



Preface of the Special Issue: Worldviews and Health-Related Stigma

T. M. M. De Groot¹ · P. Meurs²

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People with health-related stigma are frequently ostracized and isolated due to worldviews and beliefs surrounding their condition. Even more, in various countries, specific belief systems and worldviews often lie at the basis for violent discrimination towards people with a health-related stigma. The discrimination and violence towards people with albinism in Tanzania are a prime example of how worldviews and belief systems can have a devastating impact on everyday life. Worldviews and belief systems are foundational for the differentiation between what is considered normal and abnormal. This special issue delves into the way in which worldviews and belief systems inform our daily (de)humanising practices towards people with health-related stigma. The contributions consider the relation between worldviews and health-related stigma as in-depth studies on the topic or focused case-studies. They all have a similar starting position in common: stigma is culturally informed and specific worldviews and belief systems contribute to the fierceness of the experienced stigma (for the people being stigmatized as well as those who stigmatize).

One article, entitled “Stigmatized bodies near Lake Victoria: a cultural analysis of institutions” and written by Koen Stroeken, concentrates from an anthropological approach on the various stigmatizing impacts institutions can have on the daily lives of women and children: it concludes institutions can play an important role in reducing stigma. The article by Sheryl Reimer-Krikham et al., entitled “Mothering, Albinism and Human Rights: the disproportionate impact of health-related stigma in Tanzania” focusses specifically on the way in which mothers are impacted by the genetic condition of albinism, whether as mothers of children with albinism or themselves having the condition. It also explores the way in which stigma can be reduced. The article “Understanding Stigmatisation: Results of a qualitative formative study with adolescents and adults in DR Congo” by Kim Har-tog et al. offers insight into the commonalities and differences of stigma drivers, facilitators, and manifestations with regards to unmarried mothers, children formerly associated with armed forces and groups, and indigenous people. In order to reduce stigma, contextual

✉ T. M. M. De Groot
t.m.m.degroot@uu.nl

P. Meurs
Pieter.Meurs@vub.be

¹ Department of Development and Education in Diverse Societies, Universiteit Utrecht, Utrecht, The Netherlands

² Department of Educational Sciences, Vrije Universiteit Brussel, Brussels, Belgium

information is considered important. The article by Miranda Forsyth and Philip Gibbs, entitled “Causal stories and the role of worldviews in analysing responses to sorcery accusations and related violence” uses the concept of causal stories to explore how death, sickness and misfortune are informed and influenced by stories of sorcery and witchcraft in Papua New Guinea. They conclude that causal stories often operate to activate the dominance of one worldview. In “Understanding the social stigma of fetal alcohol spectrum disorders: from theory to interventions”, Sylvia Roozen et al. investigate the literature on stigmatization related to fetal alcohol spectrum disorders. Lessons can be learned from other health related stigma for intervention mapping. In our article “Contact versus education: an explorative comparison between the contact and education strategy considering albinism related stigma in Tanzanian high schools”, we assess the impact of various stigma-reducing interventions among high school students on their attitude towards people with albinism. Our qualitative findings show many positive outcomes for contact intervention strategies, although a combination of various strategies is recommended.

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Tjitske de Groot studied Cultural Anthropology and holds a PhD in Educational Sciences (Vrije Universiteit Brussel). Her PhD research focused on stigma reduction interventions in relation to people with albinism Tanzania. She is currently working as an Assistant Professor in the department of Development & Education of Youth in Diverse Societies at Utrecht University. Her work focusses on stigma, social inclusion and exclusion, polarization and digital literacy.

Pieter Meurs studied Educational Sciences and Philosophy and holds a PhD in Philosophy and Moral Sciences (Vrije Universiteit Brussel). He is an assistant professor at the Department of Educational Sciences of the Vrije Universiteit Brussel and a lecturer in Social Work at the Erasmushogeschool Brussel. His research focusses on the philosophy of education, citizenship and radical democratic theories.