It's Demographic Associated with Social Stigma of the Person with Covid-19

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ABSTRACT

Social stigma is a disaster and a burden for sufferers, survivors, families, health workers, or those closely related to the Covid-19 outbreak. Various levels of stigma affect almost all age groups, one being students. However, research on students' stigmatization and associated factors among people with Covid-19 in Indonesia are still limited. The purpose of this study was to identify the correlation between socio-demographic characteristics and stigma among students. This study used a cross-sectional-online design, with purposive and snowball sampling techniques with a sample size of 663 students. The questionnaire used was the Social Stigma toward Patients due to the Covid-19 Scale (SSPCS) questionnaire. Bivariate data analysis using Pearson and Spearman rank to see the socio-demographic correlation with stigma. Statistically, The experience of stigma discrimination, stigma not accepting, stigma fear, age, religion, and major are positively correlated (p=>0.01). This study found that not all socio-demographic factors relate to stigma. We only found age, religion, and major to correlate positively.

Faktor Demografi yang Berkaitan Dengan Stigma Sosial Terhadap Individu dengan Covid-19

ABSTRAK

Stigma sosial merupakan bencana dan beban bagi penderita, penyintas, keluarga, petugas kesehatan atau mereka yang terkait erat dengan wabah Covid-19. Berbagai tingkat stigma mempengaruhi hampir semua kelompok umur, salah satunya mahasiswa. Namun penelitian tentang stigmatisasi yang dirasakan mahasiswa dan faktor-faktor terkait pada penderita Covid-19 di Indonesia masih terbatas. Penelitian ini bertujuan mengidentifikasi hubungan antara faktor sosiodemografi dengan stigma pada mahasiswa. Studi ini juga menggunakan desain cross-sectional-online, dengan teknik purposive dan snowball sampling dengan jumlah sampel 663 siswa. Kuesioner yang digunakan adalah Kuesioner Social Stigma toward Patients due to Covid-19 Scale (SSPCS). Analisis data bivariat menggunakan Pearson dan Spearman rank untuk melihat korelasi sosiodemografi dengan stigma. Secara statistik, pengalaman diskriminasi, tidak terima, ketakutan, umur, agama, dan jurusan berkorelasi positif (p=>0.01). Studi ini hanya menemukan korelasi psitif antara karakteristik usia, agama dan jurusan mahasiswa dengan stigma.

INTRODUCTION

Covid-19 has captured the world's attention during the past year because it is the biggest epidemic of all time. In nearly 222 countries with a number of infected cases up to February 18, 2021, 109 million people confirmed (WHO, 2021). Meanwhile, the number of confirmed cases of Covid-19 in Indonesia reached 1.2 million people, 32,936 people died, and around 510 The affected city districts include West Kalimantan (Kemenkes, 2021).

The very significant spread of covid-19 has had an impact on many students. Students are one of the groups who feel it. Psychological stress causes unfavorable effects on student learning that can affect psychological health (Al-Rabiaah et al., 2020). The impact of covid-19 shows a heterogeneous impact such as students delaying graduation, losing jobs, internships, or job offers, and increasing their study time by more than 4 hours per week due to COVID-19. Some reduce their study time by more than 5 hours per week (Aucejo et al., 2020). This leads to mental health such as anxiety, decreased sleep, depression, and even reduced life quality. However, a bigger problem of importance than all of the above is related to pandemic stigmatization (Bhanot et al., 2021)

According to the CDC (2020), fear and news about an illness can cause social stigma against people, places, or other things. Society or individuals who judge and fear infection affect the wrong perception that the virus is still living in the survivor. This can make saving all complaints or symptoms, even their health status, to avoid national. This impact depends on the pandemic and self-isolation carried out, so there is a continuing need to reduce the effects of Covid-19(Caulfield & George, 2020). The causes of this stigma involve disinformation, feelings of unsecured, the worry of responsibility, administrative destruction, and lack of trust in treatment (Mahmud & Islam, 2020).

The stigma of covid-19 has been reported in various countries. Reports of burials of bodies of those who died from Covid-19 in Egypt have been published because they are thought to be the infection source (Abdelhafiz & Alorabi, 2020). In Indonesia, negative sentiment towards corpses with Covid 19 was rejected due to concerns about the risk of corona transmission from the corpse (Rahman et al., 2020). Reports of stigma incidents during the pandemic were also reported in various countries, such as the population of Colombia who has a high fear of COVID-19, and stigma is proven at 63.6%(Cassiani-Miranda et al., 2020) and Ethiopia too(Tesfaw et al., 2020)

This stigma is aimed not only at those who have recovered from COVID-19, those who are currently undergoing treatment, or those suspected of being infected but also at frontline workers, medical officers such as doctors, nurses, and even the police. (Bagcchi, 2020; Bhattacharya et al., 2020; Dye et al., 2020). Social stigma can slow down efforts made on the preventive and clinical side to reduce the spread of COVID-19 (Huda et al., 2020). Consequently, the incidence of stigma contributes to the incidence, treatment, and death associated with COVID-19.

In previous research, stigma has always been associated with mental illness. Older age, male gender, lower education, and socioeconomic status were associated with more negative mental illness attitudes. Ethnically, the Chinese showed a more negative attitude than Indians and Malays (J. Li et al., 2017). Socio-demographic characteristics relate to different stigma components, where studies conducted in Wuhan show the influence of socio-demographic characteristics on the stigma associated with COVID-19 (Jiang et al., 2020). This study aims to determine the socio-demographic factors that affect the stigmatization of COVID-19 among students in West Kalimantan, Indonesia.

METHOD

Participant characteristics and research design

This study was carried out covering the areas of Universities, Academies, Institutes, Public and Private Universities spread throughout West Kalimantan Province. The current study's analytic sample included participants who consented to participate in the survey between June 20 to June 25, 2020. The population in this study were all students who were on campus in West Kalimantan province. The criteria for inclusion in this study include the ages of 17-26 years, are students of PTN / PTS / Academy / Institute / High School level of Bachelor, West Kalimantan Province, Willing to be a participant who is stated by agreeing online informed consent, does not experience decreased awareness, mental disorders, do not experience impaired cognitive function. This study was carried out analytical and cross-sectional.

Sampling procedures

The sampling technique was carried out with purposive and snowball, To collect the information, the researchers sent through emails and publications on their social networks (WhatsApp, Instagram and Facebook) an invitation to participate in the study to those interested, who had to fill out a selfadministered online survey that it had an average completion duration of 10 minutes.

Demographic characteristics.

This study investigated variables such as age, sex, ethnicity, religion and major were through an electronic, anonymous and confidential survey designed by the researchers.

Social Stigma toward Patients due to COVID Scale .

Social Stigma toward Patients due to COVID Scale or SSPCS has been translated and developed and used to assess stigma (Ramaci & Barattucci, 2020). This instrument consists of 12 items that have been revised from the previous version. SSPCS has 3 subscale sections, where Items 1-4 are Discrimination items. Items 5-8 are part of Not Acceptance, and Items 9-12 Fear are the last items. In this study results (Cronbach's α = .766)

Sample size, power, and precision

The total of students is 90,181. Based on Issac and Michael's population-specific sampling table, for an error rate of 1%. The sample size is 663 students.

Data Analysis

The description of the variables with frequencies and percentages and mean with standard deviation. Correlation between socio-demographic and stigma was analysis with

Pearson and Spearman rank. The study was completed using the computerized program. Prior approval was obtained by the Research Ethics Committee of the University of Tanjungpura.

RESULTS AND DISCUSSION

Socio-demographic Characteristics

The overview of socio-demographic characteristics in Table 1. It is shown that 53% of college students to be at an age >20 years with 63% (418) were female, and 37% (245) were male. The mean (SD) age was 20.61 (1.614). Most of the 260 students (39.2%) were of Malay ethnicity; most of the 467 students (70.4%) were Muslim; with most of the status were students of state universities 47.8 (72.1%) and; most of them, about 268 (40.4%) were of the Department of Health.

Frequency and Percentage Stigma

This study revealed that the frequency and percentage of high perceived stigma toward each item, 418 (63%) agree with the item, "You think you have the right to refuse to serve people with COVID-19 to avoid getting infected". 289 (43.6) strongly disagree with the item "When a person with the virus asks you for help, you will take the initiative to take care of him/her". 257 (38.8) strongly agree with the item 'even just to talk to a person who has contracted COVID-19, you would wear a mask to prevent infection" 99 (14.9) disagree with the item 'You think it is not worth taking care of people who have contracted the virus because they felt protected from the risk of infection while, in reality, they did not know, or mistakenly believe they know.' (Table 2)

Correlation between stigma

Means, standard deviations, and bivariate correlations of variables in this study are shown in Table 3. The experience of stigma discrimination, stigma not accepptance, stigma fear, age, religion, major are positively correlated. In particular, the experience of stigma discrimination is positively correlated with stigma not acceptance and stigma fear (r = 0.547, p < 0.01, r=0.541, p < 0.01, r=0.322, p < 0.01). age with stigma discrimination and stigma not acceptance (r=0.011, p < 0.01, r=0.079, p < 0.01), major with stigma discrimination (r=0.161, p < 0.01), religion with stigma discrimination and stigma not acceptance r=0.088, p < 0.01, r=0.096, p < 0.01).

Table 1
Demographic characteristics of the subjects (*n*=663)

Characteristic	Categories	F (%)
Age	<20	312 (47)
	>20	351 (53)
Sex	Male	245 (37.0)
	Female	418 (63)
Etnic	Malay	260 (39.2)
	Dayak	103 (15.5)
	Chinese	42 (6.3)
	Javanese	117 (17.6)
	Madurese	13(2)
	Bugis	33(5)
	Batak	27(4.1)
	Sundanese	10(1.5)
	Minangkabau	10(1.5)
	Banjar	7(1.1)
	Others	41(6.2)
Religion	Islam	467(70.4)
	Catholic	111(16.7)
	Christian	71(10.7)
	Budha	13(2.0)
	Konghucu	1(2)
Major	Health	268(40.4)
	Technical	88(13.3)
	Teacher Training	98(14.8)
	Economic	23(3.5)
	Law	55 (8.3)
	Management	47(7.1)
	Agriculture	44(6.6)
	Math and Science	5(.8)
	Social and Political Science	21(3.2)
	Computer Science	5(.8)
	Others	9(1.4)

Table 2
Distribution of respondent by their response to Social Stigma toward Patients due to COVID-19 Scale among students

NO	12 item Social Stigma toward Patients due to COVID Scale	Strongly disagree	Disagree	Agree	Strongly Agree
1	You feel that it is not worthwhile for you to serve persons who contracted COVID because of third parties (a fault of others, accidents, etc.)	1 (2)	92 (13.9)	364 (54.8)	207 (31.2)
2	You feel that it is not worth it to be of service to people who are most at risk contract the COVID virus	3 (5)	122 (18.4)	378 (57.0)	160 (24.1)
3	You think it is not worth taking care of people who have contracted the virus because they felt protected from the risk of infection while, in reality, they did not know, or mistakenly believe they know.	5 (8)	99 (14.9)	287 (43.3)	272 (41.0)
4	You feel that it is not worth it for you to be in the service of someone who has been infected because he has not respected the prohibitions.	1 (2)	95 (14.3)	334 (50.4)	233 (35.1)
5	When a person with the virus asks you for help, you would take the initiative to take care of him/her.	289 (43.6)	104 (15.5)	268 (40.4)	3 (5)
6	If a friend or relative has frequent contact, work with people who have contracted the virus would advise him to change faculty/college	2 (3)	94 (14.2)	287 (43.3)	281 (42.4)
7	You think you have the right to refuse to serve people with COVID-19 to avoid getting infected.	11 (17)	159 (24.0)	418 (63.0)	75 (11.3)
8	If you could choose, you would like not to deal with people infected with COVID-19	1 (2)	178 (26.8)	388 (58.5)	96 (14.5)
9	Even just to talk to a person who has contracted COVID-19, you would wear a mask to prevent infection.	3 (5)	257 (38.8)	361 (54.4)	42 (6.3)
10	For general safety reasons, I do not think we should approach a person who has contracted COVID-19.	5 (8)	140 (21.1)	415 (62.2)	103 (15.5)
11	The best way to prevent COVID-19 infection is to avoid any contact with people who have contracted COVID-19.	3 (5)	212 (32.0)	392 (59.1)	56 (8.4)
12	The best way to prevent COVID-19 infection is to avoid any contact with people who have contracted COVID-19.	3 (5)	225 (33.9)	393 (59.3)	42 (6.3)

Table 3
Correlation between of Socio-Demographic and Stigma

Variabel	M	SD	1	2	3	4	5	6	7	8
Stigma Discrimination	6.65	2.840	1							
Stigma Not Acceptance	7.32	1.954	0.547**	1						
Stigma Fear	8.84	2.042	0.322**	0.541**	1					
Age	20.61	1.614	0.011**	0.079*	0.003	1				
Sex			-0.006	0.009	0.049	0.005	1			
Ethnic			0.003	0.006	-0.020	0.234	-0.10**	1		
Religion			0.088*	0.096*	0.002	0.334	0.012	0.215**	1	
Major			0.161**	0.211	0.034	-0.10**	0.012	0.082*	0.036	1

Note : n= (663), ** $p < 0.01$, * $p < 0.05$

DISCUSSION

This study found that the social stigma sub-domains are related to discrimination, not acceptance and fear. This can be seen in the frequency and perception of perceptions of each item, where students who choose to agree with the item, 'You agree to refuse to serve people with COVID-19 so you don't get infected "and agree with" For general safety reasons, I don't think we need people infected with COVID-19 "During this pandemic infected and suspected persons with symptoms were labeled, stereotyped, and discriminated against because of perceived relationships, and therefore, stigmatization among diverse communities increased suffering immeasurably (Ramaci et al. ., 2020). In health, social stigma is a negative association related to people or groups who have the same disease. It is difficult to determine who carries the virus and who is not entitled. Hatred and even harassment often occur in the community leading to social stigma (Riyasad 2020). Most of the students in these students fear openness related to risk issues and

stigma as if they will carry the virus and then be foreign and labeled.

Student age has a positive correlation with stigma discrimination and stigma not acceptance with covid-19. Other studies have found that socio-demographic characteristics such as gender, age and ethnic, and by the direct or indirect experience of mental illness have influenced student attitudes and stigmatization (Pingani et al., 2016). Previously, studies that had been conducted on students in Wuhan were quite proven because the first country to be hit by the Covid-19 pandemic was China (H. Li et al., 2020). We estimate that students do not yet have tolerance for covid-19 patients, so they tend to have more easily stigmatized attitudes. The emergence of mental health problems in students tends to make stigma a negative impact that appears. Another study found that most students experienced increased stress and assessments during the Covid-19 pandemic conducted online survey interviews (Son, 2020). However, other research has found that in the context of Covid-19, perceived social stigma adversely affects the general public's mental health (i.e., university students, not a group particularly vulnerable to infection or death) (Sun et al., 2020). The number of well-known fake news about the student community, fear of contracting, embarrassment with yourself having a family of medical workers, uncertainty from the public about infectious diseases and no clear information about when Covid-19 will end. The stigma of Covid-19 seems to be a disgrace and an insult to sufferers and suspects and their families

Another finding is that religion with stigma has a positive correlation. In previous studies, the higher the religiosity score of Jordanian university students was associated with a more substantial negative stigma against mental illness patients (Al-Natour et al., 2021). Findings suggest that stigma and discrimination related to religion are commonplace in South Africa's rural-based universities. The stigma reinforced by religion is a pervasive barrier to mental patients' treatment (Peteet, 2019). The entire Muslim community is labeled as spreading the virus and putting the general public at the height of fear of spreading the virus. An increase follows the stigma between various social groups in Indian society in prejudice based on race, class, and religion. The Muslim community has been the subject of a public reaction in India with the stigmatization of Covid-19 (Bhanot et al., 2021). Thus, religious cliché and stigma are barriers to optimal pandemics prevention (Hashmi et al., 2020). In Indonesia, burial has carried out funerals, but there has been a rejection of graves that have been confirmed positive (Santoso et al., 2021; Sulistiadi et al., 2020).

Another finding is that the majors with the stigma of discrimination have a positive correlation. Students who are exposed to good knowledge about Covid-19 are more likely to guarantee acceptance and avoid stigma. Another study assumed that students discussed ethics, deontology, and the relationship between healthcare professionals and patients during their undergraduate program, thereby reducing their stigmatizing and stereotypical behaviors. The exact reasons for these differences are unclear. Still, it is possible that health students may be better informed about what to expect as the pandemic develops than students in business or management-related studies (Sundarasen et al., 2020). Most of the stigmatization experiences described in this study were significantly associated with a high level of fear of COVID-19 (Cassiani-Miranda et al., 2020). Subsequent reports, high stigma in non-medical students for patients with mental illness (Al-Natour et al., 2021)

Limitation Of The Study

This study has limitations. There are still many West Kalimantan regions with limitations in getting signals for the internet, making it difficult for researchers to get respondents in rural areas because most of the students during the pandemic returned to their hometowns.

CONCLUSIONS AND SUGGESTIONS

This study found that not all socio-demographic factors correlate with stigma. We only found age, religion and major to correlate positively.

During this study, we have not found any education related to reducing stigma in the campus area, which is the duty of both mental and community nurses. Nurses can inform and provide a form of leadership in an organization if the pandemic can be controlled and some people are isolated and isolated in the community.

Conflict Of Interest Statement

The authors declared no conflict of interest.

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