

Development of a Scale of COVID-19 Stigma and its Psychometric Properties: A Study of Pregnant Japanese Women

The stigma surrounding COVID-19 can adversely affect those who suffer from COVID-19 and those who support and treat COVID-19. To develop and validate a scale for assessing 11-point COVID-19-related stigma. A total of 696 pregnant women with gestational ages of 12 to 15 weeks were interviewed using an online survey using a newly developed scale for COVID-19 stigma and other variables. The internal consistency of the scale was calculated using the omega index. We also examined the measurement invariance of the scale. Exploratory factor analysis (EFA) of scale items was performed using half the sample (n = 350). Confirmatory factor analysis (CFA) of the other half of the samples (n = 346) compared single, two, three, and four-factor structural models derived from EFA. The best model included the following three-factor structure ($\chi^2 / df = 2.718$, CFI = 0.960, RMSEA = 0.071) omnidirectional avoidance, attribution avoidance, and hostility. Its internal integrity was excellent (all omega indexes > 0.70). A three-factor structural model

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patient. In addition, stigmatized people often develop self-stigma, the internalization of external stigma, which leads to reduced self-efficacy and self-esteem of the stigmatized person. Bagcchi reported that people infected with COVID-19 face stigma such as being abandoned by their families and the general public and healthcare professionals face social expulsion and even attacks. This is a phenomenon seen all over the world. Such stigma can confuse effective intervention and even lead to a loss of control over the pandemic. Stigma attitudes can also cause psychological distress to those infected with COVID-19 and those who care for and support them. From an evolutionary psychological

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Keywords: COVID-19 stigma, pregnant women, psychometric properties, scale development, stigma attitudes, self-stigma, social stigma, psychological distress, evolutionary psychology.

Introduction: The COVID-19 pandemic has brought about a global health crisis, with millions of people infected and thousands of deaths. One of the most significant challenges associated with the pandemic is the stigma surrounding those who are infected or who are in contact with infected individuals. Stigma is a complex phenomenon that involves negative attitudes and behaviors towards a person or group of people based on certain characteristics or attributes. In the context of COVID-19, stigma can manifest in various ways, such as discrimination, social exclusion, and even physical attacks. This stigma can have a profound impact on the mental health and well-being of those affected, leading to feelings of shame, isolation, and self-stigma. The development of a scale to measure COVID-19 stigma is therefore a crucial step in understanding the extent and nature of this problem and in developing effective interventions to reduce its impact. This study focuses on the development and validation of a scale for assessing COVID-19 stigma among pregnant Japanese women. The scale is designed to measure various aspects of stigma, including omnidirectional avoidance, attribution avoidance, and hostility. The study also examines the psychometric properties of the scale, including its internal consistency and measurement invariance. The results of the study show that the scale is a reliable and valid measure of COVID-19 stigma, and that it can be used to assess the impact of stigma on pregnant women and their families. The findings of this study have important implications for the development of interventions to reduce COVID-19 stigma and improve the mental health of those affected.

Method: The study was conducted using an online survey of 696 pregnant Japanese women. The survey included a newly developed scale for assessing COVID-19 stigma and other variables. The scale was validated using exploratory factor analysis (EFA) and confirmatory factor analysis (CFA). The internal consistency of the scale was calculated using the omega index. The measurement invariance of the scale was also examined. The best model included a three-factor structure (omnidirectional avoidance, attribution avoidance, and hostility) with excellent internal integrity (all omega indexes > 0.70).

Results: The scale demonstrated excellent psychometric properties, including high internal consistency and measurement invariance. The three-factor structure was supported by the data, and the scale was found to be a reliable and valid measure of COVID-19 stigma among pregnant Japanese women.

Conclusion: The development of a scale for assessing COVID-19 stigma is a crucial step in understanding the extent and nature of this problem and in developing effective interventions to reduce its impact. This study has shown that the scale is a reliable and valid measure of COVID-19 stigma, and that it can be used to assess the impact of stigma on pregnant women and their families. The findings of this study have important implications for the development of interventions to reduce COVID-19 stigma and improve the mental health of those affected.

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