Quest Journals
Journal of Research in Humanities and Social Science
Volume 9 ~ Issue 7 (2021)pp: 30-38
ISSN(Online):2321-9467
www.questjournals.org

Research Paper

Social Stigmatization and Discrimination of Covid-19 Recovered Patients in the North Western states of Nigeria

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Abstract
Covid-19 pandemic, is a global health emergency and the greatest challenge that humanity has faced since the 2nd World War. The phenomena (covid-19), have forced billions of people to stay at home with a view to minimize the transmission of the virus and adopting preventive measures like remote office activities, international travel bans, mandatory lockdowns, and social distancing in the form of formal and informal quarantine systems. Apart from billion of lives that were lost, the pandemic has caused a great socioeconomic and secondary health consequences that may continue much longer. Although, recent reports have shown that there is a significant decline in the number of Covid-19 cases, particularly in the West African sub-region, researchers have observed that a great number of recovered patients from covid-19 are facing serious challenges in trying to reunite with their communities, places of work and even to some extent their families. This paper therefore, surveyed social stigma and discrimination of recovered covid-19 patients from the three North-western states of Nigeria. The finding shows that social stigma and discrimination are mostly caused by Fear of the disease, Lack of trust on treatment, misinformation, fear of responsibility and administrative malfunction. The paper also reveals some of effects of social stigma and discrimination, such as social death, Shattering family bond and social solidarity, Loss of social capital and emotional capital, Psychological disorder, Harassment, discrimination, Health risks and life-insecurity. Various suggestions and recommendations were given with a view to address the problem.
Key words: *Covid-19, Stigma, Discrimination, Patients,*

Received 20 June, 2021; Revised: 03 July, 2021; Accepted 05 July, 2021 © The author(s) 2021. Published with open access at www.questjournals.org

I. INTRODUCTION

Covid-19 pandemic is a newly worldwide disaster that is beyond the scientific suppositions of the epidemiological model, metaphysical intuitions and sociological thoughts. This pandemic, is a global health emergency and the greatest challenge that humanity has faced since the 2nd World War. The pandemic emerged in Wuhan, Hubei province, China in December 2019, and was termed by the World Health Organization as covid-19 (Chakraborty, & Maity, 2020). The shocking outbreak overpowered all of the historical catastrophes; mostly the natural disasters trespassed in the scientific and technological era of the past century. Till date, covid-19 cases have exceeded 8.1 million globally, with over 440,000 mortalities and more than 3.9 million recoveries (Mahmud & Rezaul, 2020).

This shocking phenomena (covid-19), have forced billions of people to stay at home with a view to minimize the transmission of the virus and adopting preventive measures like remote office activities, international travel bans, mandatory lockdowns, and social distancing in the form of formal and informal quarantine systems (Anwar, Nasrullah & Hosen, 2020). Nigeria, a densely populated country in West Africa, officially announced its first index covid-19 case on 27 February 2020, when an Italian citizen in Lagos tested positive for the virus. On 9 March 2020, a second case of the virus was reported in Ewekoro, Ogun State, a Nigerian citizen who had contact with the Italian citizen. On 28 January, the Federal government of Nigeria assured citizens of the country of its readiness to strengthen surveillance at five international airports in the country to prevent the spread of coronavirus. The government announced the closer of Enugu, Lagos, Rivers, Kano and the FCT airports (P. M. News,2020). The Nigeria Centre for Disease Control also announced same day that they had already set up coronavirus group and was ready to activate its incident system if any case emerged in Nigeria. On 31 January, following the developments of Covid-19 pandemic in mainland China and

other countries worldwide, the federal government of Nigeria sets up a Coronavirus Preparedness Group to mitigate the impact of the virus if it eventually spreads to the country. On the same day, the World Health Organization listed Nigeria among other 13 African countries identified as high-risk for the spread of the virus. On 26 February, a Chinese citizen presented himself to the Lagos State government on suspicion of being infected with coronavirus. He was admitted at Reddington Hospital and was released the following day after testing negative (Maclean, Ruth; Dahir, & Abdi Latif, 2020).

Although in Nigeria the date rate stands at 1,102, the virus spread very fast, because it happens primarily through respiratory beads, taking after the spread of the flu. With droplet transmission, virus discharged within the respiratory secretions when an individual with infection coughs, sneezes, or talks can contaminate another individual in case it makes coordinating contact with the mucous layers; contamination can moreover occur if an individual touch a contaminated surface and after that touches his or her eyes, nose, or mouth (Mahmud & Rezaul, 2020). Nigeria witnessed tremendous crises in combating covid-19 due to inadequate logistical support, health facilities, health and treatment management, administrative initiatives and social dilemmas. This pandemic crisis is not only associated with the crisis of health, but also with the crisis of maintaining social relations, productions, distributions, marketing, job functioning as well as multifaceted services. The obligatory lockdown, social distancing, and maintaining isolation created enormous impacts on social relations, communications and networking that affected the livelihoods of the majority of people.

Another critical issue of concern resulting from covid-19 is stigmatization of recovered patients from the pandemic. Social stigma in the context of health is the negative association between a person or group of people who share certain characteristics and a specific disease. In an outbreak, this may mean people are labelled, stereotyped, discriminated against, treated separately, and/or experience loss of status because of a perceived link with a disease. Such treatment can negatively affect those with the disease, as well as their caregivers, family, friends and communities. People who don't have the disease, but share other characteristics with, this group may also suffer from stigma.

Evidence from past studies have revealed that, a lot of recovered patients from covid-19 are facing harassment, exclusion, as well as social rejection in their communities, place of work and even within their families. This hampers the provision of adequate care, undermines community solidarity, and fundamentally compromises public health efforts to mitigate the spread of disease. The manner in which measures to mitigate the public health crises such as quarantines and restrictions on movement are communicated and undertaken may add to stigma if not undertaken in a manner which respects international human rights and protection standards. Stigmatization in pandemics has been described as co-morbidity whereby the burden of stigma can exceed the burden of disease (Ramaci, Barattucci, Ledda & Rapisard, 2020).

Based on the above background, this study is deigned to investigate the level of social stigma and discrimination faced by covid-19 victims in the North western states of Nigeria.

Statement Problem/ Justification:

The current covid-19 outbreak has provoked social stigma and discriminatory behaviors against covid-19 patients who have recovered from the disease and their families as well as persons perceived to have been in contact with the virus. The level of stigma associated with covid-19 is based on three main factors such as: it is a new disease which there are still many unknowns; people are often afraid of the unknown; and it is easy to associate that fear with 'others. It is understandable that there is confusion, anxiety and fear among the public.

Stigma can undermine social cohesion and prompt possible social isolation of groups, which might contribute to a situation where the virus is more, not less, likely to spread. This can result in more severe health problems and difficulties controlling a disease outbreak. Stigma can drive people to hide the illness to avoid discrimination, prevent people from seeking health care immediately and discourage them from adopting healthy behaviors. Evidence clearly shows that stigma and fear around communicable diseases hamper the response. What works is building trust in reliable health services and advice, showing empathy with those affected, understanding the disease itself, and adopting effective, practical measures so people can help keep themselves and their loved ones safe.

Since the manifestation of covid-19 pandemic, a lot of researches have been conducted in Nigeria and beyond (Chakraborty, & Maity, 2020, Chew, Wei, Vasoo, Chua, & Sim, 2020; Jeronimus, 2020; Samuel, Samuel, Loveth, Ahmed, Ibukun, Tolulope, Godwin, Dayo, & Kingsley, 2020). However, most of the studies focus on the origin, causes as well as preventive measures against the virus. Only a few studies concentrated on the flight of recovered victims in their attempt to reunite with their communities, working places and families. Therefore, the present study intends to fill this gap in the literature by examining the level of social stigma and discrimination faced by covid-19 recovered victims and the possible ways to address the problem. This study intends to contribute in understanding the negative impacts of stigmatization and discrimination of recovered patients, particularly in the Nigeria and beyond. The study is also aimed to add strength to the limited empirical researches conducted on stigmatization and discrimination of covid-19 victims. Nigeria is selected as it has

witnessed tremendous crises in combating covid-19 due to inadequate logistical support, health facilities, health and treatment management, administrative initiatives and social dilemmas.

The study therefore put forward some questions that will serve as guide to the research. The questions are

1. What are causes of social stigma and discrimination of recovered covid-19 patients in Nigeria?
2. What are the forms or types of stigma and discrimination recovered covid-19 patients in Nigeria experienced?
3. What are effects of social stigma and discrimination of recovered covid-19 patients in Nigeria?
4. What are the possible ways of eradicating or minimizing social stigma and discrimination of recovered covid-19 patients in Nigeria?

Objectives of Study

The main objective of this research is to investigate the level of social stigma and discrimination of recovered covid-19 patients in Nigeria. Others include

1. To examine the causes of social stigma and discrimination of recovered covid-19 patients in Nigeria
2. To identified the form or type stigma experienced by the recovered covid-19 patients in Nigeria.
3. To examine the effects of social stigma and discrimination of recovered covid-19 patients in Nigeria.
4. To examine the possible ways of eradicating or minimizing social stigma and discrimination of recovered covid-19 patients in Nigeria.

II. LITERATURE REVIEW

Social Stigma:

Historically speaking, the concept of stigma was introduced by Goffman (2009) who defines it as a distinguishing attribute that signifies negative reactions or undesirable effects for the individual carrying it. Later, scholars began to define it based on their perspectives for example, Link and Phelan (2001) defined stigma as a process that consist of five aspects (1) the classification of human differences; (2) the dominant cultural beliefs that associate individuals with unwanted characteristics and destructive stereotypes; (3) the location of individuals labeled in different categories (4) discrimination and a loss of status that stigmatized individuals experience; and (5) the exercise of the difference in economic, political and social power that characterizes the stigmatization process. Meanwhile, Ramaci, Ledda and Rapisarda (2020), sees it as a as a mark of disgrace that sets an individual separately from others. More so, Social stigma is viewed as negative association related to an individual or a group of persons or places sharing certain features or specific disease (Chew, 2020). Stigma might affect the feeling, mental, and physical well-being of the imposed groups. Stigmatized individuals ascribed to infectious diseases may face rejections from intimate partners, family members, close friends, dismissal from work, and declined quality of health services received, Causing disaffection, unhappiness, or anxiety.

Social Stigma is discrimination against a particular group of people, a place, or a nation in the form of a negative attitude. Public health emergencies (such as covid-19 pandemic) are stressful situations for people and communities. Fear and anxiety with a lack of knowledge about the disease can lead to social stigma. Social stigma is when society expresses their prejudices toward people with a condition, such as covid-19. This often takes the form of fear, blame, and unfair treatment. Social stigma is associated with covid-19 pandemic due to the following main factors;

- Covid-19 is a new illness for which lots of things are unfamiliar.
- Individuals are habitually afraid of the unknown.
- There is misperception, anxiety, and fear among the public leading to a negative attitude;

This can have a negative effect on those affected by the virus and on the work of Health personals Firstly; stigmatization can substantially increase the suffering of people with the disease. Secondly, people with the disease or those at risk of catching it may avoid seeking health care, making it much harder for public health authorities to control the disease. Thirdly, professionals and volunteers working in the field may also become stigmatized, leading to higher rates of stress and burnout. Furthermore, the stigma can interfere with social coherence contributing to situations which might favor the spread of the disease. Social stigma can also prevent people from seeking health care immediately that can lead to disease spread among the population. It drives people to hide the illness to avoid discrimination. More so, it discourages people from adopting healthy behaviors. Social stigma demotivates frontline personnel from focusing on the disease that is causing the problem (https://www.mohfw.gov.in/).

In a related development person or groups who experience stigma may also experience discrimination. This discrimination can take the form of, other people avoiding or rejecting them, witnessing problem in getting healthcare, education, housing, or employment; verbal abuse or to extend physical violence. Discriminatory

behaviors can negatively affect those with the disease, as well as their caregivers, family, friends and communities. People who don't have the disease, but share other characteristics with, this group may also suffer from stigma (https://www.who.int/docs/default-source/coronaviruse/covid19-stigma-guide.pdf).

Stigma has huge power to undermine efforts to prevent and treat health conditions. Already we have seen vigilante violence, for example in Brazil and India against people believed to be carriers as well as abusive enforcement of restrictions by State security forces (Kenya, Nigeria, the Philippines, South Africa), explicit denial of health services to ethnic minorities (India), refugees denied asylum or return to country of origin as perceived carriers (for example, Afghans returning from Iran), but also of the denial of entry and forced returns of migrants and evictions of people believed to be infected or perceived carriers or using a public health pretext (Brazil). People who have been tested or quarantined have had their hands stamped (India) or stickers placed on their homes (Pakistan) thereby reinforcing stigmatization. Foreigners, including health and other humanitarian personnel, have commonly been seen as carriers of the virus, for example in Bangladesh, Central African Republic, Nigeria, and South Sudan. There are reports of people of countries believed to be carriers put into quarantine or evicted regardless of travel history or health status, for example, in China. Covid-19-driven evictions are reported as a concerning trend in Bangladesh, Iraq, Italy, Kenya, Lebanon, and Niger (https://www.cgtn.com/special/Battling-the-novel-coronavirus-What-we-know-so-far-.html).

In addition, the possible stigmatization of certain groups, and tensions between communities, might increase the risk of family separations should people be forced to move. For example, children are at risk of separation from their caregivers and women in Iraq have expressed fear of being separated from family, and subjected to exploitation, if found positive for covid-19. Pictures of people seeking health care have been posted on social media leading to their social exclusion. Rumors that certain military forces are deliberately spreading covid-19 illustrate how covid-19-related disinformation takes on context-specific political dynamics (Katherine, Andrew & Beth, 2020),

The diversity and complexity of these dynamics, and the scope and scale at which they are occurring, is extremely worrisome not only for prevention of the spread of covid-19, and ensuring timely and dignified care for those who need it, but for the risk that societal divisions and stigma could lead to violence. We have seen similar pre-cursors to escalations in communal conflict and disproportionate use of force by security forces in recent crises, such as Sri Lanka and Rakhine. Social unrest or communal violence, for example, may subsequently be met with disproportionate use of force by State security forces. This could further exacerbate marginalization of stigmatized communities, compound grievances, and undermine confidence in authorities and in covid-19 mitigation measures, deepening existing humanitarian crises and creating new ones (Katherine, Andrew & Beth, 2020).

While the phenomena of stigma has been widely recognized in the humanitarian ecosystem, resulting in several strong guidance notes on taking stigma into account in the covid-19 response, a more comprehensive effort is needed to address different manifestations and consequences of this phenomena at multiple levels, to effectively prevent and counter stigma, and in order to anticipate and prepare for the potential of highly polarized situations escalating into mass violence.

Fortunately, our humanitarian community includes individuals and organizations who have studied these phenomena in detail, continuously track the dimensions and implications of stigma in the covid-19 context, and over the years have deepened good practice to prevent and counter stigma. The challenge of stigma is recognized in the Global Humanitarian Response Plan and there is much knowledge and expertise that can be drawn on to strengthen the evidence base to address stigma and undertake a comprehensive strategy to counter stigmatization and its effects (Hasan, Hossain, Saran, & Ahmed, 2020).

In his contribution to the topic, Asare, (2020) asserts that stigmatization and discrimination has resulted in a form of social death. Because according to him, stigmatization involves identifying and marking an undesirable characteristic in a way that narrows a person's social identity to that characteristic. He further noted that consequences of stigmatization include marginalization and, in some cases, dehumanization, contributes to poor global health outcomes, particularly for the diagnosis and treatment of infectious diseases and mental illness.

In his observation dealing with covid-19 survivors, a Stress Counsellor with WHO from the Faculty of Clinical Psychology and Psychotherapy at the Baze University Abuja, Dr David Igbokwe (2020), shared some advice. "Firstly, the choice of words matters and all are encouraged to use inclusive language and less stigmatizing terminologies. Phrases such as 'people who have covid19' or 'people who are being treated for covid-19' instead of victims'. Secondly, share information based on latest scientific data and avoids sharing rumors. Thirdly, talk positively and include encouraging words such as 'overcome', 'prevail' etc. and avoid use of negative words or messages." While Mr Innocent Omoaka of Benin City, Edo state pointed out that most people do not go to testing centers for fear of stigmatization. They are afraid to go there and someone sees them and automatically labels them as covid-19 patients and people get to distance themselves from them. He further stressed that, just some weeks ago, some sample collection centers were commissioned and I decided to go get

tested even though I did not have any symptoms. To my surprise, the information circulated within minutes in my community and people were scared to come close to me. I was clearly discriminated against because most of them believed I had the virus and was not being open about it; some even wished me quick recovery. No amount of explanation could make them believe I was not positive. In his submission Tarfa (2020), WHO Nigeria Mental Health officer stated that "Stigma affects emotional or mental health of stigmatized persons or groups and the communities they live in. Stopping stigma is immensely important to making communities and community members resilient".

Meanwhile, Cassiani-Miranda, etal, (2020)**,** established that, ratio of high fear of Covid-19 was 34.1%; When compared to the affirmative answers to the questionnaire on stigma-discrimination towards COVID-19 survivals, they found out that the difference was significantly higher in the overall population when compared to health professionals in most of the questions assessed, which shows a high level of stigmatization in that group. They therefore concluded that, Stigma-discrimination towards COVID-19 patients is common in the Colombian population and is linked with high levels of fear towards Covid-19. Mostafa, Sabry, and Mostafa (2020), used 509 physicians who were directly involved in the care of COVID-19 patients in their study. Their findings show that about 159 (31.2%) participants reported severe level of Covid-19-related stigma. They argued that, considerable percentage of Egyptian physicians in this research experienced Covid-19-related stigmatization. According to them, there is the need for specific research and targeted interventions particularly addressing Covid-19-related stigmatization among healthcare workers. Corpuz1 (2020), reported that, during the present covid-19 pandemic, numerous forms of stigma and discrimination have been experienced by recovered patients globally ranging from Asian descent, those with international travel history, and frontline health workers. In response to this ugly practice, against frontline healthcare workers, the paper proposes several measures on how the public and the Philippine government might create safety guidelines by revisiting the international and local laws. Thus, there is an urgent need to end the stigma, discrimination and other forms of inhumane treatment against our frontline health workers.

In view of the above discussion, it is clear that a lot of studies were conducted on social stigma on recovered patients of Covid-19 worldwide. However, majority of these studies are not in Nigeria and majority of studies focus on health workers. Therefore, the current study intends to cover this huge gab by exploring social stigmatization and Discrimination of Covid-19 Recovered Patients in the North Western states of Nigeria**.** With a view to curb stigma associated with the people who have recovered from covid-19 pandemic.

III. METHODOLOGY

As part of field survey, 300 questionnaires will be distributed to collect data from respondents. The data will be collected through cross sectional sampling from the recovered patients in the three states. However, before the main study, pilot test will be conducted with small sample that share similar characteristics with those in the main study. This is with a view to see the possible outcomes of the main study. It is also aimed at establishing validity and reliability of the measurement scale that will be adopted. Similarly, pre-test will aid the researcher to address any likely problem that may arise and take precautionary measures before the actual study.

Research Design

This paper employed survey research design. This is because it gives room to researchers to select samples from a very large population, more so it is compatible with descriptive and inferential analysis.

Sample and Sample Procedure

Recovered Covid-19 patients in the three north western states (Sokoto, Kebbi and Zamfara) are the target population of this study. Three hundred (300) respondents were selected through a simple random sampling method. However, only 155 copies of questionnaires were recovered out of which 05 were wrongly filled and therefore excluded from the analysis. The remaining 150 copies representing 50.0 percent were used for analysis which is acceptable based on Hairs, et al (2010) recommendations.

Instrument of Data Collection

A questionnaire was used as the instrument for sourcing information from the respondents. The questionnaire was divided into two parts. Part one focuses on questions about the socio-demographic characteristics of respondents such as age, sex occupation, qualification etc. While part two comprises of questions concerning causes of social stigma, the form of social stigma experience by respondents, the effects of social stigma and the likely ways to minimize or eradicate social stigma and discrimination. The questionnaire was developed by the researchers and validated by a team of expert in the field.

Method of Data Collection

The researchers took seven days to distribute the questionnaires to the respondents and enough time (two weeks) was given to respondents to fill and return the questionnaires. The respondents were informed on how fill the questionnaires. For easy understanding, the questionnaires were translated into a local language (Hausa) for the respondent who may not be very good in English. .

Method of Data Analysis

Descriptive statistics were employed for data analysis in this research. The research questions were answered by means of descriptive statistics using simple percentages.

IV. RESULTS

The results generated from the data collected is analyzed as follows. Table 1 shows percentage distribution of respondents based on gender and age.

Table 1. Percentage distribution of respondents based on gender, age, occupation and Qualification

Variable	Frequency	Percentage
Gender		
Male	131	87.3%
Female	19	12.7%
Total	**150**	**100**
Age		
15-30	02	1.3%
31-45	32	21.3%
46-60	51	34.0%
61-and above	65	43.3%
Total	**150**	**100**
Occupation		
Civil Servant	37	24.6%
Business man	59	39.3%
Others	54	36.0%
Total	**150**	**100**
Qualification		
SSCE/ Grade II	03	02%
Diploma/ NCE	26	17.3%
Degree/ HND	68	45.3%
Post graduate	53	35.3%
Total	**150**	**100**

Table 1 shows the percentage distribution of respondents based on gender, age, occupation and qualification. The results show that Male respondents are more in number, 131 (87%) as compared to Female respondents that are 19 (12.7%). The Table also illustrates that 02(1.3%) respondents falls between the ages of 15 to 30 years. While those between 31-45 were 32 (21.3%). Followed by 51respondents having ages ranging from 46-60 (34.0%). The last group of age is those between 61 and above 65 (43.5%). This indicates that, Covid-19 pandemic affects people with old age. Apart from age, table 1 also displays the occupation of respondents. The results indicated that, 37 (24.6%) victims were civil servants. While 59 (39.3%) respondents were engage in private business (both national and international), 54 (36.0%) recovered patients in other sets occupations.

Table 2

Table 2 shows analysis of results for **Research Question 1** What are causes of social stigma and discrimination of recovered covid-19 patients in Nigeria?

Research Question 1. What are the possible causes of social stigma and discrimination of recovered covi-19 patients in Nigeria?

S/N	As one of the recovered patients, what do think are the possible causes of Social stigma and discrimination of discharged patients in Nigeria?	Mean	SD
1	Lack of trust on treatment	3.70	.874
2	Lots of misinformation	3.64	.923
3	Feeling of insecurity	3.61	.878
4	Fear of responsibility	3.61	.880
5	Fear of the disease	3.70	.874
6	Administrative malfunction	3.51	.924

Table 2 displays the mean score and standard deviation of respondents' expression on the possible causes of social stigma and discrimination of recovered covid-19 patients in Nigeria. The mean scores range from 3.51 to 3.70. Precisely, items 1 and 5 had the highest mean score of 3.70, while item 6 had the lowest mean with 3.51. The mean scores were above the yardstick mean of 2.50. Therefore, all the items were accepted as the possible causes for social stigma and discrimination of recovered covid-19 patients in Nigeria.

Table 3

Table 3 below shows analysis of results for **Research Question 2** which says that, what are the forms or types of social stigma and discrimination recovered covid-19 patients in Nigeria experienced?

Research Question 2. Which form of Social stigma and discrimination recovered covid-19 patients experienced?

S/N	As one of the discharged or recovered patient which form of social stigma or discrimination are you experiencing? Or you have ever experienced?	Mean	SD
1	Humor-prone stigma	3.35	.974
2	Occupational stigma	3.34	.897
3	Residential stigma	3.50	.930
4	Organizational stigma	3.66	.876
5	Community-stigma	3.66	.806
6	Apathetical stigma	3.58	.920

Table 3 presented the mean score and standard deviation of respondents' expression on which form or type of Social stigma recovered covid-19 patient experienced or is experiencing? The result indicated that mean scores ranges from 3.34 to 3.66. Specifically, all the items 1-6 had high mean scores. This signifies that, recovered covid-19 patients experienced all forms social stigma and discrimination ranging from community stigma, residential stigma, organizational stigma, occupational stigma, humor-prone stigma as well as apathetical stigma.

Table 4

Table 4 below shows analysis of results for **Research Question 3** which says that, what are effects of social stigma and discrimination of recovered covid-19 patients in Nigeria?

Research Question 3. What are the possible effects of social stigma and discrimination of recovered covid-19 patients in Nigeria?

S/N	As a recovered or discharged patient of covid-19, what do you think are the possible effects of social stigma and discrimination of discharged patients of covid-19 in Nigeria?	Mean	SD
1	Discrimination	3.18	.890
2	Life-insecurity	3.62	.863
3	Health-risks	3.55	.859
4	Harassment	3.50	.914
5	Psychological disorder	3.51	.938
6	Loss of social capital and emotional capital	3.53	.928
7	Shattering family bond and social solidarity	3.63	.899

Table 4 illustrated the mean score and standard deviation of respondents' expression on what are the possible effects of social stigma and discrimination on discharged covid-19 patients in Nigeria? The result indicated that mean scores ranges from 3.18 to 3.62. Specifically, items 3,7, and 3 had the highest mean scores. The mean scores were all above the benchmark mean of 2.50. Therefore, all the items were accepted as the possible effects of social stigma and discrimination of recovered covid-19 patients.

Table 5

Table 5 below shows analysis of results for **Research Question 4** what are the possible ways of eradicating or minimizing social stigma and discrimination of recovered covid-19 patients in Nigeria?

Research Question 4. What are the possible ways of eradicating or minimizing social stigma and discrimination of recovered covid-19 patients in Nigeria?

S/N	As a survival patient of covid-19 pandemic, what do think are the possible ways of eradicating or minimizing social stigma and discrimination of recovered covid-19 patients in Nigeria?	Mean	SD
1	Monitoring and intervention to reduce the levels of stigma	3.53	.887
2	Providing support services for recovered patients to mitigate anticipated stigma	3.52	.921
3	Formation of Central Stigma management Committee and subcommittee by the Government and other voluntary organizations	3.67	.906
4	Providing virtual counselling services and support groups for essential workers	3.07	1.904
5	Strengthening and decentralization of the COVID-19 medical facilities	3.46	.907
6	Providing comprehensive support to the healthcare providers both from the administrators and the society	3.31	.920
7	Providing support services for populations at risk of being left behind in the Covid-19 response, including access to social8protection programs, face masks and hand sanitizer, free covid-19 testing and treatment, mental health services and counselling	3.12	1.146

8	Public health education and raising community and media awareness about the importance of public support for Health care professionals to alleviate their perceived stigma	3.18	.930
9	Providing psycho-social support to people facing stigma as a result of Covid-19	3.20	1.262
10	Disseminating accurate information about covid-19	3.53	.887

Table 5 displayed the mean score and standard deviation of respondents' expression on what are the possible ways to minimize or eradicate social stigma and discrimination against recovered covid-19 patients in Nigeria? The result shows that mean scores range from 3.07 to 3.67. Specifically, items 3 and 4 had the highest mean scores. The mean scores were all above the critical mean of 2.50. Therefore, all the items were accepted as the possible ways to overcome the issue of social stigma and discrimination against recovered covid-19 patients in Nigeria.

V. DISCUSSION OF FINDINGS

Considering the findings from the current study, it is obvious that stigma and discrimination of covid-19 survivals is caused by many variables. However, the most pressing once especially in the areas covered by this study (Sokoto, Kebbi, and Zamfara), include, fear of the disease, lack of trust on treatment, feeling of insecurity, lots of misinformation, Fear of responsibility and Administrative malfunction as they had high mean scores. This finding is in line with the past studies of (Mahmud & Islam, 2020; Cassiani-Miranda, etal, 2020; Singh & Subedi, 2020; Bhanot, Singh, Verma & Sharad, 202; Alzoubi & Khabour,2020; Asare, 2020; Ramaci, Barattucci, Ledda & Rapisarda, 2020).

With regard to the question of form or type of stigma the patients have experienced or experiencing, the statistical results confirm that, social stigma and discrimination such as organizational stigma, community stigma, residential stigma, Humor-prone stigma , apathetical stigma are some of forms of stigma that are common in the areas severed. There is therefore need for the authorities to intensify measures to address these issues.

With respect to likely consequences or effects of social stigma and discrimination of covid-19 patients, the statistical results reveal that, social stigma and discrimination can various things such as Shattering family bond and social solidarity, Loss of social capital and emotional capital, Psychological disorder, Harassment, discrimination, Health risks and life-insecurity. This result is in consistent with the previous studies of (Mahmud & Islam, 2020; Cassiani-Miranda, etal, 2020; Singh & Subedi, 2020; Bhanot, Singh, Verma & Sharad, 2020). This showed that, social stigma and discrimination of covid-19 patients is a very serious issues that needs to be given adequate attention.

When the respondents were ask to provide possible ways to minimize or eradicate social stigma and discrimination, they agreed that various measures such as Monitoring and intervention to reduce the levels of stigma, Providing support services for recovered patients to mitigate anticipated stigma, Formation of Central Stigma management Committee and subcommittee by the Government and other voluntary organizations, Providing virtual counselling services and support groups for essential workers, Strengthening and decentralization of the COVID-19 medical facilities, Providing comprehensive support to the healthcare providers both from the administrators and the society. Others includes Providing support services for populations at risk of being left behind in the Covid-19 response, including access to social8protection programs, face masks and hand sanitizer, free covid-19 testing and treatment, mental health services and counselling, Public health education and raising community and media awareness about the importance of public support for Health care professionals to alleviate their perceived stigma, Providing psycho-social support to people facing stigma as a result of Covid-19 as well as Disseminating accurate information about covid-19. This result is in agreement with the findings of (Mahmud & Islam, 2020; Cassiani-Miranda, etal, 2020; Singh & Subedi, 2020; Bhanot, Singh, Verma & Sharad, 202; Alzoubi & Khabour,2020; Asare, 2020; Ramaci, Barattucci, Ledda & Rapisarda, 2020).

VI. CONCLUSION

The study discovered that Social stigma and discrimination of covid-19 patients has affected and still affecting covid-19 survivals including their close families which poses great danger and in the long run may lead to social death. As it is reveals by this study that social stigma and discrimination are mostly due to Fear of the disease, Lack of trust on treatment, misinformation, fear of responsibility and administrative malfunction. The study also exposed that the most prevalence of social stigma and discrimination includes Organizational stigma, Community-stigma, Residential stigma and occupational stigma. In conclusion, the authority and society have to be vigilant about the issue of social stigma and discrimination thus citizens should desist from such derogatory labels against the survivors to better enhance their capacities and confidence in all areas of their lives. More so, all relevant stakeholders, including the government, media and local administrative bodies, as well as hospitals, ought to mitigate stigma through a multipronged approach.

Despite the findings recorded by this study, it has some limitations. As stated earlier, the study used cross-section method which does not allow to establish causality between reported relationships, it is therefore recommended that, future studies should be carried out to establish causal association between occupations. It is also the view of the researchers that, future studies should make use of probabilistic samples to establish the real occurrence of stigma and discrimination in Nigeria, as the present study sample is not probabilistic. It is also suggested that reliable and valid scales that more accurately measure stigma and discrimination towards covid-19 be developed with a view to effectively measure the levels of stigma and discrimination. In addition to above, more studies are needed on stigmatization particularly during the final stages of the pandemic and post-pandemic. Similar studies should be conducted in other region of the country to understand the phenomenon in a more holistic way.

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