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COLLEGE OF HEALTH SCIENCES

FACULTY OF ALLIED HEALTH SCIENCE

DEPARTMENT OF NURSING

DIPLOMA PROGRAMMES



**EXPERIENCE AND PERCEPTION DURING THE PEAK OF COVID-19
AMONG THIRD YEAR STUDENTS AT HOLY FAMILY NURSING AND
MIDWIFERY TRAINING COLLEGE, BEREKUM**

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**[HOLY FAMILY NURSING AND MIDWIFERY TRAINING COLLEGE,
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AFFILIATED TO KNUST, KUMASI

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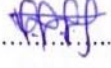


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DECLARATION

We hereby declare that this submission is our own work towards the Diploma in General Nursing and that, to the best of our knowledge, it contains no material previously published by another person nor material which has been accepted for the award of diploma of the University, except where due acknowledgement has been made in the text.

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ABSTRACT

The study focused on the experience and perception during the peak of COVID-19 among third year students at Holy Family Nursing and Midwifery Training College, Berekum. A descriptive study design was used to collect in-depth information for the study. The sample population was obtained using a proportionate stratified sampling technique. A total of 56 students were sampled for the study. The data for the study was collected by administering the questionnaire to the participants.

The study found that the majority of the respondents indicated lack of social interaction (80.4%) and unable to learn effectively (78.6%) as experiences associated with COVID-19 infection. Most of the respondents noted anxiety (69.6%) as an experience on COVID-19 infection. Majority (n47, 83.9%) of the respondents mentioned that the best way client with COVID-19 can be handled is through isolation and quarantine. Most (n35, 62.5%) of respondents mentioned that following protocols (wearing face mask, protective clothing) are the best way client with COVID-19 can be handled.

The study recommended that the guidance and counselling unit in the College should counsel students who test positive to corona virus in other to help reduce the psychological impact it has on students who test positive.

The study concluded that the leading experience of respondents on COVID-19 infection were lack of social interaction, unable to learn effectively and anxiety. The overall perception on COVID-19 was satisfactory. The occurrence of stigma was high in the current study.

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ABBREVIATION

COVID-19	Coronavirus disease 2019
SARS-CoV-2	Severe Acute Respiratory Syndrome Coronavirus 2
WHO	World Health Organization

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CHAPTER ONE

INTRODUCTION

1.0 Background to the study

Coronavirus disease (COVID-19) is an infectious disease caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Deng & Peng, 2020). COVID-19 is a new strain from a family of coronavirus, first isolated in January 2020 (Li, Zhang, & Hu, 2020). The virus has rapidly disseminated all over the world with high mortality and morbidity (WHO, 2020). The corona virus is a disease that was first tested in China specifically in Wuhan city in the year 2019 around December. The pandemic has affected every sector of human life including religious activities, funerals, business, education, public healthcare systems, and sociocultural events (World Bank, 2020). COVID-19 is transmitted from person to person through small droplets from the nose or mouth, which are expelled when a person with COVID-19 coughs, sneezes, or speaks and also via contact with fomites (WHO, 2020). The World Health Organization (WHO) declared COVID-19 to be a public health emergency of international concern on 30 January 2020. The mortality rate was found to be 3.9% according to the data at that time (World Health Organization, 2020).

Globally, one consequence of the COVID19 crisis that has received less attention is the hidden social costs associated with the stigma of the disease (Chandrashekhar, 2020).

Pandemics have a long history of leading to stigmatization of patients and of certain groups and communities that are believed to have high infection rates - leprosy, cholera and more recently HIV-AIDS being leading examples (Cohn Jr, 2018). Moreover, by engendering scapegoating against outgroups - in particular religious, ethnic and other minorities pandemic conditions may lead to discriminatory practices and violence against these marginalized groups (Bartos, Bauer, Cahlíková, & Chytilová, 2020).

Stigma refers to disapproval of or negative attitudes toward persons with certain characteristics or diseases that distinguish these persons from other members of society (Williams & Gonzalez-Medina, 2020). Stigmatization of COVID-19 can have negative public health implications, as it may lead people to avoid testing and respecting prevention measures, not to mention that it can have a direct heavy impact on the mental health of those stigmatized (Quinn, et al., 2014).

As COVID19 is a new disease and the facts surrounding how it is transmitted and can be treated require specialized knowledge, people are finding it challenging to discern truth from false information. Therefore, a leading cause of stigma could be the widespread misinformation and false beliefs about COVID-19 that are fueled by rumors circulating in the news (Simonov, Sacher, Dubé, & Biswas, 2020) and spreading through the social media (Pennycook, McPhetres, Zhang, Lu, & Rand, 2020). Addressing stigma early on can be key in combatting a pandemic, as historic lessons from previous pandemics such as HIV-AIDS suggest (Chandrashekhar, 2020).

Persons who perceive they are being stigmatized may report guilt, self-blaming behaviour, self-depreciation, self-isolation, low self-esteem, and being excluded or ignored by others (Levin & Van Laar, 2016). Stigma is closely associated with mental health problems particularly depression. Previous studies have found strong positive associations between stigma and depression; depression and stigma also have certain shared symptoms including feelings of guilt, self-blame, and low self-esteem (Roeloffs, et al., 2016).

In the United States, during the COVID-19 pandemic, stigma has become a public health challenge. COVID-19 related stigma refers to a disapproving or negative self-attitude, stemming from being infected with, or having close contacts with COVID-19, that results in “a spoiled identity” (Mayo Clinic, 2020).

In China, recent findings suggest that some COVID-19 survivors and their family members are rejected by their neighbors, landlords and even employers (Bu, 2020). Individuals suffering from social stigma may feel ashamed of themselves, and experience self-condemning behaviour or persistent fear of contacting their relatives and friends (Bu, 2020). For instance, Duan et al. (2020) found that 16% of Hubei province residents reported being stigmatized during the peak of the COVID-19 outbreak and felt ashamed, blameworthy and shunned simply because Hubei was the COVID-19 epicenter. Another study from Vietnam found that 18% of healthcare workers felt unsafe to work in healthcare facilities after they undertook quarantine; 10% felt blameworthy by relatives and friends and 34% avoided contacts with neighbors or others in the community due to feeling stigmatized (Do Duy, et al., 2020).

Data on COVID-19 from China, South Korea, Italy, and Iran suggest that the mortality increases significantly with age and those with underlying comorbidities. Targeted social distancing for these groups could be an effective way to reduce morbidity and mortality (Anderson, Heeterbeek, Klinkenberg, & Hollingsworth, 2020), but could inadvertently increase stigma for affected populations. As health care providers, we must be aware of the potential for stigmatization of populations affected by COVID-2019 as well as the potential psychological consequences of prolonged quarantine not only on the general population but health care workers as well (Brooks, et al., 2020). Efforts geared toward general education about the disease and the rationale for quarantine and public health information provided to the general public can reduce stigmatization. Media reporting is a powerful tool to influence public opinion and has contributed to stigmatization in prior outbreaks (Brooks, et al., 2020).

Underscoring the importance of communications to reduce stigma, CDC appeals have been made to community leaders and public health officials to prevent stigma by maintaining the privacy and confidentiality of COVID-19 survivors, correcting negative language that can

cause stigma, and using media to challenge stereotyping and stigmatization (Centers for Disease Control and Prevention, 2020). The Washington State Department of Health has set up channels to report discrimination among those who encounter stigmatization or discrimination (Washington State Department of Health, 2020).

In Sub Saharan Africa, stigma has been a major theme throughout the literature on infectious disease outbreaks and specifically surrounding quarantine measures. Quarantined individuals are more likely to report stigmatization and social rejection including avoidance, withdrawing social invitations, and making critical comments, suggesting stigma may specifically be surrounding people who are quarantined (Brooks et al., 2020).

During the Ebola epidemic in Liberia, it was found that stigma could lead to disenfranchisement of minority groups, as those under quarantine were often from different ethnic groups, religions, or tribes, and perceived as dangerous (Pellechia, Crestani, Decroo, Van der Bergh, & Al-Kourdi, 2015).

Studies in the Nigeria reported that the presence of stigma specific to certain health conditions has been observed in the HIV pandemic, the outbreaks of Ebola virus and Zika virus (Fischer, Mansergh, Lynch, & Sanibanez, 2019), and now the COVID-19 pandemic (Logie & Turan, 2020). The anticipation of stigma during a pandemic can interfere with the adoption of preventive measures, timely testing and adherence to treatment (Earnshaw, et al., 2020).

In Ghana, from 3rd January, 2020 to 3:24pm CEST, 29th May 2021, there have been 93,775 confirmed cases of COVID-19 with 784 deaths, reported to WHO. As of 26 May 2021, a total of 847,871 vaccine doses have been administered. In Ghana, Certain sub-populations such as persons suspected of having COVID-19, discharged individuals from quarantine, and people returning from overseas also experience various forms of

stigmatization including social exclusion, stereotyping and being insulted (Adom & Adu-Mensah, 2020). Stigma against survivors of Covid-19 (and their families) has emerged as a major issue in Ghana, which in turn affects our response. There exists widespread misconceptions and fear of people who have recovered from Covid-19, as they are believed to pose a health risk to others. Survivors of Covid-19 are widely avoided and stigmatized. As a result, people with Covid-19 symptoms are often reluctant to be tested, for fear of being stigmatized if the result is positive (Plan Ghana, 2020).

In Ghana, it has been reported that COVID-19-related stigma could become a barrier to the control and prevention of COVID-19 because people who experience high levels of stigma are less likely to disclose their health status (Adom & Adu-Mensah, 2020), thus deterring professional help-seeking behaviors (Duan, Bu, & Chen, 2020), and refusing to take COVID-19 tests (Earnshaw, et al., 2020).

Coronavirus disease 2019 (COVID-19) is closely associated with physical and mental health problems; however, little is known about the severity of stigma caused by COVID-19 among its survivors. Thus, the aim of this study was to assess the experience and perception during the peak of COVID-19 among third year students at Holy Family Nursing and Midwifery Training College, Berekum

1.1 Problem Statement

In the wake of the fear and uncertainty that emerge during a pandemic, stigma and discrimination quickly follow, exposing people to violence, harassment and isolation, and hampering the delivery and uptake of essential health services and public health measures to control the pandemic (Davtyan, Brown, & Folayan, 2014). The stigma that arises during a pandemic can exacerbate existing inequalities, including those related to race, socioeconomic status, occupation, gender, immigration status and sexual orientation (Logie & Turan, 2020).

In an outbreak, 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 (UNICEF, 2020).

Stigmatization is real and can negatively affect populations of people in seeking and accessing care and also in general public response. Patients who believe or perceive they are stigmatized against may delay seeking care, others become afraid of those believed to be sick, entire populations may be prejudiced against, and in some cases, stigmatization has led to violence against individuals and groups. Public health interventions should mitigate stigma while caring for individuals, families, and communities (Perry & Donini-Lenhoff, 2016).

Many forms of stigma and discrimination have surfaced since the identification of COVID-19. Xenophobia has been directed at people thought to be responsible for "bringing" COVID-19 into countries. People who have recovered from COVID-19, essential workers such as health-care staff, and populations facing pre-existing stigma and discrimination (e.g. people living with HIV, people from gender and sexual minorities, sex workers, migrants) have been subject to verbal and physical abuse (Logie., 2020).

Because COVID-19 is caused by a novel virus, it is not clear how widespread or severe stigma is among survivors. To date, not much studies have been done on COVID-19- related stigma among COVID-19 survivors in Ghana. Therefore, the aim of this study was to assess the level of stigmatization among students who have tested positive to COVID 19.

1.2 General objective

To assess the experience and perception during the peak of COVID-19 among third year students at Holy Family Nursing and Midwifery Training College, Berekum.

1.3 Specific objective

1. To assess the experiences of the third year students during the peak of COVID-19
2. To assess the perception of the third year students towards COVID-19
3. To assess the occurrence of stigma among the third year students during the peak of COVID-19

1.4 Operational Definition of Terms

Stigma: seeing someone (covid-19 patient) in a negative manner.

Prevalence: the number individuals who have tested positive to COVID-19.

Impact: the effect of COVID-19 on those who have tested positive.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter contains review of relevant literature related to the research topic “experience and perception during the peak of COVID-19 among third year students at Holy Family Nurses and Midwifery Training College, Berekum”. The sources of information include books, journals and online articles, research reports.

2.1 Overview

Humanity today is facing one of the biggest challenges of the century. The novel coronavirus is spreading rapidly to the extent of being declared as a pandemic across the world. The spread of the COVID-19 pandemic has raised concerns of everyone across the globe. People are in dismay for what is happening with them and at the same time are disturbed to see the conditions of others, particularly the marginalized. There is a sudden shift in people’s daily routines. Apart from the fears, anxiety, and sadness, people’s sense of irritability has started piling up. Amid such a deranged spread of COVID-19, one of the important concerns that is even more deleterious than all the above highlighted negative impacts and needs to be urgently attended to is stigmatization associated with the pandemic (Bhanot, Singh, Verma, & Sharad, 2021).

The COVID-19 pandemic has been instrumental in creating a dramatic shift from people’s need to live in mutual association toward a desire to stigmatize distinctive others. Pandemic seems to be causing othering. Stated simply, stigmatization is a social process set to exclude those who are perceived to be a potential source of disease and may pose threat to the effective social living in the society (Bhanot, et al., 2021).

People have been witnessed to undergo a dramatic shift from their willingness to live in mutual association to an urge to practice stigmatization of individuals, groups, and nations who are comprehended as potential sources of virus contagion to others (Earnshaw V. , 2020). In other words, the pandemic seems to be causing othering, manifesting at the global as well as at the local context leading to a tremendous loss of social capital (Gilmore & Somerville, 2020).

According to Sng, Williams and Neuberg (2018) the stigmatizing behaviors in the present context are being guided by the famous adage “better safe than sorry” that explain that how the fear of something unknown and uncertain accounts for the negative attitudinal reactions directed toward the people who are infected or are suspected and the ones considered responsible for the spread of the virus.

2.2 Experiences on COVID-19 infection

During outbreaks or pandemics, human fear arises from the anxiety about a disease of an unknown cause and possible fatal outcome, especially when infection control techniques such as quarantine and isolation are applied to protect the community (CDC, 2020). In the past, stigma has been associated with different infectious diseases (Hamming, 2019) and resulted in discrimination against these patient groups, which caused negative consequences both on the individuals and society (Barreto, 2019). These features, which have also been reported during the COVID-19 pandemic in different studies, may result in stigmatization of the potentially infected that flourishes with dramatic stories in media and through the internet (Siu, 2020). During the current COVID-19 pandemic, several features of stigma have been reported worldwide mainly toward individuals from Asian descent, those with recent travel history, and healthcare professionals (Motala & Menon, 2020). There are several reports of xenophobia in Europe, USA, and many countries around the world directed mainly toward

Asian foreigners (Lewnard & Lo, 2020). A single incident for discrimination against a person with apparently Asian features has been reported in Egypt. It was interesting that this incident was faced with rejection from society, including governmental officials (Levin & Van Laar, 2016).

A major issue that emerged was the psychosocial issues in an environment devoid of human contact and touch, and the real distress that some students and staff felt with isolation, physical and social distancing. The university has responded in various ways, but the human cost of the Covid-19 period is yet to be seen. Caring and support had to be normalized, recognizing that the emotional impact of the pandemic was pervasive. The only choice for the university was Hobson's choice- 'business as usual'-while recognizing that it was 'business unusual.' Academics reflected on sessions with students and spent time 'counselling' and allaying the fears of students, often deriving comfort from the contact. Different strategies for staff and students were enhanced, and modified and expanded for psychological support and counselling (Motala & Menon, 2020).

The COVID-19 outbreak has disrupted the lives of many people across the world. The worldwide rapid increase of infected cases has created a sense of uncertainty and anxiety about what is going to happen. It has also caused a tremendous level of stress among the university fraternity, inclusive of students. This stress may lead to unfavorable effects on the learning and psychological health of students. The health and safety of students and staff should be the top priority. Proper counseling services should be available to support the mental health and well-being of students (Sahu, 2020).

Precautionary measures were instituted in response to the pandemic, including social distancing and quarantining. Social distancing is defined as maintaining a safe space, typically 6 feet, between people to prevent the spread of contagious disease (CDC, 2020).

Quarantining involves limiting the movement of people exposed to disease (Lewnard & Lo, 2020). A 2020 study revealed that a combination of social distancing and quarantining was highly effective in reducing the spread of COVID-19 (Lewnard & Lo, 2020). While these public health measures are necessary to curb the virus' spread, they increase instances of social isolation, as social distancing and quarantining require physical separation from others (CDC, 2020b). Social isolation is time spent without friends, family, or society at large (Hammig, 2019). Social isolation is known to have adverse health effects across all age groups. Socially isolated individuals are more likely to experience musculoskeletal disorders, depression, and other health issues (Hammig, 2019). Additionally, social isolation may induce the stress response, increasing an individual's risk for cardiovascular, inflammatory, neuroendocrine, and cognitive illnesses (Bhatti & Haq, 2017).

In the United States of America, students reported their biggest challenge to be concentrating while being at home. There were many distractors such as family members, noise, and housework. Financial hardship during the pandemic was mentioned as a challenge too. A participant wrote, "Financially, I was left with barely money to work with." Other challenges that students mentioned were the lack of social interaction and sudden changes in their lives (Aguilera-Hermida, 2020). The school lockdowns that started in the spring of 2020 reduced instructional and learning time, which are known to impede student performance, with disparate impacts on different groups of students (Garcia & Weiss, 2020).

A study in Ghana revealed some challenges students encountered in the close down of schools due to the outbreak of the pandemic COVID 19. The findings were (18.7%) of the respondents agreed of being able to learn effectively in the house while (81.3%) respondents disagreed to that statement. Again, in respect to getting to understand when having individual studies in the house, (64.5%) respondents agreed that getting understanding of concepts during individual studies is challenging as compared to learning in groups and with the

teacher around. However, (35.5%) respondents disagreed. Also (36.4%) respondents gave auto affirmative answer to the statement that they have internet access in their locality to enable them undertake online learning while (63.6%) respondents disagreed to the statement (Owusu-Fordjour et al., 2020).

A cross-sectional study conducted at Chongqing Mental Health Institute in China comprised 154 COVID-19 survivors and 194 healthy controls recruited through consecutive and convenience sampling methods, respectively. Data were analyzed using Statistical Analysis System (SAS) software, University Edition. The found that COVID-19 survivors experience significantly more overall stigma and heightened stigma in domains of social rejection, financial insecurity, internalized shame and social isolation. In this study, people who had COVID-19-infected family members also reported higher levels of stigma than those without. The study concluded that COVID-19-related stigma is commonly experienced among COVID-19 survivors even though the outbreak has been well-contained in China. Routine assessment of stigma experiences should be conducted on COVID-19 survivors and appropriate psychological assistance, public education, and anti-stigma campaigns and policies should be enforced to reduce stigma within this vulnerable subpopulation (Yuan, et al., 2021).

Another Chinese study opined those higher levels of perceived stigma in COVID-19 survivors could be attributed to worrying about transmitting the virus to family members, friends and colleagues and fear of being discriminated against or mistreated. Fear of transmission and discrimination may deter COVID-19 survivors from disclosing their infection status or history (Bu, 2020).

In Ghana, People who present symptoms of Covid-19, as well as those who have tested for it (whether or not the result is positive), are frequently stigmatized. As a result, many people

shy away from testing, calling an ambulance, or even visiting a health facility when they are ill, for fear of being associated with the condition (Plan Ghana, 2020).

Although the stigma associated with pandemic has been a well-established phenomenon, due to its contextual nature (Barreto, 2019), the way it unfolds might vary depending on the context it finds its existence in. The present ongoing situation of COVID-19 pandemic and its impact not only on the physical and psychological health but also on the way people are interacting with others are compelling enough to initiate analytical examination of stigma and discrimination related with COVID-19. This seems essential for the effective control of the disease, and the negative consequences of stigma aligned with being infected with coronavirus are extremely pernicious, the same way those were evident during SARS (Siu, 2020). The psychological burden of such treatments strongly influences people's willingness to seek treatment or even let others know about (Earnshaw V. , 2020). This not only impedes the process of effective management and minimization of the spread of the disease but also brings debilitating consequences for the overall well-being of the survivors and their relatives (Anderson, et al., 2020). A recent survey revealed that 61% of people in India are suffering from mental health concerns, with the percentage of women outweighing that of men. The deteriorated psychological health was mainly attributed to the lockdown and the associated difficulties (IANS, 2020).

2.3 Perception on COVID-19

A cross-sectional study design was conducted at south west Ethiopia. This study revealed that 298 (72.9%) of the participants perceived that the second COVID-19 vaccine dose increases allergic reaction (Ahmed et la., 2022). A study carried out in Bangladesh revealed that exactly 24.12% of the study population received their first dose of COVID-19 vaccine, whereas 30.23% expressed hesitation about pursuing the vaccine. Fear of adverse

consequences (86.67%) was the most common reason for hesitation, followed by insufficient information (73.85%) (Rahman et al., 2021).

A web-based, cross-sectional study was conducted using convenience sampling in Libya. The study found that (39.9%) believed that the number of COVID-19 cases was exaggerated, while (26.6%) agreed, and (29%) strongly agreed that the COVID-19 vaccine will effectively control the disease, together constituting a majority of participants. Regarding the vaccine trust and safety, approximately a third of study participants either agreed (18.4%) or strongly agreed (23.1%) that receiving a safe and trusted vaccine was possible. On the other hand, most (71.6%) believed there would be difficulties in equitable and proper vaccine distribution. Interestingly, almost a third of the participants either agreed (16.3%) or strongly agreed (20.7%) with concerns about serious vaccine complications (Elhadi et al., 2021).

An institution-based cross-sectional study was employed among 404 HCWs in Dessie City, northeastern Ethiopia. The overall rate of good perception about the COVID-19 vaccine was 60.5%. Three-quarters (292, 74.5%) of the HCWs considered themselves to be at high risk of becoming infected with COVID-19 and 39.5% of them thought that they could get infected with COVID-19 through vaccination. (44.1%) of the respondents thought that it may not be possible to reduce the incidence of COVID-19 without vaccination. 46.9% thought that the COVID-19 vaccine can worsen any health conditions they had. 71.9% indicated that the development of COVID-19 vaccines was properly carried out to make them safe (Adane et al., 2022).

An exploratory and anonymous population-based e-survey was conducted in Bangladesh. The survey was conducted using a semi-structured and self-reported questionnaire. The study found that with regard to the question ‘Who should have been vaccinated?’, just over half (52%) of participants thought everyone should be vaccinated. Almost 95% of participants

responded that the vaccine should be administered free of charge in Bangladesh. most participants believed that the newly discovered COVID-19 vaccine may have side effects (89%). Over half of participants (56%) responded that if everyone in the society maintains the preventive measures, the COVID-19 pandemic can be eradicated without vaccination and about a third (35%) responded that they would not purchase the vaccine at their own expense if it was not provided free of charge by the government. The findings reflected inadequate knowledge but more positive attitudes towards COVID-19 vaccine among the general population in Bangladesh (Islam et al., 2021).

A descriptive study was conducted in Bangladesh among University students to determine the students perception towards COVID-19 vaccination. The study found that 34.8% agreed that they were satisfied with the government policy towards COVID-19 vaccination program. 87.6% agreed that they were concerned about the COVID-19 pandemic, 57.8% had a neutral stance when asked if they thought that the COVID-19 vaccine is safe and effective. 36.0% said they wanted to take the vaccine as soon as possible, 36.0% agreed that the vaccination will help to stop spreading COVID-19 (Biswas et al., 2021).

2.4 Occurrence of stigma during COVID 19

According to the CDC, stress can manifest in a multitude of ways during a pandemic, including fear about one's health and the health of family members, changes in sleep patterns, difficulty concentrating, and exasperated chronic conditions (CDC, 2020).

The term stigma was first introduced by Goffman (Goffman, 2015) to refer to visible characteristic features (such as cut of burnt) of the individuals that make the society devalue and consider them unfit for their inclusion in the mainstream society. Subsequent scholars have attempted to define the term from their unique perspectives (Stafford & Scott, 2017); explaining the term with respect to relationship between mark and discrediting dispositions, a

sociocultural driven phenomenon, intertwined in the nexus of power dynamics, which function to reinforce the preexisting power differentials (Parker, 2017).

The stigmatization phenomenon has been the intriguing areas of exploration pertaining to the specific context in which it unfolds. The evolutionary approach to stigmatization provides a convincing answer to the origin of stigmatization (Goffman, 2015). Stigmatization is practiced as an adaptation following a principle of discriminate sociality in the perception of danger, threat, or challenges to one's social living, and attempts are made henceforth to safeguard oneself from various such foreseen or unforeseen impediments such as getting prone to infectious diseases, being advocated to the values contrary to their own, and having an intimidating out-group, etc. (Gilead & Liberman, 2014). There have been numerous reported cases of misinformation, stigmatization, and discrimination since the start of the COVID-19 outbreak Worldwide (Bhattacharya et al., 2020; Lancet, 2020).

A major issue that emerged was the psychosocial issues in an environment devoid of human contact and touch, and the real distress that some students and staff felt with isolation, physical and social distancing. The university has responded in various ways, but the human cost of the Covid-19 period is yet to be seen. Caring and support had to be normalized, recognizing that the emotional impact of the pandemic was pervasive. The only choice for the university was Hobson's choice- 'business as usual'-while recognizing that it was 'business unusual.' Academics reflected on sessions with students and spent time 'counselling' and allaying the fears of students, often deriving comfort from the contact. Different strategies for staff and students were enhanced, and modified and expanded for psychological support and counselling (Motala & Menon, 2020).

The COVID-19 outbreak has disrupted the lives of many people across the world. The worldwide rapid increase of infected cases has created a sense of uncertainty and anxiety

about what is going to happen. It has also caused a tremendous level of stress among the university fraternity, inclusive of students. This stress may lead to unfavorable effects on the learning and psychological health of students. The health and safety of students and staff should be the top priority. Proper counseling services should be available to support the mental health and well-being of students (Sahu, 2020).

In the United States of America, Participants reported a lack of motivation and negative emotions as the most prevalent emotional challenges. Students mentioned, “The stay-at-home order has made me lose a lot of motivation,” and “finding the motivation to engage when you have not even gotten out of bed.” Regarding emotional challenges, students reported stress, anxiety, being worried about getting sick (coronavirus), and changes in their mental health. Students wrote, “I feel like my mental health has taken a toll as well. I feel a bit sadder than I usually am. It just feels weird,” and “Worst thing that could’ve happened to me, grades dropped, my mental health was bad” (Aguilera-Hermida, 2020).

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter provides information on the study area, study population, study design, sample size and techniques, methods of data collection, data analysis techniques, ethical consideration and the limitations of the study.

3.1 Study Area

The study will be conducted in the Holy Family Nursing and Midwifery Training College, Berekum located at Berekum in the Bono Region of Ghana. The school shares boundary with the Holy Family Hospital, Berekum and Freeman Methodist School. The school was established in the year 1957. The major inhabitants of the college campus are nursing trainees and midwifery trainees. The teaching staffs include the principal of the college, administrator, academic coordinators and tutors. The non-teaching staffs includes, drivers, security men, cooks and cleaners. The settlement type of the schools' building is a nucleated one with building mainly built with blocks and roofed with aluminum sheets. The school has an administration block, a class room block made up of nine (9) lecture halls, tutor offices, a conference hall, an auditorium, a supermarket, a hairdressing salon, a dining hall and a kitchen. There is a well-furnished computer laboratory, two skills laboratories for nursing and midwifery students as well as a well-furnished library in the school. The school has a bus which helps them to carry students to any event or occasions. It also has a school field which serves as a playing field and two summer huts. There are two security post, car park and a fore court.

3.2 Study Population

The target population of the study will be the third year students.

3.3. Study Design

A descriptive study thus one which tends to describe the characteristics of a phenomenon being studied will be used for the study. The design will be used because participants or subjects are observed in their natural and unchanged environment. The data collection of in descriptive research allows for gathering in-depth information.

3.4 Sampling technique and Size

For this study, convenience sampling will be used to select respondents. A total of 56 respondents were sampled for the study.

3.5 Data Collection Methods and Instruments

Structured questionnaire will be used to collect data. The questionnaire contained closed ended questions that required respondents to choose from already listed possible answers. The data for the study will be collected by administering the questionnaire to the participants. Participants will use approximately 30 minutes in answering the questionnaire.

3.6 Data Analysis Techniques

Data analysis will be done with the aid of Microsoft excel. With the use of this program, appropriate tables, frequencies and charts will be generated which aided in interpretation of the results.

3.7 Ethical consideration

An introductory letter will be obtained from the administration of the Holy Family Nursing and Midwifery Training College, Berekum. Informed Consent will be sought from the respondents to prevent any human right violation. Respondents who will fully consent will be given clarity on the study objectives upon their request. Respondents will not be forced into participating in the study. They will be assured of confidentiality and anonymity. They will also be informed that they possess the sole right to withdraw from the study at any time of their choosing.

3.8 Limitations of the study

The period which will be permitted for the research will coincide with lectures which will make it very difficult to direct all our focus to the work. No sponsorship will be obtained for the study hence limited financial resources will be used in the course of the study. Financial constraint also could not allow to go beyond the research setting.

CHAPTER FOUR

DATA ANALYSIS AND RESULTS

4.0 Data Presentation & Analysis

This chapter deals with analysis of data collected from the field of study and the results obtained from the analysis. The data collected was analyzed using Microsoft excel.

4.1 Student's Demographic Variables

Demographic variables of the respondents, out of the total 56 respondents, in finding out the sex among the respondent majority 91.1% (51) of the respondents were females while the remaining 8.9% (5) were males. In the age distribution among the respondent 37.5% (21) of the respondents were aged between 22-25 years. 33.9% (19) were aged between 18-21 and 28.6% (16) were above 25 years. In soliciting for marital status among respondent, majority 80.4% (45) were singles and 19.6% (11) were married. In finding out the ethnicity of the respondent 71% (40) were Akans, 17.9% (10) were Northerners, 10.7% (4) were Ewes, 3.6% (2) were Ga. The respondent religious backgrounds were as follows 96.4% (54) were Christians and 3.6% (2) were Muslims. In trying to know the program of study of the respondent 67.9% (38) were midwifery students and the remaining 32.1% (18) were nursing students.

4.1 student's Demographic Variables

Table 4. 1: Student's Demographic Variables

Variable	Categories	Frequency (n)	Percentage (%)
Gender	Male	5	8.9
	Female	51	91.1

Age	18-21	19	33.9
	22-25	21	37.5
	Above 25	16	28.6
Marital status	Married	11	19.6
	Single	45	80.4
Ethnicity	Akan	40	71.4
	Northerners	10	17.9
	Ga	2	3.6
	Ewe	4	10.7
Religion	Christian	54	96.4
	Islam	2	3.6
Program	RGN	18	32.1
	RM	38	67.9

4.2 Experiences on COVID-19 infection

In trying to know the experiences of respondents on COVID-19 infection, multiply selection were allowed majority (80.4%) of the respondents indicated lack of social interaction and (78.6%) indicated that they were not able to learn effectively. (69.6%) of the respondents indicated anxiety as an experience on COVID-19 infection. The following had lesser selection, high sense of uncertainty (46.4%), rejection (41.1%), lack of motivation to learn (25%) and lack of communication(1.8%)

Table 4.2: Respondents experiences on COVID-19 infection

Variable	Frequency (n)	Percentage (%)
Lack of social interaction	45	80.4
Unable to learn effectively	44	78.6
Lack of motivation to learn	14	25
High sense of uncertainty	26	46.4
Anxiety	39	69.6
Rejection	23	41.1
Other (specify)	1	1.8

4.3 Perception on COVID-19

In trying to know the perception of the respondents towards COVID-19 majority of the respondents (83.9%) mentioned that, the best way client with COVID-19 can be handled is through isolation and quarantine.

In soliciting for idea on the perception for covid-19 most of the respondent mentioned that, (62.5%) following protocols (wearing face mask, protective clothing and hand washing) are the best way client with COVID-19 can be handled to prevent the spread of COVID-19 .

It was also revealed under the idea of perception on covid-19 that few of the respondent (3.6%) mentioned proper nutrition as a way to handle client with COVID-19 because good nutrition help to improve the immunity of the client with covid-19 making the them resistance to the virus . On the order hand it was noted that (1.8%) of the respondent cited that administration of quality medication as a way to handle client with COVID-19.

Table 4.3: Respondents perception on COVID-19

Variable	Category	Frequency (n)	Percentage (%)
How to handle client with COVID-19	Isolation/Quarantine	47	83.9
	Following Protocols	35	62.5
	Proper nutrition	2	3.6
	Quality medications	1	1.8
How can stigma be prevented	Education	50	89.3

Positive attitudes towards COVID-19 client	Societal acceptance	39	69.6
	Offering words of encouragement	6	8.9
	Checking up on COVID client	7	12.5
	Interacting with COVID client	17	30.4
Negative attitudes towards COVID-19 client	Stigmatization	50	89.3
	Rude and hostile to COVID client	6	8.9
	Societal rejection	35	62.5
	Not caring for COVID client	2	3.6

4.4 positive attitudes towards COVID-19 clients

In trying to know the positive attitude towards COVID-19 clients, data gathered revealed that most (69.60%) respondents indicated societal acceptance as a positive attitude towards COVID-19 client.

Additionally, data gathered revealed some (30.4%) respondents mentioned interacting with COVID-19 client as a positive attitude.

Lastly but not the least, in trying to identify the positive attitude towards covid-19 client it was revealed that, few of the respondents (12.5%) mentioned that checking up on COVID client help to make them feel sense of belonging.

Lastly , only (8.9) of the respondents mentioned offering words of encouragement as a positive attitude because is not easy to get closer to them to give them words of encouragement due to the isolation and quarantine .

4.5 Negative attitudes towards COVID-19 client

In assessing the negative attitudes towards covid-19, majority of the respondents (89.3) mentioned that, not interacting with COVID client as a negative attitude towards COVID-19 client.

In most cases, in assessing the negative attitude of client with covid-19 respondents (62.5%) mentioned societal rejection as negative attitude towards COVID-19 client because it makes them feel neglected and isolated.

Additionally, data gathered revealed some (8.9) respondents mentioned been rude and hostile (insulting client) as a negative attitude towards COVID -19 client. Only (3.6%) of the respondents mentioned not caring for COVID client as a negative attitude towards covid-19.

4.6 Occurrence of Stigma During COVID 19

In trying to relate the occurrence of stigma among people, those that came out most (76.7%) of the respondents indicated they will not be willing to stay in the same room with a COVID-19 client (washroom). Most (66.1%) of the respondents indicated they will not be willing to sit with a COVID-19 client in class. Most (67.9%) of the respondents said they will not be willing to eat together with a COVID-19 client. Most (64.3%) of the respondents said they will not be willing to learn together with a COVID-19 client (sharing pens, books). Over half (58.9%) of the respondents indicated they will not be willing to travel in the same car with a COVID-19 client. Half (50%) of the respondents indicated they will be willing to have clinical in the same facility with a COVID-19 client and the other half said they will not be willing to have clinical in the same facility with a COVID-19 client and the other half said they will not.

Table 4.6: Occurrence of Stigma During COVID 19

Variable	Scale	Frequency (n)	Percentage (%)
Will you be willing to stay in the same room with a COVID-19 client (washroom)	Yes	13	23.2
	No	43	76.7
Will you be willing to sit with a COVID-19 client in class	Yes	19	33.9
	No	37	66.1
Will you be willing to eat together with a COVID-19 client	Yes	18	32.1
	No	38	67.9
Will you be willing to learn together with a COVID-19 client (sharing pens, books)	Yes	20	35.7
	No	36	64.3
Will you be willing to travel in the same car with a COVID-19 client	Yes	23	41.1
	No	33	58.9
Will you be willing to have clinical in the same facility with a COVID-19 client	Yes	28	50
	No	28	50

CHAPTER FIVE

DISCUSSION, CONCLUSIONS, RECOMMENDATIONS

5.0 Introduction

In this chapter, the data analysed in chapter four were interpreted based on scientific evidence. The findings are briefly discussed with references to support the study.

5.1 Discussions

5.1.2 Experiences on COVID-19 infection

Finding from experience of the respondents, majority of the respondents indicated lack of social interaction, unable to learn effectively and anxiety, this might be as a result ,the student were in school and away from family and relative as well as most of the respondent were not married this might have contributed to anxiety and social interaction and further worsen their studies. The COVID-19 infection also it took the world by storm and hence created a lot of anxiety among the public so it is no surprise that the anxiety reported in this study was high. Lack of social interaction could also have contributed to anxiety reported by respondents. Similarly, Aguilera-Hermida (2020) found that students experienced lack of social interaction and sudden changes in their lives during the pandemic. Students mentioned the stay-at-home order made them lose a lot of motivation to learn.

5.1.3 Perception on COVID-19

In the current study, the respondent indicated way to prevent COVID-19 was isolation and quarantine yet they are the same people who said they were neglected and isolated. Isolation and quarantine were used all over the world when COVID-19 emerged and has so far been successful in reducing the spread of the virus in most part of the world. This is in line with a report by CDC (2020)

5.1.4 Occurrence of Stigma During COVID 19

The occurrence of stigma was high in the current study as significant percentage of the respondents said no to the statements such as they will be willing to stay in the same room with COVID-19 client (washroom), sit in the same class, eat together, learn together (sharing pens, books) , travel in the same car and have clinical in the same facility . These findings indicated that, the respondents themselves have stigma issues. There have been numerous reported cases of misinformation, stigmatization, and discrimination since the start of the COVID-19 outbreak worldwide

5.2 Conclusions

The leading experience of respondents on COVID-19 infection were lack of social interaction, unable to learn effectively and anxiety. The occurrence of stigma was high in the current study among the respondent.

5.3 Recommendations

Based on the findings of the study, the following recommendations have been made.

1. The guidance and counselling unit in the College should counsel students who test positive to coronavirus in order to help reduce the psychological impact it has on students who test positive.
2. Research should be organized to breach isolation / quarantine and social rejection / anxiety
3. Education of general school population and beyond

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APPENDICES

QUESTIONNAIRE

Dear Respondent,

This questionnaire is designed to collect data on the topic: “experience and perception during the peak of COVID-19 among third year students at Holy Family Nursing and Midwifery Training College, Berekum” You are kindly requested to answer the questions below by indicating a tick (√) or writing the appropriate answered when needed. Confidentially will be observed therefore your name will not be disclosed in this research. Please answer the questions as frank and possible.

SECTION A: SOCIO-DEMOGRAPHIC DATA

1. Gender: (a) Male (b) Female

2. Age.....

3. Marital status: (a) Married (b) Single (c) Divorced

4. Ethnicity:

5. Religious background: (a) Christian (b) Islam (c) Traditional (d) others (specify):
.....

6. Program: (a) Nursing (b) Midwifery

SECTION B: EXPERIENCES ON COVID-19 INFECTION

7. Indicate with a tick (√) the experience you had during the peak of pandemic
 - a. Lack of social interaction
 - b. Unable to learn effectively

- c. Source of motivation to learn
- d. High sense of uncertainty
- e. Feeling of anxiety
- f. Social rejection
- g. Other (specify).....

SECTION C: PERCEPTION ON COVID-19

- h. How can we handle client with covid -19
.....
- i. In your own ways, how can stigma be prevented
.....
- j. Indicate two(2) to three(3) positive attitude of people with covide-19
.....
- k. Indicate two(2) to three(3) negative attitude of people with covid-19
.....

SECTION D: OCCURRENCE OF STIGMA DURING COVID

8. Indicate YES OR NO in the following with a tick to show your opinion regarding COVID-19 stigma tendencies.

- a. Will you be willing to stay in the same room with a COVID-19 Client .YES
NO
- b. Will you be willing to sit with a COVID-19 client in class. YES NO
- c. Will you be willing to eat together with a COVID-19 client YES NO
- d. Will you be willing to learn together with a COVID-19 client YES NO