

# THE PANDEMIC PASSES, THE STIGMA REMAINS?

AN EXPLORATORY STUDY ON COVID-19-RELATED STIGMATIZING ATTITUDES IN GERMANY

# STIPEX

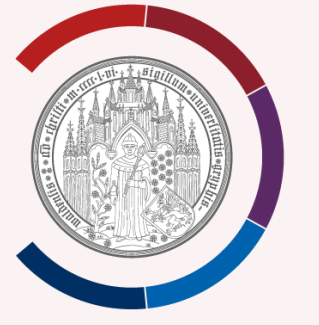
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INTRODUCTION

**Stigmatizing attitudes** towards certain groups of people associated with COVID-19 (e. g., healthcare workers, people of Asian descent, people showing symptoms of infection) became evident throughout the COVID-19 pandemic [1,2,3]. Such discriminating attitudes can have a **negative impact**, affecting a person's mental health or social cohesion, potentially outlasting the acute pandemic phase [4]. Management of infectious disease outbreaks should therefore not only focus on maintaining a low level of infections, but also **reduce disease-related stigma** in the population, minimizing the burden of those already affected by the disease.

The current study aims to explore associations between COVID-19-related characteristics and the occurrence of **stigmatizing attitudes** and **self-stigma**. The results can be used to conceptualize **anti-stigma interventions** which focus on those high at risk for stigmatizing others or experiencing stigma in the context of infectious disease outbreaks.

METHODS

Exploratory online-survey with a representative sample of the German population, based on the distribution of age, gender, and federal states in Germany. Data was collected between October and December 2023.

### Questionnaires

Public Stigma (Stereotype Agreement)

COVID-PSS: *Covid-19 Public Stigma Scale* [5]

Example Item: „Most people infected with COVID-19 do not take care of their health.“

### Internalized Stigma

COINS: *Covid-19 Internalized Stigma Scale* [6]

Example Item: „How much do you feel you are not as good a person as others because you have had COVID-19?“

### Analyses

- Prevalence of internalized and public stigma
- Odds ratios for group comparisons (*reference group* vs. comparison group)
  - ⇒ **infection status** (*diseased* vs. non-diseased, *multiple infections* vs. single infection, *Long COVID diagnosis* vs. no Long COVID)
  - ⇒ **vaccination status** (*vaccinated* vs. unvaccinated)
  - ⇒ **risk status** (*member of an at-risk group* vs. not at-risk)

RESEARCH QUESTIONS

- How prevalent are stigmatizing attitudes towards people infected with COVID-19 in Germany?
- What COVID-19-related characteristics are associated with stigmatizing attitudes?
- How prevalent is internalized stigma related to an infection with COVID-19 in Germany?
- What COVID-19-related characteristics are associated with internalized stigma?

SAMPLE

Total sample  $N = 1960$

### Age

$M = 49.8$  years,  $SD = 17.3$  years

### Gender

female  $n = 1093$ , 56%  
male  $n = 857$ , 44%

### Infection status

diseased  $n = 1094$ , 56%  
with Long COVID diagnosis  $n = 163$ , 15%  
with multiple infections  $n = 260$ , 25%  
non-diseased  $n = 866$ , 44%

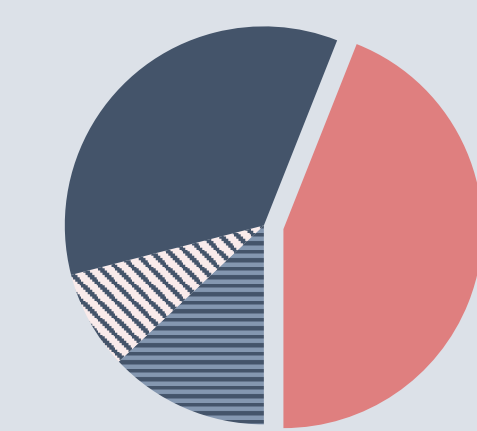
### Vaccination status

vaccinated  $n = 1674$ , 85%  
unvaccinated  $n = 266$ , 14%

### Risk status

at-risk\*  $n = 989$ , 51%  
not at-risk  $n = 971$ , 49%

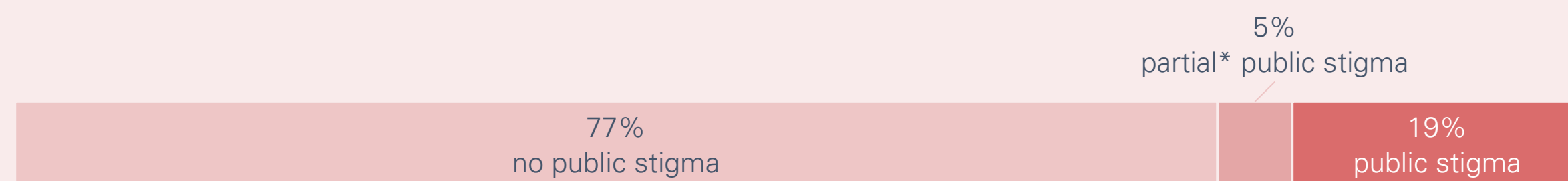
\*risk of having severe COVID-19 (due to older age, underlying medical conditions etc.)



RESULTS

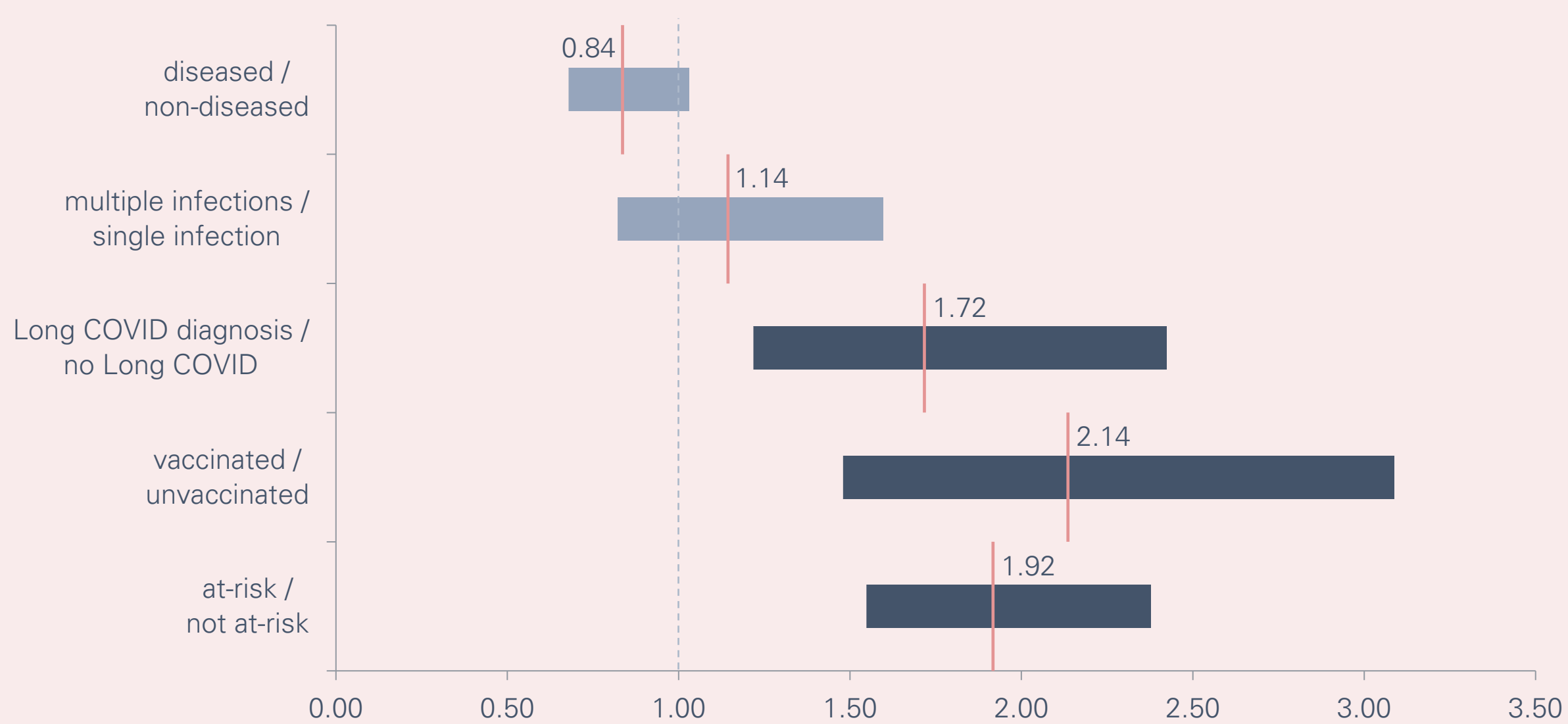
### (1) Prevalence of public stigma (COVID-PSS)

$n = 1958$



\* corresponds to the indication "both agree and disagree" on the 5-point Likert scale of the COVID-PSS

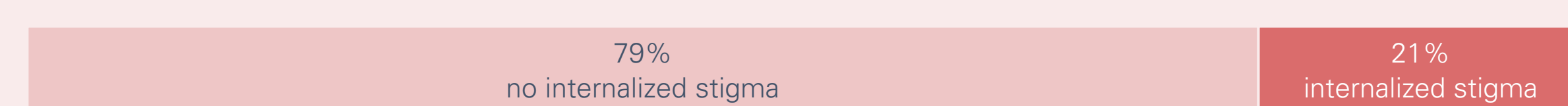
### (2) COVID-19-related characteristics associated with stigma against people with COVID-19 (COVID-PSS)



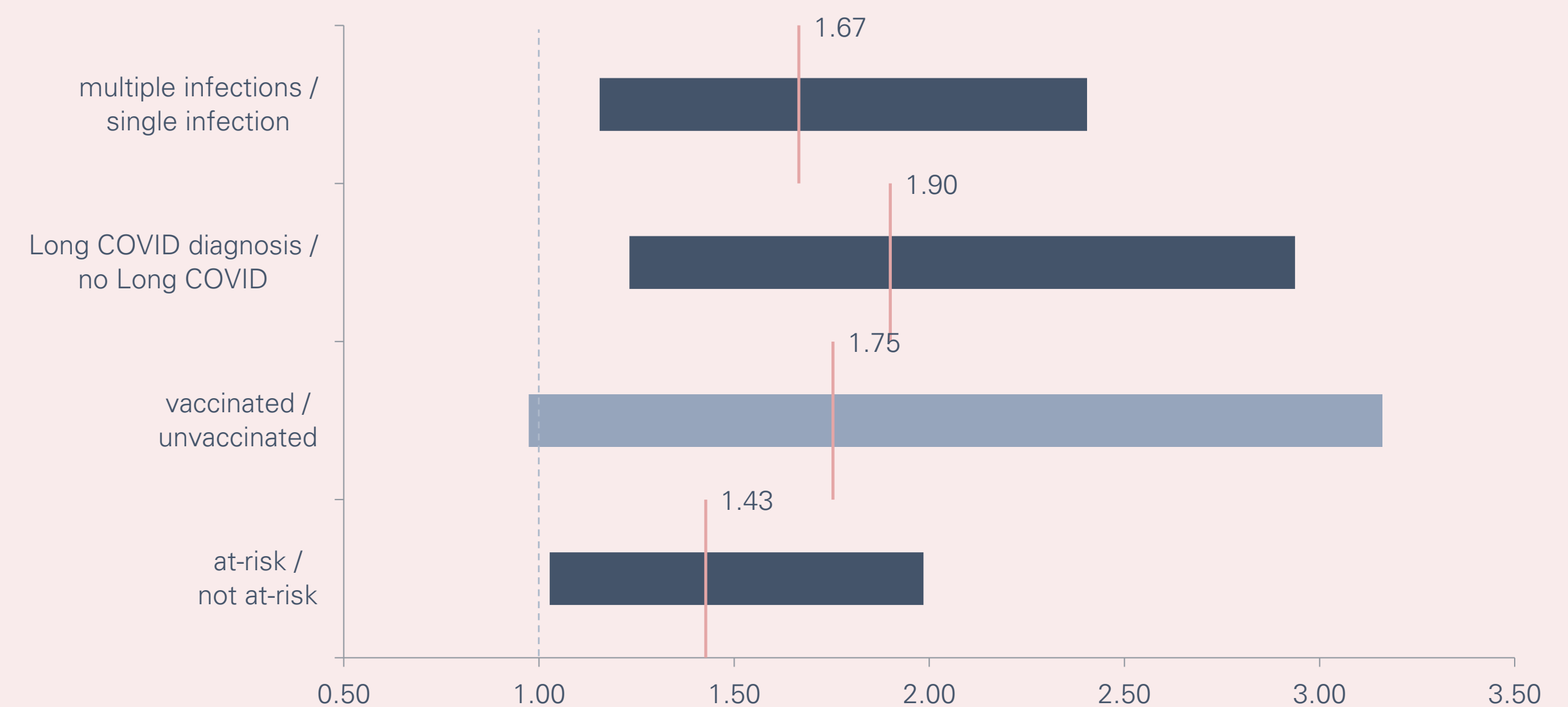
Odds Ratios (reference group / comparison group) and 95%-confidence intervals for each comparison. Darker bars indicate significant differences.

### (3) Prevalence of internalized stigma (COINS)

$n = 858$  (questionnaire only given to those having had COVID-19)



### (4) Who shows internalized stigma related to COVID-19? (COINS)



Odds Ratios (reference group / comparison group) and 95%-confidence intervals for each comparison. Darker bars indicate significant differences.

SUMMARY

- Stigmatizing attitudes** towards people with COVID-19 were reported by 23% of the participants, 21% reported **internalized stigma**.
- Agreement to public stigma was significantly associated with having a **Long COVID diagnosis**, being **vaccinated** or part of an **at-risk group**. Infection status was not significantly associated with public stigma.
- Internalized stigma was significantly associated with having had **multiple infections**, a **Long COVID diagnosis** or being part of an **at-risk group**. Vaccination status was not significantly associated with internalized stigma.

CONCLUSION

Our results show that stigma was higher in groups that are already more severely affected by the pandemic (at-risk, Long COVID or multiple infections). Regarding **public stigma**, fear of infection might be a possible driver for holding stereotypes towards people with COVID and could lead to isolation from others. Higher levels of **self-stigma** in these groups might result from an experience of repeated stigmatization due to a prolonged association with the disease (Long COVID or multiple infections) or double stigma due to belonging to a risk group that is itself stigmatized. Reducing the additional burden of stigma related to infectious diseases poses a particular challenge for pandemic preparedness. As for COVID, the study shows that even half a year after the WHO has declared that COVID-19 "no longer constitutes a public health emergency" [7], the stigma still remains.

**Anti-stigma interventions** to reduce public stigma towards people with COVID need to be developed and the healthcare system should be sensitized to the fact that members of a risk group, people with Long COVID diagnosis or those with a history of multiple infections have a higher chance of self-stigma and might need additional support.

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