

Social Stigma Associated With Coronavirus (Covid-19) Sickness

In the Arab World

Soumaya Mohamed Salah BARHOUMI

University Of Tebessa

soumaya.barhoumi@univ-tebessa.dz

Date de réception: 2020-10-30 Date de révision: 27/01/2021 Date d'acceptation: 2021-04-30

Résumé

The purpose of this article was to shed light on the social stigma associated with the Coronavirus sickness in the Arab world, especially it is increasingly becoming a major public issue that is receiving more attention in the Arab world. The patients with Coronavirus are at risk of social stigmatization due to the reactions of people around them who fear being affected by the virus, the misconception of the pathology, and the lack of awareness about how to deal with the covid19 virus and how to avoid it.

Keywords: Social stigma, Coronavirus sickness

Abstract

تهدف هذه المقالة إلى تسليط الضوء على الوصم الاجتماعي المرتبط بمرض فيروس كورونا في العالم العربي، خاصة و قد أصبح الوصم الاجتماعي المرتبط بمرض كوفيد 19 قضية عامة رئيسية تحظى باهتمام متزايد في العالم العربي. إذ يتعرض مرضى الفيروس التاجي كوفيد 19 لخطر الوصم الاجتماعي بسبب ردود فعل الناس الذين يظهرون الخوف من الإصابة بالفيروس ممن حولهم، وسوء الفهم للمرض وقلة الوعي حول كيفية التعامل مع فيروس كوفيد 19 وتجنبه.

الكلمات المفتاحية: وصمة اجتماعية، مرض فيروس كورونا.

Introduction:

The social stigma associated with sickness and physical disabilities is linking a person or a group of people with their deficiencies. People with Coronavirus (Covid19) sickness and their families are facing many big challenges, on one hand, the sickness symptoms, the social distancing, the quarantine, and the fear of death struggle them, and on the other hand, they are challenged by the prejudice and the misconception about the Coronavirus (Covid19).

According to the last update on October 19th, 2020 of Coronavirus (Covid19) cases worldwide, the number has increased to 40.524.890 and of course, the number of victims of the social stigma associated with the sickness did. This prompted the International Federation of Red Cross and Red Crescent Societies IFCR, the UNICEF and the World Health Organization WHO to publish a guide for preventing and addressing social stigma, which includes recommendations from the Johns Hopkins Centre for Communication Programs and the READY Network. The guide aims to focus on what it works as, IFCR, the UNICEF, and the WHO (24 February 2020, p2), building trust in reliable health service 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.

1. Theoretical Background:

In this part of the study , we will present some related previous studies on the variable under consideration (Social Stigmatization). Many researches investigate the effects of health-related stigma on psychological health and social adjustment., in order to intervene to stop the harmful consequences of social stigma associated with any disease as Overweight, mental health, Cancer, Aids, COVID 19...

The researches that have been conducted by Tomlyana (2014), Shabert & al (2014), Barlösius (2015), Sikorsk& al (2015), Himstadin, Pohl and Quinn(2017) as cited in Stangal & al (2020) showed that majority of health

related stigma frameworks explore psychological pathways at the individual level, focusing either on the individuals experiencing stigma , those perpetuating stigma or both. For some health conditions including Diabetes, Asthma, Disabilities, Coronavirus sickness (Covid19)...The frameworks heading the social and ethical pathways leading to stigma

Bagcchi (2020) reported that Stigma associated with COVID-19 poses a serious threat to the lives of healthcare workers, patients, and survivors of the disease. In May 2020, a community of advocates comprising of 13 medical and humanitarian organisations including, among others, the International Committee of the Red Cross, the International Federation of the Red Cross and Red Crescent Societies, the International Hospital Federation, and World Medical Association issued a declaration that condemned more than 200 incidents of COVID-19 related attacks on healthcare workers and health facilities during the ongoing pandemic.

Several studies such Person & al (2004), Mak & al (2009) as cited in Abdulhafiz and Alorabi (2020) have shown that during outbreaks or pandemics, human fear arises from the anxiety about a disease of an unknown cause and possible fatal outcome, especially when infection control techniques such as quarantine and isolation are applied to protect the community.

The world lived through many similar situations, health-related stigma (especially the ones associated with infectious disease) caused an intolerance and unfairness against these patient which had bad influences on individuals and communities.

Wang & al (2020) reported, as cited in Abdulhafiz and Alorabi (2020), that these features, which have also been reported during the COVID-19 pandemic in different studies, may result in stigmatization of the potentially infected that flourishes with dramatic stories in media and through the internet.

Study Questions:

- What are the impacts of social stigma associated with coronavirus (Covid19) on patients in the Arab world?
- What are the measures taken to reduce social stigmatization?

Study Objectives:

This study seeks to achieve the following goals:

- Reveal the impacts of social stigma associated with coronavirus sickness (Covid19) on the patients in the Arab world.
- Shedding light on the perspectives and measures to combat or reduce the stigma associated with (COVID 19) in the Arab world

Study Importance:

- Highlighting the effectiveness of the measures taken to reduce the social stigmatization of Covid 19 disease and urging to take more effective measures because the stigmatization effects are very negative on the psyche of patients and their families.

1.1 Stigma defined:

Stigma literally means a stain, a mark (of disgrace). While Social stigma is the disapproval of, or discrimination against, a person -or a group of people- based on physical or behavioural characteristics that distinguish them from others. Anderson (2014) said that Stigma” is a Greek term originally referring to bodily signs such as a burn or a cut to denote a negative/depreciative condition referred to a person (e.g., being a slave, a criminal, a sinner, or a social outcast) and, therefore, to indicate which people should be “avoided.”

Healtherton (2003, P05) considered stigma is similar to the concepts of marginality and deviance.

Laura Nyblade & al (2019, p2) considered Stigma as a powerful social process that is characterized by labelling, stereotyping, and separation,

leading to status loss and discrimination, all occurring in the context of power.

In 1963 Goffman defined Social stigma as “an attribute which is deeply discrediting” that bring down a person “from a whole and usual person to a tainted, discounted one”. It creates a dichotomy between “being normal and acceptable” *versus* “being tainted and undesirable”.

Social stigma is commonly related to race, culture, gender, intelligence, sexual identity and health. The conceptualisation of stigma identifies four elements, which interact with each other: anticipated, perceived, experienced, and internalised stigma.

Healtherton (2003, P 03) defined “stigma is largely a social construction a characteristic may be stigmatization at one historical moment but not on another or in one given situation but not in another within the same period”, which means that the impact of stigma depend on the period and the situation.

Gokcen Akyurek & al (January 23rd 2019) said that Stigma means “scar, trail, sign,” but today, it is mostly used as “black spot.” The stamp is considered a symptom of a situation that is to be embarrassed for a person or a group or an unusual, unacceptable sign.

According to the International Federation of Red Cross and Red Crescent Societies IFCR, the UNICEF and the World Health 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. In an outbreak, this may mean people are labelled, 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 do not have the disease but share other characteristics with this group may also suffer from stigma.”

Social stigma refers to supporting stereotypes about individuals with coronavirus, which is the topic of our article. It is associated with a lack of knowledge about the coronavirus disease and how it spreads, a need to blame someone, the fear of disease and death, and Social media bombarding us with false information spreading gossip, rumours and building myths around Covid-19.

1.2. COVID-19 defined:

Tracy D.Kolenchuck (2020,p11) founder of Healthicine spoke of the distinction between terms describing the lack of health as the following:

The University of Ottawa Society, the Individual, and Medicine (SIM) curriculum (Oxford, 2008) course notes provide a useful perspective to distinguish between illness, disease, and sickness:

“**Illness** (the person’s subjective experience of their symptoms. What the patient brings to the doctor.)

Disease (Underlying pathology; biologically defined; the practitioner’s perspective. The illness seen in terms of a biological theory of disorder.)

Sickness (Social and cultural conceptions of the condition: cultural beliefs and reactions, such as fear or stigma. These affect how the patient reacts, and also what is considered a disorder suitable for medical treatment.)”

Based on the previous definitions the researcher refers to the Covid-19 as the Coronavirus sickness because it is no longer limited to the patient and his doctor, far from it. It is now subject to social stigma.

The World Health Organization defined the coronavirus (Covid19) as an infectious disease caused by a newly discovered coronavirus. Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment.

Wikipedia defined (COVID-19) as a contagious and vascular (blood vessel) disease. It is caused by becoming infected with severe acute

respiratory syndrome coronavirus 2 (SARS-CoV-2), which is a specific type of coronavirus. Common symptoms include fever, cough, fatigue, shortness of breath or breathing difficulties, and loss of smell and taste. The incubation period, which is the time between becoming infected with the virus and showing symptoms, may range from one to fourteen days.

David Klooz (2020, P55) defined the covid-19 as follow it belongs to the family of Coronavirus which trigger colds and seasonal influenza

2. Types of stigma:

The NAMI or National Alliance on Mental Illness spoke of **the seven types of stigma**, here I will list them and explain what they mean using the example of the Coronavirus sickness (COVID-19).

- **Public Stigma**

This happens when the public endorses negative stereotypes and prejudices, resulting in discrimination against people with a certain health condition, the Coronavirus sickness (COVID-19) in our case.

- **Self-Stigma**

Self-stigma happens when a person with the Coronavirus sickness (COVID-19) internalizes public stigma.

- **Perceived Stigma**

Perceived stigma is the belief that others have negative cognitions about people with the Coronavirus sickness (COVID-19). This I experienced first-hand myself when my cousin who is allergic and coughs a lot said she had to stifle her coughs each time she was in a public place even when she was several meters far from the crowd and wearing her mask, so that no one gets alarmed or looks at her differently.

- **Label Avoidance**

This is when a person chooses not to seek treatment to avoid being assigned a stigmatizing label. Label avoidance is one of the most harmful forms of stigma. Because it is one of the main reasons why most of the people who show symptoms of the Coronavirus sickness (COVID-19) and who need to be tested and treated refuse to approach any health facilities or contact their doctors for fear of bullying, which impedes efforts to eradicate the virus.

- **Stigma By Association**

Stigma by association occurs when the effects of stigma are extended to someone linked to a person with the Coronavirus sickness (COVID-19), family members and caregivers for example. This type of stigma is also known as courtesy stigma and associative stigma.

- **Structural Stigma**

Institutional policies or other societal structures that result in decreased opportunities for people with the Coronavirus sickness (COVID-19) are structural stigma.

- **Health Practitioner Stigma**

This takes place any time a health professional allows stereotypes and prejudices about the Coronavirus sickness (COVID-19) to negatively affect a patient's care.

We also have another way to categorize different types of stigma as Akayurek, Sezer, Kaya and Temucin (January 23rd 2019, Book: Anxiety Disorders- from Childhood to Adulthood, Chapter entitled: *Stigma in Obsessive Compulsive Disorder* published online on the

IntechOpen journal) counted: Social stigma, self-stigmatization and professional stigmatization, explained below:

- **Social stigma:**

According to Merriam Webster, social stigmatization indicates that (or dissatisfaction with) a person or group that is perceived by the other members of a society and serving to distinguish them is socially unapproved.

- **Self-stigmatization:**

According to the literature, self-stigma is associated with perceived stigma. Persons suffering from the Coronavirus sickness (COVID-19), for example will become self-imposed when they acknowledge that the people are prejudiced and discriminate against them because of their sickness. It tends to stigmatize itself, create feelings of shame, and lead to worse treatment and consequence.

- **Professional stigma:**

Professional stigmatization refers to the fact that health care workers cause stigmatization of individual with the Coronavirus sickness (COVID-19) and strengthen them. Healthcare workers do not want to be perceived as stigmatizing individual suffering from the Coronavirus sickness (COVID-19). And for this reason, they can easily reject stigmatizing behaviors and beliefs. For this reason, it is important for professionals to become more aware of how the stigma can be predicted while working with individual with the Coronavirus sickness (COVID-19).

3. COVID-19 patients are victims of social stigmatization in the Arab world:

There are many prevailing beliefs that regard certain diseases as "shameful" in the Arab world and have reservations about them. It was difficult to

imagine that the matter would affect those infected with Corona virus. First, because it is spread worldwide and not connected to a certain group, ethnicity or behaviour (HIV is connected to unprotected sexual encounters for example) and second because we have a solid increasing number or cured cases. Nevertheless, apparently it is not enough to keep those infected safe from bullying, labelling... STIGMA!

In an article published by Al-Arab newspaper entitled: **Stigma follows people infected with Coronavirus in Arab communities** on 18/04/2020. We read about the extreme cases of stigmatization and the struggle those with the Coronavirus sickness (COVID-19) face on the daily.

In Lebanon, the phrase “this person is m’koran” is widespread. Meaning he has the Coronavirus sickness and the term is pejorative.

A patient at Hariri hospital tried to escape because of the stress he was under, and a few days ago, one of the sufferers of the Coronavirus sickness sent a moving message revealing the extent of the psychological pain he experienced “what we were subjected to is painful” and asking to “have mercy on the sufferer”.

In Jordan, some people tend to stigmatize the corona patient, beginning with the so-called “Irbid wedding”, when people held the affected groom responsibly, and then the doctor of Ramtha, who was bombarded with accusations and insults, the same happened with the patient of “Dahiyat Al-Rasheed”, who was everywhere on social media platforms. People accused him of spreading the virus, aggressively insulting him.

With the beginning of the emergence of the virus in Jordan, there were many awareness campaigns and psychological support during quarantine, but no one paid any attention to developing awareness of not stigmatizing or verbally abuse the Corona patient or blaming him for the cause of another infection.

On the back of the discovery of undeclared cases, the Jordanian government announced that it would implement the provisions of the law, which punishes anyone who covers up an infectious disease or a deadly virus.

Dr. Mohsen Azzam, a member of the Council of the doctors ' union in Egypt, says that:

“The state of terror that the citizens experienced from the spread of the coronavirus prompted them to some inappropriate behaviour, which appeared in the form of cases of bullying, which an Egyptian doctor was exposed to. People refused to bury her! As well as the father of another doctor.”

Many Iraqi doctors say that aversion to quarantine and reluctance to book patients may help explain the relatively small number of confirmed cases.

“It is true that we have cases in hiding because people do not want to reveal acquiring Covid19, they are afraid of quarantine and isolation,” admitted Dr. Hazem al-Jumaili, Deputy Minister of Health.

People in the Arab world find it very difficult to trust public health facilities because of their poor performances, the lack of basic sanitary measures and adequate machinery as many Algerian, Egyptian, and Lebanese citizens claim. Moreover, so many traditional families refuse to have their daughters checked or tested because in case the females were infected with the virus that means they will be isolated and quarantined in hospitals and away from their families, which they refuse, thinking if that ever happens the girls will be subjected to sexual harassment bringing shame to the family.

All of that makes the social stigma more aggressive and harsh on the patients, the people who are acquiring the Coronavirus sickness (COVID-19) and their families.

4. The impact of social stigmatization:

Before we even consider talking about the impact of social stigmatization on the victims, we need to ask ourselves, why the Coronavirus sickness (COVID-19) is causing so much stigma?

The answer may be simply: Because it's novel, and what is new comes with a lot of mystery to unravel and so many undiscovered territories. The unknown makes people uncomfortable and it is much easier to point ones

finger at the other and say: The problem is THERE! Resulting in stigmatizing those with the Coronavirus sickness (COVID-19).

Stigma causes the glue that holds society together to dilute, isolating groups and ruining the harmony of communities all of which makes the probability of the virus spreading more likely... Stigma can hinder all efforts to overcome this pandemic. It can slow down the healing process of the patient. Push the patient to keep his sickness a secret, therefore not to be tested or treated and refuse to seek health care when they feel like they need it.

5. Measures to reduce social stigmatization:

Community leaders and public health officials can help prevent stigma, as mentioned by centres for disease control and prevention by:

- Maintaining the privacy and confidentiality of those seeking healthcare and those who may be part of any contact investigation.
- Quickly communicating the risk, or lack of risk, from contact with products, people, and places.
- Correcting negative language that can cause stigma by sharing accurate information about how the virus spreads.
- Speaking out against negative behaviors and statements, including those on social media.
- Making sure that images used in communications show diverse communities and do not reinforce stereotypes.
- Using media channels, including news media and social media, to speak out against stereotyping groups of people who experience stigma because of COVID-19.
- Thanking healthcare workers, responders, and others working on the front lines.
- Suggesting virtual resources for mental health or other social support services for people who have experienced stigma or discrimination.

Stigmatization is mainly a result of ignorance. Therefore, the easiest route we can take to reduce it (even though it is something we should aim to eradicate!) is by **spreading and actively sharing accurate information**. The Coronavirus sickness in a great example, we tend to listen to rumours

about the number of infected people, exaggerating the symptoms someone had, losing track of the truth somewhere in that hullabaloo.

Communicating risks and explaining to those who are willing to listen how social stigmatization is hindering our movement towards a happy healthy community and how it puts people who are like us (social stigma tends to dehumanize it's victims) through unnecessary suffering. Doing so will create awareness needed to spot cases of social stigma and deal with them in their early development.

Correcting negative language. Using the UNAIDS terminology guidelines, mentioned in COVID19-stigma- guide, published by IFRC, UNICEF, World Health Organisation, aiming at reducing stigmatization, here are some dos and don'ts on language when talking about the Coronavirus sickness (COVID-19):

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

Don't - attach locations or ethnicity to the disease, this is not a "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.

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 COVID19"

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

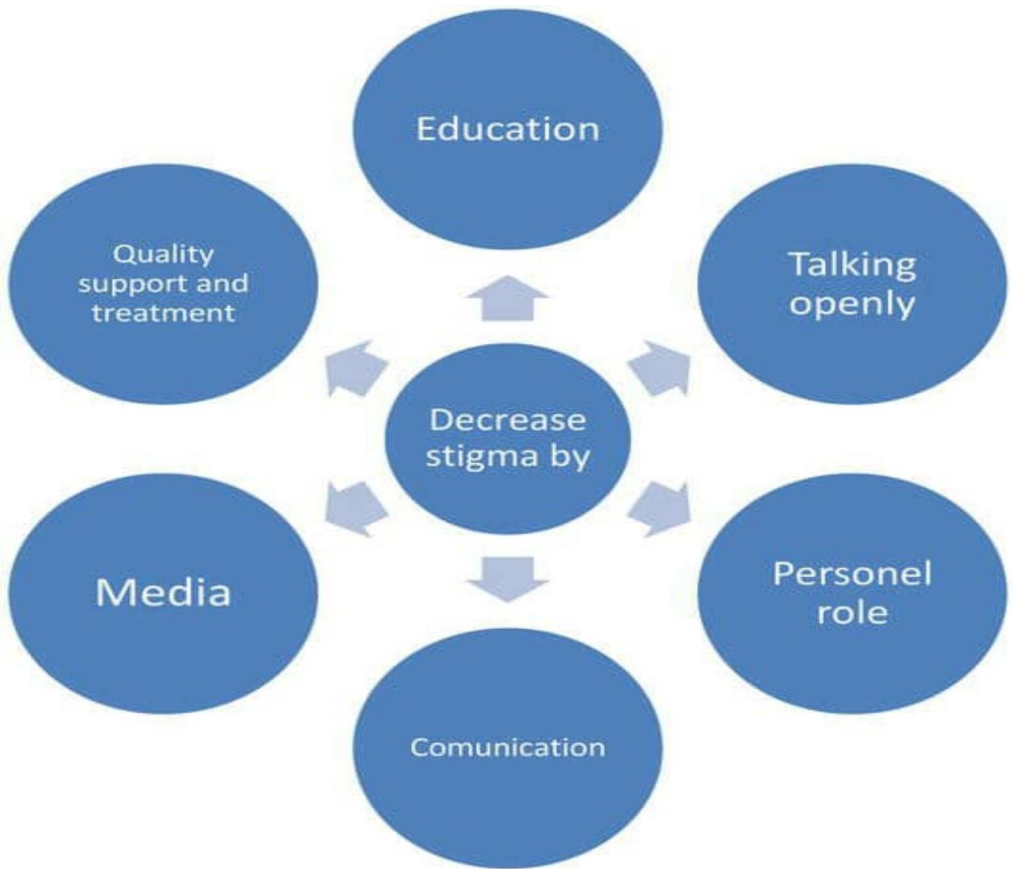
Don't talk about people “transmitting COVID-19” “infecting others” or “spreading the virus” as it implies intentional transmission and assigns blame. Using criminalising or dehumanising terminology creates the impression that those with the disease have somehow done something wrong or are less human than the rest of us, feeding stigma, undermining empathy, and potentially fuelling wider 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 - repeat or share unconfirmed rumours, and avoid using hyperbolic language designed to generate fear like “plague”, “apocalypse” etc.

Leveraging social media. And we do that by prompting religious leader, social media influencers and everyone likely to be heard to openly talk about the sickness and how social stigmatization is the farthest away from healthiness to give society a good shake and common sense.

Figure 1. Measures to reduce social stigmatization



Gokcen Akyurek & al (January 23rd 2019)

Stigma has negative consequences for the individual in society. The stigma applied to individuals suffering from Coronavirus sickness (Covid19) and their families causes new difficulties in the individual's treatment process. The Arabic states and societies have to take some measures, as debates on media to talk and discuss the Sickness openly with doctors ,nurses, psychologist, sociologist... and the authorities should improve the quality of support to reduce the Social stigmatization impact.

Conclusion:

Despite statistics showing us that social stigma related to health has skyrocketed since late 2019 with the emergence of the novel Coronavirus sickness (COVID-19) and its negative impact on individuals' health, relatively few interventions exist to address this major impediment in healthcare. This article provides a solid understanding of social stigma, focuses on that, dealt with, in health facilities and how to change the current situation of victimizing and stigmatizing those being treated for the Coronavirus sickness (COVID-19). It also gives practical and easy guidelines to follow to reduce social stigmatization:

- Educate yourself and others on Coronavirus sickness (COVID-19)
- Learn about the dangers of social stigmatization
- Seek accuracy and don't spread rumours
- Use neutral language and try to be aware of your attitude towards people who have the Coronavirus sickness (COVID-19)
- Leverage social media
- Don't be afraid to speak up

Suggestion:

Based on the Informations previously mentioned, the researcher would like to suggest the following recommendations:

- The mosque must play a role in raising society's awareness about the dangers of social stigmatization and its effects on the state of the afflicted person. Stigma is also considered a sinful from the point of view of the Islamic religion.
- Public health officials, psychologist, counsellor... must plan to implement an anti-stigma interventions in the post pandemic period.

References:

Books:

1. Anderson, TL. (2014) *Understanding deviance: Connecting classical and contemporary perspectives*, https://books.google.com.ng/books?hl=en&lr=&id=MyKoAgAAQBAJ&oi=fnd&pg=PA256&dq=stigma+goffman+1963&ots=HHPd08bXJn&sig=DRSm86vgIrQDkZVM9DYhh7HdGqM&r edir_esc=y#v=onepage&q=stigmagoffman1963&f=false (accessed April 7, 2020).
2. David klooz (2020) the Covid 19 corundum available in https://books.google.dz/books?id=ZQXoDwAAQBAJ&pg=PA55&dq=covid+19+definition&hl=en&sa=X&ved=2ahUKEwiFl_uFxdzsAhWBsHEKHxwwBVUQ6AEwBHoECACQAQ#v=onepage&q=covid+19+definition&f=false
Consulted on August 14th 2020
3. Todd F.Heatherton & al(2003) , *The Social Psychology of Stigma*, The Guilford Press available oebook.google. com [https://books.google.dz/books?id=--a5c_Q0COYC&printsec=frontcover&dq=todd+F.heatherton+the+social+psychology+of+stigma&hl=en&sa=X&ved=2ahUKEwimj4qK09zsAhVOThUIHaxKC1IQ6AEwAHoECAAQAQ#v=onepage&q=todd F.heatherton the social psychology of stigma&f=false](https://books.google.dz/books?id=--a5c_Q0COYC&printsec=frontcover&dq=todd+F.heatherton+the+social+psychology+of+stigma&hl=en&sa=X&ved=2ahUKEwimj4qK09zsAhVOThUIHaxKC1IQ6AEwAHoECAAQAQ#v=onepage&q=todd+F.heatherton+the+social+psychology+of+stigma&f=false) .
Consulted on August 14th 2020
4. Tracy D.Kolenchuck (2020) *Defining Cured* available in <https://books.google.dz/books?id=SkoBEAAAQBAJ&pg=PA124&lpg=PA124&dq=Tracy+D.Kolenchuck+covid+19+defining+cure&source=bl&ots=5V4kmqu4EP&sig=ACfU3U2GAEQH3HfhE3I-sSJqopqDf3l64g&hl=en&sa=X&ved=2ahUKEwjWI5O079zsAhVwThUIHUE9BBwQ6AEwBHoECAgQAQ#v=onepage&q=Tracy D.Kolenchuck covid 19 defining cure&f=false> .
Consulted on August 14th 2020

Journal Articals:

5. Ahmed Samir Abdelhafiz and Mohamed Alorabi (2020 Aug 28) Social Stigma: The Hidden Threat of COVID-19
doi: [10.3389/fpubh.2020.00429](https://doi.org/10.3389/fpubh.2020.00429) Consulted on April 11th 2020
6. Akayurek, Sezer, Kaya and Temucin (January 23rd 2019) Anxiety Disorders- from Childhood to Adulthood, Chapter entitled: *Stigma in Obsessive Compulsive Disorder* published online on the IntechOpen journal) Consulted On October 19th 2020
7. Anne L. Stangl &al (2019) The Health Stigma and Discrimination Framework: a global, crosscutting framework to inform research, intervention development, and policy on health-related stigmas *BMC Medicine* volume 17, Article number: 31 (2019) Consulted on September 1st2020
8. Bagcchi Sanjeet (20th January 2020) Stigma during COVID 19 Pandemic, *Lancet Infect Dis.* 2020 Jul; 20(7): 782
[https://dx.doi.org/10.1016%2FS1473-3099\(20\)30498-9](https://dx.doi.org/10.1016%2FS1473-3099(20)30498-9)
9. Gokcen Akyurek & al (January 23rd 2019) Stigma in Obsessive Compulsive Disorder, available in DOI: 10.5772/intechopen.83642 . Consulted on September 1st 2020
<https://www.intechopen.com/books/anxiety-disorders-from-childhood-to-adulthood/stigma-in-obsessive-compulsive-disorder>
10. Gretchen Grappone, LICSW (October 15 2018) overcoming stigma
<https://www.nami.org/Blogs/NAMI-Blog/October-2018/Overcoming-Stigma>The International Federation of Red Cross and Red Crescent Societies IFCR, the UNICEF and the World Health. COVID-19 stigma guide. Consulted on September 1st 2020
11. Nyblade & al(2019)Stigma in health facilities: why it matters and how we can change it *BMC Medicine* volume 17, Article number: 25 . Consulted on September 15th 2020
12. [https://dx.doi.org/10.1016%2FS1473-3099\(20\)30498-9](https://dx.doi.org/10.1016%2FS1473-3099(20)30498-9)

Internet websites:

13. Centres for disease control and prevention (June 11 2020) Reducing stigma, available on <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/reducing-stigma.html> Consulted On April 12th 2020
14. The UNAIDS terminology guidelines, Dos and Don'ts in language available on www.communityengagementhub.org Consulted On October 19th 2020
15. Wikipedia, Coronavirus_disease_2019
https://en.m.wikipedia.org/wiki/Coronavirus_disease_2019
Consulted On October 19th 2020

Reference in Arabic language

Internet websites:

16. وصمة عار تلاحق المصابين بكورونا في المجتمعات العربية بتاريخ 2020/04/18
<https://alarab.co.uk/%D9%88%D8%B5%D9%85%D8%A9-%D8%B9%D8%A7%D8%B1-%D8%AA%D9%84%D8%A7%D8%AD%D9%82-%D8%A7%D9%84%D9%85%D8%B5%D8%A7%D8%A8%D9%8A%D9%86-%D8%A8%D9%83%D9%88%D8%B1%D9%88%D9%86%D8%A7-%D9%81%D9%8A-%D8%A7%D9%84%D9%85%D8%AC%D8%AA%D9%85%D8%B9%D8%A7%D8%AA-%D8%A7%D9%84%D8%B9%D8%B1%D8%A8%D9%8A%D8%A9>