

Analysis of the image of stigma against covid-19 sufferers

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ABSTRACT

The violent COVID-19 pandemic and mode of transmission have created fear in the community, potentially leading to social stigma. Social stigma or negative associations with individuals or groups with symptoms or with certain medical conditions. they are labelled Stereotype, discrimination, discrimination and/or identity harassment related to illness. Stigma actually causes disease to spread Society is spinning out of control. This study is a systematic review using online databases namely Scholar, ScienceDirect, and ProQuest. The keywords used were image Stigma, against, COVID-19.,sufferers. The selection process used the PRISMA protocol, resulting in 15 articles that met the inclusion criteria. When the COVID-19 pandemic emerged, stigma was based on a lack of public knowledge, supplemented by unsubstantiated information or uncontrolled fake news, leading to excessive public attention and fear, leading to misunderstandings and discriminatory treatment. Health workers bar COVID-19 survivors from leaving their homes, even refusing to bury bodies. Stigma not only affects the mentality of those who are discriminated against, but has the potential to create negative motivations in vulnerable communities by not adopting healthy behaviors or even concealing their illnesses, creating connections that identify barriers and contribute to increased COVID-19 mortality. Effective preventive measures can be taken to minimize stigma, provide education or awareness-raising in the form of community health campaigns and outreach, and screen false reports so the public can obtain information from reliable official sources. Factors contributing to the public's stigma against COVID-19 are the level of knowledge that affects individuals' perceptions and actions, as well as the spread of untrustworthy information. Stigma can take the form of discriminatory treatment, labelling and stereotyping. The impact of stigma on COVID-19 can create barriers to contact tracing, lead to case reporting and stress, and potentially lead to mental health issues. Prevention of COVID-19 can be achieved by providing education, health promotion, providing credible information and controlling false reporting, and providing psychological support counseling for those stigmatized by society.

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INTRODUCTION

Center for Systems Science and Engineering (CSSE), John Hopkins University (2021) until June 2021 there were approximately 177 million positive confirmed cases of COVID-19 from 192 affected countries with a total death of around 3.83 million people¹. Meanwhile in Indonesia, at least 4,000 new cases emerged in 7 days with a total of 1.94 million positive COVID-19 cases and 53,476 deaths². During the COVID-19 outbreak, a social phenomenon that can exacerbate the situation has emerged, namely social stigma or negative associations with individuals or groups who exhibit symptoms or suffer from certain diseases. They are labelled, stereotyped, discriminated against, treated differently and/or subjected to identity harassment in connection with illness^{3,4}. They are labeled, stereotyped, discriminated against, treated differently, and/or experience status harassment due to being associated with an illness. Also, those working in healthcare settings and treating COVID-19 cases are not immune to stigma⁵.

That's because officials who work with people with COVID-19 are at high risk of spreading the disease^{6,7}. The problem of negative stigma of vulnerable groups is a very serious one. Over the past year, the government has also appealed to the public against the stigma. The representative of the COVID-19 Task Force himself stated that negative stigma worsens recovery rates and leads to high mortality (COVID-19, n.d.)^{8,9}. This is due to the reduced immunity of the patient, which is very important to the healing process. The public is also increasingly secretive about reporting close contacts and is reluctant to see a doctor when symptoms first appear¹¹. This situation will certainly complicate the tracing process and exacerbate the number of cases in the community.

The stigma facing COVID-19 patients or survivors of treatment has a worrying impact on the status of COVID-19 patients. Social isolation creates a barrier between them and the community, affecting the deterioration of physical, mental, health and social conditions. The object of stigma is the fear of being stigmatized and discriminated against by society. It is also responsible for reducing the desire to seek treatment or to report symptoms of illness that may be felt, thereby hindering the early detection and effective control of the virus to prevent the spread of COVID-19. While government lockdowns and social distancing measures during the pandemic have helped stem the spread of the virus, they have also worsened people's mental health. They experience depression, anxiety, fear, panic, and even heart disease due to loneliness, and tend to end their lives. The purpose of this systematic review is to analyze the stigma of people affected by COVID-19.

METHODS

Database searches include Google Scholar, Science Direct, and Proquest with the keyword Stigma against COVID-19 sufferers. The next stage is to select articles according to the criteria, which are published in 2019-2022 with full text, in the preparation of Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) the articles that have been found are then synthesized and analyzed according to the inclusion and exclusion criteria. The inclusion criteria in this systematic review are (1) Stigma against COVID-19 sufferers (2), research can provide information about developing Stigma and its impact on COVID-19 Patients. While the exclusion criteria in this systematic review are (1): articles that do not describe Stigma against COVID-19 sufferers. The search for articles began in August with keywords that had been determined by the researcher. The articles found by the researchers were selected according to the inclusion and exclusion criteria, with the keyword Stigma against COVID-19 sufferers. The researcher deletes the published articles, examines the articles that meet the criteria, and groups them according to the research results to proceed to the discussion.

RESULTS AND DISCUSSIONS

An initial literature search found 48 articles (Google Scholar 20 articles, Science Direct 20 articles, Proquest 8 articles) 33 articles issued were not in sync with the topic of discussion and did not discuss Stigma against COVID-19 sufferers. 15 full text articles meet the criteria as listed in Figure 1.

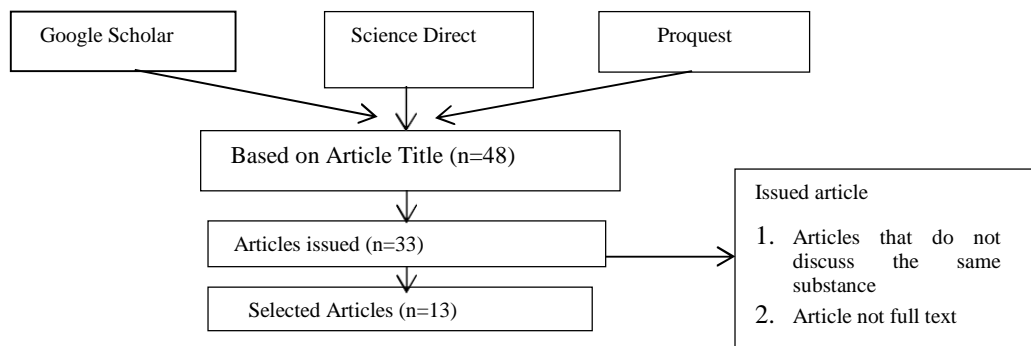


Figure 1. Flow diagram and article selection

The results of 15 articles found that Stigma against COVID-19 Patients was obtained by analysis of research articles on Stigma against COVID-19 Patients in general.

Table 1. Stigma against COVID-19 sufferers

No	Title, author, year	Results
1	Stigma and Community Behavior in Covid-19 Positive Patients ¹² Livana PH* 2020	The results show that there is an increasing number of reports of stigmatization public to people from areas affected by the epidemic. In Indonesia, stigma appears in social behavior such as ostracizing patients who have recovered, refusing and ostracizing people who move from one area to another, ostracizing certain ethnicities because they are considered carriers of the virus, ostracizing medical personnel who work in hospitals, rejecting corpses because they are considered to contain a virus that can be transmitted.
2	Community Stigma against Covid-19 Patients ¹³ Syntha Novita, Yunus Elon. 2021	The results of the chi-square analysis showed a significant relationship with instrumental, symbolic, and modesty stigma towards public acceptance. The higher the instrumental stigma and symbolic stigma in society, the worse the public's acceptance of covid-19. Education regarding the prevention and spread of covid-19 and the importance of mental health during the covid-19 pandemic needs to be improved so that the public is not misinformed and the perceptions about covid-19.
3	Nurses' Experiences About Covid-19 Stigma in the Nursing Profession ¹⁴ Daning Widi Istianti, 2021	Results: Based on the results of interviews with seven participants, five themes were obtained, namely nurses' understanding of stigma, the origin of the stigma, the response of the stigmatizer, the attitude of nurses towards community treatment in the nursing profession, and the causes of stigma. Stigma is actually obtained from colleagues. But they still remember their oath as nurses and their duties and responsibilities to work professionally. Conclusion: Stigma can occur because of the lack of knowledge of the stigmatizer, so education related to Covid-19 must be developed and conveyed to all levels of society, including colleagues who still stigmatize Covid-19 special officers.
4	Factors Associated with Stigma against COVID-19 Sufferers ¹⁵ Izzah Khoirunissa 2022	The results showed that the variables that were not associated with the stigma against COVID-19 sufferers were age (p=0.791), while the variables related to stigma against COVID-19 patients were gender (p=0.020), employment status (p= 0, 0001), an education level (p=0.0001), knowledge level (p=0.0001), sources of information (p=0.0001), support from community leaders (p=0.0001), and support from health workers (p =0.0001). In conclusion, it is necessary to increase

		public knowledge, support community leaders, provide education about COVID-19 to the community, and be able to provide examples of good attitudes and behavior in treating COVID-19 sufferers and their families so that stigma does not occur again
5	Community Stigma Against Covid-19 Survivors in Duren Sawit District, East Jakarta ¹⁶ . Wati, 2021	There was a negative stigma given by the community both to survivors and families of COVID-19 survivors in Duren Sawit District. For this reason, the role of the government, health practitioners, and community leaders is needed in providing education related to COVID-19 so that the community remains supportive and does not give negative stigma to survivors.
6	Handling of Public Stigma on COVID-19 in Indonesian Society ¹⁷ Wahyu Sulistiadi, Sri Rahayu Slamet, Nanny Harmani 2020	We identified the limited availability of personal protective equipment among health workers, a public lack of clear understanding regarding COVID-19, the distortion of news by various media, and a lack of clarity among those responsible for providing education, information, and communication. The government has not acted in a prompt manner to prevent the spread of infectious diseases, resulting in local transmission and creating various stigmas among local communities. Although the infection has already begun to spread, the government must continue to ensure the correct understanding and clear mechanisms for how to prevent COVID-19 among the public.
7	The Impact of Community Stigma on Limited Social Spaces for Covid-19 Survivors in the City of Cirebon ¹⁸ Khusnul Khotima, 2021	The virus is spreading in various regions in Indonesia, including the city of Cirebon. Many people have been exposed to the virus, so there are also many Covid-19 survivors in the Cirebon area. For survivors, acceptance from the community is critical to the recovery process. However, due to the spread of hoax news about Covid-19, most people have a negative stigma towards Covid-19 survivors, so this has limited social space for survivors in the community. This study uses a descriptive qualitative method, where interviews with survivors are one of the techniques of data collection. This research shows that the stigma of society towards Covid-19 and the survivors creates various negative perceptions, so that the survivors who should get more sympathy or care, are the opposite. Many survivors are ostracized, ridiculed, shunned,
8	PSYCHOLOGICAL CHANGES AND STIGMA EXPERIENCED BY COVID 19 SURVIVERS ¹⁹ Arnika Dwi Asti. 2021	Data analysis was carried out using a structured approach from Stevick-Collaizi and Keen. There are 3 main themes found from the research, namely: (1) Changes experienced which consist of 2 sub-themes: changes in physical condition and changes in psychological conditions (psychological disorders, adaptation processes experienced and stigma received), (2) Conditions during illness and treatment which consists of 3 sub-themes: initial diagnosis, activities during illness and the meaning of illness, and (3) Support system received which consists of 2 sub-themes: from family and friends, from the community and village. There are significant psychological changes, the adaptation process is going through and some are stigmatized.
9	Overview of the Stigma of Covid-19 Survivors and Sociodemographic Factors ²⁰ Rohmawati, DL 2022.	The results of the bivariate test showed significant results on the characteristics of age with disclosure concerns (p: 0.027), education level with internalized stigma (p: 0.010), comorbidities with perceived external stigma (p: 0.028), comorbidities with total stigma (p: 0.028). p:0.041). The conclusion is the high external stigma felt by Covid-19 survivors. Disclosure concerns in early adulthood are highest on average for COVID-19 survivors. In addition, COVID-19 survivors with upper secondary education are associated with internalized stigma. A COVID-19 survivor who has comorbidities is associated with perceived external stigma.
10	ANALYSIS OF SOCIAL STIGMA AGAINST COVID-19 SURVIVAL IN KLATEN ²¹ Prastika, (2022).	The results showed that Covid-19 survivors and their families experienced various forms of social stigma. First, after being tested positive for COVID-19, they are labeled as spreading and transmitting the Covid-19 virus. Second, there is a massive stereotype that judges them as dangerous, scary, and continues to transmit the virus. Third, they have been ostracized in a planned and separated way in social interactions. Fourth,

		discriminatory actions also develop in social and work activities in daily life. Fifth, social stigma has become the main cause of Covid-19 survivors suffering from stress, anxiety, worry, headache, high emotions, and trauma.
11	Genealogy of Community Stigma Against Covid-19 Patients in Manggala District, Makassar City ²² Amalia2022	The results of this study show: 1) The history of placing stigma against COVID-19 sufferers in Manggala District, Makassar City, starting with contact activities, exaggerated media coverage, and word of mouth that considers this disease dangerous and dangerous. This turning off is what ultimately causes excessive fear so that a stigma is constructed in the community towards Covid-19 sufferers who view them as a threat, causing ostracism, violations, and the impact of transfers on the local Pak Rw. 2) The forms of community stigma include a) isolating b) corpses, c) stereotyping of virus carriers, d) keeping a distance e) distrust. 3) Factors that influence the occurrence of community stigma against COVID-19 sufferers include, a) knowledge, b) anxiety, c) danger or risk, d) media ignorance, e) lack of secrecy, f) unknown disease, and g) lack of religion. 4) The impact of community stigma on COVID-19 sufferers, namely a) keeping it a secret, b) expulsion, c) dishonesty, d) psychological or mental, e) increasing harmony between citizens, f) work, g) family is more humiliated and disturbed, h) prevent seeking care.
12	Community Stigma Against Covid-19 Recovered Patients in Oti Village, Donggala Regency ²³ Muhammad, et al 2022	The results of this study indicate that in the Oti village community there is a stigma against Covid-19 recovered patients, namely some people stay away when interacting with Covid-19 recovered patients and some do not want to interact with Covid-19 recovered patients, the knowledge of the Oti Village community about Covid-19 -19 is still lacking, this has resulted in the emergence of stigma in the community of Oti Village, Donggala Regency. This study suggests providing complete information to the community about the Covid-19 disease through the village government so that the village government can convey to the community so that the stigma in the community disappears.
13	Level of Community Knowledge and Stigma Against Covid-19 ²⁴ Rahma, 2022	The results of the study found that 40% of the community had a good level of knowledge about Covid-19 and 54.7% had stigma. Bivariate analysis using the chi square test showed that there was a significant relationship between the level of knowledge and the stigma of society towards people with Covid-19 (p-value 0.005). Education is needed about the prevention and transmission of Covid-19 to increase public knowledge and reduce public stigma against Covid-19 sufferers.
14	Coping Strategies for Stigma Covid-19 Survivors: A Phenomenological Study ²⁵ Facrunnisa, 2022	The results of the study raised three main themes, namely: (1) challenges as a COVID-19 survivor, (2) stigma against COVID-19 survivors, and (3) coping strategies for COVID-19 survivors. This study provides implications for adaptive coping strategies and appropriate policies to increase the effectiveness of handling COVID-19 in Indonesia by considering the patient's psychological condition.
15	Overview of the Stigma and Discrimination of the Banyuwangi Community against Covid-19 ²⁶ Yusron Amin, Haswita Haswita	Result showed that majority of participants had stigma toward covid-19 on moderate level (86.1%), and had discrimination toward covid-19 on moderate level (84.7%). Based on the result, need intervention to reduce stigma toward covid-19 among society and minimizing impact of discrimination toward people were stigmatized.

Discussion

COVID-19 stigma is a negative attitude that arises due to an excessive perception of fear about the threat of COVID-19. This negative attitude is projected as attitudes and behaviors to label and stereotype affected groups, such as patients, survivors, social workers and migrants, and COVID-19 health workers ^{27,28}. The stigma of COVID-19 has a dangerous impact not only on affected groups in the form of intimidation, bullying, abuse, mental health problems, stress and anxiety, and even death²⁹. But also on society in general, namely hampered health behaviors, such as

reluctance to get tested and access to health services. health services. Efforts to reduce stigma can start from the individual scale, namely by developing social empathy in the form of caring, fact-based psychoeducation, use of anti-stigma language, controlling negative thoughts, providing support, and hearing experiences from affected groups^{30,31}. There are a number of steps that stigmatized groups can take to reduce the stress caused by stigma, focusing on problem-focused, emotional, and spiritual approaches to coping. Stigma can take the form of labeling, stereotyping, segregation, de-identification, and discrimination against those associated with COVID-19.

The existence of stigma causes those who might be positively affirmed to choose not to examine themselves rather than face discrimination, so people who should be self-isolating have the opposite attitude that they continue to hang out in the community. Two-way communication between the community and government may be one way to deal with a stigma so that communities receive factual information about Covid-19. Campaigns, health promotions, and screening of hoax news are some of the tools that can be used to minimize stigma³². Several efforts have been made to prevent or reduce stigma among healthcare workers and Covid-19 patients. Together with religious leaders and judicial officials, the government is responsible for developing strategic, firm, and concrete policies and learning from the experiences of other countries in combating the Covid-19 pandemic. In addition to this, support is required in the form of moral support, motivation, prayer, and positive energy from those around you. Adequate conditions must be created for community health to ensure the supply of food, work, and housing, a healthy environment, and optimal, efficient, reliable, and effective health services. Keep updating information about the pandemic situation and how the public is responding, without exception³³.

Personal counseling can change public awareness of preventing and controlling the spread of Covid-19, and hopefully it can also change society's inappropriate stigma against Covid-19 disease. It turns out that social stigma does not improve the survivability of infectious diseases in modern society, but it has actually become one of the factors that cause emerging infectious diseases to fail in public health³⁴.

Available evidence clearly shows that stigma and fear of certain infectious diseases hinder effective intervention and make infectious disease cases more difficult to manage. As with several infectious diseases (HIV-AIDS, tuberculosis, etc.), excluding the patient can actually lead to physical and psychological deterioration of the patient and his or her family. Of course, this also applies to those affected by Covid-19. People can then become defensive by hiding their cases and preventing them from seeking appropriate treatment, making it harder to prevent the spread of the disease.

CONCLUSION

When the COVID-19 pandemic emerged, stigma was based on a lack of public knowledge, supplemented by unsubstantiated information or uncontrolled fake news, leading to excessive public attention and fear, leading to misunderstandings and discriminatory treatment. Health workers bar COVID-19 survivors from leaving their homes, even refusing to bury bodies. Stigma not only affects the mentality of those who are discriminated against, but has the potential to create negative motivations in vulnerable communities by not adopting healthy behaviors or even concealing their illnesses, creating connections that identify barriers and contribute to increased COVID-19 mortality. Effective preventive measures can be taken to minimize stigma, provide education or awareness-raising in the form of community health campaigns and outreach, and screen false reports so the public can obtain information from reliable official sources. Factors contributing to the public's stigma against COVID-19 are the level of knowledge that affects individuals' perceptions and actions, as well as the spread of untrustworthy information. Stigma can take the form of discriminatory treatment, labelling and stereotyping. The impact of stigma on COVID-19 can create barriers to contact tracing, lead to case reporting and stress, and potentially lead to mental health issues. Prevention of COVID-19 can be achieved by providing education,

health promotion, providing credible information and controlling false reporting, and providing psychological support counseling for those stigmatized by society.

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