

How to identify and address stigma in the mpox response?

What is stigma?

Stigma in the context of health is the negative association of a person or group of people who share certain characteristics and a specific disease. Children and adults who are stigmatized may face restrictions on their participation in social life (including within peer groups, at schools or other places of learning, and at work) and access to health service. They might also delay seeking health care, and therefore have poor quality of life and suffer increased disability, morbidity and mortality. Stigma can also impact someone's mental health and psychosocial wellbeing and how they follow health guidance. Stigma can be reinforced by families and peers, community members, health workers, workplaces, schools and other places of learning, laws and policies that promote active discrimination and negative attitudes and prejudice.

How does stigma relate to mpox?

Mpox infections are quite visible with distinctive lesions appearing all over the body, including the hands and the face, which can provoke fear on other people. Children and adults can contract mpox from diseased or dead animals, and from direct contact with people infected with mpox, such as within their household, including through intimate sexual contact.

In relation to modes of transmission, this is what you need to know:

- There are two clades of the virus. In 2022–2023 a global outbreak of mpox was caused by clade 2. Infections due to clade 2 tend to be less severe with a lower number of deaths, and most people survive. Sexual transmission has been a major route of spread. Clade 2 spread to countries around the world during the outbreak and didn't particularly affect children. This clade is also endemic in some countries in central and west Africa.
- The 2024 outbreak of the new clade 1b and an older clade 1a is different from the 2022 outbreak. Although there are unknowns and more research is needed, clade 1 appears to be more transmissible than clade 2 strains and may cause more severe illness and lead to higher numbers of deaths. Clade 1b and clade 1a can be particularly severe in children, immunocompromised individuals and pregnant women. Clade 1 strains are resulting in a high proportion of children affected compared with clade 2, with an estimated 60 per cent of cases this year occurring in children under age 15. Around 80 per cent of deaths due to mpox are among children. The mpox outbreak also has the potential to cause other harms to children, such as secondary infections, as well as stigma in communities.
- National, regional and global press coverage of the growing mpox outbreak continues to emphasize sexual transmission as the most concerning route of transmission and it is heightening fears that it

can be easily spread between groups of people who are having sex. Sex workers and men who have sex with men (MSM) have been specifically singled out in communications awareness campaigns, which has led to stigmatization of these groups, accompanied by lower risk perception by other groups of people that might be at risk.

“While the risk is not limited to these groups, the [2022] outbreak has become an additional focus for stigma and discrimination directed against men who have sex with men, trans people (...). Similarly, stigma, discrimination and other expressions of racism towards communities from previously affected regions has increased as a result of the new [2022] outbreak of monkeypox.”

WHO (2022) Risk communication and community engagement public health advice on understanding, preventing and addressing stigma and discrimination related to mpox.

How does stigma impact people and the mpox response?

Below are some examples of how stigma impacts people’s health behaviors in the context of mpox:

- People may not recognize that they have mpox symptoms if they don’t believe that they are at risk.
- Adults and children may not want to identify as potentially having mpox if they fear being stigmatized by their families, friends and peers, teachers, health workers and others.
- Adults and children with mpox and their caregivers might fear seeking treatment because they might be forced to isolate at a dedicated facility away from their families which can stigmatize both them and their families.
- The stigma associated with mpox can spread inaccurate information about Infant and young child feeding practices, such as whether it is safe to breastfeed if infected. This can result in unnecessary disruptions in feeding routines and increase stress for caregivers, which can harm infant health and nutrition.
- Caregivers, including breastfeeding mothers, may face social isolation if they or their child are associated with mpox. This can reduce access to community support, healthcare services, and information about safe feeding practices.
- Linkage to HIV and associated HIV stigma linked to certain marginalized groups, may lead to compounded stigma. This can deter individuals from accessing necessary healthcare services, including those related to nutrition and feeding, as they may fear being judged or discriminated against due to their health status.
- People who are at risk of mpox may not want to seek vaccination (when it is made available to them) for fear of being labeled as a member of the ‘at risk community’.
- Contact tracers who interview people with suspected mpox may not receive truthful answers about contacts, including sexual contacts, because patients fear being stigmatized, or being ‘outed’ as sex workers, or worry being labeled as being sexually promiscuous or being identified as homosexuals (which in itself is already a taboo in most cultures).

Collecting social and behavioural data can help you identify ways in which stigma is playing a role in affecting people’s perceptions of mpox, their information and healthcare seeking, social norms regarding mpox, and their behaviors.

Potential Solutions to address stigma in the mpox response

Consider some of the following outbreak response pillars and common traps in assumptions made that may inadvertently promote stigma.

Domain	Assumption traps	Ways to improve
<p>Surveillance, case investigation and contact tracing</p>	<ul style="list-style-type: none"> • Conducting outreach to already stigmatized communities, such as MSM and sex workers, without understanding sensitivities or using trusted channels/actors and expecting full participation or compliance. This is especially important when specific identities or occupations are criminalized and where government is not trusted. • Expecting surveillance officers to conduct contact tracing and successfully interview people about their sexual history without any previous training. This can result in people not reporting all their contacts or providing answers that are more socially desirable, but not true. • Assuming that a person with suspected case of mpox has been linked to clinical care or that they or their families were offered mental health and psychosocial support. 	<ul style="list-style-type: none"> • Work within existing social and health networks to reach priority populations and seek advice from experts from that community on approaches and data collection tools. For example, in order to identify sex workers infected with mpox, work with the HIV programme, for instance. • Train surveillance officers to conduct interviews with empathy (e.g. by providing training on basic psychosocial support skills, and interpersonal communication skills) and protect patient privacy and confidentiality when collecting information on sensitive topics. • Regularly discuss within the surveillance team how stigma is impacting people’s behaviors and how it is impacting the data and its interpretation during analysis. • Ensure a standard SOP that offers all affected individuals and families referrals to services as needed, including mental health and psychosocial support.
<p>Case management</p>	<ul style="list-style-type: none"> • Assuming that health workers are trained and are equipped to handle mpox cases with compassion and professionalism, despite their many competing duties and personal bias. • Assuming that mpox isolation units are well suited to maintain a patient’s dignity and connection/ability to communicate with their family members. 	<ul style="list-style-type: none"> • Ensure health workers are trained on basic psychosocial support skills for handling and isolating mpox cases in ways that minimize distress and promote dignity and in line with Infection Prevention and Control measures and medical supplies. This includes providing care for people who are stigmatized due to their profession, sexual orientation or other identity/social status. • Provide patients with equitable access to adequate supportive care nutritious food, and space in an isolation unit that protects their privacy, prevents disease transmission and allows them to stay in contact with their families.

Domain	Assumption traps	Ways to improve
		<ul style="list-style-type: none"> Support the safe reintegration of people who have received inpatient treatment into their communities, (e.g. through online peer-to-peer support groups, community sensitization and psychoeducation activities to reduce fears and change misconceptions).
Mental Health and Psychosocial Support	<ul style="list-style-type: none"> Assuming that first responders and community health workers can provide basic psychosocial support to a person or family affected by mpox without having received any training. Assuming that seeking mental health and psychosocial support is not stigmatized Being inconsistent with who is offered mental health and psychosocial support because assumptions are made about which groups of people actually need it. 	<ul style="list-style-type: none"> Train frontline workers, volunteers and community champions on psychosocial support skills, e.g. psychological first aid. Develop key messages and leverage community-based entry points (e.g. schools, community centers, faith-based centers) to destigmatize seeking mental health and psychosocial support. Provide other ways for people to receive mental health and psychosocial support beyond face to face, such as a phone hotline, or via WhatsApp. Provide equitable access to MHPSS services, ensuring services are contextualized to characteristics such as age and gender. Facilitate communication and peer-support mechanisms for survivors of mpox (e.g. through peer support groups).
Risk Communication and Community Engagement (RCCE)	<ul style="list-style-type: none"> Utilizing stock images or inappropriate language in SBC materials and messaging. Overemphasizing sexual transmission and the exclusion of other modes of transmission and groups at risk of contracting mpox. Misunderstanding social norms or community values that leads to stigmatization of groups of people that are being served through community engagement and follow-up. Using outdated materials or messages that do not reflect the current epidemiology or priority groups. Only speaking to stigmatized groups that are heavily affected by mpox in a community with widespread transmission. Failing to track rumors, concerns and misinformation and effectively respond to them in real time. 	<ul style="list-style-type: none"> Collecting social and behavioral data and conducting a social and community listening activity, to identify interventions that respond to mental health stigma, discrimination, and misinformation. Consult affected communities to understand what they are experiencing. What is experienced as stigmatizing and discriminatory can vary between people and between and/or within communities. Engage social influencers/key community members to communicate information about mpox and increase awareness of the dangers of stigma. Provide training on basic psychosocial support skills to key community members. Carefully choose (ideally co-create with communities and pre-test) images or illustrations that accurately depict mpox infection without scapegoating or stereotyping groups of

Domain	Assumption traps	Ways to improve
	<ul style="list-style-type: none"> • Failing to pretest materials and messages with a community group that is stigmatized. • Making promises about availability of treatments and vaccines that are actually not available. • Comparing mpox to HIV infection. 	<p>people. Avoid stigmatizing language that links people to a disease or refers to people by a condition.</p> <ul style="list-style-type: none"> • Portray diverse people in messages (e.g. race, gender expression, age) to illustrate the range of different people who may be affected by the disease. • Share clear, simple and accurate information about the outbreak and various modes of transmission. • If unsure of community reception of outreach about mpox, collect and triangulate existent data and discuss with a community leader, local expert and other community members first to understand if your approach in messaging or actions is acceptable and appropriate. • Do not reuse mpox content from 2022 outbreak and instead, based on current data, feedback and insights, adjust and/or co-create updated materials that accurately reflect most likely modes of transmission for local context, level of knowledge, risk perception, main concerns etc. • Ensure RCCE plans target the whole community as a whole, instead of just focusing on an already stigmatized minority. • Collect communities feedback and conduct social listening and infodemic insights generation to track narratives related to mpox and how they might affect people’s perceptions and behaviors. Adjust RCCE (and other pillars) plans accordingly. • Involve community groups experiencing stigma in development of all interventions, materials, messages. • Carefully review and rollout of RCCE plan in alignment with overall response and vaccine implementation. Do not over promise in communication and underdeliver services and healthcare. • Both mpox and HIV are potentially stigmatized diseases a, avoid comparisons to reduce confusion or accidentally spread misinformation.

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Vaccination	<ul style="list-style-type: none"> • In microplanning, generating denominators for high priority and stigmatized populations based on low quality data. • Assuming that all members of a stigmatized high priority group want to get vaccinated. • Assuming that members of a stigmatized high priority group would be easy to recall to receive a second dose of vaccine (if applicable). • Not considering how prioritization of stigmatized groups may stigmatize vaccines for wider populations, such as children. • Assuming high demand for mpox vaccines, even if mpox vaccines are stigmatized. 	<ul style="list-style-type: none"> • Work with community organizations and networks for communities experiencing discrimination to generate more accurate population estimates (and other type of data) to inform microplanning. • Conduct an assessment of vaccine confidence among priority populations, especially those experiencing stigma. Be sure to include questions about how this priority population would prefer to be offered vaccines, which may look different from the general population. Understand what role stigma plays in perceptions of vaccine, vaccinator, health system and people prioritized for vaccination. • Share stories and images of key community members that have been vaccinated. • Identify ways of reaching people from communities experiencing stigma to recall them for second dose (e.g. text messaging, in person follow-up, etc). • Link mpox vaccination to non-stigmatized health and social services, such as offering condoms and blood pressure checks for adults, and catch up for routine vaccines, nutrition counselling, and Vitamin A supplementations for children, etc.

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