

# REDUCING STIGMA IN THE CONTEXT OF COVID-19 AND COMPARABLE DISEASES: A SYSTEMATIC REVIEW OF INTERVENTIONS

STIPEX

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## INTRODUCTION

The COVID-19 pandemic was not only a global health crisis but also a catalyst for stigmatization. Stigma linked to infectious diseases like COVID-19 harms individuals' well-being and complicates pandemic management by discouraging diagnosis and treatment. Anti-stigma interventions (ASI) aim to reduce prejudice, prevent discrimination, and improve access to healthcare.

## AIMS

This systematic review identified and analyzed ASI regarding COVID-19 and comparable diseases. We examined the target variants and socioecological levels of stigma, described intervention characteristics using the TIDieR checklist [1], and assigned their strategies to established anti-stigma approaches and techniques of the BCT Taxonomy [2]. The studies' risk of bias (ROB) was assessed using the QualSyst checklist [3].

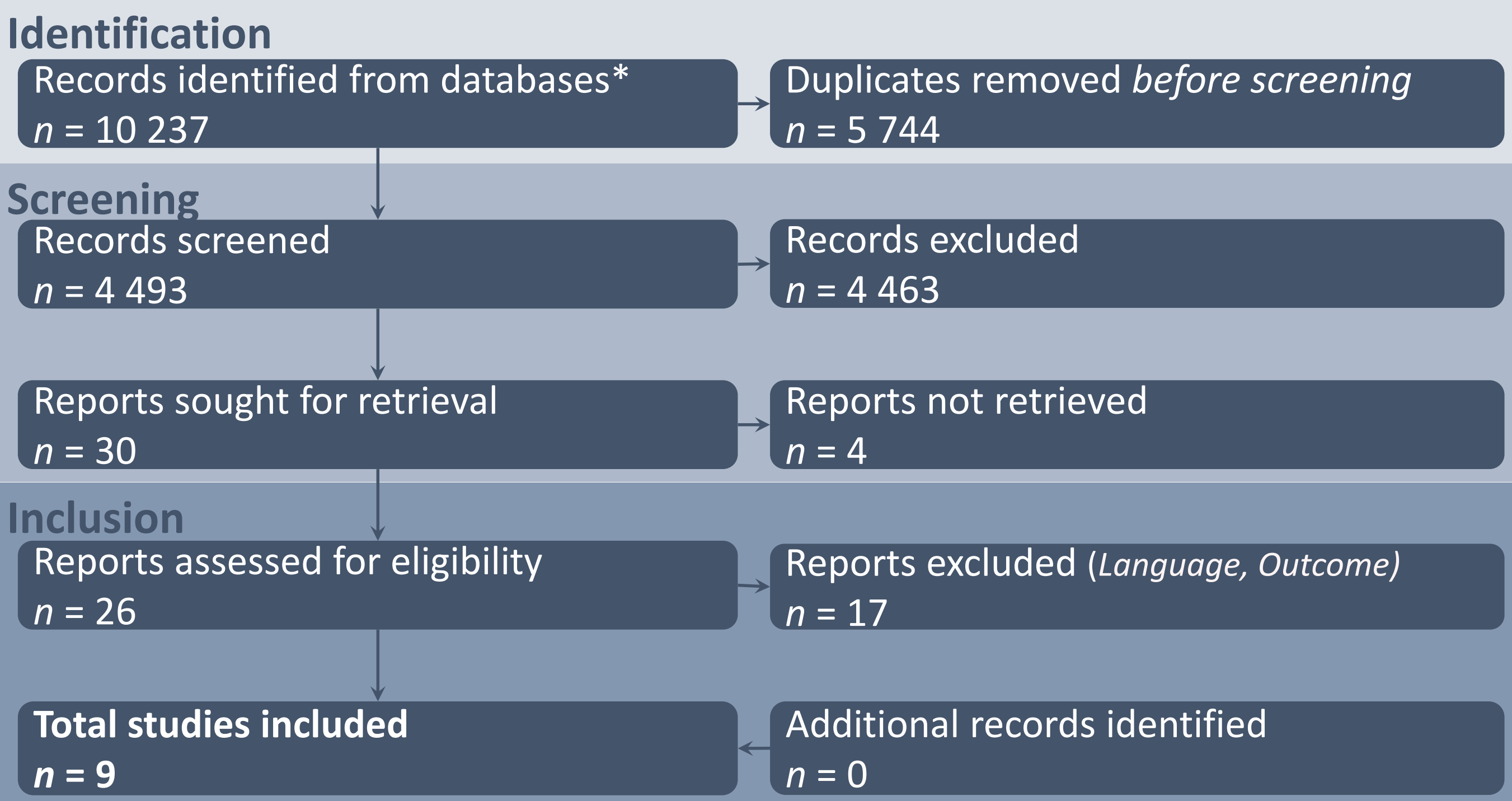
## RESEARCH QUESTIONS

- 1 Which **aspects** and **levels** of stigma are targeted by the ASI?
- 2 What **content-related** and **structural features** characterize the ASI?
- 3 What **anti-stigma** and **behavior change approaches** underlie the ASI?

## METHODS

- PRISMA-guided [4] **systematic literature review**
- **Databases\***: CINAHL Complete, PsycARTICLES, PsycINFO, Psychology and Behavioral Sciences Collection, PSYINDEX Literature with PSYINDEX Tests, MEDLINE, Cochrane Library, EMBASE, Web of Science
- **Inclusion Criteria**:
  - Peer-reviewed, evaluated ASI
  - Stigmatized diseases: COVID-19, SARS, MERS, Influenza (H1N1, H5N1), Zika virus disease, Yellow fever, Ebola virus disease, Viral hemorrhagic fever (VHF)
  - Languages: English, German

## PRISMA FLOW CHART

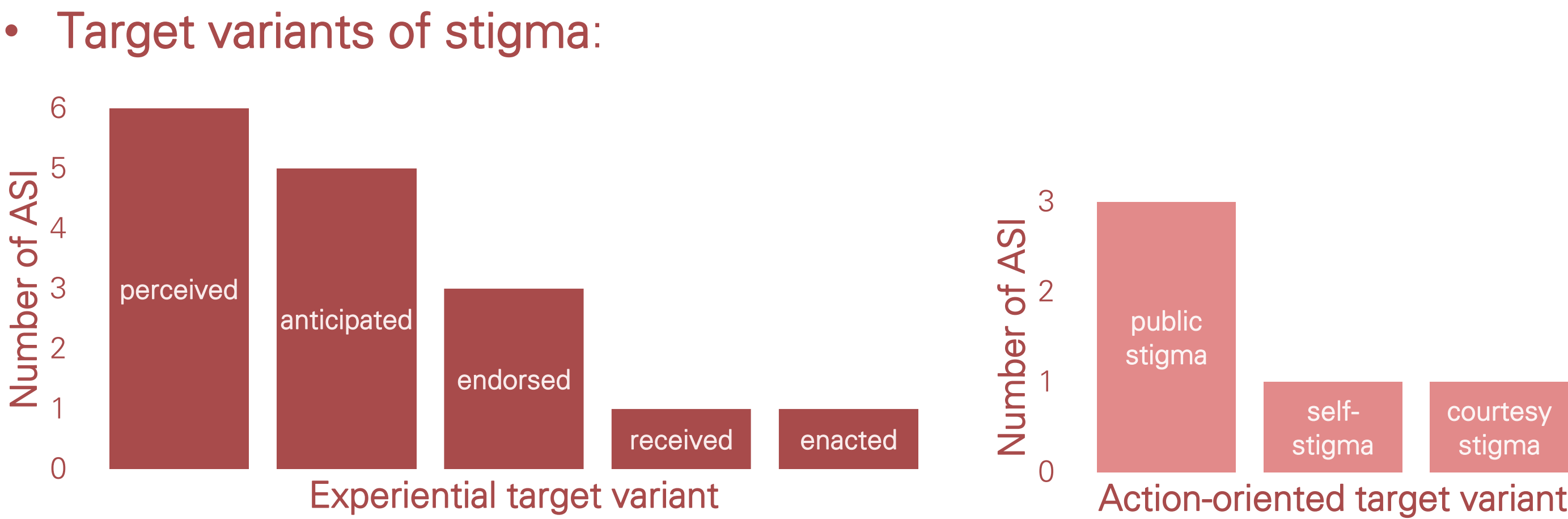


## RESULTS

### STUDY OVERVIEW

- **Diseases**: of the 9 ASI [5-13], all addressed COVID-19
- **Study design**: RCT ( $n = 7$ ), Pseudo randomization ( $n = 1$ ), Retrospective observation study ( $n = 1$ )
- **Target populations**: General population ( $n = 5$ ), specific groups like e.g., survivors or vaccinated persons ( $n = 4$ )
- **ROB**: adequate ( $n = 2$ ), good ( $n = 3$ ), strong ( $n = 4$ )

### 1 ASPECTS / LEVELS OF STIGMA



- **Socioecological levels of stigma**: intrapersonal ( $n = 6$ ), community ( $n = 3$ ), governmental/structural ( $n = 1$ )
- **Intersectional aspects**: addressed by only one study

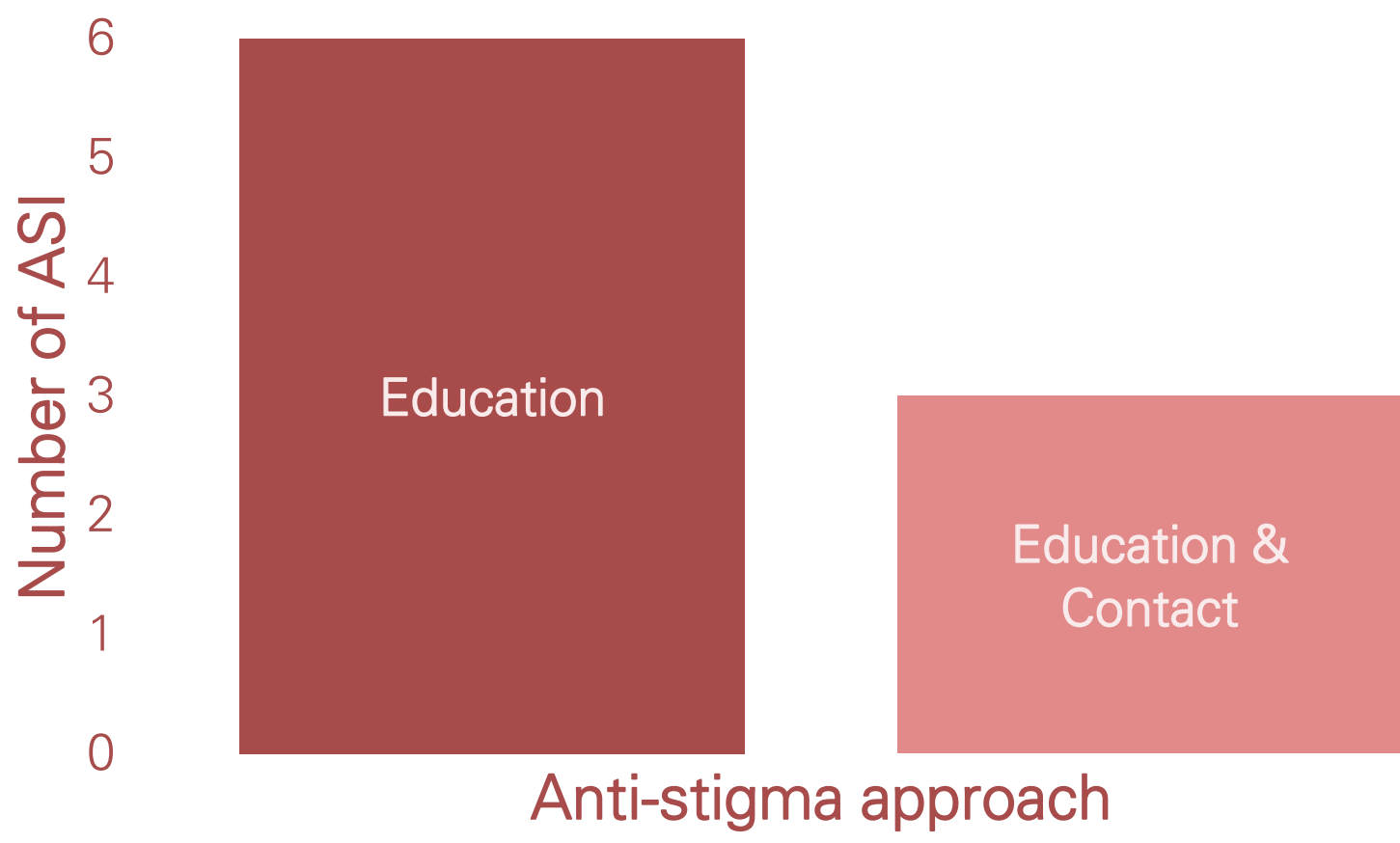
### 2 CONTENT-RELATED FEATURES

- **Rational**: Education ( $n = 6$ ), changing perceptions / attitudes ( $n = 3$ ), social support ( $n = 2$ ), mobilization of communities ( $n = 1$ )
- **Material**: informational material ( $n = 5$ ), videos ( $n = 2$ ), implicit approach ( $n = 3$ )

### STRUCTURAL FEATURES

- **Modality**: online ( $n = 6$ ), via phone ( $n = 2$ ), in person ( $n = 1$ )
- **Temporal aspects**: all ASI were single sessions with a duration between 10 – 40 min

### 3 ANTI-STIGMA APPROACH



### BEHAVIOR CHANGE APPROACH

Behavior change techniques coded in the ASI:

- Social support (unspecified) ( $n = 4$ )
- Credible source ( $n = 4$ )
- Information about health consequences ( $n = 1$ )
- Information about social and environmental consequences ( $n = 1$ )
- Information about emotional consequences ( $n = 1$ )
- Reduce negative emotions ( $n = 1$ )

## CONCLUSION

The findings highlight the scarcity of evaluated ASI and methodological limitations of the available studies. Future efforts should focus more on institutional and structural levels, address specific groups, and integrate intersectional aspects to combat stigma in future crises more effectively.

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### REFERENCES

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