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**THE IMPACT OF STIGMATIZATION ON PEOPLE WHO EXPOSED
TO COVID-19 IN INDONESIA**

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ABSTRACT

An emerging social phenomenon has arisen in the midst of the COVID-19 epidemic that has the potential to worsen the situation: social stigma or unfavorable connections with a person or group of individuals who exhibit symptoms or have specific diseases. They are stigmatized, stereotyped, discriminated against, treated differently, and/or subjected to status harassment as a result of being associated with a medical condition. Stigma will in fact cause the spread of disease in society to become increasingly out of control. In the study of Medical and Biological Sciences, it is clear that the SARS-CoV2 virus as the cause of Covid-19 is a virus that only has RNA genetic material. This virus can only be active (live) in other cells as its host and as long as the cell is active. It can only be transmitted if a person sneezes, coughs, speaks with a droplet or saliva that carries the virus in it. This is the mode of transmission, so keeping your distance and always wearing a mask will reduce your risk of exposure. Maintaining distance does not mean cutting off contact with other people socially, so WHO also changes the phrase social distancing to physical distancing. The aim is that the global community will no longer cut off social contact with family or other people, but only maintain physical distance. Education is one of the most effective methods of reducing social stigma. In order to contribute to the normalization of the illness, regional or central officials who test positive for Covid-19 must be forthright about their diagnosis. Many forms of education can be carried out, such as socialization through social media and giving the public leaflets about how to transmit.

INTRODUCTION

The world has entered the era of globalization with various aspects related to it. Information technology (IT) has become an irreplaceable aspect of today's globalization. With IT or the internet, data delivery and information processing is very fast, accurate, and can reach all corners of the country, including the use of social media by various levels of society. Apart from having many positive sides, the internet has also contributed to the spread of hoax news on social media (Abdillah, 2020). Internet-based social media allows people to communicate without boundaries of time and space. Currently, various social media platforms (such as Facebook, WhatsApp, LINE, WeChat, Twitter, Skype) have developed well (Lin, 2020). Apart from this positive side, social media can also be used to spread hoax news whose truth is doubtful. The era of globalization can also be seen with the high level of mobility of people from one place to another quickly.

Globalization, on the other hand, has a number of negative consequences in addition to its numerous good effects. One of them is the movement or mobility of individuals who can travel to a variety of locations inside and across nations, allowing persons who are infected with an infectious disease to spread the sickness to the site where they are moving about. The consequence was that throughout the first two (two) decades of the twenty-first century, there were at least a handful of outbreak cases, both epidemic (regional) and pandemic in scope (global) (Abdillah, 2020).

The globe was horrified in late 2019 and early 2020 by the advent of a virus-borne illness. The virus is commonly believed to have originated at a Huanan Seafood Wholesale Market in Wuhan City, Hubei Province's capital. Wuhan is a megacity, comparable to Beijing, Shanghai, and others, with a total population of tens of millions of inhabitants. At the time of its initial emergence, the virus was dubbed the 2019 novel coronavirus, or 2019-nCoV. To ease the development of diagnostic tests, vaccines, and medicines, viruses are named according to their genetic structure (WHO, 2020c). The Coronaviruses (CoVs) subfamily is divided genotypically and serologically into four genera, α , β , γ , and δ coronavirus. CoV infection in humans is caused by α -- CoVs and β -CoVs (Li et al., 2020).

COVID-19 in Indonesia was first reported on March 2, 2020, with a total of two cases. Meanwhile, data for Indonesia is updated until April 20, 2020 at 16.30 WIB (Emerging Infection Ministry of Health RI, 2020) is 6,760 Confirmed Cases, 590 Death Cases (8.7%), 747 Cured Cases (11.1%), 5,423 Internal Cases Care (80.2%). COVID-19 has changed many longstanding habits. For example, learning activities are shifted by using online learning with e-learning and blended learning systems (Abdillah, 2013, 2014, 2016), business promotion with social media and smartphones (Rahadi and Abdillah, 2013; Trihandayani and Abdillah, 2019).

Another factor that is no less significant than the rise of the COVID-19 pandemic is community stigma associated with Covid 19. Each day, the number of Covid-19 patients increases, creating worry in the community. Additionally, it generates different forms of negative stigma in society toward patients and anyone at high risk of exposure to Covid-19, such as physicians, nurses, and other health care professionals, even in their own neighborhood (Firdaus, 2020). According to the World Health Organization (WHO), stigma is society's most harmful adversary, even more so than the covid virus itself (Garjito & Nabilla, 2020).

Stigma, according to Smith (2002), is closely related to what is called the difference. In his writing entitled 'Stigma', he says:

“clear indicators of the social origins of stigmatization and the factors that perpetuate it. The key step in the generation of stigma is the perception of difference. A predisposition to notice difference is probably innate in all human (and many animal) groups, since”

According to Smith, people who experience stigma or negative views are groups that are marginalized or discriminated against because of gender or race that is considered bad or has negative behavior. This is an important part of the initial understanding of stigmatization. In the condition of Indonesian society in the midst of the Covid epidemic, not a few people use stigma to discriminate against Covid-19 sufferers as recipients of punishment from God or are considered as parties who must be isolated. Even medical personnel who are struggling to deal with this outbreak are also cornered by the stigma of the community as an infected group, even though medical facts prove the opposite. Likewise, discrimination against all members of the Chinese racial group as a group also infected with the virus, without any medical evidence. This shows that some of the people who stigmatize other members of the community, lack adequate knowledge or perhaps lack of information obtained, thus forming a wrong mindset (Jelahut, 2020).

The proliferation of Covid-19 is a public health concern, but it is also a social one. It has produced numerous challenges in different sectors of community life as a result of its widespread dissemination and transmission. These include concerns relating to economics and politics as well as military, security, social, and even cultural issues. Changes in these many elements have an impact on the conduct of individuals all over the globe today, including, in this example, the viewpoint between humans, without their even recognizing it. As a result of the Covid-19 epidemic, there have been changes in human behavior and attitudes in Indonesia as well.

LITERATURE REVIEW

Stigmatization

Stigma is a term that refers to a scenario or circumstance that is associated with someone's or something's unfavorable point of view on something or someone. According to Smith (2002), stigma is intimately associated with what is referred to as "different." In his writing entitled 'Stigma' he says:

“clear indicators of the social origins of stigmatization and the factors that perpetuate it. The key step in the generation of stigma is the perception of difference. A predisposition to notice difference is probably innate in all human (and many animal) groups, since”

In the context of health, social stigma refers to a negative association between an individual or group of individuals who share particular qualities and certain diseases (WHO, 2020d). Stigma can: 1) Encourage individuals to conceal disease in order to avoid prejudice, 2) Prevent people from seeking and receiving necessary health treatment, and 3) Prevent people from adopting healthy practices. Stigma is something that is considered to be of negative value to a situation or condition. Stigma in society is usually marked by the attachment of negative assumptions to a person to know the characteristics or judgments of others. Usually, stigma can be a burden of disease (Dian et al., 2018).

COVID-19

Coronaviruses are a group of viruses belonging to the subfamily Orthocoronavirinae of the Coronaviridae family and the order Nidovirales. This virus family may infect birds and animals, including humans, causing illness. In humans, coronaviruses often cause minor respiratory illnesses such as the common cold, however some strains of the virus, such as SARS, MERS, and COVID-19, are more lethal (Yunus & Rezki, 2020).

Corona viruses are a diverse family of viruses that infect people and animals. It often causes respiratory infections in humans, ranging from the common cold to more serious diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory

Syndrome (SARS) (SARS). Since the epidemic began in December 2019 in Wuhan, China, a new kind of Coronavirus has been found in people. It was first called Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-COV2) and is responsible for Coronavirus Disease-2019 (COVID-19) (<https://covid19.kemkes.go.id>).

METHODS

The method used in writing this article is qualitative which uses secondary data as a source of writing. Secondary data here is data obtained not directly from the object or research subject. In this paper, the data sources used are in the form of scientific journals, articles in social media and books. These various sources are used to answer all problems related to stigma against people who are exposed or confirmed positive for COVID-19. This collected data is carried out during May to June 2020.

RESULT AND DISCUSSION

The stigma is something that is considered to be of negative value to a situation or condition. Stigma in society is always marked by a negative perception of someone who has certain characteristics or conditions. Usually stigma can be a burden of disease (Dian et al., 2018).

Stigma is described in the field of health as the unfavorable interaction between one individual or group of people and another who have specific diseases or traits. For example, sufferers of COVID-19 in society are stigmatized negatively in society. So that people around the sufferer prefer to stay away and do not want to have direct contact with the sufferer, especially when they have been tested positive and even when the sufferers have been declared cured or negative Covid-19. There is a consensus that stigma research takes two opposing and isolated paths: 1) A micro-social approach, characterized by psychological (social) work, examines stigma at the individual and inter-individual level. 2) The macro-social approach, symbolized by sociological work, is related to group (social / cultural) and structural analysis (Irwan, 2017).

The negative stigma of Covid-19 sufferers and their families arises due to the global pandemic in early 2020. COVID-19 is a contagious disease with a very fast transmission process and can result in death. It is well known that many patients conceal their disease due to the stigma associated with COVID-19 sufferers as well as societal circumstances. COVID-19 is currently incurable, and there is no known treatment (Susilo, A. et al).

Even the patient's family is not happy if the medical officer asks about the patient's contact history with other people, both his own family and members of the surrounding community. To prevent the spread of Covid-19 and the importance of identifying patients, most people choose to hide the real situation, making it difficult for medical personnel to carry out their duties. One of the reasons they lied was because of the massive flow of information about the corona virus. There are 2 types of information, negative and positive information. Negative information serves the purpose of educating people, but some people cannot differentiate between negative and positive information. Psychologically, negative information is more easily absorbed so that people believe it to be the truth. This is related to the lack of community capacity in managing and understanding information related to health due to unbalanced data circulating in the community. In the world of health, it can be said that people do not get real information.

As an emerging disease, COVID-19 is still growing at a fast pace. For some people with good immunity, COVID-19 can be fought with the immune system in their own bodies. People who suffer from COVID-19 or are infected with the corona virus can only be found out after carrying out certain tests. To help the government and health authorities analyze their patients, there are at least 4 (four) names of people related to COVID-19, namely:

1. People in Monitoring (ODP).
2. Patient under surveillance (PDP) or Suspect
3. People Without Symptoms (OTG).
4. Positive for COVID-19.

Symptoms possessed by the person under monitoring are those who meet the following criteria: fever at a temperature: 38 ° C or fever, cough or runny nose, have a history of travel to a country that has local transmission of COVID-19, stay for the last 14 days in an area with transmission local in Indonesia.

A person categorized as a suspect or Patient under surveillance (PDP) is someone who has symptoms: fever, or fever as a result of: cough / runny nose / shortness of breath not accompanied by pneumonia, and has a history of travel to areas that have local transmission of COVID-19 in 14 the last day before symptoms or having had direct contact with a positive COVID-19 patient. People without symptoms (OTG) are people who have no symptoms but are at risk of contracting a confirmed COVID-19 positive.

The Category of People without Symptoms (OTG) has a history of contact with sufferers, whether it is direct contact or in the same room as Covid-19 patients with a radius of 1 meter. The last group is people who are positive for Covid-19 or also called "confirmed cases". In this condition, a person is proven to have been infected with the Covid-19 virus based on laboratory results. When it comes to respiratory or blood specimens, the diagnosis of COVID-19 must be verified by reverse transcription polymerase chain reaction (RT-PCR) or gene sequencing, as this is a critical indicator for admission to the hospital (Li et al., 2020).

Furthermore, a chest CT scan is performed, which has a higher sensitivity for the diagnosis of COVID-19 compared to RT-PCR from swab samples in epidemic areas of China. It should also be noted that the term COVID-19 refers to a disease suffered by a patient. Meanwhile, SARS-CoV2 is the virus that causes the COVID-19 disease. Information on COVID-19 from Social Media and Online in the era of rapid IT development has shifted communication and interaction media into a new form of online social media across platforms. (Ai, Yang and Xia, 2020)

With social media, people can easily access and get data or information. News related to Covid-19 has become trending information every day since the pandemic case occurred. From social media, there are also reports of rejection of the funeral for the corpse of COVID-19. This happens to ordinary people and medical personnel who treat Covid-19 patients, who also receive the same treatment from people in certain areas. The government's efforts to suppress the spread of the COVID-19 virus have several ways, namely 1) by forming a task force for handling COVID-19 based on Presidential Decree Number 7 of 2020, 2) Implementation of PSBB in a number of City District Provinces that have Covid-19 patients, 3) Encouraging lifestyle healthy, wear a cloth mask, wash your hands with soap. (Presidential Decree No. 7 of 2020),

For groups of people who are "Corona Positive" or it can also be called a "confirmation case". In this status, a person who is tested positive for SARS-CoV-2 based on laboratory results must undergo hospitalization and / or self-isolation. Furthermore, a chest CT scan can be performed which has a higher sensitivity for the diagnosis of COVID-19 compared to RT-PCR from swab samples in epidemic areas of China (Ai, Yang and Xia, 2020).

The rapid development of IT has shifted communication and interaction media into a new form of online social media across platforms. Through social media and online, someone will easily get and share data or information from one social media to another to become viral and trending. News related to COVID-19 has dominated trending throughout the day, especially since the global pandemic status was given for COVID-19 cases. Information is circulating from online and electronic media regarding residents' refusal to bury the bodies of people with COVID-19. In fact, it is not only patients / sufferers and their families who get a

negative stigma, but nurses who treat COVID-19 patients also get stigma from the community. Even a number of nurses were intimidated and evicted from their contract because they were worried that they would carry the virus that causes COVID-19.

Social stigma is proven unable to increase the ability of modern society to survive infectious diseases. However, in fact it is one of the factors causing failure to protect public health due to new infectious diseases (Smith & Hughes, 2014). The available evidence clearly shows that the stigma and fear of some infectious diseases hinder effective responses and complicate managing infectious disease cases. Exclusion of sufferers, as occurs in several infectious diseases (HIV-AIDS, tuberculosis and others), can cause psychological and physical deterioration for sufferers and their families. This of course, also applies to people affected by Covid-19. With this stigma, many people become defensive by hiding their cases and preventing them from seeking appropriate treatment, making it more difficult to prevent the spread of the disease (Perry & Donini-Lenhof, 2010).

Efforts that must be made to support the successful handling of Covid-19 should be by building trust in existing health services and facilities, showing empathy for those affected, understanding the pattern of the disease itself, and adopting practical and effective steps, so that people can help keep oneself and loved ones safe (WHO, 2020).

Statement from dr. Liza Fathariariari (Dai, 2020) shows many studies that prove that stigma can exacerbate a situation, including a disease's pandemic. Stigma is a form of response to something different or deviates from something considered normal. Stigma can take the form of social rejection, gossip, physical violence, and denial of service. Naturally, we will distance ourselves from people who can infect us. This "avoid the disease" reaction makes a person engage in physical distancing with people who may be suffering from infectious diseases.

This concept instills a sense of serenity and the conviction that the only person who has influence over one's fate is oneself. These individuals believe that if they follow all precautions, they will avoid infection. However, this is not the world in which we live. We can do everything correctly, including washing our hands for 60 seconds rather than just 20 seconds, and yet contract Covid-19. Stigma has a detrimental effect on mental health and can aggravate the condition of someone who is ill. Having a negative perspective of others can result in worry, tension, and even despair. Even those who attempt to anticipate stigma in order to protect sick persons might feel worry and stress.

WHO, in collaboration with the United Nations Children's Fund (UNICEF), International Federation of Red Cross and Red Crescent Societies (IFRC), has issued "Social Stigma associated with COVID-19: A guide to preventing and addressing" (WHO, 2020d). The level of stigma associated with COVID-19 is based on three main factors: 1) it is a new disease and of which many are unknown; 2) We often fear the unknown; and 3) It is easy to associate that fear with "other people". Therefore, the issuance of these guidelines can serve as guidelines for the government, media and local organizations dealing with the new coronavirus disease (COVID-19). Here are some examples and tips about possible actions to fight the stigmatization of people with HIV / AIDS that can be adopted in overcoming the problem of Covid 19: 1) Spreading the facts, 2) Engaging social influencers, 3) Amplify the voices of those who are recovering, 4) Make sure you describe the various ethnic groups that represent the various communities affected and work together to prevent this disease, 5) Ethical journalism by promoting content around preventive practices, 6) Link up a number of initiatives overcoming stigma and stereotypes to create positive movements and environments that show caring and empathy (Irwan, 2017).

Stigmatizing anyone during a pandemic puts everyone at risk. Stigma can act as a barrier to illness treatment and care, as evidenced by research on HIV, Ebola, Hansen's Disease, and other infectious disease outbreaks. Individuals who fear social isolation if they

get ill are less likely to get tested for illness or seek treatment if they develop symptoms. As a result, it's unsurprising that patients under surveillance (PDP) flee the hospital for fear of testing positive for Covid-19. Additionally, individuals may not believe they may contract disease as a result of their logical fallacy.

CONCLUSION

The negative stigma against positive sufferers of COVID-19 must be nullified by optimal health literacy from various parties. The support of all parties so that sufferers of COVID-19 can be motivated to recover is highly expected. The role of the government, health practitioners, and community leaders in providing education related to COVID-19 will greatly help so that the public does not attach a negative stigma to people related to COVID-19. Even though we are not sufferers of COVID-19, we must still pay attention to a healthy lifestyle (consumption of vitamins C and E), maintain cleanliness, wash hands with soap, use cloth masks if necessary, maintain body immunity, sunbathe every day, maintain social distancing or physical distancing, paying attention to recommendations from WHO, the government, the Ministry of Health, and so on.

Education is one of the most effective methods of reducing social stigma. Regional or central leaders who have been diagnosed with COVID-19 must be honest about their diagnosis in order to help normalize the condition in their region. There are many forms of education that can be done, for example, socialization through social media, giving leaflets to the public about the dangers of covid-19 transmission and prevention, or it can also be in the form of animated stories so that children are more interested in watching. Therefore, it is better not to think negatively too much.

REFERENCES

- Abdillah, L. (2019). Analisis Aplikasi Mobile Transportasi Online Menggunakan User Experience Questionnaire pada Era Milenial dan Z (Analysis of Mobile Transport Online Applications Using the User Experience Questionnaire in the Millennial and Z Era). *JSINBIS (Jurnal Sistem Informasi Bisnis)*, 9(2), pp. 204–211. doi: 10.21456/vol9iss2pp204-211.
- Abdillah, L. A. (2020). Stigma Terhadap Orang Positif COVID-19.
- Ai, T., Yang, Z. and Xia, L. (2020). Correlation of Chest CT and RT-PCR Testing in Coronavirus Disease. *Radiology*, 2019, pp. 1–8. doi: 10.14358/PERS.80.2.000.
- Dai, N. F. (2020). Stigma Masyarakat Terhadap Pandemi Covid-19. *Prosiding Nasional Covid-19*, 66-73.
- Saraswaty, D., Abdurrahmat, A. S., & Novianti, S. (2018). Hubungan Dukungan Sosial Keluarga Dan Pengetahuan Dengan Perilaku Pengendalian Hipertensi Di Wilayah Kerja Puskesmas Karangnunggal Kabupaten Tasikmalaya. *Journal Health & Science: Gorontalo Journal Health and Science Community*, 2(2), 283-295.
- Firdaus, F. (2020). Stop Stigmatisasi Penderita COVID-19 dan Tenaga Medis.
- Garjito, D., & Nabilla, F. (2020). WHO: Stigma Lebih Berbahaya dari Virus Corona itu Sendiri. *Suara.Com*. file:///C:/Users/Saffanah/Music/WHO_ Stigma Lebih Berbahaya dari Virus Corona itu Sendiri.html
- <https://covid19.kemkes.go.id>

- Irwan. (2017). The model of Risk Behavior at the rise of HIV and AIDS in Adolescent in Gorontalo Province. *International Journal of Pharmacy & Pharmaceutical Research*, Volume 9 issue 3 June 2017, ISSN : 2349-7203 <http://ijppr.humanjournals.com/2017/06/> DOI : 10.25166
- Jelahut, F. E. (2020). Peran Komunikasi Sebagai Mitigasi Stigmatisasi Covid 19. *Jurnal Jurnalisa: Jurnal Jurusan Jurnalistik*, 6(1).
- Keppres No. 7 Tahun 2020. Keputusan Presiden Republik Indonesia No. 7 Tahun 2020 Tentang Gugus Tugas Percepatan Penanganan Corona Virus Disease 2019 (COVID-19). Indonesia.
- Lin, C.-Y. (2020). Social Reaction toward the 2019 Novel Coronavirus (COVID-19). *Social Health and Behavior*, 3(1), pp. 1–2. doi: 10.4103/SHB.SHB.
- Lin, L., Lu, L., Cao, W., & Li, T. (2020). Hypothesis for potential pathogenesis of SARS-CoV-2 infection—a review of immune changes in patients with viral pneumonia. *Emerging microbes & infections*, 9(1), 727-732. doi: 10.1080/22221751.2020.1746199.
- Perry, P., & Donini-Lenhoff, F. (2010). Stigmatization complicates infectious disease management. *AMA Journal of Ethics*, 12(3), 225-230.
- Rahadi, D. R. and Abdillah, L. A. (2013). The utilization of social networking as promotion media (Case study: Handicraft business in Palembang). in *Seminar Nasional Sistem Informasi Indonesia (SESINDO2013)*. Bali: Institut Teknologi Sepuluh Nopember (ITS).
- Smith, M. (2002). Stigma. *Advances in Psychiatric Treatment*, 8(5), 317–325. <https://doi.org/10.1192/apt.8.5.317>
- Susilo, A., Rumende, C. M., Pitoyo, C. W., Santoso, W. D., Yulianti, M., Herikurniawan, H., ... & Yuniastuti, E. (2020). Coronavirus disease 2019: Tinjauan literatur terkini. *Jurnal Penyakit Dalam Indonesia*, 7(1), 45-67.
- Handayani, A. T., & Abdillah, L. A. (2019). Analisis Penerimaan Pengguna dalam Memanfaatkan Media Sosial Terhadap Usaha Kecil Menengah Menggunakan Metode Technology Acceptance Model (TAM). In *Bina Darma Conference on Computer Science (BDCCS)* (Vol. 1, No. 6, pp. 2214-2221). Available at: <http://conference.binadarma.ac.id/index.php/BDCCS/article/download/473/412>.
- IFRC, U. WHO.(2020). Social stigma associated with COVID-19. A guide to preventing and addressing social stigma. <https://www.unicef.org/documents/social-stigma-associated-coronavirusdisease-2019>
- WHO (2020c) Naming the coronavirus disease (COVID-19) and the virus that causes it. Available at: [https://www.who.int/emergencies/diseases/novelcoronavirus-2019/technical-guidance/naming-the-coronavirus-disease-\(covid-2019\)-and-the-virus-that-causes-it](https://www.who.int/emergencies/diseases/novelcoronavirus-2019/technical-guidance/naming-the-coronavirus-disease-(covid-2019)-and-the-virus-that-causes-it) (Accessed: 14 Agustus 2020).
- WHO (2020d) Social Stigma associated with COVID-19: A guide to preventing and addressing. Available at: <https://www.who.int/docs/default-source/coronaviruse/covid19-stigmaguide.pdf>.
- Yunus, N. R., & Rezki, A. (2020). Kebijakan Pemberlakuan Lock Down Sebagai Antisipasi Penyebaran Corona Virus Covid-19. *Salam: Jurnal Sosial dan Budaya Syar-i*, 7(3), 227-238.