Breaking Barriers: Addressing Stigma and Cultural Taboos in Global Health Initiatives by Médecins Sans Frontières (MSF)

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Abstract

Médecins Sans Frontières (MSF) addresses the impact of cultural stigma and taboos on mental health, sexual and reproductive health (SRH), and vaccine hesitancy. Stigma and taboos, rooted in cultural and societal norms, hinder equitable access to care, erode trust in healthcare, and perpetuate misinformation. MSF employs culturally sensitive, community-centered strategies, including education campaigns, local partnerships, and psychosocial support, to combat these barriers. Initiatives such as tele-Mental Health services, Teen Mums' Clubs, and vaccine education programs foster awareness, normalize care, and dismantle misconceptions. By integrating advocacy and research, MSF champions global health equity and drives sustainable progress in humanitarian healthcare.

Introduction

Médecins Sans Frontières (MSF) is an independent humanitarian organization that has, since 1971, strived to provide medical aid to communities impacted by conflicts and disasters, among other issues.[1] At its core, MSF is committed to promoting diversity, equity, and inclusion in both its operations and healthcare practices. However, these principles can be influenced by cultural stigma and taboos across communities. Stigma involves dehumanizing and shaming individuals by labelling them with undesirable traits, leading to exclusion and denial of care. In contrast, taboos refer to societal silences that can suppress open dialogue or, at times, provide mechanisms of resistance or avoidance.[2] While stigma and taboos differ across cultures, they are deeply interlinked. This article will explore how cultural stigma and taboos impact mental health, sexual and reproductive health, and vaccine hesitancy, and will examine MSF's strategies to address these issues at a global scale.

Mental Health

In the United States, 20% of adults or 44 million people live with mental illnesses. However, mental health (MH) continues to be overlooked due to stigma.[3] For a large group of people, mental illnesses are considered "a sign of weakness" and get minimized due to a lack of visible symptoms, unlike physical illnesses.3 Over the past decade, MSF has prioritized MH, increasing the number of MH consultants by 230% and integrating these services into its global initiatives.[4] The aftermath of the COVID-19 pandemic paved the way for Tele-Mental Health (tele-MH) services, due to COVID-19 travel restrictions. MSF had to adapt and reorganize MH care remotely. However, although successful in developed countries, most tele-MH care proved unaccommodating to low-income areas due to lack of access to technology and poor network coverage.[4] Therefore, in low- and middle-income countries, fewer than 10% of those needing mental health care receive adequate treatment, with even lower rates in regions where mental health remains taboo.[4] Many fear a lack of acceptance and understanding from their community and are wary of being labelled by their mental health issues.[5]

To combat stigma, MSF employs culturally sensitive and community-centred education campaigns. This education comes from medical professionals who help to break down taboos about mental health and increase awareness about the availability of counselling services. Educational campaigns normalize seeking help and underscore the treatability of mental health conditions, fostering greater awareness. By training local staff, i.e., the educational staff and counsellor of the area and collaborating with communities, MSF builds trust and ensures cultural relevance, reducing stigma in familiar settings. In crisis zones, MSF reframes mental health needs as natural responses to trauma, encouraging acceptance, and fosters a safe space for dealing with mental illnesses like refugee camps.[6]

Additionally, psychosocial support, including group therapy, addresses both individual and social recovery aspects, alleviating isolation.

Women's Sexual and Reproductive Health

Sexual and reproductive health (SRH), as defined by the WHO, encompasses physical, emotional, mental, and social well-being; beyond the absence of illness or dysfunction, it necessitates respecting, protecting, and upholding the sexual rights of all individuals.[7] Taboos and stigma significantly impact SRH at both an individual and community level, driven by societal, cultural, and religious beliefs and values.[8] The taboos are deeply rooted in historical and religious foundations which persist in some way to date - for instance, menstruation is surrounded by notions of "purity" and "impurity" in many communities.[9] Gender roles also influence SRH such that in a patriarchal society women have limited autonomy in their reproductive decisions hindering their access to contraception or safe abortion services, thus, increased rates of unplanned pregnancies contribute to higher maternal morbidity and mortality rates.[10]

Moreover, policies also tie into cultural context such as in the form of sex education in schools being 'abstinence-only' or 'comprehensive'.[8] At an individual level these taboos result in reduced access to health services, impact mental health, result in inadequate menstrual hygiene management, and are a barrier to sexual and reproductive autonomy. Various research studies highlight how stigma acts as a barrier for adolescents seeking care at sexual health clinics. This leads to higher rates of untreated sexually transmitted diseases (STDs) and unintended pregnancies, as shown in a study by Baigry et al. focusing on Pacific Island countries and territories.[8,11]

MSF has taken the initiative to tackle these taboos at multiple levels, in various communities. Sex workers in San Pedro Sula are shackled by social stigma and a lack of inclusive services to access medical and psychological care - MSF clinics served as a "blessing" for many, catering to prevention and control of STDs, family planning, psychological help etc.[12]

Additionally, in Zimbabwe, teenage pregnancy is a taboo. These young girls have no access to appropriate information, and have minimal say in decisions about their body. To address this,

MSF formed the Teen Mums' Club to facilitate conversation and provide information to teenage girls in the same boat, with lessons about contraception, safe sex, and pregnancy.12

Between 20-40% births are unintended, there are 50 million induced abortions out of which about 20 million are done in an unsafe manner, 600 thousand women die annually due to pregnancy related complications, and STDs are on the rise with 333 million new cases each year.[13] Thus, globally, SRH is compromised and the lack of attention poses multiple challenges in the form of increasing maternal mortality, poor health and marginalization of women and girls - deeming utmost attention and care.

Vaccination Tendency

Effective provision of vaccines is one of the cornerstones of MSF's strategies to combat rampant preventable diseases. In 2023 alone, MSF administered 4,623,700 routine vaccines globally.14 In spite of the cost-effectiveness and success of vaccines, there are numerous barriers to their provision, including but not limited to logistical challenges and vaccine hesitancy in treating populations, which varies across different cultures.[14]

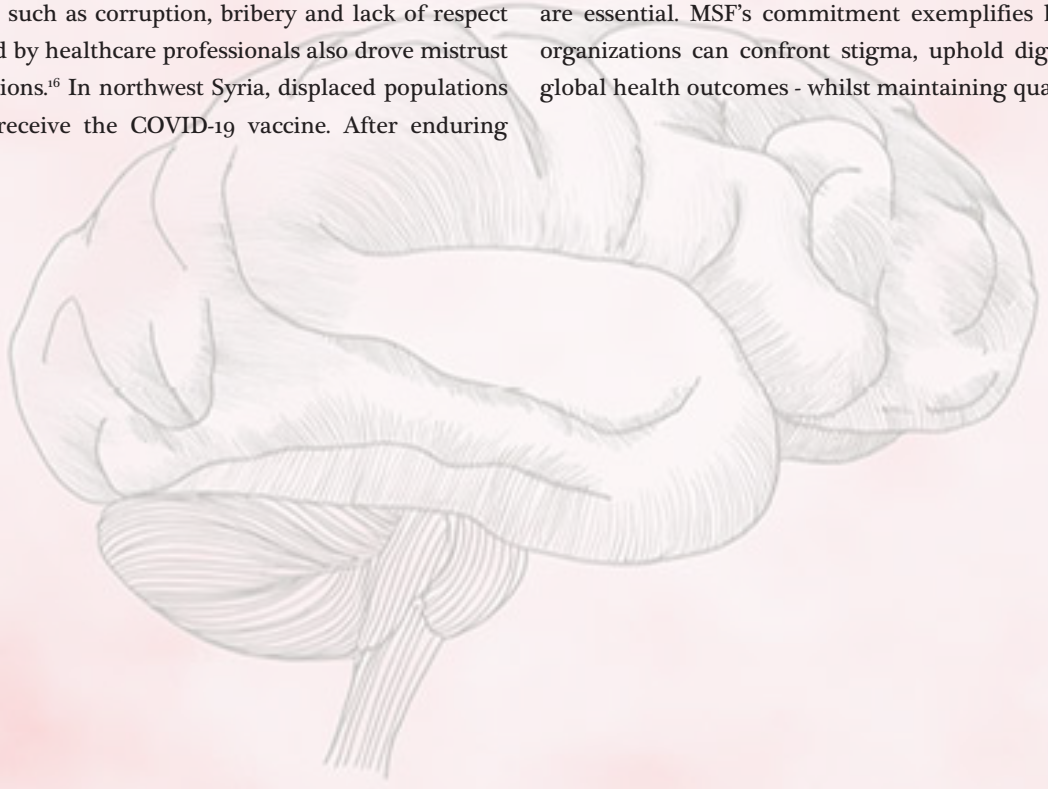
A study on vaccine hesitancy in a population in Yaoundé, Cameroon, identified vaccine hesitancy in 26% of parents/guardians.[15] The oral polio vaccine was the most affected, with the primary underlying cause of this being a lack of trust. This was less prevalent in wealthy households compared to poorer households.[15] Another study on medical mistrust identified that in sub-Saharan Africa, skepticism towards preventative healthcare measures stemmed from a culture and deep history influenced by colonialism. Additional factors, such as corruption, bribery and lack of respect when being treated by healthcare professionals also drove mistrust in African populations.[16] In northwest Syria, displaced populations were hesitant to receive the COVID-19 vaccine. After enduring periods of fear, violence, and hunger, they did not they did not feel the imminent life-threatening risk of the virus, nor experienced the need for the vaccine.[17]

During MSF's measles vaccination program in Tillabéri, Niger[18] and the distribution of COVID-19 vaccines in northwest Syria[17], MSF additionally dispatched health promotion teams. Through community engagement and outreach, they combatted vaccine hesitancy by highlighting their importance and dismantling misconceptions.

The factors and cultural beliefs that influence vaccine hesitancy are multifaceted and complex. For this reason, the administration of vaccines accompanied by educational measures highlighting their importance and dismantling fears of adverse effects is crucial in ensuring the effectiveness of vaccine campaigns.[15]

Conclusion

To conclude, cultural taboos and social stigma significantly impact mental health, sexual and reproductive care, and vaccine acceptance, creating barriers to treatment, eroding trust in healthcare, and fostering misinformation. These challenges hinder equitable access to quality care and leave communities vulnerable to preventable health crises. MSF's culturally sensitive, community-centred approaches address these issues by integrating mental health services, challenging sexual health taboos, and combating vaccine hesitancy through education and advocacy. These efforts provide immediate relief and drive long-term change by normalizing critical health conversations and dismantling misconceptions. To ensure sustainable progress, further research and tailored interventions are essential. MSF's commitment exemplifies how humanitarian organizations can confront stigma, uphold dignity, and improve global health outcomes - whilst maintaining quality medical care.



References

1. MSF. Médecins Sans Frontières (MSF) International [Internet]. Médecins Sans Frontières (MSF) International. 2024. Available from: https://www.msf.org/
2. Dimitrov R, Jelen A, L'Etang J. Taboos in health communication: Stigma, silence and voice. Public Relations Inquiry. 2022 Jan;11(1):3–35. https://journals.sagepub.com/doi/full/10.1177/2046147X211067002
3. Jonas Hill Hospital & Clinic. If Health is Wealth, Why Do So Many Ignore Mental Health? [Internet]. Caldwellmemorial.org. 2022 [cited 2024 Dec 20]. Available from: https://www.caldwellmemorial.org/wellness/wellbeing-with-caldwell/health-is-wealth/
4. Ibragimov K, Palma M, Keane G, Ousley J, Crowe M, Carreño C, German Casas, Clair Mills, Augusto Llosa, and M. S. F. Mental Health Working Group. Shifting to Tele-Mental Health in humanitarian and crisis settings: an evaluation of Médecins Sans Frontières experience during the COVID-19 pandemic. Conflict and Health. 2022 Feb 14;16(1).
5. Ahad A, Gonzalez M, Junquera P. Understanding and addressing mental health stigma across cultures for improving psychiatric care: A narrative review. Cureus [Internet]. 2023 May 26;15(5):1–8. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10220277/
6. De Jong K. Psychosocial and mental health interventions in areas of mass violence a community-based approach guideline document – second edition. [Internet]. 2011. Available from: https://www.msf.org/sites/default/files/msf_mentalhealthguidelines.pdf
7. World Health Organization. Sexual and reproductive health and rights [Internet]. www.who.int. 2024. Available from: https://www.who.int/health-topics/sexual-and-reproductive-health-and-rights#tab=tab_1
8. Mohd. Tohit NF, Haque M. Forbidden Conversations: A Comprehensive Exploration of Taboos in Sexual and Reproductive Health. Cureus n.d.;16:e66723. https://doi.org/10.7759/cureus.66723.
9. Crawford P. Attitude to menstruation in seventeenth-century England – past and present 1981;91:47–73. https://doi.org/10.1093/past/91.1.47.
10. Rahman M. Women's Autonomy and Unintended Pregnancy Among Currently Pregnant Women in Bangladesh. Matern Child Health J 2012;16:1206–14. https://doi.org/10.1007/s10995-011-0897-3.
11. Baigry MI, Ray R, Lindsay D, Kelly-Hanku A, Redman-MacLaren M. Barriers and enablers to young people accessing sexual and reproductive health services in Pacific Island Countries and Territories: A scoping review. PLoS ONE 2023;18:e0280667. https://doi.org/10.1371/journal.pone.0280667.
12. Overcoming taboos for women's positive sexual health | MSF n.d. https://www.msf.org.za/news-and-resources/latest-news/overcoming-taboos-womens-positive-sexual-health (accessed December 19, 2024).
13. The Critical Importance of Sexual and Reproductive Healthcare During Emergency Settings: Recommendations for the U.S. Government and Global Humanitarian Organizations - World | ReliefWeb 2022. https://reliefweb.int/report/world/critical-importance-sexual-and-reproductive-healthcare-during-emergency-settings-recommendations-us-government-and-global-humanitarian-organizations [cited 2025 May 10]
14. Vaccination | MSF [Internet]. Médecins Sans Frontières (MSF) International. 2024 [cited 2024 Dec 21]. Available from: https://www.msf.org/vaccination
15. Martin Ndinakie Yakum, Atanga Desmond Funwie, Atem Bethel Ajong, Marcellin Tsafack, Evans L, Shah Z. The burden of vaccine hesitancy for routine immunization in Yaounde-Cameroon: A cross-sectional study. PLOS Global Public Health. 2022 Sep 26;2(9):e0001012–2.
16. Prall SP. Quantifiable Cross-cultural Research on Medical Mistrust is Necessary for Effective and Equitable Vaccination in Low- and Middle-income Countries. Journal of Epidemiology and Global Health. 2024 Oct 28;14:1771–7.
17. Providing COVID-19 vaccination in northwest Syria amongst war, displacement and hesitancy [Internet]. Www.msf.hk. 2022 [cited 2025 May 2]. Available from: https://www.msf.hk/en/latest/news-and-stories/news/providing-covid-19-vaccination-northwest-syria-amongst-war-displacement-and-hesitancy
18. In Niger, if vaccinations fail to happen, the effects will be long lasting | MSF [Internet]. Médecins Sans Frontières (MSF) International. 2021. Available from: https://www.msf.org/niger-if-vaccinations-fail-happen-effects-will-be-long-lasting