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EDITORIAL

Stigma in Medicine

Ibidunni O. Oloniniyi^{1, 2}, Gregory E. Erhabor^{3, 4}

Despite the increasing attention and focus that has been placed on recognizing and combating stigma in medicine, particularly regarding mental illnesses, stigma in medicine is still very rampant and remains a top priority in research (Bos, Pryor, Reeder, & Stutterheim, 2013). The word stigma originates from ancient Greeks who burned marks into the skin of criminals, slaves, or traitors as a way of identifying them as traitors or people to be avoided (Goffman, 1963).

In contemporary times, stigma is said to occur when a person or group is labeled in a pejorative way that sets them apart from others and, as a result, is treated in ways that mark the person as socially unacceptable (Penn et al., 2005). Stigma is a complex social process that has negative implications for people living with specific health challenges and their health-seeking behavior (Nyblade et al., 2019). Stigma can lead to reduced interaction, social isolation, social rejection, discrimination, and dehumanization (Bos et al., 2013).

Stigma can influence the health of a population, leading to worsening outcomes by undermining or impeding a number of processes, including social relationships, resource availability, stress, and psychological and behavioral responses thereby exacerbating poor health (Hatzenbuehler, Phelan, & Link, 2013). Stigma can act as a barrier to preventing people from seeking services for disease prevention, treatment of acute or

chronic conditions, or maintaining a healthy quality of life.

People with numerous health conditions have been stigmatized in the past, including HIV/AIDS, Leprosy, Tuberculosis, certain types of cancers, Mental illnesses, Asthma, etc. (Stangl et al., 2019). One of such health conditions is epilepsy, which is often stigmatized due to its unpredictable and often uncontrollable symptoms. The paper by Durodami, Kanu & Russel (Durodami, Kanu, & Russel, 2023) in this issue with its focus on the stigma of epilepsy in Sierra Leone is very timely. In their paper, the authors investigated 128 patients, out of which 9 were below the age of 18 years. Majority of participants experience seizures outside their homes, had suffered burns/serious injuries as a result of epilepsy and had used traditional treatments as non-medical treatments for their epilepsy. Majority of participants experienced perceived stigma, such as people avoiding them, people being uncomfortable around them, and people looking down on them due to their epilepsy. The level of perceived stigma was higher in those with a longer duration of epilepsy and increased seizure frequency.

Further research considerations should include the use of a standardized and validated stigma scales which would enable ease of comparison with other studies as well as ensure the reliability of research findings. The design was cross-sectional in nature which means causality cannot be inferred. Future

studies can use prospective approaches. The study was also hospital-based, as such, the prevalence of the condition could not be calculated. A cohort design would be better for this purpose such as a birth cohort who would be followed up over time. Despite these limitations, this study has highlighted factors associated with perceived stigma, which could pave way for interventions in reducing stigma in the community.

The impact of stigma on health is enormous; besides from having a direct effect on the mental health of the individuals, it can affect health seeking behavior, as well as quality of treatment, self-management and adherence to treatment (Sheehan & Corrigan, 2020). When stigma is associated with myths regarding an illness such as with Asthma which is seen as a curse from the gods (Akinso, Adhikari, Yin, Chopak-Foss, & Shah, 2023), Mental illnesses which is thought to be due to witchcraft, sorceries, possession by evil spirits or a divine punishment (Adewuya & Makanjuola, 2008) and Epilepsy which is seen to be caused by evil spirits or witchcraft (Adewumi, Oladipo, & Adewuya, 2020), then public enlightenment and education need to be taken seriously by clinicians. Clinicians need to move beyond the confines of their clinics and engage the public.

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