.1.7 (Alpha) strain found in North America; B.1.351 (Beta) initially found in South Africa; P.1 (Gamma) detected in Brazil and B.1.617.2 (Delta) in India suggest we are in a long haul with COVID [14].

Regardless of its origins, as Kantarcioglu and others (ibid) have explained, *there is something taking place on our blindside.* That something remains unknown and can be harmful for public health and well-being. Indeed, global economies have been hit by the pandemic but weaker ones such as African economies which have already been described as fragile and vulnerable may be more weakened and will require increased investment and long-term initiatives to repair and promote their development programmes [26].

From theoretical social functionalism and psychological functionalist perspective [33] COVID-19 has taught the world critical lessons ranging from economic, political, social (in terms of kinship, religion and education) to functional needs for adaptation, goal attainment, latency and integration. These are seen in measures offered by authorities as part solution to curb the spread of COVID-19. They argue that to contain the virus, social distancing should be maintained. Within functional parameters social distancing has the ability to exclude and isolate people who may be suspected of being infected by an alien disease like COVID-19. [15]

Although Katz *et al* [15] are critical about social distancing measures, particularly quarantine and isolation, because it is not always supported by good evidence, and the fact that there may be barriers to their use, because lessons learned from its practice can be seen in both developing and developed contexts; I am not particularly sure about the thinking held in Katz et al [15] regarding 'guidance for social distancing lacking sufficient details about its implementation in every social context nor the factors considered by public health officials when making those decisions' (p. 150). What I do agree with is that, social distancing is such a *complex concept* in terms of its application because of its political, ethical, moral and social challenges underpinned by experience and resources. [3, 5] Within these spaces, COVID-19 has demonstrated how narrow the gap between developed and developing countries are in terms of their innovativeness and readiness to fight global emergencies.

Method & Discussion

A review of how COVID-19 is portrayed on social media reveal interesting trends. In all 15 short video clips (between 2 – 3 minutes), textual content and reader's comments were observed. These postings were either humorous or informational. The humour and textual messages were stigmatizing COVID-19 and suspected persons who might have the disease and not behaving in line with guidelines given by local and international health institutions i.e. guidance on: public sneezing, [8] hand hygiene [29] and social distancing [9].

Two models helped to understand stigmatisation of people infected with COVID-19; these are behaviour model and Labelling theory which conceptualises stigma as a social construction [17, 18, 19]. The way society or people construct their worldview of reality can be misleading or go against sociology of knowledge [28]. This expression manifests in micro-interactions with stigmatised people who become *social victims* in everyday interaction and unintentionally or intentionally elevating the *self* which becomes a ubiquitous concern in social interactionism. [32]

The point being made by Vlasceanu and others reflects Di Maggio and Powell's [7] view which implies that sociological interactionism helps to provide an alternative view of self-regulation, formal codes of conduct or ethical codes in response to pressures that may be brought upon an environment to improve accountability or shape behaviour. How this plays out in sociological institutionalism where in some cases, social codes for example, are not intellectually defined, because of their flexible boundaries, resulting from culture, tradition, religion and one's world-view is not properly understood. This has led to fluidity in interpretations which in itself shape people's response to victims of Corona Virus or COVID-19.

FINDINGS & DISCUSSION

A number of illnesses and disabilities have been associated with stigma, including diabetes epilepsy [24], and mental ill-ness [18, 19] with descriptive accounts. In this paper an example of stigma is reported on a relative of a patient who tested positive for coronavirus (COVID-19) leading to stigmatisation from his society. An example is this man:

The stigmatisation started after my father's diagnosis and subsequent quarantining. No one wants to come close to him and his family anymore. Even the provision shop, which used to be very busy, has seen very few customers since his father tested positive for COVID-19...No one comes to our shop to buy anything anymore, and as a result of that, my father asked my grandmother to close the shop; if people see that anybody from this house has gone out, they will run away and sometimes they will be mocking you.

(*Anonymous*, Ghanaweb Friday 10 April 2020)

Whilst we can understand the context of the narrative, stigmatisation does not distinguish between demonising the 'disease' and the 'infected person'. These melodramas are often shown in clips from videos depicting people jumping out of public transport when someone advertently or inadvertently sneezes; instant reactions by mere mention of travel history to China including offering gifts from China. These were sarcastically rejected with scorn.

Social network sites and video-sharing sites, create opportunities to exchange opinions on corona virus (Covid-19) with other people [2]. Studies that have taken individual-level approach tend to find positive relationship between frequency of social media use and protest behaviour [21]. Apart from that, its sources have become information hub [10] to monitor what is happening in both national and international spaces. Yamamoto [35] does not think this is a bad idea because by so doing people are able to mobilize instant information to engage in particular activities or ways to protect themselves and others. These sorts of actions can, unfortunately, lead to stigmatisation contrary to typical norms of support and care given to an afflicted person.

Schulte [25] defines disease-related stigma as 'when individuals with an illness are deemed undeserving of help and support'. This type of stigmatising is disturbing if applied to COVID-19. Conceptually, it implies that infected persons are characterised as unworthy of full social status. It is not surprising that sociologists have been studying how certain illnesses are associated with reduced social status [11, 24] and how negative reactions may impede coping and recovery [1, 18,19].

In Goffman's [11] epistemology, stigmas arise from personal attributes that others perceive as deeply discrediting. Whilst we directly do not know what might be going through the mind of the above informant, we can see through his minds-eye a certain level of distress resulting from social pressure which is uncomfortable.

People affected by COVID-19, in its extreme form may suffer chronic obstructive pulmonary (COP) disease and pneumonia. People with this condition are marked by their coughs, flu or cold, dyspnoea and need supplemental oxygen. These characterisations draw attention to others that *the person is sick* and, in a way, produces anxiety.

Stigmatising infected people could lead to social withdrawal as a way of escape from social backlash. Friends, and in some cases, relatives may become reluctant to socialise with an infected person [27] leading to exclusion and isolation [16]. In some extreme cases persons infected with the Corona virus (COVID-19) coupled with their exclusion can suffer emotionally from isolation, low esteem and uselessness. With time, depression may set in, causing the infected person to give up social roles and community responsibilities [20].

Conclusion & Recommendations

The foregone discussion primarily concerned itself with contextualising stigmatisation of persons infected with COVID-19, otherwise known as Corona Virus, a deadly disease, which has claimed several lives indiscriminately. The World Health Organization declared the disease a global pandemic. Both labelling theory and behaviour model helped in understanding stigmatisation of people affected by the corona virus within a certain social context. It is possible that the ethos of what has been discussed could apply beyond the context of this paper. Imageries and 'melodramas' provided on social media were the reference points for this discussion. Its actors (like in biblical times as found in Leviticus 13 and 14) reinforce Goffman's [11] thinking about people purposefully distancing themselves from perceived infected persons during an outbreak of an infectious disease, thus, subjecting such persons to social rejection.

Since stigma depends on cultural institutions to provide support, enforce norms, behavioural cues and social codes, it depends on government, non-government, religious, educational, and medical institutions to reinforce 'normal' cultural behaviours and identities which has the tendency to limit or result in de-stigmatising conformity to those who are infected with COVID-19 [4]. For this to happen the following recommendations are offered:

(a) Social codes must be enforced through public recognition, rewards and punishment at all strata of society. This approach will promulgate specific (corporate) social responsibility directed at empowering people and organisations to promote social cohesion, addressing exclusion (especially, people infected with corona virus).

Having said that, I do not negate on the fact that stigmatisation may be relevant in one context or another depending on what it is purposed to achieve; for instance in the case of suppressing social misdemeanour.

(b) Since non-compliance is attributed to lack of enforcement [12] there must be checks and balances in existing systems which focus on those responsible for enforcement and penalties for non-compliance. This principle of deterrence will serve as barrier against unwarranted or 'justified' stigmatisation. This is supported in social psychology literature which suggest that compliance is encouraged by situations which arouse a sense of social obligation [22]

(c) Community-based strategies are needed to help enforcement of anti-stigmatisation codes. This could be achieved by drawing on available local resources and structures to eradicate problems associated with stigma.

(d) Public education must be intensified to avoid push-back and social resistance against stigmatisation and exclusion of people who do not deserve to be treated as such.

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