COVID-19: Stories from Nigeria and implication for social work practice and education

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Abstract
The COVID-19 pandemic has resulted in many deaths globally. The outbreak of this virus has also affected the economic, political, educational, and social waves of human existence all over the world. In Nigeria, there are reported increase in many social vices such as domestic violence, abuse (physical, emotional, and sexual abuse) especially rape cases between January and May 2020. Hence this is a wakeup call for social workers in Nigeria, in terms of providing assistance and advocacy for the vulnerable and helping the government reach the communities with better ways of managing their lives during the lockdown in other to help minimize social vices associated with staying at home.

Keywords: COVID-19, education, social work practice, infectious disease

Introduction

The World Health Organization (WHO) alerted the world on the outbreak of a deadly virus known as coronavirus which emanated from Hubei District, Wuhan China. From about 44 cases in early January, the outbreak quickly and progressively escalated increasing by more than 500% in Hubei district and spreading to other cities in China as well as other countries across the world (WHO, 2020). In late January 2020, the WHO declared the outbreak a Public Health Emergency of International Concern (PHEIC), calling on all countries to strengthen their level of preparedness to respond to the threat of new coronavirus (WHO, 2020). The disease has evolved and continues to be a very serious emergency across the globe.

On March 11 2020 the WHO declared COVID-19 a pandemic, having met the epidemiological criteria of having infected > 100,000 people in at least 100 countries (Callaway, 2020). Symptoms exhibited by COVID-19 disease range from fever, cough, respiratory symptoms, shortness of breath, and breathing difficulties (World Health Organization [WHO], 2020). Fatal outcomes can include lower-respiratory tract illnesses, such as pneumonia and bronchitis, or acute respiratory distress syndrome (ARDs), and severe acute respiratory syndrome (SARS) in severe diseases.

These complications are more pronounced in patients with underlying health conditions such as cardiopulmonary disease, immuno-compromised individuals, infants, and the elderly (Centre for Disease Control Prevention [CDC], 2020). The global mortality rate of COVID-19 is currently estimated to be 3.41% (WHO, 2020).

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On the African continent, although there had been pockets of recorded infections, Nigeria's first index case arrived on February 27, 2020. Since then the cases have risen every day to 16,000 confirmed cases, discharged 5220, and 420 deaths as of 14th June 2020 (NCDC, 2020).

Real or perceived risk of COVID-19 has led to the lockdown of cities and communities, travel restrictions or outright travel ban, border closures, and mandatory quarantine, as well as cancellation of local and international sporting events, fall in airline revenue, and uncertainties in stock markets, oil prices, and trade. Nigeria is one of the most populous countries in Africa and it is grouped as a country highly susceptible to the spread of the new coronavirus. The first confirmed case of COVID-19 was on the 27th of February, 2020, who was reported to be an Italian citizen who works in Nigeria.

The Federal Ministry of Health, Lagos State Government, and the Nigeria Centre for Disease Control (NCDC) continue to play a key role in the need for Nigeria to be fully prepared in order to combat the deadly disease. The country has now activated its COVID-19 Emergency Operations Centre to directly coordinate the public health response to the outbreak. Before the detection of the index case, Nigeria had tried to strengthen its level of preparedness through public sensitization, the establishment of COVID-19 diagnostic laboratories, and isolation facilities. However, there are underlying and critical deficiencies in the country's health system that could undermine its response to COVID-19.

Hence this paper focused on the stigmatization of COVID-19 patients in Nigeria. Due to fear of stigmatization among members of the public, many people do not want to be tested or identify with infected patients because the pandemic is a deadly disease and it is highly contagious. Social stigmatization may threaten COVID-19 responses and may result in the government finding it very difficult to curb the spread of the pandemic.

COVID-19 stories from different parts of the South-South region of Nigeria

COVID-19 and stigmatization
Story 1
One Mr. AZ, who hails from Ovia South West Local Government Area (LGA) of Edo State but work and reside in Ovia North East LGA was convinced to go for a test to ascertain his COVID-19status at one of the mobile screening centres in the Local Government because he was believed to have come in contact with a COVID-19 positive person. The result was positive and he found it difficult to believe that he had coronavirus because he was asymptomatic and was not sick in any way. Then an argument broke out that the result was fake but after much counselling by the staff at the testing center that COVID-19 is not a death sentence he agreed to be treated.

Thereafter he was moved to one of the isolation centres in Benin City where he met people that were asymptomatic like himself playing games and also people who were actually sick too. Unfortunately for him, a television camera crew visited the isolation centre and spoke with him on the quality of treatment they were receiving in the centre.

The interview was broadcast on the local news and people in his workplace and his landlord saw him on the television. His company immediately terminated his appointment while his landlord gave the wife a quit notice to vacate their accommodation. This is due to the fear that the company will be blacklisted as COVID-19 infected and other occupants of the building where he lives may also be treated as COVID-19 infected people.

After sixteen (16) days at the isolation centre Mr. AZ was discharged having now tested negative to COVID-19 twice. On getting home, he found that a quit notice has been served to his family. The next day, he reported to work and was told that his services were no longer needed. Then out of frustrations, Mr. AZ went back to the screening centre where he was tested to explain his stigmatization ordeal. The coordinator of the screening centre called the Chairman of the local government area to help intervene on behalf Mr. AZ. The Chairman then took him to different media outlets to discuss the problem of stigmatization and what persons who tested positive from COVID-19 were going through. He also pleaded with the government to come to his rescue and help secure the future of coronavirus patients. (Source of story, ITV Benin, June 17 (2020) News at 7:30 pm by Best Umbiere).

Story 2
In May, 2020 one Miss BB had a cold and cough and was using cough syrup to treat it. While still undergoing the treatment process, she decided to visit her boyfriend and on getting there, she was still coughing the boyfriend took her to a nearby a state government hospitals. As soon as the doctor and two nurses with Personal Protective Equipment were about attending to her, she coughed again then both the doctor and the nurses took to their heels. The girl and her boyfriend were amazed at the attitude of the medical personnel.

The doctor started talking to her from a distance and both the girl and her friend reported that they felt embarrassed. She was directed by the doctor to undergo COVID–19 test. She got angry and told the doctor that she was treated for pneumonia four years ago she and she believes it may be the same thing since she is presenting the same types of symptoms. The Doctor insisted it and she took the test and she was asked to go home. However, two days later based on the information she gave to them at the hospital the medical personnel located her house and told the girl and her mother that Miss BB tested positive for COVID –19 and that she needs to follow them to an isolation centre. The girl vehemently refused that she will only follow them if they show her the result of the coronavirus test. Unfortunately for them they only came with the register and not the test result.

The mother of Miss BB pleaded with her daughter to follow them. The family members including her boyfriend were asked to self-isolate because of their contact with Miss BB for fourteen days to help curtail the further spread of COVID–19. All her contacts were tested for COVID–19 and after two weeks they all tested negative to the virus. Miss BB was discharged from the isolation center after one month of treatment after she tested negative twice to the virus. She thereafter narrated her experiences through WhatsApp audio platform. According to her beyond the societal stigmatization, the medical personnel also have some levels of stigmatization and fear of contracting

COVID–19 this to a large extent has affected the doctor's patient's relationships (Source of story, WhatsApp, audio).

Implications for social work practice and education
Stigmatization 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 Covid-19. Such treatment can negatively affect those with the pandemic, as well as their caregivers, family, friends, and communities. People who do not have the disease but share other characteristics with this group may also suffer from stigma. The current COVID-19 outbreak has provoked social stigmatization and discriminatory behaviours against people of certain ethnic backgrounds too as well as anyone perceived to have been in contact with the virus.

The incidence of the stigma associated with COVID-19 is based on factors such as the fact that the disease is new and for which there are many things unknown about it. People are often afraid of the unknown, it is easy to relate to those that are afraid of the disease. This has created confusion, anxiety, and fear among the public. Unfortunately, these factors are also fueling stigmatization.

In relation to social work practice and education in Nigeria, COVID-19 stigmatization can affect social cohesion and prompt possible social isolation of groups, which might contribute to a situation where the virus is given the opportunity to spread more. This can result in more severe health challenges and difficulties in curtailing the outbreak of the pandemic. COVID-19 stigmatization can;
- Drive people to hide the illness to avoid discrimination
- Prevent people from seeking health care immediately
- Discourage them from adopting healthy behaviours
- Further spread of the disease as a result of people not going for testing because of stigmatization
- Harassment and individualism.

Therefore, social workers should be more involved in advocating for the people and the need for the government to give adequate attention to the people and not use the pandemic to play politics. Also, social workers can research more about coronavirus, teach using formal and informal ways to make sure both the literates and the illiterates follow the National Centre for Disease Control (NCDC) protocols.

Conclusion
There have been several stories of Covid-19 in Nigeria both true and alleged cases have been reported in all social media platforms within and outside the country. But the issue of stigmatization is one thing that should be given urgent attention if the narrative of COVID-19 victims must change especially amongst the poor. This is because they suffer a lot of discrimination and all forms of embarrassment from their immediate community, family, peers, colleagues, landlords/landladies, and even from employers. Lack of knowledge fuel the rate of stigmatization among the populace. However social workers can salvage the current situation of stigmatization through public

enlightenment campaigns, workshops, seminars, or Webinar to sensitize the public on the danger of the pandemic, victim stigmatization, and advocate for government to make policies that will criminalize the issue of discrimination. Otherwise, this may lead to an increase in the current rate of suicide in the country and beyond.

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