



Handling Social Stigma Around Covid-19 Case Study in Lut Tawar District

Abdul Gani¹, Mapeaty Nyorong², Thomson P Nadapdap²

¹Student of Master of Public Health Study Program, Helvetia Institute of Health Medan, Indonesia

²Lecturer of Master's Degree Program Faculty of Public Health, Helvetia Institute of Health Medan, Indonesia

*Corresponding Author: Abdul Gani



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Abstract

The aim is to analyze the handling of the social stigma of Covid-19 in terms of social aspects and aspects of government policy, the case study of Lut Tawar District, Central Aceh Regency. The research design used qualitative research with a descriptive approach. There were 7 informants in this study, consisting of 1 head of the covid task force, 1 head of the puskesmas, 1 village head, 3 community leaders who were exposed to covid 19 and 1 community member who was not exposed to covid 19 in Lut Tawar District, Central Aceh. Data analysis techniques with data reduction, data presentation, and drawing conclusions. The results showed that the informants knew the covid 19 virus and its prevention, fear and worry appeared stigma on people who had cough, flu and fever were considered symptoms of covid 19, people stayed away and did not want to be in contact with the informant even though they had recovered. lack of village officials paying attention to communities exposed to covid 19. The government, heads of health centers and village heads have carried out their duties in dealing with stigma in the community by establishing command posts, coordinating patients exposed to health workers, driving vaccination programs, prohibiting people from gathering and making protocol regulations health. The conclusion obtained from the results of this study is that efforts to involve influencers to strengthen messages that can reduce stigma, change patterns of friendship behavior and prevention efforts have been carried out starting from lower levels of government to upper levels.

Introduction

Corona virus 2019 (Covid-19) is an infectious disease caused by the acute respiratory syndrome coronavirus 2 (Sars-CoV-2). This disease was first discovered in December 2019 in Wuhan, the capital of China's Hubei Province, and has since spread globally throughout the world, resulting in the 2019-2020 coronavirus pandemic. The World Health Organization (WHO) declared the 2019-2020 coronavirus outbreak as an International Public Health Emergency (PHEIC) on January 30, 2020, and a pandemic on March 11, 2020. This disease outbreak greatly shook the world community, until nearly 200 countries in the world were infected by the virus. This virus includes Indonesia, with the first case occurring on March 2, 2020 (Rosadi & Muttaqin, 2020).

The World Health Organization (WHO) classifies the transmission model of the corona virus in Indonesia as having entered the stage of community transmission. This classification shows that Indonesia has experienced a greater spread of the corona virus than local transmission (community transmission). According to an epidemiologist at the University of Indonesia, this

condition is a transmission process that is difficult to trace. Because community transmission has spread and those who have been infected in the community are very difficult to identify (Rosadi & Muttaqin, 2020).

People who suffer from COVID-19 or are infected with the corona virus can only be known after carrying out certain tests. there are at least 4 (four) names related to COVID-19, namely: People Under Monitoring (ODP); Patients Under Surveillance (PDP) or suspected; Asymptomatic People (OTG); and Positive for COVID-19. People Under Monitoring (ODP) are people who meet a number of criteria: fever (temperature 38°C) or a history of fever, cough or runny nose, have a history of travel to countries that have local transmission of COVID-19, live in areas with local transmission in Indonesia in the last 14 days before the onset of symptoms, but has no history of contact with a positive person for COVID-19.

Based on the map of the spread of Covid-19 in Aceh Province. Central Aceh Regency in the period from April to June 2021, the number of COVID-19 cases is increasing and is included in category 3 Regencies/Cities in Aceh Province which are in the red zone. The number of confirmed COVID-19 in Central Aceh Regency as of June 14, 2021, the number of confirmed positive 517, positive for care 61, positive for monitoring 106, positive for recovery 330, positive for death 20.

Since early August 2021, Covid-19 cases in Indonesia have continued to improve and decrease. The number of active cases as of 27 September 2021 was 40,270 cases, a decrease of 92.98% from the peak of active cases data as of 24 July 2021 of 574,135 cases. The number of daily confirmed cases for six consecutive days is below 3,000 cases. The rate of spread of cases, seen from the Reproduction Number (Rt) below 1, shows that Indonesia has experienced significant improvements, while positive confirmed cases of Covid in Central Aceh Regency in July 2021 still experienced a fairly high increase. Although the number has decreased slightly compared to the previous month, the addition of this case is still considered very significant, considering that in the last two weeks the Micro PPKM has also been strictly implemented in this area. There were 181 additional confirmed cases of Covid, but there was a decrease in cases compared to the addition in June 2021 which reached 224 cases (Kompas.com, 2020)

Central Aceh Regency which is divided into 14 regions, there are 3 red zone categories which include the District, Bebesen, Kebayakan District and Lut Tawar District. The discovery of the red zone caused the people of Central Aceh Regency to worry about the confirmation of COVID. Furthermore, the public assumes that if you are sick you don't go to a health facility with the assumption that you may be suspected of being confirmed as COVID-19 (Wilson et al., 2004).

The emergence of social stigma in the community in Lut Tawar District, Central Aceh Regency is due to an increase in the spread of COVID-19 that occurs in the environment. Considering that COVID-19 is a new type of virus, many people do not know for sure about this virus. Various forms of social stigma that currently occur in Lut Tawar District, Central Aceh Regency are in the form of unfair treatment or experiencing discrimination in society, both people who feel symptoms, patients and even patients' families. Its existence in the midst of society is actually shunned, even given a negative stamp / label. Worse, to not be able to access certain facilities services.

There is a lot of unreliable information from social media that has caused stigma to people with COVID-19, which we all know that this disease is very contagious and there is no cure. As a new disease that spreads quickly, there is no cure yet, coupled with the flood of information through social media, not all of which can be trusted, has created a stigma for people associated with COVID-19.

Methods

This study uses a case study qualitative research method that seeks to reveal and describe the content and context. In this regard, Creswell (1994) explains that a case study is an intensive, detailed and in-depth study of an organism, institutions or certain symptoms. Basically, the purpose of case research is to try to give a clear picture of the typical characteristics of a case under study by providing an overview and events as they are. In this study, there were several informants consisting of the main informants, namely: 1 Chair of the Covid-19 Task Force, and supporting informants, namely: 1 head of the Puskesmas, 1 village head, 3 people who were exposed to covid 19 and 1 person who was not exposed to covid 19

Result and Discussion

Characteristics of Informants

In-depth interviews were conducted in Lut Tawar District. The interview time was adjusted to the free time given by the informant because the informant was busy with the queue, and focused on waiting for health workers to take care of him. Based on the characteristics of respondents, namely:

Tabel 1. Characteristics of Informants

No	Characteristics of Informants	Information	Sum
1	Education	Elementary School	-
		Junior School	-
		High school	3
		Diploma	-
		Bachelor	4
2	Work	Civil Servant	3
		Task Force covid	1
		Village apparatus	1
		Housewife	2
3	Residence	Dedalu	1
		Kemili	1
		Breeders	1
		Red Mersa	1
		Judge Bale Bujang	1
		West Takengon	1
		Kp Bujang	1

There were 7 informants in this study, namely the Head of the Covid Task Force, Head of the Health Center, Village Head and Community Leaders who were exposed to Covid 19 and community leaders who were not exposed to Covid 19.

Interview with the Head of the Covid Task Force

From the results of the interview, it was found that the head of the covid task force was in charge of establishing a command post, finding community members who were exposed to covid, providing information related to health protocols, prohibiting the implementation of activities that caused crowds and ensuring vaccination programs. There were also community members who were exposed and were treated at the hospital. Actions taken are coordinating with health workers and spraying disinfectants. For people who have been exposed to COVID, we provide emotional support in the form of care and attention. To prevent stigma that appears in the community, an explanation regarding the Covid-19 disease must be sought by complying

with health protocols and following the vaccination program programmed by the government so that people get good immunity. So it can be concluded that the tasks carried out by the head of the covid task force are by coordinating directly with health workers, preventing crowds, complying with health protocols and providing support for people who are exposed to covid 19 and explaining the covid 19 disease to prevent the stigma that develops among the community.

Interview with the Head of the Health Center

From the results of the interview, it can be seen that the head of the puskesmas carries out the task of detecting and responding to puskesmas officers to check people who have symptoms of cough, flu and fever, if the patient is declared positive, then isolation is carried out at home and recommends being treated at the hospital. Many community members were exposed so that the actions taken were to provide care, provide support so that people still think positively and explain that the Covid-19 disease can be cured and can be prevented by implementing health protocols. So it can be concluded that the duties carried out by the head of the puskesmas are to carry out examinations, monitoring, care and support for people suffering from covid 19 and to disseminate vaccination programs and good health protocols.

Interview with the Village Head

From the results of the interview, it can be seen that the village head has duties related to covid 19 and there are several members who are exposed, the actions taken by the village head to the community exposed to covid 19 are coordinating with the health authorities, and checking if positive, at least the treatment is What is being done is self-isolation, the support given to the exposed community is in the form of logistics and also communicates via telephone and WA to ask about the condition of the community exposed to covid 19. To avoid negative stigma, the village head also provides an understanding that covid 19 is not a disgrace, support and enthusiasm must be given and seeing the condition if it gets worse it will be coordinated with health workers and the local government. The conclusion from the interview above is to coordinate with health workers and the local government and provide support and encouragement to people exposed to COVID-19.

Interviews with Public Figures

Positive Informants Who Have Recovered

From the results of the interview, it can be seen that the patient had COVID-19 with her husband and children and was treated for 14 days in the hospital with symptoms of fever, loss of smell and the results of the PCR examination showed positive results. Currently the patient is declared cured. To anticipate the reoccurrence of COVID-19, patients wear masks, keep their distance to avoid crowds and wash their hands. The patient believes that the Covid-19 disease can be cured by staying positive, maintaining the body's immunity, consuming nutritious food, and consuming foods that contain vitamin C. The patient also stated that the local community already understood a lot about the COVID-19 disease experienced by their patients, they did not isolate them, they just avoided not visiting the patient. Support from health workers was also received in the form of support and enthusiasm, but village officials did not pay much attention. The conclusion from the interview above is that the informant knows the covid 19 disease from tv media and neighbors, the signs and symptoms are loss of smell, fever and loss of taste but it is difficult to distinguish and can harm others even though it can be cured. Prevention is carried out by complying with health protocols and there are family members who are exposed to them from the community they do not isolate and medical personnel provide support in the form of support and enthusiasm

Positive And Healed Informants

From the results of the interview, it can be seen that the patient knew about covid 19 and was diagnosed with OTG, the patient also had a positive family for Covid. Patients have heard about covid from hospitals, news and newspapers. Prevention is done by washing hands and wearing masks. Symptoms that have been felt ranging from fever to shortness of breath. Patients find it difficult to distinguish the difference between patients who are exposed to COVID and those who are not exposed to COVID because some are exposed to the term OTG. However, the patient knows that COVID-19 can harm others through transmission. Covid 19 can also be cured with a record of complying with the regulations proclaimed by the government. Patients get support when self-isolating with support and food assistance and communicate via WA to give encouragement as well as support provided by health workers. So that it can be concluded as follows. Informants know the covid 19 disease from hospitals, news and newspapers, symptoms of fever, cough to shortness of breath. So it is difficult to distinguish between those who are exposed to COVID-19 and those who are not. This disease is dangerous because it can transmit prevention through health protocols and this disease can be cured. There are family members who are exposed, but the community and health workers continue to provide support by providing support.

Positive And Healed Informants

From the results of the interview, it can be seen that the patient knows that COVID-19 is an infectious disease, there are several family members of the patient who are exposed to Covid 19 but are only treated independently at home. Patients know information about covid 19 through news, neighbors, people and newspapers. Prevention is to avoid crowds and maintain stamina (Peters & Siswosoebroto, 1990). When exposed to covid 19, the patient experienced symptoms of loss of smell, runny nose, cough, although the patient did not know the difference between patients who were exposed to covid 19 and those who were not exposed, but the patient believed that covid 19 could be transmitted to other people. The patient also believes that this disease can be cured by maintaining health protocols and taking medication. The support received by patients in the form of food, support and prayer as well as from their health workers gave good suggestions. The conclusion from the interview above is that the informant knew about the covid 19 disease, the information was obtained from the news, neighbors and newspapers with symptoms of loss of smell, runny nose and cough so they could not differentiate but could be contagious. Prevention is done by avoiding crowds and maintaining stamina. Even though they can be cured, they must maintain health protocols and take medicine, there are families who are exposed to COVID-19, but the community and health workers continue to provide support in the form of support and good suggestions.

Informants not exposed to Covid 19

From the results of the interview, it can be seen that the patient doubts that this covid disease is a disease made by humans, because in today's era anything can happen. Information shown on television is like a hoax that cannot be trusted 100%, seen from the same symptoms as the flu in general. One of the health protocols is the recommendation to wear masks, some people don't wear masks until now, they are still doing well, if anyone has a fever, it will heal itself and people will visit to visit as usual. The conclusion above is that according to the informant, the covid 19 outbreak is hoax news, the symptoms experienced are the same as the flu in general, health protocols are not a mandatory requirement to prevent covid 19 where people who do not use masks are still doing well. Covid 19 is just an ordinary flu that can heal by itself, if someone has a fever, the community continues to stay in touch to visit sick relatives

Based on the results of in-depth interviews from supporting informants, it was found that the tasks carried out by the head of the covid task force, the head of the puskesmas and the village head were in the form of mutual coordination. The head of the COVID-19 task force, if he

finds people who have been exposed to Covid, will directly provide coordination to the health workers as well as the village head. Furthermore, the head of the puskesmas detects the patient. Patients who are treated at the hospital will be given treatment, then the patients who are self-isolating will be monitored. Support is also provided to provide the needed enthusiasm and attention and provide information to other communities regarding negative stigma.

Based on the results of interviews from informants, it was shown that informants who were exposed to covid 19 already knew that covid 19 was an epidemic disease or virus that came from abroad. Information was obtained from television, news, newspapers and neighbors with symptoms of fever, cough and shortness of breath. Of all the informants, both exposed and not exposed to COVID-19, it is difficult to distinguish this disease if PCR is not carried out. This disease is considered dangerous because it can be transmitted to other people although prevention can be done by complying with health protocols. For patients who are exposed to Covid 19, support from the community and health workers is always given both in the form of emotions such as attention, support, enthusiasm and in the form of logistics which aims to provide peace for Covid 19 patients. that covid 19, which is an epidemic disease made by humans, even though information is obtained through television, but it is considered a hoax seen from the same symptoms as influenza. So it is difficult to know which patients are really exposed to the covid 19 virus. Health protocols as a prevention of covid 19 are not carried out properly, there is a perception among people who are not exposed to covid 19 that those who do not use masks are still fine. Support is not specifically if someone is sick the patient will be visited as usual even though medical personnel have provided care and treatment support and provided an explanation of the dangers of covid 19, but because the informant considered covid 19 only hoax information so it was considered trivial

Covid 19 is currently still spreading and causing human deaths. And the climax is when the corona virus has grown rapidly in Indonesia in early March 2020. Covid-19 continues to haunt the Indonesian people and a world of Covid 19 continues until 2021, and this covid 19 has taken hundreds to millions of people who died due to infection. Covid-19 virus. And with this covid 19, it triggers the emergence of public reactions and perceptions about covid 19 that is happening at this time, as happened in Lut Tawar District.

Regarding the rapid spread of the corona virus or covid 19 in the community, there are several perceptions that arise in the community, such as from anxiety to fear because there are proven cases of Covid 19 around Lut Tawar District. From fear arises worry and a stigma towards people who are infected, that people who only have a fever, flu and cough are usually considered to have symptoms of covid 19. In addition, there is a lot of confusing news out there, which makes the people of North Sulawesi more nervous, even People who are sick with ordinary fevers are afraid to go to health facilities for fear of having to do a swab and be declared positive for COVID-19 so they must be isolated.

The number of people exposed to COVID-19 continues to increase, even though they understand prevention, but there are still people who are not aware of health protocols in their daily activities. For example, washing hands, wearing masks, avoiding crowds which are considered to be triggers for the easy transmission of COVID-19 from one person to another. Even in Aceh, they still think that the corona virus is light and does not heed the appeals made by the local government.

Stigma is a term that describes a situation or condition related to the point of view of something that is considered negative. At the beginning of 2020, along with the emergence of the global Covid-19 pandemic, it seemed that it was adding to the array of diseases that could cause negative stigma for sufferers and their families. Covid-19 is a type of disease that can spread very quickly and can cause death. Many patients find it difficult to reveal their history because of the stigma against Covid-19 patients and social conditions. Moreover, there is currently no

cure for COVID-19 (Ramaci et al., 2020). Not only lying, the patient's family was angry when asked about the contact history. In the midst of the importance of patient identification and efforts to prevent the spread of COVID-19, many people choose to lie or deny. This makes it easier for people to absorb negative information and make it something that they believe in (Frelians & Perbawaningsih, 2020).

The stigma that appears in this case is that patients who are positive for COVID-19 will be shunned, not visited, isolated, far from their families. Will the patient recover completely, or will it infect those closest to him. What happened next was the opposite behavior from help seeking, where the patient should have sought help from a health facility. This stigma appears marked by rejection from the community, denial, lies, and even rejection of corpses. This Covid-19 appeared in a very fast time to provide knowledge about health (Frelians & Perbawaningsih, 2020).

Stigma Against Covid 19 Positive People Reviewed From Social Aspects

The COVID-19 pandemic has caused unplanned social changes, social changes that occur spontaneously and are not expected (Oktaviannoor et al., 2020). The condition of the community that is not ready to accept change can certainly shake the social values and norms that have been developed and embraced by the community so far. The government has urged the public to study, work and worship at home since the beginning of the emergence of this virus in Indonesia. Likewise, the pattern of people who have become a habit of gathering and shaking hands is now required to get used to doing social restrictions, all of which is to facilitate to avoid the corona virus

Conclusion

Handling the social stigma of Covid 19 patients that the covid 19 pandemic is a virus or infectious disease that can be transmitted to anyone starting from children. This disease creates a sense of worry and fear in the community, causing negative perceptions, to deal with stigma, efforts are made to involve social influencers to strengthen messages that reduce stigma through social media which can be a means of reducing stigma if used properly, interactively, actively and creative. Stigma Positive people viewed from the social aspect that this has changed the pattern of socialization in society where usually if someone is sick then the community is enthusiastic to visit so that friendship is established, but now they just avoid it. Recommendations for handling stigma against COVID-19 positive people, which is reviewed by aspects of government policy, that the policies of the covid task force, the head of the puskesmas and the village head have carried out their duties in handling cases of covid 19 that occurred in the community, the tasks carried out in the form of establishing a post, finding patients exposed to covid then coordinate with health workers, provide information related to health protocols and prohibit the implementation of activities that cause crowds. Efforts to recommend as prevention are implemented starting from the lower levels of government to the upper levels.

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