

*Social stigma against individuals' families
recovering from COVID-19 and the role of social
work in confronting it*

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Abstract

The aim of the current research is to identify the role of social work in confronting social stigma among families of the recovered from the emerging corona virus in its economic and social dimensions, by identifying the concept of social stigma, forms, effects, and labeling theory of and its applications in the current research. The research used the descriptive-analytical method, and a questionnaire was administered to a sample (totaling 55) of families of the recovered in Jeddah, Kingdom of Saudi Arabia. Findings revealed a high degree of a set of social and economic effects of social stigma among families of the recovered. As well as participants' very high agreement on the proposed roles of social work to confront social stigma among families of the recovered. Findings also revealed statistically significant differences attributed to the variables of gender (male - female), academic qualification (university or higher - middle), and place of residence (urban - rural), in favor of males, and in favor of university education or higher.

Key words: *Distance education - Hearing impairment - The emerging corona virus (covid-19).*

Introduction

One of the forms of deviation from special normative models developed by the groups that occupy a higher position in society and have the power to set behavioral models, is stigmatization. These groups classify deviant individuals (or groups) as outsiders, treat them as violators of standards, and carry symptoms of defects in social life, and thus stigma becomes the center of the individual's identity, who is seen negatively in a society that values

health, beauty and independence (Marco, P., et al, 2012, p. 226).

The matter becomes more complicated in its relationship with the families of those recovered from the coronavirus, due to the contagious and epidemiological nature of the disease, and the lack of adequate knowledge about the nature of the disease and those dealing with it.

The nature of diseases differs according to the nature of each society, and the illness of one family member affects the rest of whole members, and the effect increases when the disease is contagious and is easily transmitted among family members and society (Muhammad, 2014: 55).

By the end of 2019, Coronavirus (COVID_19) appeared in Wuhan, the capital of the Chinese Hubei Province, prompting the entire world to describe this as a crisis, and the (emerging coronavirus pandemic) has led all groups of societies to an unprecedented change in their lifestyle in a short period of time, devastating the economy of many countries.

It also affected health care systems in all countries of the world, preventing movement, flights, and the world became a prisoner of the Coronavirus. This also was strengthened by the strict home quarantine, limits related to travel, examination and constant monitoring on most of the world's people.

In addition to this, the huge amount of misinformation spread on social media (Al-Fiqi and Abu Al-Fotouh, 2020: 1049).

The social work seeks to achieve human well-being and social justice for the human being, so it deals with human

beings in its various forms, whether at the junior, middle or major levels, through many areas of professional work (Habib, 2014: 7).

The medical field is considered one of the most important areas of social work practice in the modern era, where the social worker, as a member of the teamwork, helps to solve the social, economic and psychological problems associated with the patient as part of the integrated treatment (Radwan, 2015: 2841).

One of the necessary steps in addressing the social stigma associated with covid-19 is to understand its causes through researchers and specialists in sociology and anthropology. These specialists scientifically help the country by formulating a media message to deal with covid-19 and refute rumors about the disease, the seriousness of stigma as well as the importance of cooperation with civil society.

Problem of the study

Since the beginning of the outbreak of the new Corona pandemic, it has been observed that many negative attitudes have spread against those who are infected with Corona and their families, especially dealing with these people, directly or indirectly, through social media. When a person is just announced that he is infected, discriminatory expressions and societal stigma against him begin.

Also, having a serious infectious disease has its social repercussions on smaller contexts, where the social relations with the patient changes by changing his role after infection, and a new identity is formed for the patient, so forms of social interaction with him differ including several patterns, such as isolating, avoiding use of his tools,

refusing affinity, or cases of official divorce or informal separation between spouses, so that the patient's self-concept changes, and a feel of rejection begins. (Fayyad, 2018: 409).

Being stigmatized depends on the occurrence of manifestations of disguised or explicit rejection -by others- in the field of social life, and the extent to which the individual is affected by others. Social stigma drives negative feelings towards others, which is represented in anger and hostility towards society, but it gradually creeps inside the individual to turn into anger and hostility towards oneself, and this is represented by depressive feelings and low self-esteem (Al-Didi and Hassan, 2015: 6).

Social support is very important for resilience and recovery during times of tension, isolation and social distancing due to the outbreak of the new Corona virus, and the more isolated and lonely an individual feels, the more likely his mental health will be negatively affected (Al-Skafi, 2020: 22).

Bird, Bogart, and Delahunt (2004, PP. 19-26) disclosed that depression is associated with social stigma. The study of Litamu (2003) also confirmed that the poor and marginalized are more vulnerable to stigma than others. In addition to the difficult living conditions they face (Letamo, G., 2003: 347-357). The study of (Al-Didi and Hassan, 2015) confirmed that social stigma and avoiding stigma lead to patients delay in seeking treatment.

Despite the availability of information about ways of infection and prevention, and the emergence of treatment protocols that control the progression of the disease in

many cases, discrimination against patients with covid-19 and their families remained one of the biggest challenges in the way to effective prevention of the emerging corona virus. Consequently, stigma and discrimination against the recovered from the disease (COVID_19) and their families do not only affect the recovered, but on society as a whole, and thus the feeling of marginalization increases the chances of infection, and increases the spread of the epidemic.

Therefore, the current research problem is determined by the urgent need to examine the reality of social stigma against the families of the recovered from covid-19, and **the role of social work in confronting it.**

The main question

What is the role of social work in confronting social stigma among families of the recovered from COVID-19? This question can be divided into the sub-questions:

- What are the social effects of social stigma among families of the recovered from COVID-19?
- What are the economic effects of social stigma among families of the recovered from COVID-19?
- What is the role of social work in confronting social stigma among families of the recovered from COVID-19?

Aims of the Study

- Identifying the social dimension of social stigma among families of the recovered from COVID-19.
- Identifying the economic dimension of social stigma among families of the recovered from COVID-19.
- Recognizing the role of social work in confronting social stigma among families of the recovered from COVID-19.

Significance of the Study

Theoretical Significance :

- Enriching the theoretical knowledge associated with stigma, given the paucity of research on social stigma.
- This is the first study that examines social stigma among families of the recovered from COVID-19, especially in Saudi society.
- This research may provide indications of the extent to which the social and economic aspects of the families of the recovered from COVID-19, are affected.

Practical Significance:

- Encouraging researchers in the Saudi society to monitor the consequences of epidemic diseases and human pandemics, as in the case of the spread of the Corona virus.
- Providing workers in the field of social work with frameworks on the role of social work in confronting social stigma among families of the recovered from COVID-19.
- Encouraging social care workers to develop programs and practices to reduce social stigma among families of the recovered from COVID-19.

Methodology

- The current research adopted the descriptive-analytical approach. A questionnaire was utilized to collect data about the social and economic effects of social stigma among families of the recovered from COVID-19; and to identify the role of social work in confronting these effects.

Delimitation of the Study

- The objective limit: The objective limit of this research is to identify the social stigma among families of people recovered from COVID-19; and to recognize the role of social work in confronting them.
- The temporal delimitation: This research was carried on a sample of families of people recovered from COVID-19 from February 2020 to June 2020.
- The spatial delimitation: Participants of families of people recovered from COVID-19 in Jeddah - Kingdom of Saudi Arabia.
- The human delimitation: The current research was delimited to a sample of (55) families of people recovering from COVID-19 in Jeddah, Saudi Arabia.

Terminology of the research

- Social stigma: The abuse of families of people recovered from COVID-19, labelling, discriminating against, and expression of negative feelings towards them.
- Families of the recovered: Families whose members have contracted the disease (COVID-19), which leads to a change in society's perception against them, which may lead to social isolation, fear of dealing with them and the impact of their social status, work opportunities, or even treatment opportunities and other services provided to them.
- COVID_19: That virus, which belongs to the known corona viruses, which may cause disease to humans and animals, which was described by the World Health Organization as a pandemic, and which

appeared recently in the Chinese city of Wuhan in December, 2019. Its symptoms are manifested in fever, fatigue, dry cough and pain, as this virus is transmitted to humans through small droplets that are scattered from the nose or mouth when an infected person coughs or sneezes. The virus can also transmit to humans, causing this disease, through droplets scattered on Surfaces surrounding a person (WHO, 2020).

Previous studies

Owens's study (2010) aimed to uncover the impact of social symbols, social stigma, and labor market experiences on recidivism among a sample of former criminals. The sample of the study consisted of (13) ex-inmates who were selected through a community service institution in New York City, USA. The study used an open-ended interview in data collection. Findings indicated that the rehabilitation of ex-inmates is positively correlated with the propensity to not return to criminality.

Coy's study (2010) aimed to examine the relationships and differences between functional psychological stress and social stigma attitudes. The study used a questionnaire of job satisfaction and a questionnaire of attitudes towards mental illnesses in the data collection process. The study sample consisted of 157 university students in the master's and postgraduate programs, and they were randomly selected from a major in psychological counseling at an American university. Findings revealed statistically significant correlation between functional psychological stress among participants at psychological counseling and their attitudes towards social stigma.

On the other hand, Bidayyat et al., (2011) tried to identify the extent of social stigma and the attitudes of Jordanian University students towards AIDS patients. Participants were (683) students at three Jordanian universities. Findings revealed university students' low knowledge level of AIDS, and a high level of social stigma among people with AIDS at Jordanian university. There is also a high level of rejection, disrespect, fear of exposure, and feelings of shame towards AIDS patients.

Al-Qusayr's study (2011) examined the manifestations of social stigma from employees of social care's point of view. Participants were (90) respondents. Instruments of the current study included a questionnaire. Among the most important findings: Regarding those enrolled at home, there is a large extent, and that the most important manifestations of stigmatization were their feeling of being different from other children. Members of the care home agreed on the need for special programs for children with no families.

While the study of Jawabra (2013) aimed to identify the extent of the impact of the stigma of mental illness on schizophrenia and their families. The study sample consisted of (150) patients of mental illness and (150) members of their families from the northern governorates of the West Bank. The questionnaire and the interview were the tools for collecting data, and the study found that most cases of mental illness stigma were moderate with (48%). Findings also revealed no relationship between the prevalence of the stigma of disease and gender, and there was a significant relationship between the stigma of the disease, advancing age and educational status. The prevalence of the stigma of the disease among family

members was moderate and low with 21.3% and 40.6%, respectively. The effect of stigma of mental illness revolves around: lack of support, care load, and lack of knowledge.

The study of Al-Haj Ali's (2013) examined the burden of stigma among the wives of addicts registered in the addiction department of the Psychiatric Hospital in the Gaza Strip. The study sample consisted of (180) wives of addicts registered in the addiction department. The study used a questionnaire as the study tool and concluded that the mean burden of stigma for the wives of addicts is about (87.41), the economic burden (89.4) and the psychological burden (89.2) among addicts' wives.

Commentary on the previous studies

Through the presentation of previous studies, it has been evident that many studies are interested in the issue of stigma, as some studies have aimed to explore the relationship between social stigma, psychological hardness and life satisfaction (Abu Sbaitan, 2014). Other studies have examined the relationship between social stigma and recidivism, such as the study of (Al-Balawi, 2011) and (Owens, 2009).

The study of (Al-Ruwaili, 2008) examined the relationship between social and economic status and the process of social stigma, while the study of (Al-Gharib, 2008) aimed to identify the extent of social acceptance of the recovered addicts. Some studies also aimed to identify the social stigma of some diseases and its manifestations such as the study of (Haridi, 2019), (Badr and Suhail, 2018), (Fayyad, 2018), (Rafique, et al, 2014), (Muhammad, 2014), (Al-Qusayr, 2011), (Jawabreh, 2013). While the

current study aims to identify the reality of social stigma of families of the recovered from covid-19 in its economic and social dimensions, and to identify the role of social work in confronting it.

Theoretical Background

First: Social stigma

The World Health Organization (WHO) defines stigma as: a mark of shame, disgrace or disapproval which results in an individual being rejected, discriminated against, and excluded from participating in a number of different areas of society and it causes prejudice, discrimination, and harassment (Abu Sbaitan, 2014: 27).

Crocker, Major, and Steele point out that the stigmatized has, or is supposed to have an attribute or characteristic that expresses a demeaning social identity in a particular social context (Link et al., 2020: 145).

Among the manifestations of social stigma against families of the recovered (Mayo Clinic Staff: 7/27/2020):

- They may be excluded or shunned in social situations.
- They may be denied job and educational opportunities.
- They may be denied access to adequate housing and health care.
- They may be targets of verbal, emotional and physical abuse.
- Stigma can make people feel isolated and even abandoned. They may feel depressed, hurt and angry when friends and others in their community avoid them for fear of getting COVID-19.

The effects of social stigma

Stigma affects the stigmatized in different ways, psychologically and socially, and these effects are as follows (Al-Haw, 2015: 34-40):

- Negative discrimination of the stigmatized: The phenomenon of negative discrimination of stigmatized and towards their family members emerges as a result of stigma, and people's fear of communicating or dealing with them.
- No social sympathy with the stigmatized or the family members, so you can't find anyone who cares about their affairs and provides them with assistance, just as no one wants to get to know them or their conditions, because everyone looks at them as a cause of concern for many in society.
- Stigma is a threat to the identity of the ego, a threat to all the inheritance within the ego and replace it with receptive labels that the stigmatized cannot appear or interact with people with.

Second: Labeling Theory

Labeling theory provides a distinctively sociological approach that focuses on the role of social labeling in the development of crime and deviance. The theory assumes that although deviant behavior can initially stem from various causes and conditions, once individuals have been labeled or defined as deviants, they often face new problems that stem from the reactions of self and others to negative stereotypes (stigma) that are attached to the deviant label. These problems in turn can increase the likelihood of deviant and criminal behavior becoming stable and chronic. (Ismail, 2005: 290, 291).

The Labeling theory is based on five main principles (Al-Hassan, 2015: 233):

By applying labeling theory to the current research, it becomes clear that it applies to families of the recovering from Covid-19 in several aspects: They are subject to exclusion, marginalization, discrimination, and unjustified isolation in many cases.

Third: Social work and families of the recovered from covid-19

The family is one of the most important human groups and the greatest influence in the lives of individuals and groups, and it is the basic structural unit through which various social groupings arise. It is the one which plays the main role in building society and regulating the behavior of individuals in line with their different social roles (Brick, 2016: 9, 10).

Therefore, the social and human sciences have paid attention to the social pressures facing the family, because of their great role in building and developing society, as it possesses the most valuable wealth of society, which is the human wealth. So, social work and its various methods come at the top of the social and human sciences, which are considered among the professions that deal with societal problems efficiently and effectively, and with various societal systems and groups, especially the family, with the aim of providing expertise and preventive, curative and developmental programs to help them cope with changing societal conditions (Mari and Khalifa, 1996: 91).

Some studies have indicated a specific type of patients whose aftercare programs to deal with their conditions and

problems - after leaving institutions and treatment centers in particular.

- Patients with chronic, serious and contagious diseases.
- Addicts.
- Patients with mental illness.
- Abused children.
- Abused wives.
- Elderly patients (Niazi, 2008: 2).

Social stigma can be addressed through (Chery, H., 2009: P. 3)

- Addressing the underlying causes of labeling, especially non-desired attitudes and beliefs.
- Allowing time for discussion and reflection as new information is available.
- Recognizing and identifying behaviors to support the positive behaviors.

In order to reduce the social stigma against families of the recovered from covid-19, the following points should be achieved:

- Providing advice and supporting the stigmatized.
- Making the stigmatized always optimistic.
- Organizing seminars and conferences to clarify the extent of the importance of the societal view and the extent of its impact. As well as through the media and the press (Corrigan, P., et al., 2009, P. 1).

Now, we conclude that the social stigma has important effects on society, that it may or may not be justified, and that it addresses all aspects of social life. The stigmatized has a new identity that is more aggressive,

anger, susceptibility to deviation and anti-social behavior, so community efforts should be combined to confront it and reduce its negative effects on the individual and society,

As it became clear that families of the recovered from covid-19 may be more vulnerable to social stigmatization due to the infection of one of their members with the disease (Covid-19). Therefore, the study in the next part tries to identify the reality of the social stigma among families of the recovered from covid-19 in its social and economic dimensions, and the role of social work in confronting it.

procedures of the study

This part presents the field study, procedures, and findings, as follows:

Instruments of the Study

A questionnaire was used as a tool to obtain primary data that contribute to achieving the study aims by identifying participants' responses about the items. The questionnaire consisted of three main dimensions, as follows:

- The first dimension: Social effects of stigma among families of people recovered from COVID-19 (19 items).
- The second dimension: economic effects of stigma among families of people recovered from COVID-19 (11 items).
- The third dimension: The role of social work in confronting social stigma among families of people recovered from COVID-19 (16 items).

Psychometric characteristics of the questionnaire Validity

The validity of the questionnaire was verified by using the Pearson correlation coefficient to measure the degree of correlation of each item, in the questionnaire, with the total degree of the dimension it belongs. Findings were as shown in the following table (1):

Table (1): Correlation coefficient of each item with the total degree of the dimension it belongs

No .	Correlati on coefficient t	No .	Correlati on coefficient t	No .	Correlati on coefficient t	No .	Correlati on coefficient t	No .	Correlati on coefficient t
1	**0.662	11	**0.688	20	**0.823	31	**0.716	39	**0.755
2	**0.767	12	**0.725	21	**0.762	32	**0.652	40	**0.773
3	**0.618	13	**0.717	22	**0.802	33	**0.774	41	**0.767
4	**0.879	14	**0.786	23	**0.842	34	**0.722	42	**0.852
5	**0.833	15	**0.769	24	**0.859	35	**0.838	43	**0.850
6	**0.776	16	**0.844	25	**0.805	36	**0.825	44	**0.720
7	**0.870	17	**0.683	26	**0.847	37	**0.703	45	**0.864
8	**0.804	18	**0.755	27	**0.812	38	**0.860	46	**0.809
9	**0.771	19	**0.872	28	**0.784				
10	**0.768			29	**0.869				
				30	**0.868				

** Indicates that the correlation coefficient is statistically significant at the level of (0.01).

Table (1) clarifies that all the items of the questionnaire correlate with the total score of the dimension, to which they belong, in a statistically significant manner at the level of (0.01). Findings also showed that the values of the correlation coefficients ranged between (0.618-0.879). Thus, we conclude that all items achieve the objectives, because they are of a high degree of validity.

Reliability (Internal consistency)

Reliability of (the questionnaire) and its dimensions was verified by calculating the Cronbach alpha coefficient. Table (2) shows the results related to the reliability of the questionnaire and its dimensions.

Table (2): Alpha-Cronbach coefficients of the total reliability of the questionnaire and its dimensions

Dimensions	No. of items	Reliability coefficient
The first dimension: Social effects of stigma among families of people recovered from COVID-19.	19	0.961
The second dimension: economic effects of stigma among families of people recovered from COVID-19.	11	0.952
The third dimension: The role of social work in confronting social stigma among families of people recovered from COVID-19	16	0.955
Total reliability	46	0.963

Table (2) clarifies that the study tool (the questionnaire) is of a very high degree of reliability, as the value of the Cronbach alpha coefficient of the total reliability (0.963). The values of the Cronbach alpha coefficients for the reliability of the questionnaire dimensions ranged between (0.952-0.961), which represent high degrees of reliability for the data collection tool.

Analysis of the demographic characteristics of participants:

Members of the families of those recovered from the coronavirus were classified according to the variables (gender, job degree, years of experience, and college). Findings were as shown in the following table (3):

Table (3): Demographic characteristics of participants

Demographic characteristics	No.	Percent %
1. Gender		
Male	28	50.9
Female	27	49.1
2. Qualification		
Intermediate	4	7.3
University degree or higher	51	92.7
3. Residence		
Rural	0	0.0
Urban	55	100.0%

Participants' responses in the social and economic dimensions of the social stigma of the families of the recovered from the Coronavirus (Covid-19).

In this part of the study analysis, the researcher examines the participants' responses related to the social and economic effects of the social and economic stigma of the families of those recovering from the Coronavirus (Covid-19) and the role of social work in confronting social stigma. The descriptive statistical indicators represented by the arithmetic means and standard deviations were employed to estimate the level of response on the questionnaire items in order to answer the questions of the study.

Participants' responses level on the items of the questionnaire dimensions were estimated according to Likert type scale (strongly agree, agree, neutral, disagree, strongly disagree).

Table (4): Rubrics for arithmetic mean

Range	Description
1 – 1.74	strongly disagree
1.75 – 2.49	disagree
2.50 - 3.24	agree
3.25 - 4	strongly agree

Prepared by the researcher

Findings

The main question: What is the role of social work in confronting social stigma among families of people recovered from COVID-19?

The first question:

"What are the social effects of social stigma among families of people recovering from COVID-19?"

To answer this question, the responses of the participants were analyzed, and interpreted as shown in the following table:

Table (5): Means and standard deviations of participants' responses about Social effects of social stigma among families of people recovered from covid-19

No.	Social dimension of social stigma	M	S. D	Degree	Rank
1	Families of the recovered from covid-19 feel that close friends avoid them	3.24	1.30	M	1
2	Neighbors abuse the families of the recovered from covid-19	2.33	1.16	L	14
3	An inferior view to family members when they are outside doors.	2.58	1.27	L	9
4	Abusing to children of families of the recovered in school.	2.27	1.38	L	16
5	Abusing to members of families of the recovered during prayer in mosque.	2.64	1.44	M	8
6	People go into hiding when a family member passes by in a public place.	3.00	1.32	M	3
7	Children are exposed to bullying from colleagues and friends because of a previously infected family member with coronavirus	2.67	1.44	M	7
8	Relatives avoid marrying a family member of the recovered from the virus	2.20	1.25	L	17
9	The families of the recovered feel lonely all the time	2.87	1.31	M	6
10	Families of the recovered are not invited to social events	2.95	1.39	M	5
11	Doctors and medical staff are alienated from the family if a family member goes to the hospital	2.31	1.35	L	15
12	Lack of tranquility in the personal life of family members	2.35	1.21	L	12
13	Desire to change residence to another new area	2.00	1.15	L	19
14	The feeling that the family made a mistake when one of its members was infected by covid-19	2.35	1.34	L	11
15	The grand-family refuse to visit the family and ask it not to visit them.	3.20	1.16	M	2
16	Feeling unable to face society.	2.53	1.20	L	10
17	Fear for the future of the family, especially children	2.98	1.34	M	4
18	Family members hatred the surrounding society because of its inferiority to them	2.33	1.14	L	13
19	Depriving the families of the recovered from the normal life of others	2.18	1.29	L	18
General weighted mean		2.58	0.99	L	

Findings in the above table (5) are related to the participants' responses from families of those recovered from covid-19 about the social effects of the social stigma of families of those recovered from covid-19 and the participants in the current study, as it showed that the general weighted mean value is (2.58) with a standard deviation (0.99).

Thus, we conclude that participants' responses generally indicate the existence of many effects of social stigma among families of those recovered from covid-19, which are related to the social effects of social stigma. The study of (Bedayneh et al., 2011) confirmed the high level of social stigma against people living with AIDS among Jordanian university students. The study of (Al-Qusayr, 2011) also asserted that the effects of social stigma in the social welfare home towards those enrolled in the home are to a large extent.

The following are the most prominent indicators related to those effects

Findings in table (5) showed that the item No. (1), which states: "Families of those recovered from covid-19 feel that close friends avoid them" ranked first among the social effects of social stigma among families of those recovered from covid-19, and this is strengthened by the value of the arithmetic mean of the participants' responses, which is (3.24) with a standard deviation (1.30). In the same context, findings in table (5) showed that the item No. (15), which states: "The grand-family refuse to visit the family and ask it not to visit them." ranked first among the social effects of social stigma among families of those recovered from covid-19, and this is strengthened by the value of the

arithmetic mean of the participants' responses, which is (3.20) with a standard deviation (1.16). Consequently, we conclude that the most important effects of social stigma of families of those recovered from covid-19 were close-friends avoiding to the families of those recovered from covid-19, as well as the family's refusal to visit.

This finding may be attributed to the spread of rumors about the families of the recovered, and the media promotion of social distancing, which is required, but this does not give a justification for notifying others that they are outcasts or guilty just because one of the family members has been infected with covid-19 and has fully recovered according to specialized medical reports. As in this case, there is no justification for avoiding the families of the recovered - whether close friends or family members - because of the negative psychological effects. This finding is consistent with the findings of Gawabera study (2013) which confirmed that the social stigma of mental illness revolves around a lack of support and care and a lack of knowledge. The study of Rafique et al. (2014) confirmed the feeling of societal segregation in patients with C virus, which leads them to frustration and isolation, and that the high level of stigma leads to an increase in mental disorder.

On the other hand, findings in table (5) showed that the item No. (19), which states: "Depriving the families of those recovered from coronavirus from the normal life of others" ranked penultimate among the social effects of social stigma among families of those recovered from covid-19, and this is strengthened by the value of the arithmetic mean of the participants' responses, which is (2.18) with a standard deviation (1.29). Accordingly, a few

participants believe that one of the effects of social stigma against families of the recovered is the deprivation of the normal life that others live. This finding is consistent with the findings of (Fayyad, 2018) which revealed that the experience of being diagnosed with an infectious disease lead to the feeling of being stigmatized and lead to a changing in the patient's identity.

Finally, the item No. (13), which states “the desire to change residence to another new area,” ranked last among the social effects of social stigma of families of the recovered from the emerging corona virus, and this is reinforced by the value of the arithmetic mean, which reached (2.00), with a standard deviation (1.15). Accordingly, a few participants have a desire to change their place of residence to another new area, and this may be due to the association with the place of residence in which the person grew up and it is difficult to change regardless the surrounding circumstances.

Consequently, the researcher concludes by analyzing the participants' responses about the social effects of social stigma of families of the recovered from covid-19 in the Kingdom of Saudi Arabia that among the most important of these effects are: Families of those recovered from covid-19 feel that close friends avoid them - People go into hiding when a family member passes by in a public place- The families of those recovered from the Coronavirus feel lonely all the time- Families of those recovered from the virus are not invited to social events.

The second question

What are the economic effects of social stigma among families of the recovered from COVID-19?

To answer this question, the responses of the participants were analyzed, and interpreted as shown in the following table:

Table (6): Means and standard deviations of participants' responses about economic effects of social stigma among families of people recovered from covid-19

No.	Economic dimension of social stigma	M	S. D	Degree	Rank
1	Avoiding business dealings with families whose members have been infected with covid-19	2.45	1.24	L	9
2	Caution in dealing -in general- with a family member	3.05	1.39	M	1
3	Difficulty in going to public places and markets by a family member	2.67	1.25	M	6
4	Others' unwillingness to get close to a family member	2.98	1.41	M	2
5	A decrease in purchases percentages of family shops	2.82	1.29	M	4
6	Unwillingness to sell goods or supplies to a family member	2.58	1.27	L	8
7	Increasing the prices of special services that a family member gets	2.16	1.17	L	11
8	Experiencing huge financial losses as a result of people turning away from family members	2.42	1.08	L	10
9	Loss of work due to fear of infecting colleagues	2.85	1.21	M	3
10	Narrow shopping and financial interactions with others	2.76	1.25	M	5
11	Companies are afraid of life insurance for families of the recovered from covid-19	2.67	1.22	M	7
General weighted mean		2.68	1.03	L	

Findings in the above table (6) are related to the participants' responses from families of the recovered from covid-19 about the economic effects of the social stigma of families of those recovered from covid-19 and the participants in the current study, as it showed that the general weighted mean value is (2.68) with a standard deviation (1.03). Thus, we conclude that the participants' responses indicate -generally- the existence of many effects

of social stigma among families of the recovered from covid-19, which are related to the economic effects of social stigma.

The following are the most prominent indicators related to those effects

Findings in table (6) showed that the item No. (2), which states: "Caution in dealing -in general- with a family member" ranked first among the economic effects of social stigma among families of the recovered from covid-19, and this is strengthened by the value of the arithmetic mean of the participants' responses, which is (3.05) with a standard deviation (1.39). We conclude that the most important economic effects of social stigma against families of the recovered was caution in dealing with family members, which may cause great economic damage to these families, as a result of increasing prices for some special services and goods, or harm sale and purchase movements of shop owners, companies, factories ... etc., due to the fear and caution in dealing with families of the recovered from covid-19.

In the same context, findings in table (6) showed that the item No. (4), which states: " Others' unwillingness to get close to a family member" ranked second among the economic effects of social stigma among families of the recovered from covid-19, and this is strengthened by the mean value of the participants' responses, which is (2.98) with a standard deviation (1.41). Consequently, we conclude that the most important effects of social stigma of families of the recovered from covid-19 was Others' unwillingness to get close to a family member.

The study of Rafique et al. (2014) asserted that 66% of C virus patients have a fear of transmitting infection from the disease, and that 19% of them believe that family

members avoid using their tools and feel isolated and frustrated. This result may be attributed to the social stigma of these families, and the widespread panic about dealing with them in case one of the family members is a carrier of the disease or a cause of infection, which exposes these families to great economic losses.

On the other hand, findings in table (6) showed that the item No. (8), which states: " Experiencing huge financial losses as a result of people turning away from family members " ranked penultimate among the economic effects of social stigma among families of the recovered from covid-19, and this is strengthened by the value of the arithmetic mean of the participants' responses, which is (2.42) with a standard deviation (1.08). Accordingly, a few participants believe that one of the effects of social stigma against families of the recovered is "experiencing huge financial losses as a result of people turning away from family members.

Finally, the item No. (7), which states "Increasing the prices of special services that a family member gets" ranked last among the economic effects of social stigma of families of the recovered from covid-19, and this is reinforced by the value of the arithmetic mean, which is (2.16), with a standard deviation (1.17). Accordingly, a few participants have experienced increasing in the prices of special services that a family member gets. This may be attributed to the Kingdom's efforts to address the pandemic, the spread of home delivery services, strict control of price and store, and the solidarity of many people of the country to confront the pandemic without exploiting or imposing additional service fees in exchange for private services.

Consequently, the researcher concludes by analyzing the participants' responses about the economic effects of social stigma of families of the recovered from covid-19 in the Kingdom of Saudi Arabia that among the most important of these effects are: Caution in dealing -in general- with a family member. Difficulty in going to public places and markets by a family member. Others' unwillingness to get close to a family member. Loss of work due to fear of infecting colleagues. Narrow shopping and financial interactions with others.

The third question:

"What is the role of social work in confronting social stigma among families of people recovered from COVID-19?"

To answer this question, the responses of the participants were analyzed, and interpreted as shown in the following table:

Findings in the above table (7) are related to the participants' responses from families of the recovered from covid-19 about the role of social work in confronting social stigma among families of the recovered from COVID-19, as it showed that the general weighted mean value is (4.28) with a standard deviation (0.61). This indicates that the majority of participants believe that there are multiple areas for the role of social work in confronting social stigma among families of the recovered from covid-19, in its economic and social dimensions. Among the most important aspects of this role are the following:

Findings in table (7) showed that the item No. (1), which states: " Providing families of the recovered from covid-19 with the information about disease prevention and

Table (7): Means and standard deviations of participants' responses about the role of social work in confronting social stigma among families of people recovered from COVID-19?

No.	The role of social service	M	S. D	Degree	Rank
1	Providing families of the recovered from covid-19 with the information about disease prevention and ways of infection in coordination with the medical authorities.	4.55	0.63	Very high	1
2	Making visits to the families of the recovered from covid-19 and helping them to integrate into society.	4.16	0.81	high	13
3	Modifying behaviors of families of the recovered from covid-19.	3.89	1.08	high	16
4	Preparing society for normal interaction with families of the recovered from covid-19	4.35	0.64	Very high	7
5	Guiding the families of the recovered to the social institutions which help them in to solving their problems.	4.05	0.87	high	15
6	Holding seminars and lectures to raise awareness and education about dealing with families of the recovered from covid-19.	4.42	0.74	Very high	3
7	Providing guidelines and booklets for health education about covid-19.	4.27	0.73	Very high	9
8	Taking precautionary procedures to reduce the recurrence of virus infection	4.40	0.74	Very high	4
9	Raising awareness of ways to prevent disease through the media	4.47	0.63	Very high	2
10	Supporting the families of the recovered through the media	4.25	0.80	Very high	10
11	Cooperating with community institutions to benefit from their services in supporting families of the recovered from covid-19	4.33	0.77	Very high	8
12	Making awareness-raising visits to the institutions that the families of the recovered deal with	4.11	0.74	high	14
13	Enlightening the public opinion with safe and sound ways to deal with others, in a way that ensures limiting the spread of infection	4.40	0.68	Very high	5
14	Helping families take legal action in the case of bullying, harassment, or unfair dismissal in work	4.38	0.76	Very high	6
15	Creating volunteer teams to help families of the recovered	4.22	0.92	Very high	11
16	Including the families of the recovered in social activities that relieve their feelings of distress or abuse	4.16	0.92	high	12
General weighted mean		4.28	0.61	Very high	

ways of infection in coordination with the medical authorities." ranked first, and this is strengthened by the value of the arithmetic mean of the participants' responses, which is (4.55) with a standard deviation (0.63). It is a very high degree, which indicates the importance of health awareness for families of the recovered, and therefore we conclude that most participants consider the need for social workers to cooperate with the competent medical authorities to provide the families of the recovered with the necessary information about disease prevention and ways of infection.

In the same context, the item No. (9), which states: "Raising awareness of ways to prevent disease through the media" ranked second with a mean value (4.47) and a standard deviation (0.63). It is a very high degree, and we conclude that the media has a very important role in raising awareness of prevention ways. Media also has a very delicate role and needs experience and expertise so as not to spread false information that spreads terror and fear among citizens and urges social stigma. Consequently, most participants consider the media as the most important means of awareness for preventing Covid-19.

The study of Mohamed (2014) asserted the deficiency of the media role in setting the determinants of media coverage of crises and education. Many civil society institutions work to support and protect the rights of people with diseases. They are human rights, educational, developmental and health organizations.

In the same context, findings in table (7) showed that the item No. (6), which states: " Holding seminars and lectures to raise awareness and education about dealing with

families of the recovered from covid-19" ranked third with a mean (4.42) and a standard deviation (0.74). and it is a very high degree. Consequently, most participants consider that educational seminars and lectures on dealing with families of the recovered are among the most important roles of social work to confront the social stigma against these families, especially if these seminars and lectures target those in contact with these families and those dealing with them, So that caution and extreme fear do not lead to bullying these families, and incur economic losses and corrupt social relations. The study of Bedayneh et al. (2011) confirmed a high level of rejection, disrespect, fear of exposure, and feelings of shame towards infectious disease patients.

On the other hand, findings in table (7) showed that the item No. (5), which states: " Guiding the families of the recovered to the social institutions which help them in to solving their problems" ranked third with a mean (4.05) and a standard deviation (0.87). Accordingly, most participants believe that guiding families of the recovered to the social institutions to solve their problems is one of the most important roles of social work to confront the social stigma of these families.

Finally, the item No. (3), which states "Modifying behaviors of families of the recovered from covid-19" ranked last with a mean (3.89), and a standard deviation (1.08). Accordingly, most participants believe that modifying behavior of these families is one of the most important roles of social work to counter social stigma. This may be since some behaviors that express the actions (such as anger, violence, flight ... etc.) may lead to counter consequences.

The researcher concludes from the above that the most important roles of social work to confront the social stigma of the families of the recovered in its social and economic dimensions are:

- Providing families of the recovered from covid-19 with the information about disease prevention and ways of infection in coordination with the medical authorities.
- Holding seminars and lectures to raise awareness and education about dealing with families of the recovered from covid-19.
- Taking precautionary procedures to reduce the recurrence of virus infection
- Raising awareness of ways to prevent disease through the media
- Enlightening the public opinion with safe and sound ways to deal with others, in a way that ensures limiting the spread of infection
- Helping families take legal action in the case of bullying, harassment, or unfair dismissal in work.

Table (8); T-test results for the participants according to "Gender" in the social and economic dimensions of social stigma and the role of social work in confronting social stigma

Dimensions	Gender	Mean	S.D.	Calculated T	DF	Sig
Social dimension of social stigma	Male	2.94	1.02	**2.944	53	0.005
	Female	2.20	0.82			
Economic dimension of social stigma	Male	2.91	1.20	1710	53	0.09
	Female	2.44	0.78			
The role of social work in confronting social stigma	Male	4.29	0.72	0.172	53	0.86
	Female	4.26	0.47			

** Indicates that the difference is statistically significant at the level of (0.01).

The above table clarifies that there are statistically significant differences among participants' responses about the social dimension of social stigma among families of the recovered in favor of male members.

This result may be attributed to the fact that the male family members of the recovered are more socially interactive, and that their social relationships are complex and diverse, and therefore they were more aware of the social effects of the social stigma.

While the results did not reveal statistically significant differences according to the variable (gender: male - female) about the economic dimension of social stigma and the role of social work in confronting the social stigma resulting from infection with covid-19. This may be attributed to the impact of the economic aspect of social stigma for all male and female family members of the recovered, as well as their awareness of the roles of social work in confronting social stigma of their families.

This result is consistent with the findings of the study of Haridi (2019) that revealed no statistical differences between males and females in the degree of social stigma.

Table (9): T-test results for the participants according to "Academic degree" in the social and economic dimensions and the role of social work in confronting social stigma

Dimensions	Academic degree	Mean	S.D.	Calculated T	DF	Sig
Social dimension of social stigma	Intermediate	2.72	0.43	0.305	53	0.76
	university or higher	2.57	1.02			
Economic dimension of social stigma	Intermediate	2.80	1.04	0.238	53	0.81
	university or higher	2.67	1.04			
The role of social work in confronting social stigma	Intermediate	3.69	0.47	*-2.067	53	0.04
	university or higher	4.32	0.60			

* Indicates that the difference is statistically significant at the level of (0.01).

The above table (9) clarifies that there are statistically significant differences among participants' responses about the role of social work in confronting social stigma among families of the recovered attributed to the academic degree. In favor of the family members whose academic qualifications are university or higher

This result may be attributed to the fact that the high cultural and educational level of the families of the recovered from covid-19 made them more aware of the multiple roles of social work in confronting social stigma, and that the high educational level made them recognize the areas and dimensions that social work contributes to helping families to coexist naturally with the pandemic and mitigate the severity of the social stigma.

While the results did not reveal statistically significant differences about the social and economic dimensions of social stigma among the families of the recovered; This may reflect the equality of the families of the recovered in understanding and recognizing the social and economic dimensions and aspects of social stigma, because they are behaviors that the stigmatized is exposed to and lives with regardless the educational status.

Recommendations

Considering findings of the research, the researcher recommends the following:

- Focusing on the role of the media and social media in disseminating accurate information about the covid-19 and ways of prevention without underestimating or intimidating, especially from societal figures and intellectuals.
- Guiding the families of the recovered to the institutions and organizations that help them overcome the pandemic and socialize.

- Raising awareness of the official authorities to help families of the recovered in case they are exposed to bullying or harassment.
- Holding public seminars and lectures on the proper and safe dealing with families of the recovered from covid-19.
- Helping families of the recovered to take precautionary procedures to reduce/decrease the recurrence of infection.
- Enlightening public opinion about the seriousness of bullying and social stigma in its economic and social dimensions, and the economic losses it causes and the collapse of social relations.
- Creating volunteer teams to help families of the recovered in obtaining services and special needs.
- Including the families of the recovered in social activities to relieve their feelings of distress, loneliness or abuse.

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