Negative Stigma of Society Towards Covid-19 Patients

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ABSTRACT

The increase in the COVID-19 pandemic has made the public even more anxious with the amount of fake news circulating on social media, resulting in a negative stigma for people who have been confirmed to have COVID-19 or have close contacts. This causes the spread of disease in the community is increasingly out of control. To find out the picture of community stigma against Covid-19 patients in Indonesia from the results of previous studies in 5 related journals. This study uses an analytic review literature study. The secondary data search method is sourced from scientific journals Results in The high stigmatization of suspected patients, close contacts, and confirmed COVID-19 The COVID-19 pandemic in Indonesia shifted the cultural value of helping each other in society, stigma and suspicion emerged in socializing behavior such as being rejected and ostracized because of the potential to spread the virus in the community. Negative stigma against positive COVID-19 sufferers must be annulled with optimal health literacy from various parties, especially stakeholders in areas that have the potential for transmission. And provide support and motivation so that the spirit to heal. Bad social behavior can lead to stigmas against others, such as isolating and refusing patients, families, or corpses with suspected, probable, and confirmed cases of COVID-19, discriminating against certain ethnicities or people who move from one area to another as virus carriers. Internal medical personnel also often receive the same treatment regarding stigma from some communities. It is necessary to develop community character to fight stigmatization, through education and communication regarding the role of society in dealing with social situations amid the global Covid-19 pandemic.

Keywords: *Social Stigma, COVID-19*

INTRODUCTION

Corona disease or COVID-19 is a type of disease that attacks the respiratory tract resulting in death. The spread of COVID-19 can create a global pandemic threat to the community because no appropriate drugs have been found and the pattern of spread is increasingly rapid, and easily transmitted through community activities (WHO,2020).

Corona Virus Disease has been known since the 1930s and was originally found in animals. A new coronavirus disease that causes Severe Acute Respiratory Syndrome (SARS) appeared in 2002, then in 2012 developed again in the Middle East region, the Arab country became Middle East Respiratory Syndrome (MERS) (Pane, Fikri and Ritonga, 2018).

At the end of 2019, the world was shocked by the extraordinary occurrence of severe infections in 44 pneumonia patients in Wuhan City, China, China. After being traced the cause is a type of Corona Virus that has never been known before, so it is referred to as a new type of Corona or Novel Coronavirus (Novel = most recent). The source of transmission of the disease is not yet known for certain, but the first case was attributed to a fish market in Wuhan. The virus can be transmitted from human to human and has spread widely in China and more than 190 other countries and territories.

WHO officially announced the new naming of the mysterious pneumonia-causing virus on February 2020, under the name Severe Acute Respiratory Syndrome Coronavirus-2 (SARS-CoV-2) and the name of the disease it causes is Coronavirus Disease 2019 (COVID-19) (Magulili, 2020).

In early February, the Government announced that in Indonesia there were 2 positive cases of COVID-19. As of May 16, 2021, according to who, the number of confirmed cases of COVID-19 infection globally reached 162,177,376 cases with 3,364,178 (CFR 2.1%) confirmed cases died, and there were in 222 affected countries, 193 local transmission countries. Cases in Indonesia with the number of people examined as many as 10,409,178 cases, for confirmed cases there were 1,739,750 cases, overall data of 34 provinces including 90,800 active cases and 1,600,857 cured cases (Positive COVID-19, while death cases (Positive COVID-19) 48,093 (CFR 2.8%) covid-19 cases, and negative cases of 8,669,428 cases (Kemenkes RI dan Germas, 2021).

The last report of COVID-19 cases on May 23, 2021, showed 16,322 cases with an average of 7 days there were 5,067 cases, as many as 11,437 cases recovered, and 441 cases of death (CSSEGISand Data COVID-19, 2021).

Stigma is a term that describes a situation or condition related to the point of view of something that is considered a negative value. Based on research Arboleda-Flórez (2003) Stigma is understood as a social construct where distinguishing signs of social disgrace are attached to others to identify and devalue them. Usually, a stigma exists in the burden of disease. Social stigma in the

context of health is a negative relationship between a person or group of people who share certain characteristics and certain diseases (Wanodya and Usada, 2020).

According to research (Oktaviannoor, Mulia, and Hidayah, 2020), it was found that there is a significant link between knowledge about Covid-19 and stigma towards Covid-19 patients and health workers. In this study, it can be seen that the proportion of people who have quite less knowledge stigmatizes than people with less knowledge.

The increasing global pandemic of COVID-19, especially in Indonesia that has customs and culture and high concern for others raises negative stigma for sufferers or their families. As a new disease that can be transmitted quickly, until now there has been no cure for the covid-19 disease. The flood of information circulating on social media is not all trustworthy, and further reinforces the negative stigma for COVID-19 confirmed people as well as close contacts. Stigma will cause the spread of disease in a society increasingly uncontrollable. So the author wants to do scientific writing through study literature with the formulation of the problem of how the picture of the stigma of society against patients covid-19 in Indonesia from the results of previous research.

METHODS

The type of research used in this study is a type of analytics based on the study of review literature. The secondary data search method is data obtained not directly from objects or research subjects, but rather sourced from scientific journals obtained through the google scholar website from March-May 2021, by using the keyword Stigma Covid-19 and giving rise to various national and international reputable journals related to the title of the study, qualified 6 journals used as the basis of the author to answer research problems about the stigma of society towards Covid-19 patients.

RESULTS AND DISCUSSION

In general, this research literature uses literature whose authenticity can be accounted for. literature results containing a summary and subject matter about the stigma of COVID-19 in the community in each selected journal are described according to the purpose of the research.

The literature review was published in 2021 using observational, crossectional, and qualitative analytical descriptions, and all data was mostly obtained through secondary data.

Characteristics of the negative stigma of the community towards COVID-19 patients are then categorized according to related literature studies, including 1. Prevention of stigma against people in the mention of COVID-19, 2. Knowledge and stigma of society towards Covid-19 Patients and Health Workers in Banjarmasin City, 3. Stigma against COVID-19 positive people, 4. Community stigma against COVID-19 patients, 5. Stigma and community behavior in COVID-19 positive patients, 6. Handling of public stigma on COVID-19 in Indonesian society.

Based on literature review from 6 journals described in general the research was conducted in a community that meets the criteria of inclusion or qualifications, does not experience mental disorders, and the ability to read to be the subject of research such as students, people who live in one environment with COVID-19 patients or families, and medical personnel who work in health facilities, especially in the treatment of COVID-19 patients.

The process of measuring the stigma of COVID-19 in the community is carried out in the form of survey questions describing stigma and public knowledge about COVID-19 in the form of questionnaires and then distributed directly to respondents. Of the 6 literature, 2 of them use google Forms sent via smartphone.

Even to get data and information about the stigma of COVID-19, information media such as the news from private television stations and online sites that contain articles about the stigma of society from discrimination to the rejection of COVID-19 patients' bodies. In addition, the method of community service with various interventions of one community group with two different times is also one of the efforts to eliminate stigma in the community, which focuses on counseling activities in the form of concern for the community in the face of the stigma of COVID-19.

All literature used is not to compare certain groups but is done thoroughly to respondents tailored to the research instrument. One of the pieces of kinds of literature is using a pilot study of the modified public admissions research instrument to obtain data on the stigma of COVID-19.

Stigma is understood as a social structure where typical signs of social stigma are attached to others to identify and demean them. Usually, stigma lies in the burden of disease. in terms of health. Literature study explains stigma in health context can lead to negative relationships between individuals and groups of people affected by the environment with certain characteristics or diseases (Magulili, 2020). The cause of stigma is excessive fear and anxiety that results in patients having to undergo treatment alone in the hospital and psychologically disturbed when there is discrimination in society, not only those who are sick but rejection also occurs in the corpses of COVID-19 and medical personnel in charge of burying (Sulistiadi dkk, 2020).

People who come from the COVID-19 epidemic area with the intention and purpose to visit family or are forced to return home from overseas because of the increasingly difficult economic conditions, especially students who attend school in urban areas also often get the stigma of COVID-19 because it is considered as a carrier of the virus. This statement is reinforced by the results of the Setiawati *et al* (2020) which states that there is an increasing number of reports of public stigmatization of people from epidemic-affected areas.

COVID-19 patients, families, and medical personnel working as the vanguard in handling the COVID-19 pandemic are the main targets of community stigma and it is difficult to gain public acceptance.

Increased stigma in society greatly affects health and mental conditions which leads to the increasing difficulty of handling Covid-19. According to research by Novita and Elon (2021) Instrumental stigma and symbolic stigma with a percentage of 55.3% mostly high indicate that there is still a view that COVID-19 sufferers are unfit to live nearby because it is considered disgusting and potentially carrying viruses, and should not live during society. The higher the instrumental stigma and symbolic stigma in society, the worse the public's acceptance of Covid-19. On the contrary, the higher the stigma of modesty, the more acceptance appears in society, because the stigma of modesty is directly related to COVID-19 patients.

In Indonesia Stigma Arises through Social behaviors influenced by lack of knowledge about transmission, treatment, and how to prevent disease infection due to laziness to find out the correct information about COVID-19 or lack of education from the government, so that people are easily influenced also believe in hoaxes circulating in the environment. This is in line with the results of the Sulistiadi dkk, (2020) which explains that stigma is influenced by village devices that should be able to provide an understanding of COVID-19 for the community. The lack of education about the medical facts of COVID-19 and the handling of bodies following health protocols, plus low public education triggers the rejection of COVID-19 patients, medical personnel, and bodies in the community.

According to Oktaviannoor, dkk (2020) stated that some people with sufficient knowledge do not provide stigma compared to people who have less knowledge. Lack of knowledge is a risk factor for the stigma against Covid-19 patients and health workers, due to anxiety and protectiveness towards themselves and their families.

Stigma is more likely to be carried out by people with female genders and has less knowledge about COVID-19 (Novita and Elon, 2021). Women tend to have a sense of concern for the family let alone a mother and not infrequently socialization in the environment is more likely to be dominated by women so that preparedness is increasing to avoid COVID-19.

Knowledge can be developed through activities in the community in the form of education or promotion of modified health with various interventions such as the distribution of masks, disinfection of the environment, practices of clean and healthy living behaviors, and activities that motivate people's enthusiasm to participate, especially during the COVID-19 pandemic by utilizing health protocols. according to Dewantari (2020) explaining efforts to increase public knowledge focused on Covid-19, how to prevent it, symptoms, and terms used. People are also socialized not to stigmatize if any member of the community is exposed to COVID-19, otherwise must be ready to adapt to new habits during the pandemic.

Stigma can increase the suffering of people indicated by COVID-19. People with the disease or those at risk of COVID-19 may avoid seeking other health care, and make it more difficult for

health authorities to control the disease. In line with research Abudi, dan Mokodompis (2020) stated that many patients and families do not want to reveal their history because of the stigma against COVID-19 patients. The patient not only lies, but the patient's family will be angry when interviewed about the history of close contact.

People should remove the stigma against COVID-19 patients so that they do not feel isolated and motivated to recover quickly. according to Sulistiadi, Rahayu and Harmani, (2020) Efforts to remove the stigma against medical personnel, COVID-19 patients, and families are always thinking positively, daring to express the health condition experienced so that there is public anticipation and vigilance to suppress the spread of COVID-19 erpedoman on healthy living advice, balanced nutrition or health protocols. Through targeted communication and education and government policy development strategies in handling COVID-19, it is expected that the public can work together to care for each other so that all COVID-19 patients can have the motivation and spirit to recover quickly and do activities.

CONCLUSIONS AND SUGGESTIONS

Based on literature studies, it can be concluded that the negative stigma of COVID-19 in society is influenced by the environment. The targets of stigma are COVID-19 patients and their families, medical personnel, and those coming from the COVID-19 epidemic area. stigma is caused by fear, anxiety, and an excessive mindset to protect yourself from the transmission of COVID-19 disease. Stigma is divided into 3 parts, namely instrumental stigma, symbolic stigma, and stigma of decency that greatly affects the community in the social environment. the lack of knowledge about transmission, treatment, prevention, and the term COVID-19 makes it easy for people to believe covid-19 information that cannot be accurately proven.

Various rejections are also often applied to those who have recovered and covid-19 bodies. Most of the stigma is carried out by people with less knowledge and low levels of education and is dominated by women. Stigma can be minimized if people are given health education and promotion following COVID-19 health protocols.

The role of the government, health practitioners, and community leaders must continue to increase socialization about COVID-19 which will be very helpful so that the community does not attach a negative stigma to COVID-19 patients and their families, medical personnel, visiting relatives, and COVID-19 bodies.

The importance of public knowledge to fight stigmatization, through education and communication about the role of society in dealing with social situations amid the global pandemic Covid-19 will help reduce negative stigma in the community environment. Utilizing electronic media as best as possible to publish health promotions related to community behavior against stigma can be

done through webinars, and sharing from psychologists, health experts, or related institutions by involving the community (health workers, students, stakeholders in the social environment of society).

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