Chapter

Perspective Chapter: Psychosocial Impact of COVID-19 – Stigma and Xenophobia

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Abstract

The novel type of coronavirus (COVID-19) pandemic, which affected the whole world and resulted in the death of many people, caused problems in various fields in societies. The effects of the pandemic, especially on health and the economy, have reached important points and studies in these areas have intensified. It is also a known fact that the pandemic causes psychosocial problems in humans. Existing problems have also had negative effects on mental health. Measures, restrictions, and quarantine practices are taken to control the epidemic have caused psychological, social, and economic problems. The spread of the disease and changes in living conditions have led to an increase in negative attitudes among people. The pandemic has also caused discriminatory and stigmatizing attitudes among people. In addition, xenophobic attitudes, defined as fear, hatred, and prejudice against foreigners, have become widespread during the pandemic process. People exposed to stigma and xenophobic attitudes due to the pandemic have experienced social and economic inequalities. It is important to prevent stigmatizing and xenophobic attitudes during the pandemic process in order to ensure social cohesion in society. In this section, the psychosocial effects of stigma and xenophobia associated with COVID-19 will be discussed in light of literature.

Keywords: COVID-19, pandemic, stigma, xenophobia, psychosocial impact

1. Introduction

The coronavirus disease, which emerged with respiratory symptoms (high fever, cough, shortness of breath) in Wuhan, China's Hubei Province in December 2019, has turned into a worldwide pandemic. The novel coronavirus disease (COVID-19), defined by the World Health Organization (WHO) on January 13, 2020, spread rapidly in 6 continents and hundreds of countries after China, causing many deaths [1]. At the time of preparation for this study (August 23, 2021), approximately 211,730,035 people worldwide were infected and 4,430,697 people died due to COVID-19 [2]. The COVID-19 outbreak, defined as the first pandemic caused by coronaviruses, has caused global concern. The COVID-19 pandemic has brought many challenges. A few of these difficulties are stigma and xenophobia. The stigma associated with COVID-19 has serious implications for the lives of healthcare professionals, patients, and those who have had the disease. This makes a difficult situation, such as the fight against the epidemic, even more difficult. Health workers, infected individuals, and their families are seen as possible sources

of infection and are exposed to various discrimination and stigmatization. Not allowing healthcare workers to use public transportation, being asked to vacate their rented houses, being exposed to verbal and physical violence, abandoning the woman with COVID-19 who gave birth by her family, calling the street where the house of a person with COVID-19 is located as a 'corona road' and people avoiding this street are examples of stigma [3]. Epidemics that contain many uncertainties, such as the COVID-19 epidemic, can cause serious social stigma. For example, Russian Jewish immigrants were stigmatized because of the typhus and cholera epidemics in 1892, and Native Americans in the region were stigmatized because of the 1993 hantavirus epidemic in the United States. Also, an epidemic of bubonic plague, the so-called "black death" attributed to rats transported by ship from Hong Kong in the spring of 1900, resulted in discrimination and stigmatization in the San Francisco Chinatown community [4]. Stigmatized persons may give up seeking treatment, people may fear and avoid stigmatized persons, society may be prejudiced against stigmatized persons, and this may turn into verbal or physical violence against stigmatized persons or groups. For fear of being stigmatized and labeled as someone with an infectious disease, many at-risk people may not seek help until symptoms become very severe. In fact, many people may not seek help for treatment at all [5]. The COVID-19 pandemic has created an environment with too many risks for stigma. Xenophobia is a word that means fear and hatred of foreigners [6]. Xenophobia is spreading in many countries during the pandemic and is mostly directed against Asians. Such xenophobic incidents have been reported in countries such as Belgium, Croatia, Finland, France, Germany, Hungary, Italy, the Netherlands, Russia, Ukraine, and the United Kingdom. Cases of xenophobia include verbal attacks and accusations of spreading the virus to the public [7]. In this section, it is aimed to discuss the history of the concepts of stigma and xenophobia, its psychosocial dimension, its relationship with the COVID-19 pandemic, methods of combating risk factors in the light of literature information, and to raise awareness about this situation.

2. Definition and theories of stigma

Stigma refers to the situation of being exposed to an accusatory, exclusionary approach and attitude due to the existence of a situation that should be ashamed for a person or group, being different from normal or different from other individuals with any feature. Stigma as a word means a scar, a stain, a sign of shame and humiliation that marks the person [8]. Etymologically, the concept of stigmatization was used for the first time in Ancient Greek with the meanings of hole, puncture, wound, scar, and today it is used in the sense of humiliation and loss of reputation, similar to this definition. Sociologist E. Goffman defined stigma as social rejection resulting from negatively perceived characteristics [9]. According to Goffman, the term stamp goes back to the Greeks who cut or burned the skins of criminals, slaves, and traitors to describe them as tainted or immoral people to be avoided [9]. Stigma is a term that refers to social disapproval, not just a physical marking. Link and Phelan extended Goffman's conceptualization by identifying four attributes of stigma; (1) individual differences are noticed, (2) these differences are perceived negatively by society, (3) the stigmatized group is viewed as an outgroup, (4) the end result is loss of opportunity, power, or status [10].

While explaining the reasons for stigma, 4 terms were used. These are as follows:

a. *Stereotypes:* This concept represents the common general view of societies. It is a concept adopted by the general public. When a "sick person" is mentioned,

the person first perceives and evaluates this situation with stereotypes. Some of these definitions share commonalities, but each may also contain unique aspects that may contradict the others. Stereotypes are grouped into positive and negative.

b. *Prejudices:* Prejudices support stereotypes. Different emotional reactions may develop as a result of prejudices and stereotypes. As a result of prejudices, negative emotions such as anger and fear often arise towards patients.

c. *Discrimination:* It is the cognitive and emotional reactions that occur due to certain characteristics of a person or a group as a result of an evaluated situation and are reflected in the behavior. This behavior can be positive or negative. However, the word discrimination is generally understood to mean negative. This behavior is discriminatory and exclusionary. It can also occur as a result of biased behaviors or as a result of an individual with negative stereotypes.

d. *Attitude:* People's perspectives on life is shaped by the society and culture in which they grew up. This perspective also affects the emotional reactions and behaviors of the person to events. These reactions can be sometimes positive and sometimes negative. The perspective formed by the integration of these reactions and the person's worldview is called "attitude" [11].

3. Stigma in previous pandemics

Throughout history, human beings have been exposed to dangerous diseases that force them to change their behavior to adapt to new conditions. WHO has defined a pandemic as "the worldwide spread of a new disease". From smallpox of the 19th century to COVID-19 of the 21st century, epidemics and pandemics have always been associated with stigma and serious social consequences [12]. Apart from natural disasters or wars affecting a certain geographical region, infectious diseases affect the whole world and humanity without borders, as we witnessed in the COVID-19 epidemic. To date, there have been 21 pandemics affecting humanity. The most well-known and most severe of these is the plague epidemic that emerged in the fourteenth century. In previous studies, it was reported that the population of the whole world decreased by 1/4 in the plague pandemic and the population of many important cities was completely destroyed [13, 14]. Other major pandemics are Spanish Flu (1918–1920), HIV epidemic, Smallpox in the former Yugoslavia (1972), severe acute respiratory syndrome (SARS) (2003), "Swine Flu" or H1N1/09 (2009), Middle East Respiratory Syndrome (MERS), Ebola (2014–2016), and ZIKA (2015–2016) pandemics. These pandemics have caused many casualties [15]. There are differences between the first known pandemics and more recent pandemics because during the first pandemics the population was independent of each other, that is, isolated. However, in the present times when human mobility has increased, the significant increase in interregional and even intercontinental communication and interaction has changed the course of today's pandemics. On the other hand, the development of transportation and communication in the global arena and increased contact with a different human, animal, and ecosystem populations facilitated the spread of the pandemic [16]. Medical stigma is seen in almost every period of history. Diseases such as leprosy, plague, syphilis, tuberculosis, cancer, AIDS, which affect societies, are the diseases that cause stigmatization [17, 18]. As diseases such as tuberculosis and syphilis became treatable, stigmatizing attitudes towards these diseases decreased over

time [19]. Leprosy, which has a history as old as human history and is one of the first stigmatized diseases, was described as an "evil" given to man by God [20]. Those who contracted syphilis in the fifteenth century were condemned by society. Tuberculosis, named in the eighteenth century, was seen as a disease belonging to the lower class. Since the 1900s, with the recognition of cancer types and the increasing number of people receiving this diagnosis, prejudiced behaviors have been made against cancer patients, and discriminatory approaches against cancer patients have continued until the last 20 years. There were comments about AIDS, which emerged in the 1980s and was formerly known as a homosexual disease, as "a punishment given by God to sinners". Along with cancer, tuberculosis, leprosy, syphilis, and epilepsy, AIDS has also become one of the diseases that create stigma [20].

4. COVID-19 and stigma

During the pandemic process, people's relationships with each other have changed. Newborn baby visits could not be made, university graduates could not share their graduation moments with their loved ones. Many people were not able to physically meet with their elderly family members. Many people were unable to attend the funerals of their closest relatives and friends, and could not adequately mourn their loss [21]. As a result of all these changes, stigma has been an important problem during the COVID-19 pandemic period. It has been modified through human interactions, social distancing, and other restrictions to limit the spread of the virus. Much more emphasis has been put on health systems, which are often under heavy load, and they have become inadequate. Inadequacies in health systems have led to inequalities among people in accessing health. As a result of health inequalities, the COVID-19 pandemic has rekindled or strengthened sensitive social issues such as stigma, discrimination, and racism [22]. In a qualitative study conducted in Pakistan, participants described their neighbors' hostile attitudes when COVID-19 was detected in their family members. Neighbors asked some people to leave the neighborhood. A person whose spouse had COVID-19 reported that other family members were reluctant to meet with him, even though his spouse's test result was negative. This stigma has even been reported among doctors. A 55-year-old doctor whose wife contracted the coronavirus explained that despite a negative test result and taking protective measures at work, he was treated as if he was a carrier of the infection. People who have been found to have COVID-19 in their relatives have also been exposed to discrimination in the workplace. Some participants felt that the stigma and discrimination they faced in their region were so great. They reported that they had a problem and that they were planning to change their houses [23]. We can say that this group is at high risk of stigmatization since the disease especially affects the population over the age of 65. At the same time, returnees from abroad face stigma [24]. Stigma has become a serious problem for healthcare professionals, especially during the COVID-19 pandemic. During such epidemics of widespread infectious disease, healthcare workers are often stigmatized by people in their own community [3]. During the COVID-19 pandemic, healthcare workers are hailed as "heroes" in the media. However, this does not eliminate the possibility of discriminatory attitudes towards healthcare professionals based on the fear that healthcare professionals are carriers of COVID-19. In a study conducted in the United States and Canada during the COVID-19 pandemic, an online questionnaire about stigmatizing healthcare professionals was administered to 3551 non-healthcare workers. More than a quarter of respondents reported that health workers should be kept separate from their communities and families. More than one-third of respondents reported avoiding healthcare workers for fear of infection. People

who stigmatize healthcare workers also tend to avoid other people, avoid pharmacies and supermarkets, and stay at home all the time [25]. In a study conducted in Egypt with 509 physicians, 138 of whom directly care for COVID-19 patients, 159 (31.2%) physicians reported severe COVID-19-related stigma. The overall COVID-19-related stigma score was higher in those working in the quarantine hospital. A significant number of physicians have experienced the stigma associated with COVID-19 [26]. In another study conducted with 529 physicians during the COVID-19 process, approximately one-third (31%) of the participants reported that they were concerned about stigma due to their profession as a healthcare workers. About 13.8% reported that they were worried about avoiding family members due to stigma [27]. Stigma adds an unnecessary burden to healthcare workers' lives and can contribute to healthcare worker burnout [28]. For this reason, protective measures should be taken against stigmatization, especially among healthcare professionals, and more support should be provided to healthcare professionals in this regard. In cases where stigma is high, people may tend to hide the disease as a coping strategy to avoid discrimination. Hiding infections and avoiding testing is a serious problem and can contribute to an increased risk of infection and a decrease in protective behaviors [29]. Additionally, the stigma associated with COVID-19 can become a barrier to control and prevent COVID-19. It is because people with high levels of stigma are less likely to explain their health status and seek treatment [13]. WHO Director-General Dr. As Tedros Adhanom Ghebreyesus stated that "Honestly, stigma is more dangerous than the coronavirus itself" [30]. The stigma associated with infectious diseases is associated with the clinical features of such diseases and socio-cultural factors [31, 32]. For example, hepatitis A survivors rarely suffer from stigma, but hepatitis B and C survivors often experience high levels of stigma due to more serious long-term effects [33]. Because COVID-19 disease is caused by a new virus, it is not clear how widespread or severe stigma is among survivors. The effect of stigma in the future is a matter of curiosity.

5. Definition of xenophobia

Xenophobia is literally a compound word formed by two Latin words. It found its semantic equivalent with the combination of the words xénos, which indicates the difference, and phóbos, which means fear and/or horror, and entered the literature in the sense of the individual or society's fear of the foreign and different from themselves. The state of being afraid of strangers, which is mentioned within the scope of the definition of xenophobia, also includes a discriminating, hateful, humiliating, and standardizing hostile attitude towards a different person. In this context, the target audience includes people who are not those from the relevant region, who are not citizens, or who differ in this context [34]. Xenophobia is defined as "attitudes, prejudices, and behaviors that reject, exclude, and often disparage people who are foreign to the society or national identity or who are perceived as a foreign" [35]. In order to understand the concept of xenophobia, it is useful to distinguish it from the concept of racism, which is often confused with each other. While xenophobia expresses a behavior based on the idea that the other is alien to the group; racism explains discrimination based on differences in physical characteristics such as skin color, hair type, and face shape. Racism is also considered the most extreme level of xenophobia [35]. In recent years, migration movements have increased and continue to increase in the world with the expectation of regional conflicts, climate change, security, employment, education, health, and generally higher welfare [36]. While the concept of alien can be considered a universal concept, this is not the case for xenophobia. Xenophobia is an emerging

concept: it was first used by Anatole France in 1901 in Monsieur Bergeret a Paris. Situations such as the term anti-Semitism of the Dreyfus affair that shook domestic politics in France at the turn of the twentieth century, and the violent form of nationalism that emerged at the time provided a social and political background for xenophobia [37]. In 1906—the full year of Dreyfus' rehabilitation - xenophobia was first listed in a French dictionary: Nou eau Larousse illustre. In the following years, it was included in the dictionary in many languages, especially in English [38]. The concept of xenophobia came to the fore again in the COVID-19 epidemic and became the subject of research.

6. Xenophobia associated with COVID-19

The effects of the pandemic, which has heavily influenced all countries in the world, are felt in many areas socially, economically, politically, and spiritually [39, 40]. Pandemics have historically been linked to political and economic relations, foreign interventions, conflict, and concerns about maintaining social control in society [41]. The COVID-19 pandemic, on the one hand, contributed to the mutual solidarity and support of states, societies, and individuals from different socioeconomic statuses, on the other hand, it also caused widespread fears and concerns that triggered the current culture of distrust and discrimination, especially against immigrants. Due to the pandemic, social and economic inequalities towards immigrants have increased, and immigrants have been discriminated against and stigmatized [42]. Immigrants have been one of the vulnerable groups that have suffered the most during the pandemic [43]. Xenophobia spread like the virus itself, affecting not only those of Chinese descent but also those of any East Asian descent or nationality [44]. The increase in the prevalence of xenophobia causes stigmatization and targeting of various groups in the society and therefore the inability to provide health services appropriately [45]. In order to evaluate xenophobia comprehensively, it is necessary to acknowledge how certain diseases and social conditions fuel fear and discrimination, and that the stigmatization of various groups in society due to the disease is an important challenge for global development [46]. Throughout history, viral diseases have often been associated with the place or regions where outbreaks first occurred. In 2015, WHO issued guidelines to stop this practice and thereby reduce prejudice and xenophobia towards these regions or people of these regions [47]. Despite these guidelines for naming diseases in order to avoid stigmatizing communication, stigmatizing expressions such as "Spanish flu" and "Mexican swine flu" are frequently used. Such stigmatizing statements suggest that there is a relationship between strangers and a particular epidemic, leading to increased fear of strangers [48]. Efforts are ongoing to prevent the use of false and stigmatizing statements. However, as the number of COVID-19 cases increased in the US and around the world in early 2020, terms such as Chinese virus, Kung-Flu, Chinese coronavirus, and Wuhan virus were used for the COVID-19 virus by leaders in the US and some sections of society [49]. Such naming of the virus has led to the legitimization of the negativities towards Asian communities, the disruption of treatment services, and the stigma of these communities. With the study of Reny and Barreto, it has been experimentally proven that linking the pandemic to a social group in this way will activate negative attitudes towards Asian communities [49]. Even the smallest changes in expression styles and communication are reflected in the way socio-cultural structures are presented and perceived. The style and language used in the transmission of information about the virus can contribute greatly to the spread of xenophobia as well as to its prevention. In the current situation, the widespread stigmatization of immigrants with negative expressions causes an increase in xenophobia. It is seen that racist acts against Asians and Asian-Americans have increased in connection with

COVID-19 cases in the USA, and Asian societies have become vulnerable to verbal and physical abuse due to widespread prejudices [45]. Verbal and physical abuse of Asian Americans has been reported at subway stations in Los Angeles and New York [45]. It was reported that 1135 verbal abuse, embarrassment, and physical attacks against Asian Americans took place in the USA in 2 weeks [42]. In another study conducted in Malaysia, it was determined that xenophobia and racism towards Rohingyas increased due to the COVID-19 pandemic. This is supported by reports of increased hate speech against the Rohingya, both on social media and in government discourse [50]. In a study conducted with Asian university students in Poland, it was determined that the COVID-19 pandemic triggered xenophobic attitudes towards students. 61.2% of the students stated that they were exposed to prejudice, and 47.1% stated that these prejudiced attitudes occurred on public transport and on the street. Reactions towards Asian students are keeping away from them, changing seats on the bus, maintaining a safe distance, covering mouth and nose, showing judgmental facial expressions, pointing fingers and speaking in a whisper, spitting, throwing beer bottles, and using offensive language [51]. Another study found that 90% of respondents in China displayed discriminatory attitudes towards people from Hubei province, such as reporting their presence to local authorities, avoiding them, and actively removing them from their communities [52]. There are concerns that verbal and physical attacks on Asians may continue to increase during the pandemic. In hospitals, some patients have been observed verbally abusing Asian service providers and refusing care. Some Asians and Asian-Americans stated that they may not seek help for fear of discrimination, both in public spaces and within the healthcare system. This puts communities at risk. The increase in racist acts against Asian communities, especially due to fear and misinformation, puts these communities at risk in terms of not only their physical health but also their mental health [42].

7. Risk factors for stigma and xenophobia associated with COVID-19

There are several risk factors for stigma and xenophobia. One of them is isolation and quarantine practices. Social distancing in the COVID-19 pandemic is an effective way to reduce morbidity and mortality. However, it should be noted that social distancing can increase stigma for affected populations [5]. It has been reported that quarantine, hopelessness, financial losses are associated with social stigma during the COVID-19 process. Quarantined individuals are more likely to be stigmatized and socially rejected. Stigma is a very important issue, especially for involving people who are quarantined. Media reporting is a powerful tool for influencing public opinion and contributed to stigma in previous outbreaks [53]. It is reported in the literature that there may be people who carry the virus asymptomatically in the COVID-19 pandemic. This is another risk factor for stigma and xenophobia. People can see and stigmatize other people as a constant carrier [54]. Those with COVID-19 may be accused of not following stay-at-home directives or not taking appropriate precautions when going out. People can be stigmatized even when they do not have the virus. For example, someone with allergies, congestion, and sneezing may be stigmatized for leaving their home while sick [55]. Another risk factor for stigma is social media. When the COVID-19 outbreak broke out, hate speech about China and Chinese people on social media provoked social stigma. In a study, a search for "china and coronavirus" on Twitter found 3,457,402 tweets about China-related to COVID-19. Hate speech was detected in 25,467 tweets [56]. Another risk factor for stigma is the language used. Researchers are careful when naming the COVID-19 virus to avoid any stigma. Tedros Adhanom Ghebreyesus, the director of the World Health Organization, said he needed to come up with a name that does not refer to a

geographical place, an animal, a person, or a group of people, but is also pronounced and related to the disease [57]. This sensitivity suggests that pointing to a certain group will increase stigma even when naming the virus. For example, being able to say a patient with a diagnosis of COVID-19 instead of a patient with COVID can reduce stigma. Words can create a stigma against geographic regions and certain populations and cause prejudice and panic [5]. Pandemics can cause intense stigma in certain populations. For example, during the 2003 SARS epidemic, discrimination against people of Asian descent was widely reported worldwide, affecting the care-seeking behavior and mental health of many people of Asian descent [4]. The African-Americans Policy Forum (AAPF), an advocacy group for Asian Americans in the United States, reported 1500 incidents of discrimination in 45 states between March 19, 2020, and April 24, 2020. These complaints ranged from verbal abuse to physical attacks in public. Most of the complaints were reported as verbal abuse, including children and the elderly [18]. A Chinese group also living in the UK received intense stigmatizing and accusatory Facebook posts [58]. It is necessary to be very careful when giving news about health workers who are at risk of intense stigma. Exposure to dramatic news images of sick and deceased healthcare professionals can cause the viewing public to exaggerate the risk of personal infection and stigmatize healthcare professionals [59]. In the pandemic process, the influence of the media and politicians comes to the fore as two important factors that trigger xenophobic tendencies towards immigrants. Discourses in the media and the way politicians plan and conduct the pandemic process and the expressions they use in this process shape attitudes and perceptions towards immigrants in society [42].

8. The economic and psychosocial effects of the stigma and xenophobia associated with COVID-19

With the onset of the COVID-19 pandemic, psychosocial and economic problems began to be experienced all over the world. Some of these problems were related to stigmatizing and xenophobic attitudes. Stigma can lead to disadvantages in many areas of life, including interpersonal relationships, education, and work-life. Such discriminatory attitudes can limit life opportunities, for example, through loss of income, unemployment, reduced access to housing or health care [60]. Individuals who perceive that they are stigmatized may report guilt, self-blame behavior, self-devaluation, self-isolation, low self-esteem, and being ostracized or ignored by others. Stigma is closely related to mental health problems, especially depression. Studies have found strong positive associations between stigma and depression; depression and stigma also have some common symptoms such as guilt, self-blame, and low self-esteem [61]. Reports from various countries show that discriminatory and xenophobic behavior causes food insecurity and the return of immigrants to their home countries [42]. With the rise of xenophobic tendencies in the USA, the demands for Asian Americans to return to their countries have also increased, and this has led to the greater exclusion of Asian Americans in society [62]. Asian Americans face serious problems such as physical assault, verbal abuse, coughing on themselves, being fired from shops and restaurants, discrimination, and vandalism in the workplace [63].

9. Groups at risk for stigma and xenophobia associated with COVID-19

People over the age of 65 suffer from the disease more severely due to the effect of other existing medical diseases. With the spread of the coronavirus and growing fear and anxiety, especially among older adults, the issue of coronavirus stigma in older

people has become a major social concern. Elderly people are accused of ignoring their own health and public health because they do not comply with protective measures sufficiently [64]. Disregarding their own will, they are the target of more prohibitive measures, and ageism has been exacerbated during this pandemic. The hypothesis that older people are more likely to have COVID-19 leads to the fact that people in the community are less likely to contact with older people. This led to the isolation of the elderly. This stigma can weaken social cohesion in the elderly and lead to social isolation among older adults [65]. In the first days of the epidemic, people living in China, even from all Asian countries, foreigners or foreigners were perceived as a possible threat. Refugees were included in the current risk group. Many names that affect the public, from heads of states to officials, made speeches accusing refugees of spreading the virus; discrimination and hate crimes against Mexicans in the USA, Africans in Italy, and refugee groups in Bosnia, Jordan, Singapore, and Greece took place in the press [66]. Health workers who are in close contact with patients may be excluded, and when people around them see them in shopping, in an apartment, or at home, they may exhibit discriminatory behaviors even when necessary physical distance and adequate precautions are taken. In May 2020, 13 humanitarian organizations such as the World Medical Association, Red Crescent, Red Cross and medical associations made a statement to draw attention to and prevent attacks against healthcare workers during the pandemic. In many different countries, from Mexico to India, healthcare workers are being attacked for fear of transmitting COVID [1]. Burnout is more common in healthcare workers who are faced with stigmatization [67].

10. The role of media and information pollution (infodemia) in stigma and xenophobia associated with COVID-19

During the pandemic period, people mostly stayed in touch via social media as part of social isolation measures. However, there is an increase in the number of false information and fake news that can negatively affect the health and life of individuals on social media [68]. WHO director Tedros made a statement as "we are not only fighting a pandemic, we are also fighting an infodemic" when the COVID-19 pandemic started [18]. Infodemia is a word derived from the English words "information" and "pandemic". Infodemia can be defined as the excessive circulation of misinformation. WHO reported that the spread of unrealistic or erroneous information about COVID-19 can cause panic and fear in societies, make it difficult to fight the disease, and increase stigma [69]. The spread of false or false information about COVID-19 can cause panic and fear in communities. It can complicate the fight against the disease as well as increase stigma and xenophobia [70]. One of the most negative consequences of the epidemic is the rise of xenophobia. Media reports can have this effect. The lives of individuals exposed to xenophobia may be adversely affected by this situation [49]. Infodemia is a facilitating factor of the stigma associated with COVID-19 [71]. Infodemia is also a serious problem for vaccination studies. Misinformation about COVID-19 vaccines is a serious threat to both public health and national economic security [72]. The infodemic brought by each epidemic has become one of the most compelling factors at the center of the COVID-19 struggle, with the spread of social media communication networks in the recent period.

11. Preventing stigma and xenophobia associated with COVID-19

Stigma and xenophobia are serious problems. Countries that are successful in infection control thanks to methods such as strict screening, patient isolation,

contact tracing, and quarantine should also address the risk of stigma and the negative effects that may arise. Disease-related education and provision of quarantine and public health information to the general public can reduce stigma [5]. Applying strategies to reduce stigma in other diseases for COVID-19 may be important to combat stigma. People affected by COVID-19 should be actively involved in the development and implementation of stigma mitigation strategies and interventions. Lack of correct information and misinformation are the main causes of xenophobia and stigma. This should be taken into account in stigma reduction strategies. Information about COVID-19 should be conveyed concisely and in a culturally appropriate manner to the wider population in a variety of local languages, with particular attention to stigmatized communities. Considered a major force in the fight against COVID 19, the media can play a crucial role by not spreading unconfirmed and exaggerated claims that can promote stigma and xenophobia. The media should spread the right information in order to convey hope, unity, and solidarity to large masses. Finally, it is important to involve those who affect society in the fight against stigma, to create public awareness, and to pay attention to cultural characteristics, to combat stigma during the epidemic [73]. In studies, it is recommended that such studies be carried out and educational interventions should be made with professional staff who have leadership characteristics in the society, such as health workers, police and school children, clergy, headmen, journalists, celebrities. Accurately informing the leading professional groups in society is seen as an effective method in alleviating the burden of stigmatization [74].

12. Conclusion

In the current pandemic process, we are going through times that we have never experienced before as the whole world. COVID-19 will have devastating consequences on humanity in the short and long term, causing significant sociological, economic, and psychological problems. Stigma and xenophobia is a barrier to medical evaluation, communication, delivering, and receiving necessary care due to fear and is associated with both physical and mental health complications. Healthcare workers who heroically fight the epidemic during this process are especially at risk of stigmatization. Also, various ethnic groups are at risk of xenophobia in epidemics. COVID-19 related stigma needs to be addressed rigorously by professionals and health care providers as well as authorities. Fighting stigma and xenophobia is a vital issue as much as fighting the epidemic. The pandemic will end one day, but the effects of stigma and xenophobia and the effects of the pandemic may continue for many years and cause devastating results. In addition to developing national strategies to prevent stigma and xenophobia, international cooperation is needed. It is necessary to recognize stigma and xenophobia in epidemic periods and to create training and policies to combat these problems. This will lead to a stronger sense of unity, more effective scientific communication, greater adherence to the rules and guidelines set for combating the pandemic, more efficient use of medical means, and ultimately better management of the pandemic as a whole.

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