



COVID-19 AND ITS PERCEIVED SOCIAL STIGMA AMONG SURVIVORS IN OREDO LOCAL GOVERNMENT, BENIN CITY, NIGERIA

Chukwubuikem I. Nzeka*, A. Efe-Aigbovo, Ijeoma E. Umeche

Department of Human Kinetics and Sports, University of Benin Ugbowo, Edo State, Nigeria

Department of Medical Laboratory Science, Edo University Uzairue, Edo State, Nigeria

*Correspondence

Dr. Nzeka I. Chukwubuikem

+2348034936027

Email: chuksiyke4me@gmail.com

ABSTRACT

Objectives

To assess the perceived stigmatization of Covid-19 survivors among people who resides in Edo State being one of the states in Nigeria.

Methods

A descriptive cross-sectional survey carried out in Etete community of Oredo local government area (LGA) of Edo State. It was conducted from January to April 2021. The survey was distributed via physical contact to the respondents by convenience sampling.

Results

1432 adults participated in the study (mean age: 37.5 ± 10.1). 96% of the respondents were aware of Covid-19 outbreak in Nigeria. The population of this study has a good knowledge of Covid-19 as more than 50% indicated good knowledge (65%) and 35% has poor knowledge. The proportion of respondents whose behaviour indicated perceived stigmatization of Covid-19 survivors was 12.3%. The respondents in the age categories 18-24, 25-35 and ≥ 46 years were 3, 2 and 2 times respectively more likely to stigmatize Covid-19 survivors compared with the respondents of 36-45 years of age [(aOR= 3.4, 95% CI = 1.5 – 5.7), (aOR= 2.2, 95% CI = 1.3 – 3.3) and (aOR= 2.1, 95% CI = 1.3 – 3.2)]. The unemployed and civil servants had about 3 and 2 times higher likelihood of stigmatizing Covid-19 survivors compared with other categories of occupation (trading, private employee and others). [(aOR= 3.2, 95% CI = 1.1 – 2.9) and (aOR= 2.1, 95% CI = 1.4 – 3.5)]

Conclusions

The study revealed that majority of the respondents were knowledgeable able about Covid-19. The perceived social stigma against Covid-19 was low among the residents of Oredo Local Government Area of Edo State.

INTRODUCTION

The COVID-19 pandemic has adversely affected the human existence. It has taken a tremendous toll on humanity which is evident not only in terms of the significant loss of life but also the negative impact on the world economy caused by the uncertainty and disruptions to economic activities related to the lockdown and other containment measures.

Throughout the world, significant levels of fear has been associated with the epidemiological behaviour of the pandemic (Huang et al., 2020), and stigmatization can be said to have appeared due to the coronavirus among people who survived the virus, people suffering from the virus and people not yet infected. People have expressed this stigmatization by avoidance of behaviours and rejection. There are also psychological and physical violence against patients and health professionals (Bagcchi, 2020; Ng, 2020).

Stigma which can be explained in different forms such as perceived, internalized, or experienced, is defined as a social label associating an individual with characteristics of prejudice and discrimination (Henderson et al., 2013; Babatunde et al., 2020). People who suffer from stigma are ashamed, isolated and stressed which could lead to negative effects in their health life (Wang et al., 2010; Elliot et al., 2019). For instance, people who experience stigmatization for a health challenge may decide not to take treatment or request for health services thereby negatively influencing the result of their medical challenges (Schnyder et al., 2017).

Considering the Covid-19 pandemic in Nigeria, after the report of the first case by Nigeria Center for Disease Control (NCDC), there was a fast increase in the number of positive cases which brought uncomfortable realities of transmission in the states within the country.

The Nigeria Center for Disease Control (NCDC) reported that this fast increase was helped by social stigma against people perceived to have contracted the virus.

Despite the effects of stigmatization on the community self-reporting rate, much efforts were done towards the cure for Covid-19 among other non-pharmacologic preventive measures without corresponding measures to reduce stigmatization in the in the states. Considering this neglect to reduction in the social stigmatization among the people, this study was designed to assess the perceived stigmatization of Covid-19 survivors among people who resides in Edo State which is one of the states in Nigeria.

METHODS

Research Design

This was a descriptive cross-sectional survey carried out in Etete community of Oredo local government area (LGA) of Edo State.

Study Setting

This study was carried out in Etete community of Oredo local government area (LGA) of Edo State. Oredo local government area (LGA) is in Benin City which is the capital of Edo State. It is also the capital of Benin Empire and home to Oba of Benin. It has a projected population of 374,671 at the 2006 census (FRN Report, 2009). The Oredo local government area (LGA) is majorly populated by Bini ethnic group with most inhabitants as mostly civil servants and artisans.

Study Population

The study population of this study included all males and females of 18 years and above who were residing in Oredo local government area at the time of the study and consented to be participant.

Sample Size and Sampling Technique

The participants included in this study were aged over 18 years old and could read English Language. We conducted convenience sampling in Oredo local government area, and 220 families were selected from the community. A family member from each family whose day of

birth was closest to the survey date was asked to fill in the questionnaire. This was done to ensure randomness in sampling. The final effective sample size from Etete community was 1,432.

Study Instrument

The Covid-19 related stigma was measured by an interviewer-administered questionnaire adapted from the previous studies (NAC, 2013; Abdelhafiz et al., 2020; Bao-Liang et al., 2020).

Method for Data Collection

The questionnaires were distributed by physical contact to the respondents through the agents recruited for this study. These agents were trained for two days on how to distribute and retrieve the questionnaires from respondents within the Etete community. We encouraged younger family members to assist elderly family members in completing the questionnaire, where necessary. The agents distributed and retrieved the questionnaire after being answered from the respondents. They sent it back to the researchers. The questionnaires were collected within the maximum of two days after the date it was given to the respondents. The survey was administered between the month of January and April 2021. The questionnaire was written in English language as that is the official and spoken language in Nigeria.

Method for Data Analysis

Statistical analysis was done with statistical package for the social sciences (SPSS) version 25. Descriptive statistics such as percentages, frequencies, mean and standard deviation were used to describe the responses on demographic characteristics and perceived social stigma and knowledge on Covid-19 of the study respondents. Total percentage scores for each of the responses on knowledge about Covid-19 were calculated. The correct answer in knowledge section was scored as 1, while the incorrect answer was scored as zero. The highest of these total percentage scores of the answers yielded an overall score for knowledge on Covid-19. The participants were categorized as having either a poor knowledge (< 50% score) or good knowledge (> 50% score) using a cut-off point of 50%. Attitude section was scored from 1 = strongly disagree to 5 for strongly agree. The last part on Equity scoring was revised because the statements were positively worded. Average Attitude score for each statement and each section of the stigma questionnaire were calculated. Also, each participant's average score was calculated and a cut-off score of 3 was used to categorize them as having no stigma (Attitude score < 3) or having social stigma against covid-19 (Attitude score > 3). Alpha level was set at 0.05.

RESULTS

1432 adults participated in the study (mean age: 37.5±10.1). The majority of the respondents were between 25-35 years (69.2%). 55.3% of the respondents were males. The majority of the respondents were married (71.5%) and Christians were 89.1%. 42.5% had a monthly income of <N50, 000.00. 57.5% had tertiary education and 36.7% of the respondents are traders.

96% of the respondents were aware of Covid-19 outbreak in Nigeria. Majority of the respondents got the information on Covid-19 outbreak from radio (27.6%) and television (26.8%). Also, others got the information on internet (29.7%), family/friend (14.8%) and newspapers (3.2%)

The population of this study has a good knowledge of Covid-19 as more than 50% indicated good knowledge (65%) and 35% has poor knowledge. High proportion of the respondents answered correctly that Covid-19 is caused by a virus (86.1%) and that the mode of transmission of Covid-19 is majorly through coughing or sneezing (59.6%).

The proportion of respondents whose behaviour indicated perceived stigmatization of Covid-19 survivors was 12.3%. There was a higher proportion of perceived stigmatization among the

respondents in the 25-35 years age category ($p = 0.001$). The proportion of respondents with the perceived stigmatization of Covid-19 survivors was significantly higher among the respondents secondary education ($p = 0.002$). Unemployed respondents seemed to be the occupation category with a significantly higher proportion of respondents with perceived stigmatization of Covid-19 survivors ($p = 0.001$)

The respondents in the age categories 18-24, 25–35 and ≥ 46 years were 3, 2 and 2 times respectively more likely to stigmatize Covid-19 survivors compared with the respondents of 36-45 years of age [(aOR= 3.4, 95% CI = 1.5 – 5.7), (aOR= 2.2, 95% CI=1.3 – 3.3) and (aOR= 2.1, 95% CI = 1.3 – 3.2)]. The unemployed and civil servants had about 3 and 2 times higher likelihood of stigmatizing Covid-19 survivors compared with other categories of occupation (trading, private employee and others). [(aOR= 3.2, 95% CI = 1.1 – 2.9) and (aOR= 2.1, 95% CI = 1.4 – 3.5)]

Table 1: Factors Associated with Social Stigmatization among respondents, 2021

Characteristics	No Stigma		Stigma		P value
	n	(%)	n	(%)	
Sex					
Male	780	(98.5)	12	(1.5)	0.364
Female	627	(98.0)	13	(2.0)	
Age					
18 – 24 years	214	(96.8)	7	(3.2)	0.001*
25 – 35 years	991	(100.0)	0	(0.0)	
36 – 45 years	116	(96.6)	4	(3.4)	
≥ 46 years	95	(95.0)	5	(5.0)	
Marriage Status					
Single	189	(92.2)	16	(7.8)	0.536
Married	1019	(99.5)	5	(0.5)	
Separated	92	(96.8)	3	(3.2)	
Widowed/Widower	101	(93.5)	7	(6.5)	
Religion					
Christianity	1276	(100.0)	0	(0.0)	0.136
Islam	104	(92.0)	9	(8.0)	
Traditionalist	33	(97.1)	1	(2.9)	
Others	9	(0.0)	0	(0.0)	
Highest Education					
Informal	30	(90.9)	3	(9.1)	0.002*
Primary	77	(87.5)	11	(12.5)	
Secondary	466	(95.7)	21	(4.3)	
Tertiary	787	(95.5)	37	(4.5)	
Occupation					
Unemployed	63	(100.0)	0	(0.0)	0.001*
Civil Service	292	(94.2)	18	(5.8)	
Trading	483	(91.8)	43	(8.2)	
Private employee	415	(87.0)	62	(13.0)	
Others	45	(80.4)	11	(19.6)	
Income					
<50, 000	584	(95.9)	25	(4.1)	0.360
$\geq 50,000$	775	(94.2)	48	(5.8)	

* Significant

Table 2: Predictors of perceived stigmatization of Covid-19 survivors among respondents, 2021

Variables	B Coefficient	Odd Ratio	95% Confidence Interval		p-Value
			Lower	Upper	
Age					
18 - 24years	1.362	3.421	1.534	5.674	*0.002
25 - 35years	0.763	2.232	1.331	3.264	*0.003
36 - 45years	1				
≥ 46years	1.853	2.114	1.254	3.174	*0.017
Highest Education					
Informal	1				
Primary	1				
Secondary	0.685	2.337	1.145	3.119	0.845
Tertiary	1.146	1.854	0.224	3.283	
Occupation					
Unemployed	0.188	3.152	1.337	4.019	0.010
Civil Service	1.023	2.144	1.439	3.520	
Trading	1				
Private employee	1				
Others	1				

* Significant

DISCUSSION

The general Covid-19 outbreaks awareness was high with male predominance among the respondents. The mass media, especially radio and television were found as the major sources of information about Covid-19 to the study respondents. This result is supported by the findings from Olaniyan Akintunde Babatunde et al (2020) and in contradiction to the study of Abdelhafiz et al (2020) where the social media and internet were the major sources of information during Covid-19 outbreak.

Majority of the respondents are knowledgeable about Covid-19 which they stated that it is caused by a virus, the mode of transmission of Covid-19 is through coughing or sneezing and contacts. They stated that Covid-19 is not a sign of end time, not a divine punishment and not a death sentence. They also stated that Covid-19 started from China and 14days is the number of days for observation for self-isolation. Furthermore, they stated that not only symptomatic persons could spread Covid-19 and that the main clinical symptoms of Covid-19 are fever, rashes, dry cough, fatigue, headache, and difficulty in breathing. Their opinion is that the effective ways to prevent Covid-19 infection are wearing facemask, social distancing, regular hand washing, staying at home, and use of hand sanitizer. Also, they stated that there are no effective cures for Covid-19 currently, but early symptomatic and supportive treatment can help most patients to recover from the infection. This is in support of Habib M., A. et al (2020) study which showed that respondents from northern Nigeria expressed high knowledge about Covid-19 and in contrary to Olaniyan Akintunde Babatunde et al (2020) study which showed that high

proportion of respondents from Agege Local Government area of Lagos state have poor knowledge (50.5%) on Covid-19.

In this study, most respondents answered that the mode of transmission of Covid-19 is through coughing or sneezing and contacts. Greater numbers of respondents believe that Covid-19 is a sign of end time, a divine punishment and not a death sentence. This is in support to Habib M., A. et al (2020) study where the respondents believed that Covid-19 is a sign of God's punishment. In this study, almost all the respondents have good knowledge about the prevention and transmission of Covid-19. Asad Islam et al (2020) in their study stated that the knowledge about prevention and transmission of Covid-19 and reduced stress about the disease is important channels for recovering effects.

All the respondents do not believe that families of people living with Covid-19 survivors should be ashamed. Also, almost all the respondents do not believe that survivors of Covid-19 should be ashamed; people who have Covid-19 are cursed; people who have coronavirus are disgusting; people infected with Covid-19 deserve to be punished; it is reasonable for an employer to fire people who survived Covid-19; survivors of Covid-19 should be isolated from other people; and survivors of Covid-19 should not have the same freedom as other people. These are in contrary with the result of the study carried out by Tianyu Jiang et al (2020) where they reported that people in China and the communities they lived in, respectively, held a stigma against people from Wuhan, where it was the most severely affected area in China.

In this study, more than 50% of the respondents believe that the survivors of Covid-19 living in the Etete community faced rejection from their peers whereas more than 35% of the respondents were neutral in their responses. In Oredo LGA, above 30% of the respondents do not believe that the survivors of Covid-19 faced verbal abuse or teasing whereas some were neutral in their responses; many respondents believed that the survivors of Covid-19 faced verbal abuse or teasing. More than half of the respondents do not believe that the survivors of Covid-19 faced neglect from their family; people who are suspected of having Covid-19 lost respect in the community; the survivors of Covid-19 faced physical abuse. Some of the respondents believed that most people would not buy vegetables from a shopkeeper or food seller that they knew survived Covid-19 and few respondents were neutral in their responses. These results are in support of Aya Mostafa et al (2020) study on Covid-19-related stigmatization among a sample of Egyptian healthcare workers where they stated that a considerable proportion of Egyptian physicians experienced Covid-19-related stigmatization.

Majority of the respondents believe that the survivors of Covid-19 should be treated similarly by health professionals as people with other illnesses; the survivors of Covid-19 should be allowed to fully participate in social events in this community; the survivors of Covid-19 should be allowed to work with other people; and the survivors of Covid-19 should be treated the same as everyone else. Carlos Arturo Cassiani-Miranda et al (2020) research results support these beliefs. They stated that stigma-discrimination towards Covid-19 was frequent in the Colombian population and is associated with high levels of fear towards Covid-19, mainly people who are not health workers.

Respondents between the ages of 25years and 35years are more likely to stigmatize against Covid-19 compared with those of other ages. This is corroborated by the Olaniyan Akintunde Babatunde et al (2020) study which states that respondents in the age of 25 years and above are more likely to stigmatize against Covid-19.

The perceived social stigma against Covid-19 was low among the residents of Oredo Local government area which is in contrary to Olaniyan Akintunde Babatunde et al (2020) study which stated that there is a higher likelihood of perceived social stigmatization among the respondents in Agege Local government in Lagos state Nigeria.

CONCLUSION

The study revealed that majority of the respondents were knowledgeable able about Covid-19. The perceived social stigma against Covid-19 was low among the residents of Oredo Local Government Area of Edo State. We recommend a systematic approach towards handling this social stigma among the adults in the country.

Author Contributions

Conceptualization: Chukwubuikem I. Nzeka, A. Efe-Aigbovo, Ijeoma E. Umeche.

Data curation: Chukwubuikem I. Nzeka.

Formal analysis: Chukwubuikem I. Nzeka.

Investigation: Chukwubuikem I. Nzeka, Ijeoma E. Umeche.

Methodology: Chukwubuikem I. Nzeka, A. Efe-Aigbovo.

Project administration: Ijeoma E. Umeche.

Supervision: Chukwubuikem I. Nzeka.

Validation: A. Efe-Aigbovo.

Writing – original draft: Chukwubuikem I. Nzeka, Ijeoma E. Umeche.

Writing – review & editing: Chukwubuikem I. Nzeka, A. Efe-Aigbovo.

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ADDITIONAL INFORMATION

Table 3: Socio-demographic of Respondents in Oredo Local Government, 2021

Characteristics	n	%
Sex		
Male	792	55.3
Female	640	44.7
Age		
18 – 24 years	221	15.4
23 – 35 years	991	69.2
36 – 45 years	120	8.4
>46years	100	7.0
Marriage Status		
Single	205	14.3
Married	1024	71.5
Separated	95	6.7
Widowed/Widower	108	7.5
Religion		
Christianity	1276	89.1
Islam	113	7.9
Traditionalist	34	2.4
Others	9	0.6
Highest Education		
Informal	33	2.3
Primary	88	6.2
Secondary	487	34.0
Tertiary	824	57.5
Occupation		
Unemployed	63	4.4
Civil Service	310	21.6
Trading	526	36.7
Private employee	477	33.4
Others	56	3.9
Income		
<50, 000	609	42.5
≥50,000	823	57.5

Table 4: Knowledge of Covid-19 among respondents, 2021

Characteristics	n	%
Causes of Covid-19		
Bacteria	61	4.3
Virus	1322	92.3
Fungi	10	0.7
Chemical	24	1.7
I don't know	15	1.0
Mode of Transmission		
Coughing/Sneezing	897	62.6
Contacts	462	32.3
I don't know	73	5.1
Self-isolation Observation		
9days	16	1.1
12days	25	1.7
14days	1315	91.8
30days	36	2.5
I don't know	40	2.9
COVID-19 Is a Sign of End Time		
Yes	111	7.7
No	761	53.2
I don't know	560	39.1
COVID-19 Started from		
Spain	43	3.0
USA	67	4.7
China	1222	85.3
I don't know	100	7.0
Only Symptomatic Persons Can Spread COVID-19		
True	230	16.1
False	971	67.8
I don't know	231	16.1
COVID-19 is a divine punishment		
Yes	114	8.0
No	890	62.1
I don't know	428	29.9
COVID-19 is a death sentence		
Yes	154	10.8
No	886	61.9
I don't know	392	27.3
Main clinical symptoms of COVID-19 are fever, rashes, dry cough, fatigue, headache, difficulty in breathing.		
Yes	1233	86.1
No	83	5.8
I don't know	116	8.1

Table 4 continued: Knowledge of Covid-19 among respondents, 2021

Characteristics	n	%
The effective ways to prevent COVID-19 infection are wearing facemask, social distancing, regular hand washing, staying at home, use of hand sanitizer.		
Yes	1343	93.8
No	89	6.2
Currently, there are no effective cures for COVID-19, but early symptomatic and supportive treatment can help most patients to recover from the infection		
Yes	1071	74.8
No	92	6.4
I don't know	269	18.8

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