SOCIAL INCLUSION AND REINTEGRATION OF FORMER LEPROSY AFFECTED PERSONS INTO ETINAN LOCAL GOVERNMENT AREA, AKWA IBOM STATE, NIGERIA

[1]Kingdom Sunday Mboho and [2]Moses Idongesit Peters

[1&2]Department of Sociology and Anthropology
Akwa Ibom State University
kingdommboho@aksu.edu.ng;
mosesidongesit@aksu.edu.ng
08024144507; 09055479040

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ABSTRACT
The research examined the social inclusion and reintegration of former leprosy-affected persons in Etinan Local Government Area of Akwa Ibom State, Nigeria. It identified issues and variables contributing to the social and economic cost of reintegrating former leprosy-affected persons treated at The Leprosy Hospital, Ekpene Obom in Etinan Local Government Area of Akwa Ibom State. The big-net approach was adopted which makes every participating respondent part of the sample at the end the researchers engaged a total of 393 participants which formed the sample size for the study, where a simple snowball technique was adopted in the distribution of the questionnaire. The socio-demographic data of the study respondents were presented using the percentage method and data collected on the subject matters of the study were analysed using Pearson's Product Moment Correlation (*r*). The Pearson Product Moment Correlation*(r*) was calculated using SPSS. Findings revealed that stigmatization, discrimination, exclusion and negative societal relations with ex-leprosy patients contribute great social and economic costs for the reintegration of ex-leprosy patients as confirmed by the results of negative correlation between the variables. It was suggested that there should be empowerment programmes for ex-lepers to enable their self-reliance and dependence in the process of their reintegration. Also, there should be orientation programmes for the ex-lepers to boost their self-image and give them good knowledge on how to get back to their former life effectively and gain acceptability easily. There should also be community orientation programmes for the acceptability of ex-lepers to enable their reintegration.

KEYWORDS: Cost of reintegration, ex-leprosy patients, Ekpene Obom and Etinan

INTRODUCTION

The human population has been impacted by leprosy for millennia (Suzuki et al., 2012). Also known as Hansen's disease, this infectious condition is caused by the bacterium Mycobacterium *leprae,* which is characterized as an acid-fast bacillus. The disease primarily affects the nervous system, skin, internal organs, extremities, and mucosal surfaces (Worobec, 2008). Leprosy has tormented humans throughout recorded history. The disease has confronted the human race right from the ancient days of the Bible history. Leprosy affects the physical, social, and psychological well-being of individuals who are

impacted by the disease (Sarkar, 2016).Leprosy, referred to as Hansen's disease (HD), is a chronic infection caused by the bacteria *Mycobacterium leprae* or *Mycobacterium lepromatosis*, (WHO, 2014).

For many centuries, certain cultures viewed leprosy not as a medical condition but as a form of curse or divine retribution (Suzuki, et al., 2012). It is believed to have originated in India, yet references to the disease can be found in ancient texts from China and the Middle East (WHO, 2014). These historical documents illustrate the profound suffering experienced by those afflicted, both in terms of health and social standing. The introduction of leprosy to the Americas occurred in 1510, coinciding with Spanish colonization and the African slave trade (Free Dictionary, 2019). The World Health Organization (2014) reported that in 2014, there were 213,899 documented cases of leprosy worldwide, with 175,554 individuals receiving treatment by the end of that year, indicating a point prevalence of 0.25 cases per 10,000 individuals.

Leprosy is not considered highly contagious, and when appropriately treated, the risk of transmission is effectively eliminated. Individuals who do not receive adequate treatment serve as potential sources of contagion (Schreuder et al., 2016). The incidence and spread of leprosy are shaped by a combination of biological host characteristics and socio-environmental conditions. Biological factors encompass genetics and the ageing process. The primary mode of transmission between individuals occurs through close contact with undiagnosed or untreated patients who possess sufficient bacterial loads to facilitate contagion, as they release bacteria via the mucous membranes of their upper respiratory tracts (Global Burden of Disease Study, 2015). Among the socio-environmental factors, conditions such as overcrowding and inadequate nutrition contribute to the prevalence and transmission of the disease. Additionally, poverty and insufficient education are linked to a lack of awareness and behaviours that elevate the risk of transmission. Movement to or from areas with a high prevalence of leprosy also influences the spread of the disease (Schreuder et al., 2016). To this end, Mboho and Effiong (2024), recommend the adoption of aggressive re-orientation campaigns to help mitigate social consequences associated with the risk involved.

Leprosy can be categorized based on clinical criteria, which consider the number of skin lesions and the areas affected, as well as the detection of Mycobacterium leprae in skin smears, although such smears may not be accessible in all environments. The World Health Organization Expert Committee on Leprosy has proposed an operational classification system: paucibacillary single-lesion leprosy (characterized by one lesion), paucibacillary leprosy (defined by 2 to 5 cutaneous lesions), and multibacillary leprosy (involving more than 5 lesions). In instances where skin smears are not available, cases are clinically classified as either paucibacillary (with 5 or fewer lesions) or multibacillary. When skin smears can be obtained, the presence of even a single positive lesion warrants treatment as multibacillary using multidrug therapy (MDT) (Sotiriou*et al.,* 2016).

In 2016, there were 216,108 documented cases of leprosy, resulting in a global detection rate of 0.29 per 10,000 individuals (Veatch, 2019). In the preceding year, 2015, 14 nations accounted for 94% of newly reported leprosy cases (WHO, 2018). During this timeframe, India reported the highest incidence of new cases at 60%, followed by Brazil at 13% and Indonesia at 8% (WHO, 2018). While the overall number of cases worldwide has declined, certain regions, including Brazil, India, Nepal, and Bhutan, continue to exhibit high prevalence rates. Additionally, countries such as Tanzania, Madagascar, and Mozambique in Africa, along with those in the western Pacific, have recently seen a decrease in leprosy prevalence.

The initial effective treatments for leprosy emerged in the late 1930s with the introduction of dapsone, a sulfone compound, along with its derivatives. However, during the 1960s, strains of Mycobacterium leprae resistant to dapsone began to appear (Montoya and Modlin, 2010). Subsequently, in the 1980s, significant advancements were made with the introduction of multi-drug treatment (MDT) therapies (Rodrigues and Lockwood, 2011). Currently, leprosy is recognized as a curable condition. The duration of treatment typically ranges from six months to two years, depending on the specific form of the disease, and involves the use of dapsone in conjunction with other medications such as *rifampicin* and *clofazimine*, as recommended by the World Health Organization's MDT guidelines (Suzuki, *et al.,* 2012).

In Nigeria, the National Tuberculosis and Leprosy Control Programme (NTBLCP), which according to Udo et al., (2013), was initiated in 1989, became fully functional in 1991. As a result, from 1991 to 2012, a total of 111,788 individuals diagnosed with leprosy received successful treatment through multidrug therapy (MDT), especially with the incorporation of community-based rehabilitation strategy, which is the best rehabilitation approach to persons of all kinds of disability, as observed in Effiong and Ekpenyong, (2017). Notably, in the year 2000, Nigeria met the World Health Organization's elimination goal of less than 1 case per 10,000 individuals. With a case detection rate of less than 0.5 per 10,000, Nigeria can be classified as having a low endemicity for leprosy (Udo et al., 2013). However, certain areas exhibit 'high endemicity' at sub-national levels, where the prevalence remains at 1 case per 10,000 population. Each of the 36 states in Nigeria, along with the Federal Capital Territory (FCT), is overseen by a State TBL Control Programme Manager, who leads the State team and is primarily responsible for programme management and providing technical guidance to local government areas. The local government area serves as the operational level of the programme, with the local government area TBL Supervisor tasked with the daily management of the program at this level (Udo, *et al.,* 2013).The success story in treating leprosy has reached the world today, though there is still hope for real medical treatment in many areas (Peters, Bassey and Nya, 2020), the struggle of former leprosy-affected persons remains a serious challenge before the ex-leprosy patients and the society in which they dwell. This identified gap makes this research work a timely one to examine the social and economic cost of reintegrating former leprosy patients in Etinan Local Government, Akwa Ibom State, Nigeria.

Statement of the Problem

Leprosy is not a new disease in Etinan Local Government Area. It has been known as the only sickness that cannot be treated by unorthodox drugs Wilson, Usoroh and Peters, 2020), and has superseded the practice of divination of the Iman Ibom people in Etinan (Esen, Peters, and Esen, 2023). It existed over the years and infected some persons and the lepers in Etinan have engaged various determinant factors toward accessing medical treatments (Ononokpono, Peters and Usoro, 2019) since the sickness has voided the practice of herbalists in the area ([2]Esen and Peters, 2023). Leprosy has significantly affected the physical, social, and psychological well-being of those afflicted. The condition is associated with considerable stigma, and it is important to note that proximity to individuals with the disease can increase the risk of transmission. Walsh (2007) posits that Self-stigmatization is a very real issue.

Bryne (2008) argues that a significant number of individuals continue to maintain the belief that those afflicted with leprosy should be isolated from their communities to prevent the spread of the

disease. Walsh (2007) suggests that the feelings of self-hatred linked to leprosy can be enduring, often remaining even after the disease has been treated, indicating that some individuals may struggle to accept their recovery, while others may doubt their healing altogether. McMenarim (2011) contends that individuals with leprosy are often shunned due to perceptions of sinfulness, as those in their vicinity wish to avoid attracting any associated misfortune.

Persons infected with this illness were treated at the Leprosy Hospital Ekpene Obom with orthodox medical practices as available and accessible in Etinan ([1]Esen and Peters, 2023). The Leprosy Hospital or Lepers' Colony at Ekpene Obom was an evil forest where lepers were separated from the people, drove into or taken there to die. This singular act instituted the stigma in social, cultural and economic relationships between lepers, ex-lepers and other people. The stigma and the separation during the infection period have grown and prevailed over the re-integration of the lepers after treatment, thereby restricting the former leprosy affected persons from social, economic and cultural interaction with the rest of the people. This means that; once someone is infected with leprosy, he or she says goodbye to his/her family members, relatives and friends. This has been a cultural pattern among the people and culture determines the way the people live (Peters, Usoro, Mboho, and Ononokpono, 2023) with the lepers.

In Etinan Local Government Area, many friends, relatives, and loved ones have been taken away from the infection and therefore reintegration of survivors after treatment becomes not just difficult, but impossible given the emotional impact associated with the loss. Making them suffer neglect by their people (Usoro and Peters, 2019). These have affected the pace of community development in some communities (Udoh and Mboho, 2021) within Etinan Local Government Area. In a situation where a young person is caught with leprosy, the social treatment becomes such that defile the social policies and rights acts (Mboho and Ndaeyo, 2019). In the case of women, the acts of gender violence are what a lot of the female patients experienced within the lepers' colony and in from their family members (Mboho and Udoh, 2018). All these mount up to lack of sustainability of social infrastructure (Mgbe, Mboho, and Okoronkwo, 2018) for the reintegration of treated former leprosy-affected persons in the colony at Ekpene Obom community in Etinan Local Government Area, Akwa Ibom State, Nigeria.

The stated situation implies that the task of re-integrating ex-leprosy patients has forced the ex-leprosy patients to remain at the leper's colony at Ekpene Obom. Living at the leper's colony in Leprosy Hospital Ekpene Obom becomes the only option when once one is infected with the deadly disease. Finding a life and surviving at the leper's colony has been a great challenge to many ex-leprosy patients. Staying together as ex-leprosy patients might give hope, but the life within the colony is challenging as these set of individuals have been abandoned by family members, relatives, friends and government. The majority of the ex-leprosy patients are living at the mercy of well-wishers, philanthropies, non-governmental organizations, and Christian missionaries. As many of them have lost their fingers and toes, being full active in economic activities to earn living has been a serious setback. Many authors have written on the origin, treatment and spread of leprosy, but the issues that are concerned with ex-leprosy which is the main focus of this study have not been considered by previous authors. On this backdrop, this research work seeks to examine the social costs of re-integrating ex-leprosy patients in the Etinan Local Government Area of Akwa Ibom State, Nigeria.

Objectives of the Study

The main objective of this study is to evaluate the social costs of reintegrating former leprosy-affected persons in Akwa Ibom State, Nigeria. The specific objectives of the study include:

i. to examine the impact of stigmatization on the reintegration of former leprosy-affected persons in Etinan Local Government Area, Akwa Ibom State;

ii. to investigate the effect of discrimination on the reintegration of former leprosy-affected persons in Etinan Local Government Area, Akwa Ibom State;

iii. to examine the impact of exclusion on the reintegration of former leprosy-affected persons in Etinan Local Government Area, Akwa Ibom State;

iv. to examine how members of the society relate with former leprosy-affected persons in Etinan Local Government Area, Akwa Ibom State;

Research Hypotheses

The research is poised to test the following hypotheses;

i) Ho: there is no significant impact of stigmatization on the reintegration of former leprosy-affected persons in Etinan Local Government Area, Akwa Ibom State.

ii) Ho: there is no significant effect of discrimination on the reintegration of former leprosy-affected persons in Etinan Local Government Area, Akwa Ibom State.

iii) Ho: there is no significant impact of exclusion on the reintegration of former leprosy-affected persons in Etinan Local Government Area, Akwa Ibom State.

iv) Ho: members of the society do not relate with former leprosy-affected persons in Etinan Local Government Area, Akwa Ibom State.

Theoretical Framework

Adaptation Theory

Adaptation theory, often referred to as survival theory or the survival of the fittest, pertains to an organism's capacity to adjust to alterations in its environment and to evolve over time. These adaptations transpire across generations within a species, with traits that enhance an individual's ability to feed and reproduce being transmitted from one generation to the next, ultimately leading to a transformation of the entire species to better align with their surroundings (Burgoon and Hubbard, 2005).

The scientist most renowned for his contributions to adaptive theory is Charles Darwin, whose research conducted in the 1830s in the Galapagos Islands revealed a consistent relationship between organisms and their environments. Prior to Darwin's work, several other scholars, including Empedocles, Aristotle, William Paley, Lamarck, and Buffon, acknowledged that species underwent changes but lacked a comprehensive understanding of the underlying mechanisms or the notion that adaptation is an ongoing process without a definitive endpoint. The theory of adaptation outlines three potential

responses to changes in habitat: habitat tracking, genetic alteration, or extinction. Among these, only genetic alteration is recognized as a form of adaptation (Burgoon and Hubbard, 2005).

1. **Habitat Tracking and Extinction**

Habitat tracking refers to the phenomenon where a species adapts to alterations in its habitat or seeks out a new environment that closely resembles its previous one. If a species is unable to migrate or adapt to these changes, it may face extinction or a significant decline in its population. Genetic change occurs when natural selection favors individuals with minor mutations, granting them a competitive edge in securing resources such as food and mates (Burgoon and Hubbard, 2005).

2. **Co-Adaptations**

In cases where two or more species are symbiotically bound to each other for survival, co-adaptations must occur. One species adapts; the other species must follow suit to continue the mutually beneficial relationship. Similarly, if one species dies completely, the surviving species can try to adapt quickly but usually dies out, too (Burgoon and Hubbard, 2005).

3. **Internal Adaptations**

Adaptations can occasionally take place within an organism without being externally observable. For instance, vertebrates may evolve mechanisms to better regulate their body temperatures. Additionally, a species might enhance its immune system or cognitive abilities. In the context of evolution, an adaptation represents a change that provides a specific benefit, facilitating the transfer of genetic material to subsequent generations. These adaptations generally manifest in one of three categories: structural, physiological, or behavioural (Burgoon and Hubbard, 2005).

4. **Structural Adaptations**

A structural adaptation refers to a modification in the physical characteristics of an organism. Such changes are frequently associated with alterations in the organism's surrounding environment. For instance, if an ecosystem transitions to a forested area, the resident animals may evolve features such as suction pads or climbing claws, providing them with a significant advantage over those species that do not undergo similar adaptations. Additional instances of structural adaptations include the development of wings for aerial movement, fins for aquatic navigation, or robust legs for leaping (Burgoon and Hubbard, 2005).

5. **Behavioural Adaptations**

A behavioural adaptation refers to a modification in the natural actions of an organism. Such adaptations may arise due to alterations in the environment or the influence of other species. For instance, predatory animals may begin to hunt in groups, thereby gaining an evolutionary edge over those that hunt alone. Beyond shifts in hunting strategies, behavioural adaptations can encompass changes in social structures, methods of communication, feeding practices, and reproductive strategies (Burgoon and Hubbard, 2005).

6. Physiological Adaptation

Physiological adaptations share similarities with structural adaptations in that both entail physical changes within a species. Nevertheless, physiological adaptations are not always evident in the organism's outward appearance. These adaptations may arise in response to environmental changes or alterations in the behaviour of other species. For instance, a species residing in water that experiences an increase in acidity may gradually adjust its body chemistry to cope with the new conditions. Additional examples of physiological adaptations encompass the enhancement of cognitive abilities and the refinement of sensory perception (Burgoon and Hubbard, 2005).

7. Every Characteristic is Not an Adaptation

Embracing the Theory of Evolution and the concept of adaptation in its entirety may lead one to perceive every trait of an organism as an adaptation. Nevertheless, numerous features of organisms did not evolve solely to enhance the transmission of genetic material. Certain traits may merely be the result of historical contingencies. Additionally, some characteristics could be incidental outcomes of genuine adaptations. For example, the red colour of blood arises from the chemical processes within it; this colour is not an adaptation in itself. Furthermore, certain traits, like the human appendix, may represent obsolete adaptations that persist beyond their functional relevance (Burgoon and Hubbard, 2005).

8. Adaptation versus Natural Selection: How They Relate

Natural selection and adaptation are fundamentally different concepts. Natural selection serves as the process that facilitates the evolution of adaptations. It refers to the natural mechanisms, such as predation and the availability of food, that favor certain variations within a population. Those individuals that survive are able to transmit their genetic traits to their offspring. Over numerous generations, the traits that enhance survival become more prevalent. The distinction between adaptation and natural selection lies in the fact that adaptation refers to the trait itself, while natural selection is the process that enhances the likelihood of advantageous traits being inherited and becoming widespread. An example of this is the ancient lungfish, which emerged approximately 417 million years ago and demonstrated the ability to endure droughts in ways that other fish could not. Some fish may have possessed a greater capacity to breathe air from the surface of shallow pools, a trait that was perpetuated through survival and reproduction, ultimately resulting in the development of lung, (Burgoon and Hubbard, 2005).

9. Adaptation versus Evolution: Change Over Time

As beneficial adaptations accumulate over time, the process of evolution takes place. Evolution refers to the transformation of a species over a period. The distinction between inherited adaptations and evolution lies in the fact that when the number of accumulated adaptations becomes so extensive that the DNA of the resulting organism is no longer compatible with that of its ancestral form, the organism has transitioned into a new species,(Burgoon and Hubbard, 2005).

10. Application of the theory in the study area and subject matter

The researcher employs adaptation theory, grounded in the principles of the theory and the focus of the study concerning the reintegration of ex-lepers into society. Adaptation theory, often referred to as survival theory or the survival of the fittest, pertains to an organism's capacity to adjust to environmental changes and evolve. As outlined by the tenets of adaptation theory, these adaptations transpire across generations within a species, with traits that enhance an individual's ability to feed and reproduce being transmitted from one generation to the next, ultimately leading to a species that is more effectively aligned with its environment (Burgoon and Hubbard, 2005).

In the case of ex-lepers, there are social and economic costs of their adaptation due to their new statuses (ex-lepers). They have changed their physical body and health, and the impacts on the societal relationship with them demand both physiological and behavioural change for them to adapt and survive within the society they found themselves. The alterations are articulated within the principles of adaptation theory as follows: Physiological adaptations, which resemble structural adaptations in that they entail a physical transformation of the species, and behavioral adaptations, which pertain to modifications influencing the natural actions of an organism.

Methodology

According to Fetterman (2010), research design involves combining the essential elements of investigation into an effective problem-solving sequence. Information on reintegrating ex-leprosy patients in Etinan Local Government Area is very sketchy; hence survey research design was adopted for the study in the quest to acquire information on the social and economic cost of reintegrating ex-leprosy patients at Lepers Colony in Ekpene Obom village in Etinan Local Government Area, Akwa Ibom State, Nigeria. This makesa structured questionnaire a convenient tool for data collection in the study, as the researchers embarked on an investigation of the social and economic cost of reintegrating former leprosy-affected persons. It also enables analysis of relationships among chosen variables on the substantial issues of the study. The questionnaire was structured in such a way as to obtain information in line with the objectives of the study.

The study was conducted in the Ekpene Obom community in Etinan Local Government Area. Etinan Local Government Area is geographically located on latitude 05^{o} and longitude 07^{o} east. It is located twenty-six kilometres (26km) south of Uyo, the Akwa Ibom State capital. It shares boundaries with five (5) other local government areas. These are Onna, MkpatEnin, Abak, Nsit Ibom and NsitUbium. The headquarters is Etinan Town which is located mid-way between Uyo and Eket by road network.

Since the population “P” of the ex-leprosy patients in EkepeneObom community is unknown, to determine the sample “n” the researcher adopted Fetterman (2010) big-net approach which makes every participating respondent part of the sample which the end the researcher engaged a total of 393 participants which formed the sample size for the study. The study concentrated on the lepers’ colony at Ekpene Obom village and other parts of Ekpene Obom community in Etinan Local Government Area, Akwa Ibom State.

Socio-demographic data of the study respondents are presented using the percentage method and data collected on the subject matters of the study are analysed using Pearson’s Product Moment Correlation (*r*). The Pearson Product Moment Correlation was calculated using SPSS.

RESULTS

Table 1: Socio-Demographics of Respondents

Demographic profile	Variable	Frequency	Percent (%)
Gender	Female	223	56.7
	Male	170	43.3
Age of Respondent	Below 20yrs	29	7.4
	21-30yrs	89	22.6
	31-40yrs	77	19.6
	41- 50yrs	68	17.3
	51 – 60yrs	74	18.8
	61 and above	56	14.3
Occupation	Civil Servant	13	3.3
	Trader	221	56.2
	Artisan	58	14.8
	Unemployed	101	25.7

Source: Fieldwork, (2024)

The socio-demographic distribution of the sampled respondents as shown in Table 1, infers that the total number of the study participants was 393, the females constituted 223 (56.7%) while the male constituted 170 (43.3%) males. The gender percentage shows that the views of the study respondents expressed in this study are representative of both males and females, with the female study participants being the majority.

Table 1 also shows that within the age characteristics, the majority of the study respondents were between ages 21 - 30 years (89/22.6%). This is followed by age 31 -40 years (77/19.6%).Next in this category was 74 (18.8%) of the study respondents were 51 – 60 years of age, 68 (17.3%) were between the ages of 41 – 50 years, followed by 56 (14.3%) were 61 years and above, and the least in this category was below 20 (29/7.4%). This implies that the majority of the study respondents were of the younger age group of the study population's sample. Study respondents gave information related to the main theme of this scientific investigation and made meaningful contributions in line with the objectives of the study.

Under the occupation category, traders were the highest proportion of the study respondents with 221 (56.2%), followed by farmers with 101 (25.7%). Artisans were 58 (14.8%) and the least in this category is civil servants with 13 (3.3%). The analysis of the occupation category shows that the majority of the study respondents are traders. The indication of this is that the study participants covered large segments and varieties of socio-demographic characteristics. This is important in obtaining a balanced and unbiased view from study respondents on the main subject of study across the study area.

Test of Hypothesis

Hypothesis 1: Ho: there is no significant impact of stigmatization on the reintegration of former leprosy affected persons in Etinan Local Government Area, Akwa Ibom State.

Pearson Product Moment Correlation through SPSS was used for calculating research hypothesis 1 which sought to establish whether there is a relationship between stigmatization (STM) and reintegration of former leprosy-affected persons (REP) in Etinan Local Government Area as presented in the table below.

Table 2 shows the Pearson Product Moment Correlation analysis between stigmatization (STM) and reintegration of former leprosy-affected persons (REP)

Correlation between stigmatization (STM) and reintegration of ex-leprosy patients (REP)(*n* = 393)

		REP	STM
REP	Pearson Correlation	1	-.891**
	Sig. (2-tailed)		.000
	N	393	393
STM	Pearson Correlation	-.891**	1
	Sig. (2-tailed)	.000	
	N	393	393

***. Correlation is significant at the 0.01 level (2-tailed).*

Table 2 shows that the Pearson product-moment correlation of stigmatization (STM) and reintegration of ex-leprosy patients (REP) in Etinan Local Government Area was highly negative but statistically significant (r = -0.891, p < .001). Hence, the null hypothesis of hypothesis one was not supported. This implies that an increase in stigmatization can lead to a greater challenge or increase the difficulties of reintegration of ex-leprosy patients. Hence, ex-leprosy patients tend to suffer difficulties in their reintegration processes which affect their social relationships with other members of the community. The high negative relationship between the variables is indicated by the Pearson product-moment correlation (*r)*) which is -.891 in accordance with the rules which state that there exists a high positive or negative correlation when $r = \pm .70$ to $\pm .90$. In the case of the correlation (r) between stigmatization (STM) and reintegration of ex-leprosy patients (REP) in Etinan Local Government Area, r =-0.891 which supports a high negative statistical significant between the two variables and the statistical significant is lower than 0.01 level of significant at .000.

Hypothesis 2: Ho: there is no significant effect of discrimination on the reintegration of former leprosy-affected persons in Etinan Local Government Area, Akwa Ibom State.

Pearson Product Moment Correlation through SPSS was used for calculating hypothesis 2 which sought to establish whether there is a relationship between discrimination (DSN) and reintegration of former leprosy-affected persons (REP) in Etinan Local Government Area as presented in the table below.

Table 3 shows the Pearson Product Moment Correlation analysis between Discrimination (DSN) and reintegration of former leprosy-affected persons (REP)

Correlations between discrimination (DSN) and reintegration of ex-leprosy patients (REP)(*n* = 393)

		REP	DSN
REP	Pearson Correlation	1	-.892**
	Sig. (2-tailed)		.000
	N	393	393
DSN	Pearson Correlation	-.892**	1
	Sig. (2-tailed)	.000	
	N	393	393

***. Correlation is significant at the 0.01 level (2-tailed).*

Table 3 shows that the Pearson product-moment correlation of discrimination (DSN) and reintegration of former leprosy-affected (REP) in Etinan Local Government Area was highly negative and statistically significant (r = -0.892, p < .001). Hence, the null hypothesis of hypothesis two was not supported. This implies that discrimination plays a key role in the reintegration of former leprosy-affected persons into the society or community from which the disease attacked them. Hence, the higher the level of discrimination exerted on the former leprosy-affected, the more difficult their reintegration tends to be. The high negative relationship between the variables is indicated by the Pearson product-moment correlation (r) which is -0.892 following the rules which state that there exists a high positive or negative correlation when $r = \pm .70$ to $\pm .90$. In the case of the correlation (r) between discrimination (DSN) and reintegration of former leprosy-affected persons (REP) in Etinan Local Government Area, r =-0.892 which supports a high negative statistical significant between the two variables and the statistical significant is lower than 0.01 level of significant at .000.

Hypothesis 3: Ho: there is no significant impact of exclusion on the reintegration of former leprosy-affected persons in Etinan Local Government Area, Akwa Ibom State.

Pearson Product Moment Correlation through SPSS was used for calculating the hypothesis 3 which sought to establish whether there is a relationship between exclusion (EXN) and reintegration of former leprosy-affected persons (REP) in Etinan Local Government Area as presented in the table below.

Table 4: Showing the Pearson Product Moment Correlation analysis between Exclusion (EXN) and Reintegration of former leprosy-affected persons (REP)

Correlations between exclusion (EXN) and reintegration of ex-leprosy patients (REP) (*n* = 393)

		REP	EXN
REP	Pearson Correlation	1	-.894**
	Sig. (2-tailed)		.000
	N	393	392
EXN	Pearson Correlation	-.894**	1
	Sig. (2-tailed)	.000	
	N	392	392

***. Correlation is significant at the 0.01 level (2-tailed).*

Table 4 shows that the Pearson Product Moment Correlation of exclusion (EXN) and reintegration of former leprosy-affected persons (REP) in the Etinan Local Government Area was highly negative and statistically significant (r = -0.894, $p < .001$). Hence, the null hypothesis of hypothesis three was not supported. This implies that exclusion makes it difficult for the reintegration of former leprosy-affected persons in Etinan Local Government Area. Hence, due to the exclusion of ex-leprosy patients in communal issues and responsibilities, reintegration of the former leprosy-affected persons becomes difficult to attain by the parties involved in the processes. The high negative relationship between the variables is indicated by the Pearson product-moment correlation (*r)*) which is -0.894 following the rules which state that there exists a high positive or negative correlation when $r = \pm .70$ to $\pm .90$. In the case of the correlation (r) between exclusion (EXN) and reintegration of former leprosy-affected persons (REP), r =-0.894 which supports a high negative statistical significant between the two variables and the statistical significant is lower than 0.01 level of significant at .000.

Hypothesis 4: Ho: members of the society do not relate with former leprosy-affected persons in Etinan Local Government Area, Akwa Ibom State.

Pearson Product Moment Correlation through SPSS was used for calculating the hypothesis 4 which sought to establish whether there is a relationship between societal relationship with former leprosy-affected persons (SRE) and reintegration of former leprosy-affected persons (REP) in Etinan Local Government Area as presented in the table below.

Table 5: Showing the Pearson Product Moment Correlation analysis between Societal relationship with former leprosy-affected persons(SRE) and reintegration of former leprosy affected persons (REP)

Correlations between societal relationship with ex-leprosy patients (SRE) and reintegration of ex-leprosy patients (REP)(*n* = 393)

		REP	SRE
REP	Pearson Correlation	1	.897**
	Sig. (2-tailed)		.000
	N	393	393
SRE	Pearson Correlation	.897**	1
	Sig. (2-tailed)	.000	
	N	393	393

***. Correlation is significant at the 0.01 level (2-tailed).*

Table 5 shows that the Pearson product-moment correlation of societal relationship with former leprosy-affected persons (SRE) and reintegration of former leprosy-affected persons (REP) was highly positive and statistically significant (r = +0.897, p < .001). Hence, the null hypothesis of hypothesis four was supported. This implies that most of the members of society do not relate with the former leprosy-affected persons as they are supposed to even after their treatments which affects their reintegration processes. Hence, former leprosy-affected persons find it difficult to reintegrate back into their society because members of the society do not relate with them as they used to before they got struck by leprosy. The high positive relationship between the variables is indicated by the Pearson product-moment correlation (*r)*) which is +0.897 following the rules which state that there exists a high positive or negative correlation when $r = \pm .70$ to $\pm .90$. In the case of the correlation (r) between the societal relationship with former leprosy-affected persons (SRE) and reintegration of former leprosy-affected persons (REP), r = +0.897 which supports a high positive statistical significant between the two variables and the statistical significant is lower than 0.01 level of significant at .000.

Discussion of Findings

The findings of the study are discussed according to answers to the research objectives and corresponding hypotheses as follows:

Impact of stigmatization on the reintegration of former leprosy-affected persons in Etinan Local Government Area, Akwa Ibom State

Findings of the study on hypothesis one of the research works shows that there exist a high relationship between stigmatization (STM) and reintegration of former leprosy affected (REP) in Etinan Local Government Area. This was ascertained by the Pearson product Moment Correlation (r = -0.891, $p < 0.001$ significance level) between the two variables. The finding showed that an increase in stigmatization will increase the challenges faced by the processes of reintegration of ex-leprosy patients in Ekpene Obom community in Etinan Local Government Area. Emergence findings of the study revealed that stigmatization of ex-leprosy patients exists among the people of Etinan Local Government Area, Akwa Ibom State. Due to the high level of stigmatization of former leprosy affected persons, most of the former leprosy-affected persons found it difficult to go back to their families. Still, they remained at the leprosy colony at Ekpene Obom in Etinan Local Government Area. Stigmatization has proven to be a great barrier to reintegration of ex-leprosy patients. This finding agrees with Walsh (2007) who posits that self-stigmatization represents a significant concern. Individuals affected by leprosy may experience feelings of shame, often influenced by societal perceptions and physical deformities, leading them to withdraw from social interactions. This behaviour reinforces the notion that leprosy is a condition to be concealed due to its perceived shamefulness. Consequently, patients may struggle to appreciate their worth and maintain a positive self-image. The feelings of self-reproach linked to leprosy can endure, remaining even after the disease has been treated.

Effect of discrimination on the reintegration of former leprosy affected persons in Etinan Local Government Area, Akwa Ibom State

Emergence from the study findings of research hypothesis two is that there exists a high negative relationship between discrimination and reintegration of former leprosy affected persons in Etinan Local Government Area, Akwa Ibom State. This was ascertained by the Pearson product Moment Correlation (r = -0.892, $p < 0.001$ significance level) between the two variables. This implies that there exists discrimination between members of the community and the former leprosy-affected persons. On the other hand, this also implies that the ex-leprosy patients though have been treated, they are still being considered as lepers and this perception of the people toward the ex-leprosy patients produces a serious degree of discrimination against the former leprosy affected persons. Discrimination is a result of fear of contamination because people believe that once a leper is a leper for life and no amount of treatment can take such stand away. This finding is in agreement with Bryne (2008) who posits that a significant number of individuals continue to maintain this belief, advocating for the isolation of those afflicted with leprosy from their communities to prevent the spread of the disease to others.

Impact of exclusion on the reintegration of former leprosy affected persons in Etinan Local Government Area, Akwa Ibom State

Findings of the study on hypothesis three of the research work show that there exists a high relationship between exclusion and reintegration of ex-leprosy patients in Etinan Local Government Area, Akwa Ibom State. This was ascertained by the Pearson product Moment Correlation (r = +.894, $p < 0.001$

significance level) between the two variables. This implies that due to the leprous tag given to the ex-leprosy patients, the ex-patients are not included in the affairs of the community and as such they are not expected to play any role in the community. This further ascertains that the people are still afraid of contracting the disease from the ex-patients despite their new status. Exclusion is a result of fear and making a clear statement on the acceptability of the ex-patients back in their communities and families. The finding is also in agreement with Bryne's (2008) position that a significant number of individuals continue to maintain this belief, advocating for the segregation of those afflicted with leprosy from their communities to prevent the potential spread of the disease to others. The finding also stands with more literature like Walsh's (2007) position that the self-loathing associated with leprosy can be permanent, persisting after the disease is cured which implies that they may never be able to come to that point, refusing to believe it is true, while others may not believe they are cured after treatment.

Impact of societal relationship with former leprosy affected persons (SRE) and reintegration of former leprosy affected persons (REP) in Etinan Local Government Area

Conclusion

To be sick of leprosy has been a great challenge because of the effects of the disease on the social and cultural life of the patients during the illness and after treatment. Reintegration of ex-leprosy patients has suffered great setbacks which has made some of the former leprosy-affected to choose to stay at the lepers' colony instead of returning to where they came from, abandoning their families, and social, economic, and cultural life. Stigmatization, discrimination, exclusion, and negative societal relationships with the ex-lepers have posed great barriers in the quest to reintegrate the ex-lepers into the communities where they once lived and had a full life before the attack of leprosy. Acceptability of the ex-lepers has faced the communities and the ex-lepers in such a dimension that a rise in stigmatization, discrimination, exclusion, and negative societal relationships leads to a reduction in the acceptability level of the ex-leprosy patients.

Recommendations

The recommendations presented below are derived from the findings of this research.

1. There should be orientation programmes on the reintegration of former leprosy affected persons to increase awareness of acceptability among the people.

2. There should be orientation programmes for the former leprosy affected persons to boost their self-image and give them good knowledge on how to get back to their former life effectively and gain acceptability easily.

3. There should be empowerment programmes for former leprosy affected persons to enhance their self-reliance and dependence in the process of their reintegration.

4. There should be continuous funding and proper implementation of resources by the government in order to make sure existing structures at leprosy hospital are well maintain and boost treatment of leprosy.

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