

Human rights violations, gender inequality and social stigma in the context of COVID-19: A call for action

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ABSTRACT

The COVID-19 pandemic is arguably the most severe pandemic of the last century and has completely transformed how people go about their lives. With a high infection rate and no known cure yet, different countries have had to adopt extraordinary measures to curtail the spread of the virus. In particular, multiple countries have imposed lockdowns. The lockdowns have inadvertently interfered with human rights previously enjoyed by people, such as freedom of movement and the right to food, water and sanitation. COVID-19 has resulted in gender inequality and increased social stigma concerning the disease.

We conducted an exploratory, non-systemic review of peer-reviewed journal articles, published between 2015 and 2020. The explored databases included: Ebscohost, Google Scholar, Wiley, JAMA, Elsevier, Oxford, CDC and Medline/PubMed.

Our review of the literature highlighted the importance of states adopting a human-rights-centric approach in their responses to the COVID-19 pandemic. Three main thematic dimensions of various nations' responses to the COVID-19 were constructed to represent this review. The three are human rights, gender inequality and social stigma.

Some of the reactions to the COVID-19 pandemic have brought about the infringement of human rights. While some of the measures are justified, there is a need to ensure that human rights are protected to prevent states of the world abusing executive orders and emergency powers. This need set aside, crises, such as the COVID-19 pandemic, usually affect men and women differently. Such crises may even exacerbate the existing gender inequalities in society. Therefore, this calls for governments to devise measures to protect vulnerable populations such as women and children during the pandemic.

Keywords: COVID-19, human rights, gender inequality, social stigma, misinformation.

I. INTRODUCTION

The COVID-19 pandemic is arguably the most severe, global, public health emergency experienced in the last century. All the nations in the world have devised responses with far-reaching impacts on their economic, social and political lives; the priority is on saving lives. As a result, all nations have adopted extraordinary measures that impede on some human rights [1]. For instance, the extensive lockdown measures, adopted by different countries to slow down the transmission of the Corona virus, have impeded on people's freedom of movement [1, 2]. Restricting individuals' freedom of movement may inadvertently result in the affected individuals' failure to enjoy other rights [1].

In some instances, the lockdown measures have adversely affected various individuals' livelihoods and security. Notably, since the lockdown measures have restricted the free movement of people, it has become increasingly difficult for individuals to access healthcare services, education, water, food, sanitation and work. Subsequently, this calls for governments to come up with initiatives that can mitigate such unintended impacts.

The lessons learned from the response to the HIV epidemic over the years underscore the importance of adopting a human-rights-centric approach when responding to the COVID-19 pandemic. Failure to adopt a human-rights-centric approach may exacerbate the threat posed by the pandemic [3]. Commonly, a human-rights-centric approach will entail a strategy that moves away from mandatory restrictions toward improved screening of and reaching out to the most vulnerable populations [3]. In addition, a human-rights-centric

approach will empower individuals with the necessary tools and knowledge to protect themselves and others from the disease. Various states in the world should also strive to remove barriers that may otherwise act as a hindrance to some groups in accessing healthcare services [3].

Usually, disease outbreaks affect both men and women differently. Pandemics such as the COVID-19 often worsen the existing inequalities in society. In this regard, when devising responses to the pandemic, it is imperative to consider the existing inequalities in society. For instance, the COVID-19 pandemic stands to adversely affect people living with disabilities and those living in extreme poverty [4]. During crises such as the COVID-19 pandemic, girls and women are at an elevated risk of domestic and intimate partner violence [4]. This is because crises tend to increase the tensions in the households. For instance, crises may result in the loss of income and livelihoods. This calls for countries of the world to embrace measures and activities that shield ladies and young ladies from the expanded danger of private accomplice and aggressive behaviour at home amidst the ceaselessly changing elements of the COVID-19 pandemic [4].

Additionally, it is imperative to note that women account for approximately 70% of the global healthcare workforce and are disproportionately represented by the response to COVID-19 [5]. Therefore, this means that they are at an increased risk of being exposed to patients with high viral loads of COVID-19. For example, in Spain and Italy respectively, 72% and 66% of the healthcare labourers are women exposed to COVID-19. Subsequently, this calls for a need to collect data on the healthcare workers exposed to COVID-19 and adopt the necessary measures to safeguard healthcare workers in the response to COVID-19 [6, 7, and 8]. In particular, the states of the world need to consider the particular needs of women when devising the responses to the COVID-19 pandemic; for instance, it is critical to consider the requirements of women when designing the PPEs (Personal Protective equipment) [4, 8].

Furthermore, during pandemics, of which COVID-19 is an example, governments may prioritize some healthcare services to save more lives [4, 9]. For example, during the Ebola pandemic in Sierra Leone, Guinea and the DRC, the governments of these countries and other humanitarian agencies, such as WHO, scaled back on safe abortion, sexual assault services, contraceptives and pregnancy care [4, 9]. The compromise on the reproductive and sexual healthcare services resulted in an increase of unwanted pregnancies, maternal mortality and impaired sexual and reproductive health outcomes of girls and women [9].

Plausibly, COVID-19 is a new disease of which healthcare workers and researchers are continually learning. As a result, most people are anxious and confused about most of the disease's pertinent details. The confusion and mystery surrounding the COVID-19 pandemic have resulted in the stigmatization of some groups of society [10, 11]. For instance, in most countries, travelers and individuals, suspected to have been exposed to people infected with COVID-19, have been treated with much disdain and suspicion. More worryingly, there has been the mistreatment of individuals, originating from countries where the disease has resulted in a considerable amount of deaths [10, 11]. Continued social stigma can result in disastrous outcomes. For instance, it can result in some individuals hiding their infection status to avoid being discriminated against. It may also lead to some individuals refusing to seek healthcare services to avoid discrimination [10, 11]. Lastly, it may discourage both the infected and uninfected individuals from adopting healthier conduct and behaviour [10, 11].

If the social stigma surrounding the COVID-19 pandemic is to be resolved fully, there is a need for promoting open and free discussion concerning the disease [12]. In particular, everyone should strive to correct all the misconceptions and misinformation concerning the COVID-19 disease. People who have been affected by the disease should also share their stories and experiences [13]. Lastly, all the people affected by the disease need their communities for support and encouragement [11].

From the above, it is apparent that without observing human rights and giving particular focus to social stigma and gender inequality, responding to the COVID-19 pandemic sufficiently will be a challenging feat. Specifically, governments of the world and other humanitarian agencies such as WHO need to come up with ingenious methods of curtailing the spread of the disease without necessarily violating human rights. In addition, governments need to evaluate the disease through the gender lens as it affects both men and women differently.

Lastly, since COVID-19 is a relatively new disease, there is bound to be much significant social stigma concerning the disease, due to lack of information [13]. Subsequently, governments should strive to enhance awareness surrounding the disease.

II. METHODOLOGY

Study Design

Compiling this article, the author utilized the protocols delineated by Ferrari [2015] and Green, Johnson and Adam [2006] in the development of a narrative, non-systematic review [14, 15]. In the introduction, the author followed the Ferrari structure [2015] by outlining the scope and objective of the exploratory review. Subsequently, in this section, the author will delineate the steps involved in searching for relevant literature in the databases. In particular, the section will describe how the searchable terms were

progressed in two stages. The results section will highlight three key, thematic topics that were found to re-occur in the reviewed literature: human rights, gender inequality, and social stigma.

Study Procedures

All the research studies included in this narrative review were drawn from a literature search that exclusively focused on peer-reviewed, journal articles. The databases explored during the literature research include: *Ebscohost, Google Scholar, Wiley, JAMA, Elsevier, Oxford, CDC, and Medline/PubMed*. The publication date for the reviewed articles was set between 2015 and 2020 (five years). The databases searchers represent a wide range of disciplines that are associated with health and medicine. The following terms were searched in the preliminary search: epidemics, human rights, gender inequality, social stigma, COVID-19, HIV/AIDS and Ebola. The search items were connected using Boolean operators: 'and', 'or', 'not', 'quotation marks' and 'parentheses'. The initial search yielded 17600 searchable items. To refine the search further, the following search terms were combined with the first search items: intervention, response, initiatives, measures and mitigation plans.

To further narrow down the searchable items, all the abstracts were reviewed, and all those written in English were retained. The literature search was further refined by eliminating all the articles that the author could not access using his institution detail. Duplicates of the remaining articles were searched and subsequently removed. The author successively reviewed the reference lists of all the remaining articles to search for additional publications. Unlike in systematic reviews - where there are usually criteria for inclusion such as study design - this narrative review used no criteria for inclusion, except for the publication date range initially specified. Resultantly, this means that all articles, notwithstanding their study design, were considered in this review.

The final review was based on 12 articles and the subsequent sections are structured to illustrate the three main thematic issues that arose from the literature search: 1) human rights, 2) gender inequality, and 3) social stigma.

III. RESULTS AND DISCUSSION

Human Rights

Conceivably, multiple countries worldwide have adopted extraordinary measures to curtail the spread of COVID-19, some of which, as previously observed, have resulted in the restriction of human rights. Multiple nations and world organizations have provided guidance for curtailing the spread of the disease in childcare centres, schools, workplaces, colleges and healthcare facilities [16]. However, no guidelines have been provided to stop the spread in immigrant detention centres, jails and prisons [16]. This is surprising, considering the fact that such facilities are examples of closed environments, because it means that the disease can spread rapidly, resulting in multiple deaths of the individuals detained in the facilities [16]. More worryingly, most of the detention centres are usually overcrowded and have insufficient access to medical resources. Furthermore, the individuals in the detention centres and prisons usually share showers and toilets [16], which makes it challenging for the prisoners and detainees to maintain the social distancing expected of them to stop the spread of COVID-19. In the detention centres and prisons, the staff operate as the primary transmission link of the disease as they arrive at and leave the detention facility. Nonetheless, because of the limited testing and screening, the true extent of COVID-19 infections in the prisons and detention centres is unknown [16]. In this regard, governments need to ensure that the individual right to access healthcare services in the detention centres and prisons is not compromised during this COVID-19 pandemic.

Different leaders have made references to war in their respective reactions to the COVID-19 pandemic. For example, French president, Emmanuel Macron, while reporting on his country's forceful reactions and measures to diminish the spread of COVID-19 declared, "Nous sommes en guerre," loosely translated to 'We are at war' [17]. Arguably, such war-like responses to the COVID-19 pandemic have resulted in the restriction of human rights previously enjoyed by people. Human rights experts have voiced their concerns regarding the adverse impacts of the restrictions on human rights [17]. The concerns raised should not be regarded as unfounded, as the war-like terms may result in the overreaching of executive powers and abuse of emergency response measures [17]. Therefore, this calls for a need to limit the lockdown and containment measures to ensure that there is not violation of human rights.

The restriction on air and sea travel during the COVID-19 pandemic was fuelled by the notion that these two modes of transport increased the spread of the disease. This restriction resulted in the virtual shutdown of international, travel and hospitality and tourism operations [18]. Subsequently, the restriction on air and sea travel has led to the curtailment of individuals' rights to travel and enjoy hospitality services. The virtual shutdown of the hospitality and tourism industry has led to the loss of livelihoods for people who are employed in the hospitality and tourism industry. It is not yet known for how long the restrictions are going to last. In light

of this, all the states of the world need to devise mitigating measures to help those people adversely affected by the restrictions on their right to travel.

Although the restriction on the freedom of movement and the right to travel is necessary to curtail the spread of COVID-19, such a measure may inadvertently result in loneliness, confusion, frustration, anger and boredom [19]. This partly explains why there has been an increase in the reported cases of domestic and intimate-partner violence [19]. In this regard, there is a need for social institutions and governments to compile strategies that will promote social awareness in order to support, protect and minimize the risks of domestic violence run by vulnerable groups such as children and women.

Gender Inequality

During a period of a pandemic, such as the COVID-19, the burden gets exerted on women. Gender responsibility is arguably inequitable. Therefore, the effects brought about by a pandemic often exacerbate the gender inequalities [20]. The effects exerted on women during a pandemic are often long-lasting and may continue even after the pandemic has receded. In this regard, there is a need for states to adopt measures and initiatives that will safeguard the rights of women and other vulnerable groups during the COVID-19 pandemic.

Conceivably, the COVID-19 pandemic has resulted in an economic burden, which will undoubtedly have adverse impacts on gender equality [21]. Unlike previous economic recessions, which affected sectors dominated by men, the economic burden occasioned by the COVID-19 pandemic has severely affected sectors dominated by women [21, 22]. Additionally, the closure of day-care centres and schools has exerted an extra burden on working mothers, as they now have to juggle working and taking care of their children [21].

Drawing on the lessons gained from the reaction to the HIV/AIDS pandemic throughout the years, governments and different organizations are required to foresee disparities in medicinal services. Essentially, this means that the COVID-19 pandemic stands to adversely affect the vulnerable members of society [23]. Thus, governments and other global institutions need to record continuously the gender and socio-economic status of the people affected by the COVID-19 pandemic in order for them to assess the economic impacts.

In addition to anticipating healthcare inequalities associated with the COVID-19 pandemic, governments, and other world institutions should come up with measures that ensure an enabling environment that promotes positive behaviour and social change. In the short term, this may necessitate measures such as mass and rapid distribution of sanitation and soap, and provision of PPE [23, 24].

Social Stigma

As the number of individuals tainted with COVID-19 expands, public worry and anxiety rise [25]. The rise in public fear and worry has resulted in increased discrimination against some communities, the Asian and Chinese communities in particular. One of the main reasons for this discrimination is that the first outbreak of COVID-19 was reported in China. Although the public fear and worry are understandable, as no one wants to get infected by a disease with no known cure yet, the discrimination against some sections of society is not justified [25]. Previous epidemics such as Ebola and SARS have demonstrated that fear, worry and discrimination only result in adverse outcomes [25].

Although social distancing has been shown to curtail the spread of COVID-19, it may equally lead to the increased stigmatization of the infected person. Subsequently, this calls for a need for all stakeholders to be aware of the potential stigmatization of the people affected by the disease. One way to reduce the stigmatization surrounding the disease is by educating the public about the disease [26]. In particular, governments and other global institutions such as WHO need to work towards dispelling the myths and misconceptions surrounding the disease.

The social stigma associated with COVID-19 may result in adverse healthcare outcomes for infected people and families. All the individuals infected with COVID-19 have to contend with separation from their families and physical discomfort. Subsequently, this may increase the susceptibility of the individuals, infected with COVID-19, to develop mental health disorders [9]. Some reports and scientific literature have shown that being infected with COVID-19 increases the likelihood of developing mental disorders such as sleep disorders, anxiety disorders and delirium. More worryingly, since COVID-19 has overburdened the existing healthcare resources, the individuals in need of mental healthcare services may not readily access them, since as previously stated, all the focus is on saving lives [25, 27].

Table 1: Studies included in the human rights section of the review

Authors	Type of Study	Reference Listing Number
Amon (2020)	Expert commentary	16
Spadaro (2020)	Expert Opinion	17
Baum & Hai (2020)	Expert commentary	18
Hargreaves et al., (2020)	Observational case study	19

Table 2: Studies included in the gender inequality section of the review

Authors	Type of Study	Reference Listing Number
Montenovo et al., (2020)	Practice guidance	20
Alon et al., (2020)	Practice guidance	21
Lin (2019)	Observational case study	22
Khoo & Lantos (2020)	Expert commentary	23

Table 3: Studies included in the social stigma section of the review

Authors	Type of Study	Reference listing number
Pfefferbaum and North (2020)	Expert commentary	24
McLaren et al., (2020)	Expert commentary	25
Bruns et al., (2020)	Expert commentary	26
Ghebreyesus (2020)	Expert commentary	27

From the preceding section on results and discussion, it is apparent that most of the governments' responses to the COVID-19 pandemic have resulted in the violation of human rights and interference in gender equality. Previous responses to diseases such as Ebola have demonstrated why it is important to consider the mediating role of gender when responding to pandemics [28]. Although limiting the movement of people is necessary to stop the spread of the disease, governments should ensure that this does not impede on the other rights of people, such as the right to food, information and healthcare services [29]. Additionally, most of the responses, although justified, can increase the social stigma surrounding the disease [30, 31]. This calls for the governments' responses to the pandemic to be guided by ethical principles. Also, governments need to evaluate how the disease affects vulnerable members of the society (women and children). Lastly, governments and humanitarian agencies need to disseminate pertinent information surrounding the disease to dispel myths and rumors associated with COVID-19, which have resulted in an increased stigma surrounding the disease.

The review's strengths and limitations

Undoubtedly, this narrative's main limitation is the lack of rigidity and robustness that would have been typically used in a narrative review. Nonetheless, this is also deemed a strength, as it has allowed the authors to include numerous study designs and research articles. The flexibility of the narrative review enabled the authors to create a thematic examination of the subject. Subsequently, this examination has helped to demonstrate why the human-rights-centric approach to the COVID-19 pandemic, which is based on evidence garnered from responses to other epidemics such as ZIKA, Ebola and SARS, is the most effective.

IV. CONCLUSION

From the preceding sections, it is evident that governments and other global institutions such as WHO should anticipate increased inequalities and increased incidences of intimate-partner and domestic violence in society. They should educate vulnerable groups, such as women and children, on how best to respond to such incidences. Additionally, governments and other global institutions should ensure that gender data are readily available. Arguably, without data, it is impossible to learn about gender disparities associated with the disease. Therefore, this calls for the prioritization of variables such as sex and age during data collection. Through robust data collection, the extent of the problem can be better known.

Moreover, governments need to know that some of the measures, such as social distancing, which gear at limiting the spread of COVID-19, may result in increased incidences of discrimination. Therefore, governments need to devise campaigns for sensitizing and creating awareness about COVID-19 to dispel any myths and misconceptions associated with the disease.

Also, governments need to be aware that some of the interventions such as restricting the movement of people may inadvertently affect their other rights; for example, the right to food, water, shelter and healthcare services.

In addition, the continuous spread of the COVID-19 pandemic will result in increased public worry and anxiety, that may in turn result in adverse mental health outcomes, more so for the individuals affected by the disease. Scientific literature has shown that being infected with COVID-19 elevates the risk of suffering from mental disorders such as delirium, anxiety and substance abuse disorders, among others. It is also conceivable that the extra demand that the COVID-19 pandemic puts on the available healthcare resources will result in fewer mental health services being made available to those in need. In this regard, as the governments prioritize saving lives, they should ensure that it is not done at the expense of mental health resources.

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