

# A Perspective on Monkeypox Related LGBT Phobia Among the General Public

Rinila Das<sup>1\*</sup>, Swati Behera<sup>2</sup>, Kumar Sumit<sup>3</sup>

<sup>1,2,3</sup>Prasanna School of Public Health, Manipal Academy of Higher Education, Manipal, Karnataka, India

DOI: 10.55489/njcm.141120233210

## ABSTRACT

Due to an upsurge in imported cases in the Western Pacific Region, the World Health Organization has proclaimed monkeypox a Public Health Emergency of International Concern on July 23rd, 2022. The worldwide transmission of human monkeypox disease presents substantial healthcare concern. Similar to previous infectious disease outbreaks, conspiracy theories have also emerged in relation to the 2022 monkeypox outbreak, undermining health behaviors and amplifying the outbreak's impact. Fake news on social media worsens the monkeypox outbreak, silencing healthcare experts. The outbreak has stigmatized monkeypox, putting LGBTQI+ communities at increased risk. Unsurprisingly, the present outbreak is impacting a large number of homosexuals, bisexuals, and men who have sex with men, which may lead to increased discrimination and stigma towards this group, along with increased LGBT phobia among the general population. Such stigmatization lead to healthcare disengagement, increasing morbidity and mortality, significant physical, socio-economic, and psychological consequences for LGBTQ+ community. Monkeypox is manageable if transmission chains are broken, aided by accurate information to dispel outdated myths rooted in fear and sexual bias. A holistic, culturally-sensitive approach is vital to combat current monkeypox-related stigma, requiring government interventions and multi-stakeholder collaboration for a multidisciplinary strategy.

**Keywords:** Fake news, HIV, LGBT-phobia, media, monkeypox, MSM, Stigma

## ARTICLE INFO

**Financial Support:** None declared

**Conflict of Interest:** None declared

**Received:** 05-07-2023, **Accepted:** 29-09-2023, **Published:** 01-11-2023

**\*Correspondence:** Rinila Das (Email: dasrinila16@gmail.com)

**How to cite this article:** Das R, Behera S, Kumar S. A Perspective on Monkeypox Related LGBT Phobia Among the General Public. *Natl J Community Med* 2023;14(11):769-773. DOI: 10.55489/njcm.141120233210

**Copy Right:** The Authors retain the copyrights of this article, with first publication rights granted to Medsci Publications.

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-Share Alike (CC BY-SA) 4.0 License, which allows others to remix, adapt, and build upon the work commercially, as long as appropriate credit is given, and the new creations are licensed under the identical terms.

www.njcmindia.com | pISSN09763325 | eISSN22296816 | Published by Medsci Publications

## INTRODUCTION

Monkeypox is a viral zoonosis with symptoms comparable to smallpox but a less severe clinical presentation.<sup>1,2</sup> It has an average incubation period of six to thirteen days and is characterised by fever, headache, lymphadenopathy, asthenia, and myalgia for one to five days, followed by skin rashes on the face, extremities, oral mucosa, and genitalia appearing one to three days later. It is typically self-limiting and resolves in two to four weeks.<sup>2-4</sup> Monkeypox has emerged as the most prevalent Ortho-poxvirus of public health relevance after the elimination of smallpox in 1980 and the discontinuance of smallpox immunisations.<sup>3,4</sup> The first recorded case of human beings contracting monkeypox was reported in the Democratic Republic of the Congo in 1970, and since then, occurrences have gradually expanded across west and central Africa, mainly in rural Congo Basin rainforest regions, then spreading to urban areas.<sup>1,4,5</sup> Because of its fast spread across numerous continents, the World Health Organization (WHO) proclaimed monkeypox a Public Health Emergency of International Concern (PHEIC) on July 23, 2022. WHO reported 75,348 cases and 33 fatalities from monkeypox in 109 countries as of October 21, 2022, with 12,989 cases confirmed since July 6, 2022, signifying a more than 200% increase.<sup>4</sup> According to Centers for Disease Control and Prevention (CDC) data, the global confirmed cases of monkeypox till March 15, 2023, is 86500 (CDC). Recently, in a video message on Twitter on 11th may 2023, the Director-General of WHO announced that monkeypox is no longer a PHEIC (WHO). But however, it still presents a significant public health threat, and countries should remain vigilant and take necessary measures to effectively address the disease.

Even though monkeypox is a viral zoonosis spread through coming into direct touch with contaminated lesions, respiratory droplets, body fluids, and contaminated items, data shows that among all diagnosed cases, men who have sex with men (MSM) account for a large proportion.<sup>3</sup> Because of the greater prevalence of monkeypox cases among the homosexual community and other men who have sex with men (MSM), the WHO has issued recommendations specifically for this group, emphasizing their sexual orientation and calling for better surveillance measures. This emphasis on sexuality can potentially negatively impact this population's lives and health.<sup>2</sup> The European Centre for Disease Prevention and Control (ECDC) and the UK National Health Security Agency also reported a substantial proportion of cases in homosexual, MSM, and bisexual males and encouraged this population to be cautious.<sup>6</sup> Monkeypox, initially considered a zoonotic disease, was not believed to be transmitted through MSM. The first cases in Africa were attributed to the lack of smallpox vaccination, unsanitary conditions, and overcrowded living conditions between 1996 and 1997. However, in 2022, an outbreak of the virus occurred

during the "Gay Pride Maspalomas" festival in Spain, which is a proud annual celebration of the LGBTQ+ community. This event attracted around 80,000 people from various parts of Europe. The outbreak quickly gained media attention and spread on social networks.<sup>6</sup> The media has primarily focused on sexual transmission and associated monkeypox with MSMs, leading to sensational headlines and extensive coverage on mainstream and social media.<sup>5</sup> The excessive amount of content in consumers' news feeds that supports their own ideas results in the spread of incorrect information. This makes it harder for medical professionals and public health experts to share accurate information, potentially leading to further stigmatization of monkeypox patients.<sup>6,7</sup> Misinformation has the ability to influence people's views and behaviour, potentially leading to adverse outcomes such as vaccine reluctance or the use of untested and potentially risky therapies.<sup>1,3,8</sup>

The "intersecting or layered stigma effect" may result in greater levels of stigma for marginalized groups such as the LGBTQI+ community compared to the general population.<sup>6,9</sup> It refers to the compounded impact of experiencing multiple forms of stigma simultaneously. It occurs when individuals face discrimination, prejudice, or social exclusion based on multiple intersecting aspects of their identity, such as race, gender, sexuality, disability, or socioeconomic status.<sup>9</sup> In addition, conspiracy theories backed by racial, homophobic, and transphobic tinges have been used by some individuals or groups to rationalize acts of violence or discrimination against the LGBTQI+ community.<sup>10,11</sup> Stigma is the negative societal judgment and social exclusion faced by individuals or groups due to specific characteristics or conditions, leading to discrimination and prejudice. Stigma may have a significant detrimental influence on the stigmatised person.<sup>12</sup> The world has already seen the devastation caused by the HIV/AIDS epidemic in the 80s, on the Gay, bisexual and other men who have sex with men (GBMSM) population. The media's characterization of HIV as "gay-related immunodeficiency" and "gay cancer" further enhanced HIV stigma, which continued to persist globally for the next four decades.<sup>5</sup> Monkeypox is now mislabeled as a "gay disease," resulting in raised "germ panic" and stigmatisation of infected persons who may be considered as unclean disease carriers.<sup>3</sup> The LGBTQIA+ population is already subjected to violence and discrimination, with homophobia being prevalent in many nations. The development of monkeypox raises worries about the GBMSM's growing stigma. The LGBTQIA+ population already experiences high levels of violence, discrimination, and limited access to healthcare in countries such as Brazil.<sup>10,13,14</sup> There is concern that right-wing extremists and religious conservatives may exploit the stigma surrounding monkeypox to incite further prejudice and violence against the LGBTQIA+ community. This is exacerbated by existing LGBT phobia and a high percentage of violent crimes in Brazil.<sup>10,13,14</sup> Brazil's President Jair Bolsonaro stated that the LGBTQIA+ community

want access to the monkeypox vaccination, meaning that the community is the major concern.<sup>10,15</sup>

The present outbreak of monkeypox is accompanied by two major sociopolitical issues. First of all, there is a strong risk that prejudice and discrimination against LGBTQI+ people, fostered by politicians and society in many countries, might hinder the global response to the pandemic.<sup>16,17</sup> The United Nations and human rights organisations recognise LGBTQI+ people's access to accurate information about their sexual and reproductive health. Unfortunately, this right is often denied due to factors such as criminalization of gender and homosexuality-related speech and insufficient action against hate crimes targeting the LGBTQI+ community. This results in increased discrimination and stigma against gay, bisexual men, and the broader LGBTQI+ community. Second, risk of increased discrimination and stigma against gay and bisexual men and the wider LGBTQI+ community. There is a concern that the public may have misconceptions about monkeypox and believe that the condition can only be contracted through same-sex relationships. Moreover, the monkeypox outbreak may be exploited for political gain, as evidenced by instances like Latvia, where right-wing lawmakers tried to stop the 2022 Pride celebration (annual LGBT festival), and Iraq, where draft legislation criminalizes same-sex relationships and "banning LGBT+ identities". Marjorie Taylor Greene, a Republican congressman, allegedly stated that child sexual abuse causes monkeypox infections in children to argue that individuals who oppose anti-LGBT+ legislation are in favour of child predators.<sup>16,18</sup>

Dermatological conditions and visible disfigurement associated with monkeypox may accelerate the stigma and LGBT phobia. As a result, infected people become socially isolated and lack social support.<sup>7</sup> Since the first instance of monkeypox in 2022, when a 27-year-old Nigerian man tested positive on July 18, 2022, in Phuket, Thailand, and went missing for nearly five days, we can see that societal stigma has developed. Stigma causes people to hide their illness, which may lead to undetected transmission of the virus and exacerbate the outbreak.<sup>4</sup> People who fear being judged for their sexual preferences generally experience increased mistrust in medical settings due to sexual stigma.<sup>3,7,8</sup> In countries such as India, primary healthcare workers are regarded as the foundation of the healthcare system, and they are critical in delivering healthcare needs to rural areas. The negative attitudes and lack of proper education may worsen the healthcare system's capacity to recover from the COVID-19 outbreak and could raise the likelihood of monkeypox spreading in rural regions. The rise in stigma in society has caused concern in the healthcare sector, particularly among healthcare workers.<sup>19</sup> In the early stage of the disease, the healthcare professionals, particularly the members of LGBTQ+ community, who have been infected to the monkeypox may conceal their medical condition owing to stigma. Consequently, there is a

significant gap in how healthcare practitioners can tackle the stigma tied to monkeypox. Moreover, the societal stigma associated with monkeypox may also restrict healthcare workers from seeking out possible cases. As a result, patients avoid official healthcare facilities, restricting their access to counselling and testing for monkeypox and exacerbating the disease's spread and severity.<sup>4,5</sup> This disengagement from healthcare services and initiatives has the potential to elevate morbidity and death rates even more.<sup>8,20</sup> According to an ecological study of European countries, Lower Sexually transmitted infections (STIs) screening and monkeypox incidence rates have been reported in countries that stigmatise homosexuality more.<sup>21</sup> From the standpoint of public mental health, there are negative consequences for the affected persons' mental and emotional well-being, as well as their social and sexual relationships, which might lead to alienation and social exclusion.<sup>7</sup> At worst, the stigma can even rationalize exclusionary or offensive verbal violence against the stigmatized persons.<sup>20</sup>

The "Joint United Nations Programme on HIV/AIDS" (UNAIDS) has expressed concern regarding public statements, discussions, and criticism of monkeypox that reinforce negative stereotypes about racism and homophobia. These attitudes may have a detrimental influence on the LGBTQI+ population, making it more difficult for individuals to get healthcare and overcome health challenges.<sup>2,16</sup> Stigmatization of homosexual and bisexual males may exacerbate health and economic inequities and obstruct attempts to prevent the virus's spread.<sup>16</sup> The WHO and the CDC have asked for improved public communication and community engagement to reduce the stigma associated with monkeypox.<sup>20</sup> However WHO's recommendations for risk communication in response to stigma and discrimination associated with monkeypox primarily emphasise the use of appropriate language, but they fall short of adequately addressing the larger problem of systemic discrimination against LGBTQI+ communities and the resulting health inequalities.<sup>16</sup>

Instead of being ignored, the GBMSM must be included in efforts to control this health issue. It is critical to reach out to them via focused venues such as dedicated websites, dating apps, or particular media programmes, using a comprehensive strategy.<sup>7,19</sup> Improving knowledge about monkeypox among healthcare professionals and the public is important for effective public health response, readiness, and community involvement during outbreaks.<sup>11</sup> Overcoming public worries and addressing long-standing stigma will definitely be difficult. Therefore, timely and honest public education about the disease will be essential in addressing concerns and dispelling any misinformation.<sup>7,19</sup> Furthermore, the government should also take strict measures against those spreading rumours and misinformation. To combat the spread of misinformation about monkeypox, it is necessary to consider renaming the disease and its

variants, intending to prevent any associations with particular communities, regions, or animals that could contribute to the propagation of harmful stereotypes.<sup>10</sup> The government must design and conduct public education and communication activities to inform and motivate community members to effectively contain the disease. It is essential to use community outreach activities, social and conventional media campaigns, IEC materials, health awareness programmes, testimonial films, and role modelling. When targeting the GBMSM group, messaging must be handled with care, and information should come from trusted sources like the CDC and WHO to avoid isolating them.<sup>7,19</sup> It is crucial to educate LGBTQI+ persons about sexual health and hygiene, use of condoms, vaccination against vaccine-preventable STIs, and PrEP HIV prevention.<sup>7,19</sup> Educational activities should focus on giving clear and scientifically true information regarding the monkeypox origin, prevention, and treatment as well as striving to reduce stigma and discrimination against vulnerable groups.<sup>11</sup>

The stigma related with monkeypox may discourage affected individuals from seeking medical care, which would increase the spread of the infection. It is essential to inform the general public about monkeypox and how it spreads in order to reduce stigma. As a result, people who are contracted with monkeypox will benefit from appropriate care and equal access to treatment.<sup>20</sup> It is crucial to effectively communicate to minimise the transmission of monkeypox and eliminate stigma and fear among public. Thereby Giving accurate information, treating patients with respect, and encouraging social media celebrities to disseminate accurate information are all necessary for this. Furthermore, media should avoid employing sensational headlines, fake news and erroneous facts. Moreover, it becomes vital to engage with the public in order to keep stigma away.<sup>11,20</sup> The community should make information and education on monkeypox available to the public in order for people to understand the illness and minimise the stigma linked to it. The CDC has provided specific recommendations to achieve this goal, including informing the general population concerning monkeypox as a genuine public health threat.

Lawmakers, politicians, community groups, rights organisations, medical professionals, the news media, and social media platforms have to come together to deal with the factors that contribute to the stigma of monkeypox, such as social, cultural and religious beliefs. They must also address myths and disinformation regarding monkeypox and advocate for non-stigmatizing approaches to disease outbreaks.<sup>7</sup> Mitigation frameworks can help to consider a variety of factors in order to reduce potential sources of stigma proactively. The medical community, Prominent political figures, national leaders, influential social media activists, and renowned celebrities have a crucial role to play in offering reassur-

ance and effectively communicating public health guidelines.<sup>3,4</sup>

## CONCLUSION

Recognizing and challenging harmful conspiracy theories is vital to prevent real-world consequences, especially against marginalized communities. Supporting these communities and opposing discrimination and violence is crucial for upholding their human rights and mental well-being. Stigmatization can make it harder to control the disease, hence efficient risk communication, contact tracing and early detection are imperative. To combat monkeypox and stigma, the WHO and CDC must employ improved methods, emphasizing healthcare infrastructure and public empowerment. Spreading accurate knowledge about monkeypox can dispel myths, reduce fear, and foster understanding over time.

## REFERENCES

1. Raheel H, Raheel M, Ali Fahim MA, Naeem U. Monkeypox and spillover effects: Stigmas, solutions and strategies. *Ann Med Surg* [Internet]. 2022;81(July):104346. Available from: <https://doi.org/10.1016/j.amsu.2022.104346>
2. Farahat RA, Kadir AKMS. Monkeys and Monkeypox: Are we on the brink of another stigma? *Ann Med Surg* [Internet]. 2022;82(August):104583. Available from: <https://doi.org/10.1016/j.amsu.2022.104583>
3. Farahat RA, Head MG, Tharwat S, Alabdallat Y, Essar MY, Abdelazeem B, et al. Infodemic and the fear of monkeypox: call for action. *Trop Med Health* [Internet]. 2022;50(1):0-2. Available from: <https://doi.org/10.1186/s41182-022-00459-8>
4. Sah R, Mohanty A, Reda A, Padhi BK, Rodriguez-Morales AJ. Stigma during monkeypox outbreak. *Front Public Heal*. 2022;10.
5. Yang Z, Liu X, Zhu Z, Zhang L, Han S, Fu Y, et al. Combating Stigma and Health Inequality of Monkeypox: Experience from HIV. *Infect Drug Resist*. 2022;15(October):5941-3.
6. Lee ACK, Morling JR. The global monkeypox outbreak: Germ panic, stigma and emerging challenges. *Public Heal Pract*. 2022;4.
7. Sousa ÁFL de, Sousa AR de, Fronteira I. Monkeypox: between precision public health and stigma risk. *Rev Bras Enferm*. 2022;75(5):e750501.
8. März JW, Holm S, Biller-Andorno N. Monkeypox, stigma and public health. *Lancet Reg Heal - Eur* [Internet]. 2022;23(October):100536. Available from: <https://doi.org/10.1016/j.lanep.2022.100536>
9. Turan JM, Elafros MA, Logie CH, Banik S, Turan B, Crockett KB, et al. Challenges and opportunities in examining and addressing intersectional stigma and health. *BMC Med*. 2019;17(1):1-15.
10. Scheffer M, Paiva VSF, Barberia LG, Russo G. Monkeypox in Brazil between stigma, politics, and structural shortcomings: have we not been here before? *Lancet Reg Heal - Am* [Internet]. 2023;17:100394. Available from: <https://doi.org/10.1016/j.lana.2022.100394>
11. Sallam M, Eid H, Awamleh N, Al-Tammemi AB, Barakat M, Athamneh RY, et al. Conspiratorial Attitude of the General Public in Jordan towards Emerging Virus Infections: A Cross-

- Sectional Study Amid the 2022 Monkeypox Outbreak. *Trop Med Infect Dis.* 2022;7(12).
12. Psychiatry.org. [cited 2023 May 28]. Available from: <https://www.psychiatry.org/patients-families/stigma-and-discrimination>
  13. UNHCR TU refugee agency. No Title [Internet]. Canada: Immigration and Refugee Board of Canada. Available from: <https://www.refworld.org/docid/58736b5f4.html>
  14. Mendes WG, da Silva CMFP. Homicide of lesbians, gays, bisexuals, travestis, transexuals, and transgender people (LGBT) in Brazil: A spatial analysis. *Cienc e Saude Coletiva.* 2020;25(5):1709–22.
  15. Leite J. Bolsonaro insinua que quem se vacinar contra monkeypox é gay [Internet]. Terra. 2022 [cited 2023 May 28]. Available from: <https://www.terra.com.br/nos/bolsonaro-insinua-que-quem-se-vacinar-contr-monkeypox-e-gay,92b8014c3d0ac1448d299df0b356b9a24x46yyp3.html>
  16. Kenyon C. Is Monkeypox Being Underdiagnosed in Countries with More Stigmatizing Attitudes towards Men Who Have Sex with Men? A Simple Ecological Analysis. *Epidemiologia.* 2022;3(3):363–8.
  17. Manirambona E, Shomuyiwa DO, Musa SS, Lucero-Prisno DE. Monkeypox among men who have sex with men in Africa: The need for testing and vaccination beyond stigma. *J Med Virol.* 2023;95(1):1–2.
  18. Wiggins C. Rep. Marjorie Taylor Greene tweets Monkeypox disinformation [Internet]. Advocate.com. 2022 [cited 2023 May 28]. Available from: <https://www.advocate.com/news/2022/7/25/rep-marjorie-taylor-greene-tweets-monkeypox-disinformation>
  19. Sekaran S, R Sekar SK. Enhancing awareness to break the stigma among LGBTQ+ health care workers to curb monkeypox transmission: correspondence. *Int J Surg.* 2023;Publish Ah.
  20. Bragazzi NL, Khamisy-Farah R, Tsigalou C, Mahroum N, Converti M. Attaching a stigma to the LGBTQI+ community should be avoided during the monkeypox epidemic. *J Med Virol.* 2023;95(1).
  21. Youssef D, Abboud E. Following the COVID19 playbook and battling another infodemic: Conspiracy beliefs around human Monkeypox among the Lebanese population. 2022; Available from: <https://doi.org/10.21203/rs.3.rs-2020448/v1>