

SAFETY SHEET, FACT SHEET &
RADIO PRODUCTION GUIDE

STIGMA, DISCRIMINATION AND COVID-19

South Africa

INTRODUCTION

Stigma refers to a negative belief or attitude towards people, places, and things, while discrimination refers to the behaviour that is caused by those beliefs and attitudes. Because people and places are different, stigma and discrimination can be expressed differently in different areas. Although it is different in different populations, there are certain things about it that remain the same. What is common is that stigma occurs when people perceive themselves to be different from others, and therefore treat others poorly, unfairly or with little regard for their feelings.

During the COVID-19 pandemic, those who suffered the most from discrimination were Asians and people of Asian descent. Although everyone is vulnerable to contracting COVID-19, Asian people faced violent attacks and unwarranted anger from people. Because COVID-19 was first discovered in China, Chinese people and people of Asian descent have been unfairly discriminated against all over the world.

Stigma can also drive people to hide their illness to avoid discrimination, and it can prevent them from seeking health care immediately. Stigma can hurt everyone by creating more fear or anger toward certain groups, instead of focusing on the disease that is causing the problem. That is why reporters and journalists need to be thoughtful when communicating about COVID-19, understanding the facts and sharing accurate information with others.



DEFINITIONS

- Stigma:** Fear and anxiety about a disease can lead to stigma, which is a negative attitude and belief toward people, places and things. Stigma is associated with a lack of knowledge about how COVID-19 spreads, and a need to blame someone. It is rooted in fears about the disease and fears of death. No single person or group of people are more likely than others to spread COVID-19. People often experience stigma after they have recovered from COVID-19 or been released from home isolation or quarantine. [Centers For Disease Control and Prevention](#)
- Discrimination:** happens in different ways and impacts different population groups, including racial/ethnic minorities, women, lesbian, gay, bisexual, transgender and intersex (LGBTI) individuals, as well as older adults and people with disabilities or illnesses. Discrimination refers to continuous and routine experiences of unfair treatment. Some examples of discrimination include being treated with less courtesy or respect than other people, receiving poorer service than other people, or being threatened or harassed. Some examples of major discrimination include being unfairly dismissed from a job or being unfairly prevented from moving into a neighbourhood. Routine discrimination can be a chronic stressor and increase vulnerability to physical illness. [Office Of Disease Prevention And Health Promotion](#)
- Hate Speech:** is understood as any kind of communication in speech, writing or behaviour, that attacks or uses discriminatory language with reference to a person or a group on the basis of who they are. This could be on the basis of their religion, ethnicity, nationality, race, colour, descent, gender or other identity factor. Hate speech contributes towards intolerance and hatred and, in certain situations, can cause humiliation for specific groups as well as division between people. [United Nations](#)
- Stereotyping:** is to have a fixed, overgeneralised belief or idea about a particular group of people. Stereotypical statements usually begin with the word “all”, as in: “all (members of a certain group) are/do _____”. These labels can result in unfair judgements about an individual. Labels can narrowly define people, robbing them of their individuality even though they may share a common characteristic with a group of people such as a religion, skin colour, ethnic heritage or gender identity. [Swanson](#)
- Empathy:** is the ability to sense other people’s emotions, coupled with the ability to imagine what someone else might be thinking or feeling. Having empathy doesn’t necessarily mean you will want to help someone in need, although it is often a first step towards more compassionate action. [Greater Good Science Center](#)
- Human Rights:** are the basic rights and freedoms that belong to all people. Responses that are shaped by and respect human rights have been shown to result in better outcomes in beating the pandemic, ensuring healthcare for everyone and preserving human dignity. Interventions that hold human rights

OTHER DEFINITIONS

at the center also focus our attention on who is suffering most, why this is, and what can be done about it. They prepare the ground for emerging from this crisis with more equitable and sustainable societies, development and peace. [United Nations](#)

- **Emergency responders:** are individuals who are required to have a license, certificate, permit, or other official recognition for their expertise in a particular field. Their services and assistance is used or is desirable during an emergency. Emergency responders include, but are not limited to, emergency medical services personnel such as physicians, nurses, mental health practitioners, paramedics, veterinary, or other public health practitioners. Other emergency responders include public works personnel, firefighters and people in water rescue.
- **Frontline workers:** are the backbone of effective health systems. They are often based in the community and come from the community they serve. Many are community health workers and midwives, though they can also include local pharmacists, nurses and doctors who serve in community clinics near people in need. They are the first and often the only link to health care for millions of people, and are relatively inexpensive to train and support, and capable of providing many life-saving interventions. Families rely on these workers as trusted sources of information with valuable skills in preventing, treating and managing a variety of diseases. [Frontline Health Workers Coalition](#)

TO GET YOU THINKING

NEWS ARTICLE:

“Uh, you have Corona!” by Claudia, 18yrs, Germany, 2020.

www.youthvoices.org

“At school, someone made a ‘joke’: “Uh, you have Corona!” Even though it was meant to be ‘fun’ and just a ‘joke’, I found it to be racism. An elderly woman looked at me intensely in the Munich subway. Shortly thereafter, she pulled her scarf to protect her mouth and nose and quickly passed me.

I was having dinner with my brother and on the way home, towards the subway, two young people shouted at us: “Corona!” In two out of

three cases, I made people aware that they had made racist comments and should stop doing so in the future. What remained in me after these three encounters was a bitter aftertaste. When I’m in public, I feel watched and uncomfortable. On the train, I have the feeling that nobody wants to sit with me because of my Asian descent. A constant feeling of malaise, exclusion and anger accompanies me.

My experiences are just a few of many. In discussions with Asian family members and friends, it became clear that racism against Asians is a common problem in times of Covid-19. We cannot allow that as a democratic society.”

TO GET YOU THINKING

- Why do you think that Claudia found people's comments towards her to be racist?
- What sorts of issues do you think we shouldn't joke about?
- Even though COVID-19 is linked to the geographic location of China, why is it harmful to call it the “Chinese virus?”
- How can stigma and discrimination compromise the values of a democratic society?
- Describe a moment when you have been treated or spoken to in a way that left you with a bitter aftertaste?

SUBTOPIC: UNDERSTANDING HEALTH-RELATED STIGMA

In this guide we focus particularly on the stigma and discrimination that people have experienced in relation to COVID-19. Health-related stigma is an issue that has affected people who have a variety of illnesses such as Neglected Tropical Diseases (NTD's), HIV and AIDS, leprosy, Ebola, mental health disorders or obesity. Many studies have suggested that we can learn a lot from health conditions that existed before COVID-19, looking to them for lessons on how to deal with the problems of stigma and discrimination that are coming up now.

HIV, for example, was sometimes called, "the gay people's disease,". This stigma caused people to discriminate against gay communities and blame them for 'spreading' HIV. This led to people being afraid to get tested or to access treatment for HIV, as people may assume they are gay and possibly reject or discriminate against them. That's why calling COVID-19 a foreign virus and accusing certain groups of being responsible for spreading it can be harmful. It increases stigma for some groups, and it makes others think of it as someone else's problem.

Similarly, people with NTDs face stigmatization and discrimination, particularly because of the physical impairments and disfigurements that can result from some NTDs. Schistosomiasis, for example, is an NTD that causes severe rashes. It is contracted through contact with snails in water contaminated by human faeces. The issue of NTDs is not only a public health concern, it's a women's rights issue too. Many of these illnesses mostly affect women and girls who are responsible for collecting water, cooking, cleaning, and caring for children. For example, urogenital schistosomiasis affects women throughout Africa and is a consequence of the schistosomiasis infection. The illness is often misdiagnosed as a sexually transmitted illness and can lead to severe stigma. Health care personnel themselves may also stigmatize patients, which negatively affects health service provision, leading to a reduction in access to diagnosis and treatment. [International Labour Organization / End Fund](#)

A MESSAGE FOR PARENTS AND CAREGIVERS

Though the initial spread of COVID-19 occurred in China, it is important to inform young people in an appropriate manner, that the disease is linked to a geographic location, and not to a race or nationality. It is important that parents and caregivers help young people identify harmful language and behaviour and encourage them to stop it. Young people look to adults for guidance on how to respond to stressful events. Adults can help young people to understand the importance of treating all people with dignity and not associating entire groups of people with events that occur in different parts of the country or the world. COVID-19 does not recognise race, nationality, or ethnicity, it affects everyone.

Tips for Parents and Caregivers

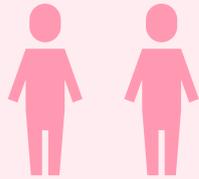
1. Model acceptance and compassion: Avoid making negative statements about any racial, ethnic, or religious group. Reach out to your neighbours and colleagues who might feel at risk because of their ethnicity, religion, or other traits.
2. Provide useful information: Accurate information about people, events, reactions, and feelings is empowering. This is especially important when news reports have negative statements about any specific group.
3. Avoid stereotyping people or countries: Focusing on the nationality, ethnicity, affiliations, or appearance of those who live where COVID-19 originated can create prejudice, anger, and mistrust for innocent groups of people.
4. Stop any type of harassment or bullying immediately. Make it clear that such behaviour is unacceptable. Offer alternative methods of expressing their anger, confusion, or insecurity. Consistently speak up if you hear, see, or read discriminatory comments.
5. Discuss how it would feel to be blamed unfairly by association. Ask young people if they have ever gotten into trouble for something a sibling or friend did and how they felt. Older children might want to consider how they would feel (or have felt) for being criticized or harassed because of how they look, what they wear, or for their group of friends.
6. Emphasize positive, familiar images of diverse groups. Identify people of diverse ethnicities, religions, and/or lifestyles that young people know and who have a positive place in their lives. These could be neighbours, friends, school personnel, healthcare professionals, members of their faith community, or local merchants. Discuss the many characteristics, values, and experiences that the young people have in common with these people.
7. Identify “heroes” of varying backgrounds involved in response to traumatic events. These include firefighters, police officers, rescue workers, military personnel, public officials, medical workers, teachers, faith leaders, public figures, and regular citizens who work to help keep students, families, schools, and communities safe.
8. Read books with your children or students that address prejudice, tolerance, and hate. There are many, many stories appropriate for varying age groups that can help young people think about and define their feelings regarding these issues. [National Association Of School Psychologists](#)

BUSTING MYTHS

MYTH	FACT
COVID-19 can also be called the “Wuhan Virus”, “Chinese Virus” or “Asian Virus”.	The new coronavirus disease is called COVID-19.
You can refer to people who have contracted the disease as “COVID-19 cases” or “victims”.	Refer to people who have contracted the disease by saying “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 COVID-19”.
People who might have contracted the disease are called “COVID-19 suspects” or “suspected cases”.	Rather talk about people “acquiring” or “contracting” COVID-19.
COVID-19 is a plague and marks the ‘apocalypse’.	For most people, COVID-19 is a disease that they can overcome. There are simple steps we can all take to keep ourselves, our loved ones and the most vulnerable safe.

DID YOU KNOW?

Spreading the facts about how COVID-19 is transmitted and treated, and how to prevent infection can reduce stigma.



Promoting content around basic infection prevention practices, symptoms of COVID-19 and when to seek health care, causes less fear in people than communicating information about efforts to find a vaccine and treatment.



HANDWASHING IS AN IMPORTANT ACTION TO PREVENT THE SPREAD OF BOTH COVID-19 AND NTD'S.

SILENCE BREEDS STIGMA. TALKING OPENLY ABOUT SOMETHING WILL HELP US TO NORMALISE IT, SO THAT IT DOESN'T BECOME AN UNCOMFORTABLE TOPIC THAT WE DON'T TALK ABOUT FOR FEAR OF SAYING THE WRONG THING.



If you amplify the voices, stories and images of local people who have experienced COVID-19 and have recovered or those who have supported a loved one through recovery, you can reduce stigma towards COVID-19 in your community.

Even if some groups are more vulnerable to the effects of COVID-19, everyone is susceptible to contracting the virus.



Both the HIV and the COVID-19 responses have been set back by misinformation. Be sure to check information against evidence based, authorised sources, such as the World Health Organization (WHO) or national health authorities.



RESOURCES

- End Fund: Eliminating NTDs For 1.5 Billion People
<https://end.org/the-end-fund-is-eliminating-neglected-tropical-diseases-for-1-5-billion-people/>
- Public Services International: Fake News Contributes To Stigma
<https://publicservices.international/resources/news/fake-news-contributes-to-stigma?id=10755&lang=en>
- Oxford Academic: Social Stigma Towards Neglected Tropical Diseases
https://academic.oup.com/inthealth/article/8/suppl_1/i53/2488349
- International Labour Organization: Addressing Stigma And Discrimination In The COVID-19
https://www.ilo.org/wcmsp5/groups/public/---dgreports/---gender/documents/publication/wcms_744799.pdf
- World Health Organization: How the lessons from Ebola are helping Africa's COVID-19 response
https://www.ilo.org/wcmsp5/groups/public/---dgreports/---gender/documents/publication/wcms_744799.pdf





PREPARING FOR THE SHOW

ETHICS AND CONSENT

The topic of Stigma, Discrimination and COVID-19 can be a sensitive topic for both you and your listeners, so make sure that you address the topic in a way that respects the varying perspectives and circumstances of your listeners, as well as those who share their stories. If any incorrect information comes up in any of your formats, make sure that you correct it. Respect the confidentiality of all those who agree to participate. People may give you consent to share their stories, and then later change their mind. Be prepared for this, as consent can change.

ANGLE

Different ways to talk about Stigma, Discrimination and COVID-19

- How can COVID-19 misinformation lead to stigma and discrimination?
- Which groups are most likely to experience COVID-19 stigma and discrimination? Why do you think this is?
- What are some of the reasons that people stigmatize people who have contracted COVID-19?
- What are some of the ways that help to reduce COVID-19 stigma and discrimination?
- How can lessons learned about stigma and discrimination faced by people with other health conditions help with dealing with stigma against people with COVID-19?
- In what ways does COVID-19 stigma and discrimination threaten the health and safety of communities?

CHOOSE AN ANGLE



How can COVID-19 misinformation lead to stigma and discrimination?

Different ways to talk about: How can COVID-19 misinformation lead to stigma and discrimination?

- Talk about how being infected with COVID-19 is not a choice, and therefore, how it is unfair to blame anyone for 'spreading' the virus.
- Emphasize that COVID-19 doesn't necessarily lead to death and that the majority of infected people are expected to fully recover.
- Talk about how certain phrases such as 'the Chinese virus', 'the white people virus' or the 'old people virus' creates a false idea that only these people can contract COVID-19, when the truth is that everyone can contract the virus.

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- Speak about how even though the virus may have started in China, collective punishment, prejudice and racism against Asian people is unacceptable.
- Discuss how being vulnerable to contracting COVID-19 is not based on one's religious beliefs or faith, but on taking precautions and following safety measures that are based on scientific facts about the virus.
- Talk about how people who have contracted the virus have not been careless, as it is still possible that some people will contract the virus, even if they have been physically distanced and washing their hands religiously.

FORMATS



INTERVIEW



Interview aim

To source information from someone who has expertise or experience of the topic. Remember that there are different ways to gather audio from someone who is not present with you in the room. The easiest way is to send them the questions ahead of time and ask them to send their answers by sending you a WhatsApp voice note or an audio recording from their smartphone. You can also record an interview live by calling the person, putting the loud speaker on and using another smartphone to record them. The quality of the interview might not be as good as a voice note, but it will still work.



Who do you talk to?

A counsellor, a social worker, a recovered COVID-19 patient, a healthcare worker or anyone who has taken care of or lived with someone in recovery from COVID-19.

- How does stigma and discrimination affect recovery from COVID-19?
- In what ways are people discriminated against with regard to COVID-19?
- What kinds of harmful information exists about COVID-19?
- What kinds of COVID-19 misinformation could lead to stigma and discrimination?
- What is the best way to respond to fears about COVID-19?
- What can people who have recovered from COVID-19 do to help others understand the virus better?

FORMATS



VOX POPS



Vox pop aim

To get many different opinions on one topic. When reporting remotely, vox pop questions can be sent to radio show contacts using broadcast lists or candidates found through your social media, as long as members understand that they need to respond via voice note.

Who do you talk to?

Anyone in the community.



Suggested questions for recording vox pops with people in your community.

- What rumours have you heard about COVID-19?
- How do you think rumours or misinformation about COVID-19 could be harmful?
- What kind of misinformation leads to stigma?
- Which groups are most likely to face stigma? Why do you think this is?
- How is discriminating against people who have contracted COVID-19 unfair?
- What do you think about healthcare workers being blamed for spreading COVID-19?
- What reasons have you heard people give that could make others believe that they can't get COVID-19?

Tip: If you interview someone who doesn't know about the COVID-19 outbreak or how to prevent it, use the information in the fact sheet to explain the basics about the virus to them.



AUDIO COMMENTARY



Audio commentary aim:

To get people's opinion about a topic they care deeply about.



Who do you talk to?

A health journalist, a youth reporter, a home-based care worker, a healthcare worker, a government official, a teacher or a taxi driver.



AUDIO PROFILE



Audio profile aim:

To get a first person account of someone's experience. Audio profiles often aim to inspire.



Who do you talk to?

Talk to someone who you believe to have experienced discrimination from people for having contracted COVID-19. You can also talk to someone who has been in contact with someone who has had the virus. Many of our communities have healthcare workers and their families living amongst us. Where we can't access a healthcare worker, we can also speak to other essential workers or frontline workers such as public transport drivers, tellers or teachers. Many people may have felt stigma or experienced discrimination for having COVID-19 or being at risk of contracting the virus. Try to find someone who understands first-hand how harmful it can be to be judged for being ill or close to those who have been ill. It will be helpful to talk to someone who was able to overcome stigma from others, or even their own shame, guilt or assumed stigma.

Questions you can ask for the audio profile:

- Describe the moment when you first found out you had contracted COVID-19 or had been exposed to it?
- Who were you most afraid to tell about it and why?
- What were some of the things you feared people might say to you?
- Is there a moment you can tell us about where you felt judged for being in the position you were in? What happened?
- What do you think is the biggest myth that people believe about COVID-19?
- What did you learn about yourself in dealing with COVID-19 first-hand?
- What do you wish people would understand better about COVID-19??



DID YOU KNOW



'Did you know' aim:

To share exciting, simple and informative facts. These can be shared in the form of statistics, numbers or statements. This is a great format to wrap up the show, emphasise the take-away message of the topic and inform listeners about updated and verified facts relating to the subject being discussed.



Examples of 'Did you knows' for your show:

- Studies have noted that the medical misinformation content about the COVID-19 pandemic is being shared at a fast rate because of social media.
- Over 70% of adults use internet services to search for healthcare-related information.
- Approximately 23%–26% of misinformation regarding COVID-19 was shared via YouTube videos.
- Misinformation via different media, including social media, can have a serious life threatening effect on people's lives during a pandemic.
- Although some religious groups have been criticized for promoting false information about how faith in religion can protect people from people from COVID-19, some religious groups have been providing support to people to manage the crisis of the pandemic, through actions such as feeding schemes, education programmes and prioritising adhering to safety measures.



QUIZ

NOTE: Adding the quiz format to your radio show is now compulsory



Quiz aim: To test and reward your audience's knowledge on the topic. This format opens up engagement with your listeners, giving them an opportunity to respond to you and the topic. You can pre-record the quiz segment and make it part of your show, asking the audience to respond through your social media, promising to give them the answers in the next show. If your Facilitator will be presenting the show from the station, they could ask the audience to participate in the quiz by calling in or reading their responses via social media during the broadcast. Lastly, the quiz can also be presented through a live broadcast of your pre-recorded show via Facebook Live or Instagram Live.

Things you need for this activity:

- Prepared quiz questions and answers
- Small prizes or rewards

Present some quiz questions and hand out prizes to those who answer correctly. From the fact-sheet, we created the following quizzes for you to use in your shows on Mental Health. Once you have used these examples, feel free to create more of your own questions to put your listeners to the test!

Quiz 1:

Question: Urogenital schistosomiasis affects mostly...?

- A. Men
- B. Women
- C. Snails
- D. None of the above

The correct answer is B

Quiz 2:

Question: Which group is more likely to spread COVID-19?

- A. No single person or group of people are more likely than others to spread COVID-19.
- B. Elderly people are more likely to spread COVID-19.
- C. Asian people and people of Asian descent are more likely to spread COVID-19.
- D. People who are HIV positive are more likely to spread COVID-19.

The correct answer is A

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HOW TO PRESENT YOUR SHOW



Because you are not on air, the reporters who are recording the formats will need to pre-record their intros and outros of their formats. You also have to decide as a group about who will present the shows that go out on air. Some of you may provide your facilitator with a script that will guide them on how you would like the show presented, or you may choose a youth reporter to do the intro and outro for the whole show. Making a decision about how you want to present your show should happen in your remote pre-production meetings.

Use your produced radio features, your research and the suggested script and questions below to create your own script.



Host 1/Facilitator: HELLO to all our listeners and welcome back to our show! I am [NAME OF HOST] and you are listening to [NAME OF SHOW] on [RADIO STATION]. Today's show is all about how misinformation about COVID-19 can lead to stigma and discrimination. In this time of information technology, it has become easier to share content or information without referencing the source of information. This makes it easy to create stories that are not based on facts. When such information is received without being questioned, it is dangerous!

Time and time again during this pandemic we have seen how misinformation and rumours have led to fear. People's fear of COVID-19 has led them to isolate, judge and blame certain groups for spreading the virus. This pointing of fingers at certain people is called stigmatizing. Being stigmatized against can result in feelings of shame or guilt, even though you have done nothing wrong. This is unfair because even though some people are at a high risk of contracting the disease, absolutely anyone can get COVID-19!

This pandemic has hit us all in different ways and I think the most challenging part for young people was the recommended school closures. As hard as it was, it was all for our own good. With schools reopening now since June in different parts of the world, we have seen how much preparation was needed in order to make the schools safe enough for students to be at a lower risk of contracting the virus. Let's take a listen to what everyone had to say about this week's topic!

[PLAY PRE-RECORDED INTERVIEW WITH AN INTRO THAT TELLS US WHO IS BEING INTERVIEWED]

[PLAY PRE-RECORDED OUTRO]

[INCLUDE PRE-RECORDED HOST LINKS WHERE NECESSARY BETWEEN FORMATS]

TIP: Having a clear show clock will prepare all the presenters or reporters about what intros, outros and formats they need to record before the broadcast date.

[OUTRO:]

Host 1/Facilitator: Today's show was definitely an eye-opener and we are hoping that it has helped people understand the negative effects that stigma and discrimination can have on people. We have to be bold in correcting inaccurate information that can cause harm to certain groups. We should not allow people to call COVID-19 the 'Chinese virus' or the 'Wuhan virus'. The problem is the disease itself and not where it comes from! In the same way that we have to make sure to not spread lies and hate speech about Asian people, we also have to do the same for other groups who have also suffered unfair judgement and treatment. Some of those groups include the African migrants that were living in China and were forcefully evicted from their homes because they were believed to be spreading the disease.

The worst consequence of stigma and discrimination is of course that people will want to hide their illness and not access the treatment and help when they need it. This had real consequences during the early stages of HIV and AIDS, let's not let it happen again! We're better than that people.

Thank you to all of our guests and to all those who sent voice notes. Nothing is more important than 'ubuntu' at this time - 'I am because you are', 'umuntu ngumuntu ngabantu!' Join us next week on [DAY] at [TIME] we'll be talking all about [NEXT WEEK'S SHOW TOPIC]. Until then, it's bye from us!

[PLAY PRE-RECORDED OUTRO:]

[INCLUDE PRE-RECORDED HOST LINKS WHERE NECESSARY BETWEEN FORMATS]

TIP: Having a clear show clock will prepare all the presenters or reporters about what intros, outros and formats they need to record before the broadcast date.

[OUTRO:]

Host 1/Facilitator: Today's show was a good example of the idea that we are not alone. As people we feel in the same way and go through challenges, and through listening to one another and sharing solutions, we can help each other get through tough times. One of the tips that really stood out for me was the importance of sharing positive news. So I'd like to mention that there has been [NUMBER] recoveries from COVID-19 in the world.

Many governments are starting to put their minds together about how we can continue with our education so that we don't fall too far back. There are some data free sites that we can access in some areas, and we can find help and support through Whatsapp helplines in our regions. Today we learned that it's possible to feel connected and happy and calm even though we are facing a crisis!

Thank you to all our guests and to all those who sent voice notes. Let's all continue with the good work of staying informed and maintaining good mental health during this period. Our futures await us, so stay positive. Next week on [DAY] at [TIME] we'll be talking all about [NEXT WEEK'S SHOW TOPIC]. Until then, it's bye from us!