

## **Asian Canadian adolescents' experiences of COVID-19-related stigma in healthcare**

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### **Introduction**

The Global COVID-19 pandemic saw a rise in health-related stigma directed towards those who may be carrying the COVID-19 virus. The term stigma, studied by sociologist Erving Goffman refers to “an attribute that links a person to an undesirable stereotype, leading other people to reduce the bearer from a whole and usual person to a tainted, discounted one” (Goffman, 1963, p. 11). Health-related stigma (HRS) refers to the stigmatization experienced due to a health condition or disease (Scrambler, 2009). HRS poses significant harms to individuals and society, including:

- Hindering the broader control of infectious outbreaks because stigmatized people may be less likely to report their illness for fear of backlash, making it difficult to receive information necessary to comply with public health measures (Fischer et al., 2019).
- Negative consequences on the mental health of a person, their families, and significant others (Sahoo et al., 2020).
- Fueling of xenophobia and racism by erroneously associating certain nationalities and ethnicities with a disease (Dhanani & Franz, 2021).

During the COVID-19 pandemic, those with COVID-19 experienced stigmatization due to their health status from those around them due to fear of judgements of being reckless (Lohiniva et al., 2021).



Similarly, Asian Canadians experienced upticks in racism and xenophobia due to beliefs that Asians were responsible for spreading the virus (Kong et al., 2021). Therefore, Asian Canadians who contracted COVID-19 experienced intersecting stigmas during the pandemic due to their health status and their racial identity. In this information sheet, we will discuss some of the experiences of stigmatization Asian Canadian youth experienced during the pandemic after contracting COVID-19. Specifically, the information sheet will review stigmatization experienced during interactions with healthcare workers.

### **The study**

In this study, we used Interpretative Description methodology (Thorne, 2026) to explore Asian Canadian adolescents' experiences of COVID-19-related stigma during the pandemic and how it intersects with their ethnic identity as well as identifying interventions to mitigate stigma. The findings are from Hasan's (2024) MScN thesis. This study was needed due to the unique challenges the pandemic brought up for those who contracted the disease, within? the prejudicial social environment experienced by Asian Canadians.

## What was done

The first author interviewed 11 Asian Canadian adolescents living in Ontario about their experiences during the pandemic. The study took place between February 2023 to August 2023. During the study, participants filled out a demographic form about their background, and afterwards, each participant sat in a 1-hour interview answering questions about their experiences as Asian Canadian youth during the pandemic.

## Ethics

Ethical approval was received from York University Research Ethics Board and informed consent was obtained from participants. We took all possible steps to safeguard privacy and confidentiality of participants.

## Findings

Participants' experiences interacting with healthcare workers depended on when in the pandemic they had contracted COVID-19. Those who contracted COVID-19 earlier in the pandemic would have tested at a COVID-19 assessment center located in a hospital and were followed up by their local Public Health Unit (PHU). Later in the pandemic, Rapid Antigen Tests (RAT) were available for ill individuals to test at home, eliminating the need to visit assessment centres.

Throughout the pandemic, individuals who tested positive for COVID-19 would have interacted with healthcare workers at the assessment center when they were tested using a Polymerase Chain Reaction (PCR) test and through a phone call with a communicable disease investigator from their local PHU. Our participants had mixed experiences during both clinical interactions with some describing positive, affirming interactions and others experiencing negative and stigmatizing interactions.

## What did we find?

The participants consisted of 11 Asian Canadian adolescents between 16-19 years old; the majority of participants were between 18 (3) and 19 years old (5), female (7) and of Chinese descent (5). All but one participant attended school during the pandemic for the 2020-2021 and 2021-2022 school year.

Demographic	
<b>Ages</b>	16 – 19 years old
<b>Gender</b>	Male, Female and Nonbinary
<b>Family Country of Origin</b>	China, Philippines, Vietnam,
<b>School Attendance</b>	2020-2021 and 2021-2022 school years

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## Assessment Centres

In Ontario, PCR testing was available to those who qualified at assessment centers, many of which were in hospital sites. Reactions from hospital workers experienced by the participants were mixed (suggestion: Participants shared that reactions were mixed from hospital workers). Some participants experienced positive and empathetic support from staff and others felt rushed, judged and stigmatized.



### Positive Experiences

⇒ Most participants felt hospital workers (nurses, doctors, etc.), were **professional, non-judgmental, and efficient.**

*"It was very good actually. They had to deal with a lot of these people, so they had a dedicated room, they had a dedicated line system" (16M).*



### Negative Experience

⇒ Some participants described the experience as **brief and hurried due to the volume of patients and time constraints.**

⇒ One participant described feeling **dehumanized and unassured** by staff at the assessment center where he was tested.

*"Oh yeah, I had to go to the hospital to get tested.... I guess it was like a movie to me. Like we were like toxic radioactive aliens to them because they had like to have Hazmat suits and everything. And they would just be like, okay, hurry up, let's go line up, sit down, lift up your head. To them, it was just because they wanted to do things faster, but to us it was like we were just in a camp or something." (19M)*

⇒ Some youth worried about being racially profiled by staff at the assessment centre due to their Asian identity

*"I did kind of feel maybe those, nurses who did the swab testing on me, I as worried if they thought like I went to China or anything like that and like contracted the virus there like I was that I was spreading the virus from coming to the hospital (19F)*

## 2 Communicable Disease Investigators

Participants who were officially tested, were also followed up by a Communicable Disease Investigator from their local health department. Follow-up calls involved, identifying symptom date of onset, close contacts and providing quarantine information.



### Positive Experiences

⇒ Some participants had empathetic and caring responses from their assigned investigators and **felt comfortable asking questions and receiving support.**

They just told me to social distance...They also recommended me to do some physical exercise at home just to keep like the respiratory system working and all that is keep myself healthy. And yeah, they, they were, they were all really nice. I don't think they were very judging...Yeah, they were really nice and helpful. (18F)



### Negative Experience

⇒ A complaint among participants being the frequent calls from multiple investigators.

I had a couple of people call me from Public Health They just told me to social distance...Yeah, I think I had a couple of people call me, but I think they meant to have one person call me. (18F)

⇒ Other participants felt that the investigators were rushed for time and did **not express any sympathy or warmth.**

*"...it's like when you cross the border and there's people asking questions, they're like, what are you here for? How long are you staying... there's no like sympathy in their voice. It's just like, here's my script. I'm reading it to you...it was just like "Oh hello, is your name \_\_\_ and then they were like, oh. Do you live here? You have COVID" and then yeah, like it was just like that instead" (19M).*

## Recommendation for Health Care Workers

Some insights and recommendations can be gleaned from this study to help healthcare workers better support youth in their care, particularly those working with Asian Youth.

For example:

- ⇒ take steps to prevent further stigmatization of individuals with COVID-19 while in their care.
- ⇒ explain information in a straightforward and accessible way and take time to ensure adolescents feel heard and comfortable asking questions.
- ⇒ maintain a non-judgmental and sympathetic attitude to improve the therapeutic relationship.
- ⇒ practice additional sensitivity and care when informing youth and racialized individuals of their diagnosis.

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## ABOUT THE INFORMATION SHEET

This information sheet is part of a series of information sheets produced at our Office and in relation to Intersectional Approaches to Youth Identities Research Program. It summarizes key ideas from a study that explored Asian Canadian adolescents' experiences of COVID-19-related stigma during the pandemic and how it intersected with their ethnic identity.

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