

# The Effectiveness of Social Interventions in Reducing Stigma of Covid-19

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**Abstract:** Social stigma can encourage someone to hide their illness so they don't get society's discrimination. This study aims to analyze the effectiveness of social interventions to reduce stigma towards changes in the behavior of housewives in the prevention and control of Covid-19. The population in this study were all housewives in the research locus. Calculation of the minimum sample using a two-proportion hypothesis test for the intervention and control groups ( $n = 150$ ). The selection of the sample used a simple random sampling technique. The intervention group was given a social intervention by a change agent for Covid-19. The controls were given government program interventions to prevent Covid-19. Respondent's behavior was measured before and after treatment using a questionnaire. Data were analyzed by paired t-test and independent t-test. The results of the study showed that social interventions through providing counseling by covid-19 change agents were more effective in reducing stigma through behavior change ( $p$ -value  $< 0.05$ ). The findings of this study can be a new understanding in the preparation of intervention programs for the prevention and control of infectious diseases related to stigma in general and Covid-19 in particular.

**Keywords:** Covid-19; Housewives; Prevention; Social intervention; Stigma

## Introduction

Covid-19 is a disease caused by SARS Coronavirus 2 (SARS-CoV-2) and was first discovered in the city of Wuhan. December 2019 in China and then began to spread to various countries, including Indonesia (Eccleston et al., 2020). Hundreds of thousands of people were infected, and thousands more died. The spread of the Covid-19 pandemic has caused concern for everyone around the world. People are worried about what is happening to them and the same time are bothered by the condition of other people. There is a sudden change in people's daily routines. People's fear, anxiety and sadness, irritability began to accumulate. Amidst such concerns over the spread of Covid-19, one of the important concerns that are even more damaging of all the negative impacts highlighted and need to be addressed urgently is the stigmatization associated with the covid 19 pandemic (Bhanot et al., 2021).

WHO declared Covid-19 a pandemic outbreak on March 11, 2020 (WHO, 2020). In Indonesia, the number of victims of Covid-19 is also large. On April 19, 2020, 6,248 positive cases were confirmed 535 deaths, and 631 recovered cases and on October 24, 2020, 385,980 positive cases were confirmed with 13,205 deaths and 309,219 recovered. Pandemic Extraordinary events have had a huge impact on various sectors of life, such as education, the economy, and tourism. A policy has been implemented to wash hands, and wear masks, and social distancing or social restrictions require everyone to keep their distance when interacting with anyone who breaks the chain of transmission of Covid-19. The Government of Indonesia has made public appeals to deal with this outbreak so that it can run effectively and efficiently. But in reality, there are many Indonesian people who do not heed this appeal (Masrul et al., 2020; Norkhalifah, 2021). The speed of the spread of the Covid-19 outbreak has raised various concerns and caused many victims in various countries. Administrative and geographical boundaries do not hinder the speed of the spread of the

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Covid-19 virus. The death toll continues to increase regardless of age, gender, profession, or economic level. With the increasing number of victims, it is our concern and responsibility. Every level of society is expected to contribute to jointly finding solutions to the spread of the Covid-19 virus, both in material and moral form, including contributions in the form of thoughts (Hanoatubun, 2020).

During the Covid-19 outbreak, a social phenomenon has emerged that has the potential to exacerbate the situation, namely social stigma or negative associations in the context of health towards a person or group of people who experience symptoms or have certain diseases (Centers for disease control and prevention, 2020). The current Covid-19 outbreak has triggered social stigma and discriminatory behavior towards people from certain ethnic backgrounds and anyone who is suspected of having had contact with the virus. In an outbreak people are labeled, stereotyped, discriminated against, treated separately, and/or experience status harassment or loss of status because they are perceived to be associated with disease (Liem et al., 2011). Such issues can hurt those with the disease, caregivers, their families, friends, and communities. People who do not have the disease but share characteristics with this group may also suffer from stigma (Soebiantoro, 2017).

The negative stigma that occurs in patients, ODP (Persons Under Monitoring), PDP (Patients Under Surveillance), and health workers who treat Covid-19 patients will only worsen the situation both mentally and in the spread of the disease itself. Covid-19 patients admit that they feel pressured by the negative stigma resulting from photos being shared by certain parties. Medical workers who treat Covid-19 patients have also experienced various unfavorable actions by society, for example being kicked out of their rented houses, etc. Several OPD and PDPs also experienced psychological pressure from the surrounding environment. This happens because people often get various negative news about this disease even though the data available from the IDI states that the possibility of recovering from this disease is 97%. This stigmatization greatly affects the immunity of a person related to Covid-19 and will affect the healing process of Covid-19 patients. This condition affects the handling of the spread of disease during the Covid-19 pandemic (Mcintosh, 2020)

The negative stigma towards positive sufferers of Covid-19 must be annulled with optimal health literacy from various parties. People with Covid-19 are not people who commit disgraceful acts, so they don't need to be ostracized or shunned. The support of all parties so

that sufferers of Covid-19 can be enthusiastic about recovering is highly expected. The role of the government, health practitioners, and community leaders in providing education regarding Covid-19 will greatly help so that people do not attach a negative stigma to people affected by Covid-19. Even though you are not a Covid-19 sufferer, you still have to pay attention to a healthy lifestyle (consumption of vitamins C & E), maintain cleanliness, wash your hands with soap, use a cloth mask if necessary, maintain body immunity, sunbathe every day, maintain social/physical distancing, paying attention to recommendations from WHO, government, ministry of health, and so on (Guna PG, 2020)

Social stigma can encourage people to hide their illness so that they are not discriminated against, prevent them from seeking medical assistance immediately, and prevent them from adopting healthy lifestyles. The feelings of confusion, anxiety, and fear you feel are understandable, but that doesn't mean you can have a prejudice against sufferers, nurses, families, or those who are not sick but have symptoms similar to Covid-19. Community behavior that isolates and stays away from positive patients with Covid-19 may occur due to excessive fear, humans tend to be afraid of something that is not yet known and it is easier to attribute fear to different are some expressions of facts that exist in the social order.

This research is needed because of the behavior of people who isolate and stay away from positive patients with Covid-19 due to excessive fear. For this reason, researchers provide education to reduce the stigma that occurs in society through changing behavior towards Covid-19.

The COVID-19 pandemic has changed the social fabric, health, and economic life of more than 170 countries, causing hundreds of millions of people to become infected and three million to die. To scientific knowledge, there is no effective treatment to adequately combat the disease, only vaccines are being developed, and scientific endeavors unknown until today could bring us closer to the desired herd immunity. It is important to program ethical and equitable strategies, and social policies to develop treatment interventions based on high-quality scientific data to minimize their social impact on the most disadvantaged groups. Vicente Javier Clemente-Suárez et al in his research stated that it is necessary to understand that we are facing scenarios for building social intervention strategies in the future because it is likely that this will not be the last virus with the potential for a pandemic that we will face in the coming decades. It is necessary to know more to be able to implement effective social intervention programs. We face one of the greatest

challenges of social intervention, requiring rapid, effective, and well-coordinated responses from public agencies, the private sector, and non-governmental organizations, to serve populations that are increasingly desperate and with increasingly urgent needs.

Stigma and discrimination are social diseases, so handling them must be done in a social and cultural context. The community or social environment carries out social interventions in the community, with the hope of reducing stigma and discrimination (Sampurno et al., 2020). Religious leaders, cadres, and the community play an important role in helping the community deal with the Covid-19 pandemic. Religious leaders, cadres, and the community can help by ensuring that everyone gets the correct information and does not spread hoaxes or misinformation. They can also create a WA Group for the local environment so that residents always receive the latest information (Prasetyo et al., 2020). This study aims to analyze the effectiveness of social interventions to reduce the stigma of Covid on behavior in breaking the chain of transmission of Covid-19. The findings in this study are a new understanding of tackling the Covid 19 problem.

## Method

The study was started by forming two groups, namely the intervention group and the control group. In the intervention group, social interventions were carried out by groups that became agents of change in society. This group of change agents numbered 21 consisting of environmental heads, religious leaders, health cadres, and five mothers who had suffered from covid 19 and recovered (covid 19 survivors). Researchers trained this group of change agents to provide information about covid. The training was conducted for three days. After the training, a group of change agents provides interventions in the community by adapting methods to the social environment of each change agent. This social intervention was carried out for one month. Before the social intervention was carried out, the target behavior of the intervention was measured using a questionnaire instrument. One month after the intervention, another measurement of the target behavior of the intervention was carried out. The stages of conducting research in the intervention group are: 1) Phase I: a. Outreach activities; b. Formation of a team of change agents for Covid 19. 2) Phase II: a. Do a pretest to the Social Intervention Goals; b. Train agents of change for Covid-19; c. Train agents of change for Covid 19 for three days, with material: Communication services, Psychological services, Counseling services, Communication service practice, Psychology and counseling, Counselee assistance to the

target. 3) Phase III a. Covid-19 change agents who have been trained to be counseles to the target community, namely housewives, for one month; b. One month after the social intervention, a post-test was carried out.

In the control group, socialization was carried out on the prevention and control of COVID-19 by the government program. Before and after treatment, the target behavior was measured using the same method in the social intervention group.

## Instrument

A structured questionnaire was used to assess behavior regarding the prevention and control of covid 19. This behavioral instrument included knowledge, attitudes, and actions for the prevention and control of covid 19. There were 25 knowledge questions and 20 attitude questions and action observation sheets to identify the prevention and control of covid 19. Sentences and The questionnaire format is kept simple. A panel of experts determined content validity, while a group of housewives in different locations (n = 30) was used to assess the validity of the instrument before data collection. Internal consistency (Cronbach's alpha) for the knowledge and attitude sections were 0.788 and 0.864, respectively.

## Data Analysis

Data were analyzed using IBM SPSS version 25. Differences in mean knowledge, attitudes and behavior before and after being given intervention within the groups were analyzed by paired t-test. Differences in mean knowledge, attitudes and behavior before and after being given intervention between groups were analyzed by independent t-test with a significance level set at p-value <0.05 (Kim et al., 2019; Xu et al., 2017).

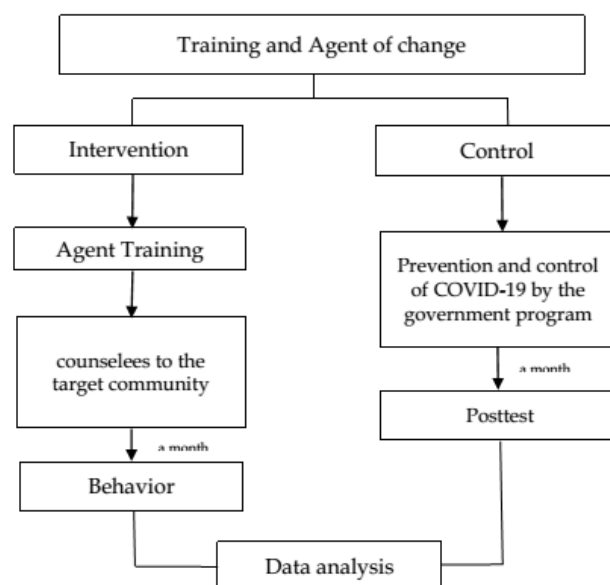


Figure 1. Training and agent of change

## Result and Discussion

### Result

#### Training for Agents of Change Covid 19 as Counselors for Covid-19

This training was carried out by a research team by inviting psychologists and counseling experts as resource persons. The training participants totaled 21 people with the following characteristics:

**Table 1.** Characteristics of Participants Agents of change Training as Counselors Covid-19

Variable	n (21)	Percentage
Age		
25 - 35	2	9.5
36-45	6	28.6
46-55	11	52.3
56-65	2	9.5
Respondent's occupation		
Religious leaders	1	4.7
Health cadres	1	4.7
Head of neighborhood/ village	13	61.9
Covid 19 survivor	6	28.5
Respondent's education		
Senior High School	16	76.1
D3	1	4.7
S1	3	14.3
S2	1	4.7

Table 1 above can be seen, in general, those who are agents of change for Covid 19 are aged 46-55 years as much as 52.3 percent and the majority have secondary education (76.1 percent).

#### Characteristics of Respondents

Table 2 shows that the age range of respondents aged 41-49 years in the intervention group was 53.3% and the control group was 42.7, working as housewives, the intervention group was 64% and the control group

was 56%, the number of children in the control group intervention 3-4 people 57.3% and control group children 1-2 people as much as 52% and education in general SMA/SMK respectively 71.3% and 76% and history of Covid-19 in family, neighbors, friends, self themselves are generally in the not category, namely 68% in the intervention group and 65.3% in the control group.

**Table 2.** Characteristics of Respondents to Social Intervention by Change Agents

Variable	Intervention (n=75)		Control (n=75)	
	%	%	%	%
Age				
20-29	1	1.3	4	5.3
30-40	34	4	39	53
41-49	40	53.3	32	42.7
Respondent's occupation				
Housewife	48	64	42	56
Businessman	4	5.3	8	10.7
Private sector employee	11	14.7	23	30.7
Civil servant	12	16	10	13.3
Number of children they have				
1-2	32	42.7	39	52
3-4	43	57.3	36	48
5-6	1	1.3	0	0
Respondent's education				
Elementary-Junior High School	4	5.3	9	12
SMA/SMK	58	71.3	57	76
D3/D4	6	8	9	12
Bachelor	7	9.3	5	6.7
History of Covid in family, neighbours, friends				
Yes	24	32	26	34.7
No	51	68	49	65.3

#### Effectiveness of Social Interventions

**Table 3.** The Effectiveness of Social Interventions by Covid-19 Change Agents for Housewives

Variable	Intervention	p value	Control	p value
	Mean ± SD		Mean ± SD	
Knowledge				
Before	9.01 ± 2.679	0.001 <sup>a)</sup>	9.99 ± 2.768	0.438 <sup>a)</sup>
After	18.40 ± 3.137		10.75 ± 3.050	
Delta	9.48 ± 3.696		0.76 ± 1.206	
Attitude				
Before	18.11±4.109	0.001 <sup>a)</sup>	18.23±4.628	0.782 <sup>a)</sup>
After	35.88 ± 6.267		22.20±5.398	
Delta	17.77 ±7.294		3.88±4.638	
Covid 19 Precautions				
Before	15.01 ± 9.470	0.001 <sup>a)</sup>	15.15 ± 7.044	0.897 <sup>a)</sup>
After	54.65 ± 8.791		20.85± 8.233	
Delta	39.64 ± 14.07		5.71 ± 5.211	

<sup>a)</sup> p-values within group (paired t test) <sup>b)</sup> p-values between groups (independent t test).

Table 3 can be seen that there was an effect of the intervention carried out by the Covid-19 Task Force as a counselee on the knowledge of the respondents before and after the intervention ( $p$ -value  $<0.05$ ), and in the controls there was no meaningful difference at the beginning of knowledge measurement and the end of the study (post-test), with a  $p$ -value of 0.438. The attitude of the respondents also showed that there was a difference in the mean value of the attitude before and after the intervention, which means that there was an effect of social intervention through counseling on the attitude of the respondent ( $p$ -value  $<0.05$ ) and in the control there was no difference in the mean at the beginning of attitude measurement and the end of the study (post-test) with  $p$ -value 0.782. Respondents' actions also showed that there was a difference in the average attitude before and after the intervention, which means that there was an effect of social intervention through counseling on the respondent's actions ( $p$ -value  $<0.05$ ), and in the control there was no difference in the mean at the beginning of the action measurement and the end of the study (post-test) with  $p$ -value 0.897.

The test results between groups with the independent  $t$ -test showed that there was a difference in the average change in knowledge, attitudes, and actions of respondents in social intervention through counseling by the Covid-19 task force with the mean value of changes in knowledge, attitudes, and actions of WUS in controls, which means social intervention through providing counseling by the Covid-19 task force to housewives was more effective than controls.

### *Discussion*

The phenomenon that occurred at the research location found that stigma existed in the community and it was known that many people were hiding something for fear of being ostracized by the surrounding community. Sometimes they were angry and considered carriers of the virus to the environment where they were. Covid-19 is a very scary disease, highly contagious, and can even be deadly. WUS generally close themselves when they are exposed to Covid-19, and do not tell neighbors, friends, or family after recovering only to be notified. They even lied that the person in question did not suffer from Covid-19 but was declared with another illness. The goal is not to be ostracized or avoided by the local community.

The process of transmission of Covid-19 can occur through splashes of phlegm in the respiratory tract including through direct contact or being held, there are also due to attending invitations, so we don't know where the source was. Symptoms felt by those exposed to Covid-19 usually have a different response to Covid-19, namely lung disease, weakness, feeling unwell, dizziness, nausea, runny nose, fever, and cough. The

initial symptoms of Coronavirus infection or Covid-19 can resemble flu symptoms, namely fever, runny nose, dry cough, sore throat, and headache. After that, the symptoms can disappear and heal or even get worse. Patients with severe symptoms can experience high fever, cough with phlegm and even bleeding, shortness of breath, and chest pain. These symptoms appear when the body reacts against the Coronavirus. In general, three general symptoms can indicate someone is infected with the Coronavirus, namely: fever (body temperature above 38 degrees Celsius), dry cough, and shortness of breath (Archika, 2020; Putri, 2020; Ulumuddin et al., 2020). Several other symptoms can also appear in Coronavirus infection, although they are less common namely: diarrhea, headaches, conjunctivitis, loss of the ability to taste, loss of the ability to smell (anosmia), and rashes on the skin. These symptoms of Covid-19 generally appear within two days to 2 weeks after the patient is exposed to the Coronavirus. Some patients infected with the Coronavirus can experience a decrease in oxygen without any symptoms. This condition is called happy hypoxia. To ascertain whether these symptoms are symptoms of the Coronavirus, a rapid test or PCR is needed (Rahali et al., 2021; Zaky et al., 2021).

When a person is exposed to Covid-19, various things arise, such as being very worried about being shunned by friends, shunned by family, afraid that other people will find out, of course, being ostracized and hated by other people. Neighbors' attitude towards families who are exposed to Covid-19 is usually immediately no longer have friends, everyone stays away, and avoids it sometimes as if it is scary. Objections if someone is exposed to Covid-19 become a neighbor, even though they have recovered a few months ago, they still carry germs with them. Even though the alley of the house they are afraid. An attitude is not necessarily formed into action because other factors support the formation of an action (overt behavior). The same thing happened with the interview mentioned above where the possibility that a person (individual) or a neighbor (family) has an attitude of feeling avoided, shunned, or ostracized by others is still an attitude that may not necessarily be formed into action. Attitude to accept means that a person wants and cares for someone who is exposed to Covid-19, and can respond to problems that occur, there is a need for mutual respect for someone to give a positive value to individuals or neighbors regarding the Covid-19 problem due to exposure and must have the courage to take responsibility or dare to take risks that there is no need to isolate or stay away from people who are exposed to Covid-19 (Gani et al., 2020).

Prevention of the transmission of Covid-19 continues to be echoed in society through various media such as TV and so on, such as wearing masks, washing hands, keeping a safe distance, consuming vitamins and nutritious food, and maintaining personal health. Efforts that can be made to prevent the spread of Covid-19: always keep a safe distance from other people (at least 1 meter), even if they don't look sick. Wear a mask in public spaces, especially indoors or if physical distancing is not possible. It is better to choose an open and well-ventilated space. Open a window if you are indoors. Wash hands regularly. Use soap and water, or an alcohol-based hand sanitizer, and vaccinate. When coughing or sneezing, cover your mouth and nose with your sleeve or tissue. Do not leave the house if you are not feeling well. If you have a fever, cough, and difficulty breathing, seek medical help immediately. Call first so that the health care provider can direct you to the right health facility. A properly fitted mask can help prevent the spread of the virus from the person wearing it to others. Wearing a mask alone is not enough to protect yourself from Covid-19, so it must be combined with physical restrictions and hand hygiene (Adytha, 2021; Marzuki et al., 2021).

Social stigma is a person not accepted in a group because of the belief that the person is against existing norms. Social stigma often causes the exclusion of a person or group. In this interview the stigma that occurred was as follows: tell the truth about what Covid is, our neighbors are very secretive that they were exposed to Covid-19, and all activities that we are going to do will be hindered. In an outbreak, social stigma means that people are labeled, stereotyped, discriminated against, treated differently, and/or experience a loss of status because they are thought to have a connection with a disease. Social stigma in the context of health is a negative association between a person or group of people who have certain characteristics and diseases in common. Such treatment can negatively impact those with the disease, as well as their caregivers, family, friends, and communities. The current Covid-19 outbreak has triggered social stigma and discriminatory behavior towards people from certain ethnic backgrounds and anyone who is suspected of having had contact with the virus (Dai, 2020; Hidayati, 2015).

It is feared that the negative impact of the emergence of social stigma will not only affect those who suffer from the disease but also their families, friends, and communities (Wanodya, 2020). This is because the impact of stigma on sufferers of Covid-19 can encourage people to hide their illness to avoid discrimination, and preventing people from the phenomenon of stigma towards the Covid-19 pandemic shows public

awareness and vigilance about the dangers associated with Covid-19 and not to underestimate it. Many studies have shown that stigma can exacerbate Covid-19 as a new pandemic where the number of infected people continues to increase and is accompanied by a lot of information through the media, not all of which can be trusted and generates many responses in society (Wanodya, 2020)(Wijaya et al., 2021)(Sari et al., 2021). Factors that cause stigma associated with outbreaks of infectious diseases are largely based on people's fear (Shaluhayah et al., 2015). One of the factors that cause stigma in Covid-19 is that it is a type of virus that causes a new disease so its characteristics are not widely known. This stereotype is not only given to sufferers but also experienced by health workers because they are considered to have the potential to be carriers of the virus (Wanodya, 2020) This stigma triggers inappropriate treatment in the form of expulsion of health workers from the environment where they live so that they are forced to stay in the hospital. Another form of stigma in the form of expulsion also occurs in patients with Covid-19 who have died. It was reported that several regions in Indonesia protested and refused to bury corpses in their environment if the corpse was confirmed or suspected of having COVID-19, even though the burial had been carried out according to WHO protocol and safety standards (Abdillah, 2020; Kartasasmita, 2016; Masrul et al., 2020; Nurhajar et al., 2021).

#### *Social Intervention by Agents of Change Covid 19*

The phenomenon that occurs in society is not a stigma that drives away or becomes hostile to those exposed to Covid-19, but rather a psychological and communication problem that creates extraordinary fear. Counseling is an effort to assist therapists or counselors to clients (in this study agents of change as counselees Covid-19) who can approach the community, especially housewives. Covid 19 change agents who have been trained as counselees are provided with psychology and communication services. Psychology is a study that discusses the behavior and thoughts of a person. Psychology is the object of psychological studies related to thoughts and mental phenomena in a person. Psychological conditions in a person can affect their daily life, including affecting the mind, especially in the function of one's awareness, feelings, and motivation (Bamicha et al., 2022; Heriot-Maitland et al., 2019; Ramaci et al., 2020; Safarati et al., 2020). This has also happened to the community with the Covid-19 pandemic, all excessive fear, even though the alleys of houses that are exposed to Covid-19, they are worried about passing through because it is assumed that they can transmit Covid-19 to those who pass through it.

Through psychological services, it is hoped that they can develop trust, a sense of security, and comfort in the Covid-19 pandemic situation.

Communication services can also provide knowledge and skills to housewives about Covid-19, prevention, and management of Covid-19. Communication is the process of delivering messages that are usually carried out in electronic facilities and media. Currently, it can be done online, which means it occurs in the internet network, for example on cellular phones (mobile phones), computers, laptops, and various devices that use online systems in the process, and how it works. Communication amid the Covid-19 virus pandemic that occurred in Indonesia, especially in research locations, is dangerous, disinformation often occurs because there is a lot of false information or news about the Covid-19 pandemic that reaches the public and confuses the public, resulting in stigma about Covid-19 continues to thrive in society because many do not know the truth, especially in community groups. Communication in the pandemic era, changing the term PSBB (Large-scale social restrictions) to PPKM (Implementation of Restrictions on Community Activities) during the Covid-19 pandemic forced people to do activities at home such as work from home, school from home, delivery of food and other needs, then digital devices and technology have become important means of connecting life (Sulasmı et al., 2020; Tandra, 2021).

Communication services as social interventions, the community, especially housewives, can carry out risk communication and education related to health protocols to fight Covid-19 and can carry out contact tracing & tracking (case investigations and outbreak investigations), as well as community facilitation and empowerment (Abdillah, 2020; Handayani et al., 2020). The phenomena that occur in society are psychological and communication problems that cause extraordinary fear. As the Covid-19 task force, we are always expected to be able to innovate and create strategies to accelerate the handling of Covid-19 in Indonesia, with the main focus on educating and empowering the community and the second focus on strengthening health services. The proposed strategy such as placing public health workers in public places where there is a high risk of transmission of the virus. This was done as an effort to promote the adaptation of new habits and health protocols by community health workers (Mcintosh, 2020; Tandra, 2021).

Social intervention is a planned change effort for individuals, groups, or communities. Social intervention can also be interpreted as an effort to improve the social functioning of a set of change targets, in this case, individuals, families, and groups. Social functioning

refers to conditions in which a person can act as he should to the desires of the environment and the role he has. First, the individual is part of the social system so even though the main form of assistance is a psychological therapy that is individual in nature, the social environment also needs to be given 'treatment' or intervention. This is based on the view that the client will be returned to its original related part after it is 'cured'. If the social environment is not prepared to accept the client again, it is feared that the client's condition will return to normal before receiving treatment. Second, social intervention refers to the area of intervention and goals. This will then raise the question of who determines the goals, in this study focusing on social interventions on individuals.

Agent of change Covid-19 is one of the elements that greatly influences the flow of communication, psychology, and counseling services. The agent of change for Covid-19 plays a role in motivating the public to actively participate in preventing the transmission of Covid-19 by breaking the chain of transmission. In the village, there is a tendency in the community, where community members will communicate more often with each other by choosing a level of education that is not too high. For example, they will be more interested in individuals who only graduated from elementary and junior high schools compared to university graduates. As Everett M. Roger and Shoemaker said "people with the highest social status in the social system rarely interact directly with people with the lowest social status (Everett M. Roger and Shoemaker), so Covid-19 As a provider of communication, psychology, and counseling services, information is more easily received than health workers. Research in the Netherlands found the fact that what is done by opinion leaders tends to be followed by the public (Wacshal, 1972).

The measurement results showed that there was an effect of the intervention carried out by the Covid-19 change agent as the counselee on the knowledge of housewives before and after the intervention ( $p$ -value  $< 0.05$ ), and in the controls, there was no meaningful difference at the beginning of knowledge measurement and the end of the study (post-test) with a  $p$ -value of 0.438. Knowledge is an important factor because it can influence a person's perception which results in the attitudes and actions that the individual will take. Since the global pandemic occurred, news and discussions related to Covid-19 have begun to be frequently discussed and become trends on social media. Dissemination of information can be a factor that causes stigma in people with Covid-19. However, providing valid and accurate information to the public is not easy even if it is provided by someone competent.

The factor that causes the community's stigma against Covid-19 is the level of knowledge that influences perceptions and individual actions and the dissemination of information that is not credible. The form of stigma given can be in the form of discriminatory treatment, labeling, and stereotypes. The impact of stigma on Covid-19 can create obstacles to contact tracing which results in case reporting as well as stress and has the potential to disrupt mental health. Contagion of Covid-19. Good knowledge supported by acceptance of information circulating in the community about Covid-19 can break the chain of transmission (Assaker et al., 2020).

Attitudes of housewives also showed a difference in the average value of attitudes before and after the intervention, which means that there was an effect of social intervention through counseling on the attitude of the respondents ( $p$ -value  $<0.05$ ), and in the controls there was no difference in the mean at the beginning of attitude measurement and the end of the study (post-test), with a  $p$ -value of 0.782. The attitude of this respondent is influenced by a good knowledge of the respondent where someone who already knows about certain information, then he will be able to determine and make a decision on how to deal with it. In other words, when a person has information about Covid-19, he will be able to determine how he should behave towards Covid-19 (Abdoli et al., 2013; Gu et al., 2021). Attitude is an important concept in the socio-psychological component, because it is a tendency to act and perceive. According to Azwar (2012) the factors that influence attitudes, electronic or print media greatly influence the formation of one's opinions and beliefs. Providing information with the mass media about something can underlie the new cognitive formation of attitudes (Abdillah, 2020; Notoatmodjo et al., 2012).

Attitude can be a predisposition to behave and act. Factors that cause behavior in a person are one's knowledge and attitude towards what has been done, changes in individual knowledge and attitudes starting with the compliance stage, identifying then becoming internalization. At first, a person obeys the advice or instructions of a health worker without awareness to take action and often carries out instructions because of a penalty, but if they get a reward they will comply with the advice but it is still temporary (Ekasari et al., 2022).

The actions of housewives also show that there is a difference in the average attitude before and after the intervention, which means that there is an effect of social intervention through counseling on the respondent's actions ( $p$ -value  $<0.05$ ) and in the control there is no difference in the mean at the beginning of the action measurement and the end of the study (post-test) with a  $p$ -value of 0.897. Significant changes also occur due to

information received from others. Various studies show that the influence of peer educators in providing information to others is also very influential. Similar to the research that has been conducted (Nurhajar et al., 2021; Zaky et al., 2021). Novita et al. (2021) research shows a significant relationship between instrumental, symbolic, and polite stigma and community acceptance. The higher the instrumental and symbolic stigma in society, the worse the public's acceptance of Covid-19. Education about the prevention and spread of COVID-19 and the importance of mental health during the COVID-19 pandemic needs to be increased so that people are not misinformed and have misperceptions about COVID-19.

All activities or human activities, whether directly observable or not observable from the outside, are called actions. The response to the stimulus is clear in an action or practice that can be easily observed by others. Not all actions manifest in an action. This is because, for the realization of action, several factors are needed such as the existence of facilities, infrastructure, and facilities. The results of the study showed that there was an effect of social intervention through counseling on respondents' actions in reducing stigma in breaking the chain of transmission of Covid-19. The community, especially housewives, are taking steps to prevent the transmission of Covid-19 by adhering to health protocols, namely by wearing masks, diligently washing hands with soap, keeping a safe distance, and others. Changes in individual behavior become optimal if changes occur through a process of awareness within the individual, where new behavior is considered positive for individuals after being applied to individual actions that can be better (Hidayati, 2015).

## Conclusion

Social intervention through providing counseling by Covid-19 change agents to housewives is effective in reducing stigma through changing behavior toward Covid 19. The findings of this study become a new understanding in developing programs for the prevention and control of stigma-related infectious diseases in general and in particular the development of prevention programs and handling of covid 19. Researchers suggest that further research is needed to see if there are still interventions carried out by agents of change for covid-19.

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### Author Contributions

The main author Efendi Sianturi dan Rina Doriana Pasaribu: designing research, conducting research, collecting data, and writing research articles, conducted data analysis. The second author Maida Pardosi, helped design the research; the third author Elisabeth Surbakti, helped prepare the report and research instruments.

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### Conflicts of Interest

The author declares that all authors have no conflict of interest, Thank You.

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