



Community Stigma Among Schizophrenia During The Covid-19 Pandemic

Triyana Harlia Putri^{1*)}; Fransiska Tania²

^{1*)2}Medical Faculty, Nursing Study Program, Tanjungpura University, Pontianak City, Indonesia

ARTICLE INFO

Article history:

Received 13 February 2021
Accepted 31 May 2021
Published 25 June 2021

Keyword:

Community Stigma
Mental Health
Schizophrenia

ABSTRACT

Stigma is still a problem formulated in its prevention, but since the Covid-19 pandemic, there has been an increase in stigma in groups who are vulnerable to being infected with Covid-19. Several factors that influence societal stigma against people with schizophrenia have been identified. This study aims to determine the factors influencing the community's stigma against people with schizophrenia during the pandemic. The research design used cross-sectional-online design, with purposive and snowball sampling techniques. The sample used was 400 people. The questionnaire used is the Community Attitude Towards the Mental Illness (CAMI) questionnaire. Bivariate data analysis using chi-square saw the sociodemographic correlation with stigma. Statistically, there is no correlation between community characteristics such as age, sex and employment status as evidenced by a value of $p > 0.05$. However, there is a significant correlation between ethnicity, religion and education $p < 0.05$. Thus, only ethnic, religious and educational factors influence the stigma in society for people with schizophrenia.

This open access article is under the [CC-BY-SA](https://creativecommons.org/licenses/by-sa/4.0/) license.



ABSTRAK

Kata kunci:

Stigma Masyarakat
Kesehatan Mental
Skizofrenia

*) corresponding author

Medical Faculty, Nursing Study Program,
Tanjungpura University, Pontianak City,
Indonesia

Email: triyana.harliaputri@ners.untan.ac.id

DOI: 10.30604/jika.v6i2.497

Stigma masih menjadi permasalahan yang dirumuskan dalam pencegahannya, namun semenjak pandemi Covid-19, telah terjadi peningkatan stigma pada kelompok yang rentan terinfeksi Covid-19 ini. Beberapa faktor yang memengaruhi stigma masyarakat terhadap penderita skizofrenia telah diidentifikasi. Penelitian ini bertujuan untuk mengetahui faktor-faktor yang memengaruhi stigma masyarakat terhadap penderita skizofrenia selama pandemi. Desain penelitian ini menggunakan rancangan crosssectional-online, dengan teknik pengambilan sampel purposive serta snowball. Sampel yang digunakan sebanyak 400 orang. Kuesioner yang digunakan adalah kuesioner Community Attitude Towards the Mental Illness (CAMI). Analisa data bivariat menggunakan chi-square melihat korelasi sosiodemografi dengan stigma. Secara statistik untuk tidak ada korelasi antara karakteristik masyarakat seperti umur, jenis kelamin dan status pekerjaan di buktikan dari nilai $p > 0.05$. Namun terdapat korelasi yang signifikan antara suku, agama dan pendidikan $p < 0.05$. Sehingga, hanya faktor suku, agama dan pendidikan yang memengaruhi stigma pada masyarakat pada penderita skizofrenia.

This open access article is under the [CC-BY-SA](https://creativecommons.org/licenses/by-sa/4.0/) license.



INTRODUCTION

Schizophrenia is an alarming mental severe disorder that has many sufferers on a global scale. Most people with mental disorders (ODGJ) or schizophrenic sufferers are prone to treatment after the symptoms of the disease progress to chronic and approximately 1% prevalence of schizophrenia has been reported (Lee et al., 2018). Whereas in the world and even in Indonesia, mental disorders are the most significant contributor to morbidity and disability as much as 13.5% (Pusat Data dan Informasi Kementerian Kesehatan RI, 2019)

In the Basic Health Research data, the prevalence of households having household members (ART) with schizophrenia in West Kalimantan in 2018 amounted to 7.88% of a total of 7,582 homes (Kementerian Kesehatan RI, 2018). Meanwhile, in 2019, information obtained from the Pontianak City Health Office that schizophrenia patients in Pontianak City totaled 1,064 people (DinkesPontianak, 2019). Thus, schizophrenia is a problem that requires a lot of attention, especially from the public.

Today, the Covid-19 pandemic has harmed mental disorders. Even before the pandemic, society's stigma was still attached to people with mental illnesses, especially schizophrenia. Shifting priorities for providing health services, public safety and resource allocation increases negative perceptions of stigmatized groups (Chaimowitz et al., 2020). Society has various perceptions about schizophrenia. According to Valery and Prouteau (2020) the primary source of mental disorder stigmatization is mental health professionals. The consequences of stigma can damage individuals, their families, the health care system and society. The magnitude of the impact of stigma is not only felt by sufferers.

The stigma on schizophrenia has increased during the pandemic, this has had a devastating effect on sufferers at the same time during the recovery stage. Meanwhile, recovery provides opportunities, makes people stronger, gives purpose and meaning to their lives and leads to social inclusion (Avdibegović & Hasanović, 2017). On the other hand, schizophrenia is a group that is vulnerable to being exposed to Covid-19. Giving a negative label to people with mental disorders from society and environmental factors for individuals is a factor that slows down the healing process (Purnama, Yani, & Sutini, 2016). Thus, all individuals, communities, health professionals need to change the perceptions of mental disorders.

The existence of a stigma against people with mental disorders has a big enough impact. Another impact of stigma for sufferers is the refusal of individuals to form marital relationships and the poor quality of care for physical illnesses among people with psychiatric illnesses (Singh et al., 2016). There is no doubt that this stigma denigrates the mentally ill and the health professionals and networks that are formed to support them (da Silva et al., 2020). The main target of several countries in dealing with mental health is suicide prevention (Patel & Gonsalves, 2019). This condition is by Harkomah's (2019) which states that stigma against people with mental disorders can also reduce support from others. Based on this situation, the public is required to have knowledge about mental health and prevent destructive behavior towards people with mental disorders.

The stigma of society consists of several dimensions: the dimension of authoritarianism, the dimension of virtue, the dimension of social restrictions, and the ideological size of the mental health community. The measurement of authoritarianism refers to the view of a person with mental

disorders as someone who is inferior and needs supervision (Taylor & Dear, 1981)

The initial survey was conducted with employees at UPK Puskesmas X mental health program and three people in the work area of UPK Puskesmas X using the anamnestic method. It was found that the community has negative perceptions of people with schizophrenia by discrediting and giving different treatment from normal people. Some call them crazy or have a brain disease. Based on the previous background image, a study is needed to see the factors that influence stigma in people with schizophrenia.

Schizophrenic sufferers often get adverse treatment from the environment around them. People label them "crazy", "insane", "brainsick", even when they are shackled at home. Meanwhile, the incidence of pasung in Pontianak City is still happening. When referring to data from the UPK Puskesmas X in 2020, there is still 1 schizophrenia client who is shackled in the working area of the UPK Puskesmas X. Other incidents such as torture of some animals, namely cats by suspected ODGJ, including a case of ODGJ stabbing members of the social services, even a suicide case occurred at the end of 2019 in Pontianak City (Tribun Pontianak; Kumparan, 2019). Some of these incidents had a negative impact, which allegedly caused a commotion that led to society's stigma towards the sufferer. From this explanation, researchers are interested in researching the factors that influence the community's stigma against people with schizophrenia in West Kalimantan.

METHOD

Participant characteristics and research design

This study used a cross-sectional-online design with a quantitative research type. Data retrieval is carried out at a certain time. The inclusion criteria in this study were willing to fill out informed consent and fill out questionnaires and read and use gadgets, aged 18 years - 65 years. With the exclusion criteria were schizophrenic sufferers, families with schizophrenic sufferers–community outside the city of Pontianak.

Sampling procedures

Through social media, researchers distributed online questionnaires to potential respondents and relatives then asked for help to distribute the questionnaire to the respondent's friends network who had the criteria. The population in this study amounted to 646,661 people, namely people in Pontianak City (South, Southeast, East, West, City, North) (BPS Kota Pontianak, 2020). This study used purposive and snowball sampling techniques. The initial step in the research was carried out by utilizing online sites such as social media and distributed by using online questionnaires to potential respondents and asking to distribute the questionnaire again by fulfilling several inclusion criteria.

Sociodemographic and Community Attitude Towards the Mental Illness.

This study used two instruments in the form of a questionnaire consisting of 2 parts: demographic data and a CAMI questionnaire, namely questions related to community stigma. The sociodemographic questionnaire consisted of

age, gender, ethnicity, occupation. The questionnaire used was the Community Attitude Towards the Mental Illness (CAMI) questionnaire compiled by Taylor & Dear (1981), with 40 statements translated by Teresha, Tyaswati&Widhiarta (2015) and tested for validity and reliability by Islamiati, Widiyanti, &Suhendar (2018). The validity test results of 40 statements were declared valid with the result r value $>$ r table (0.3783). While the reliability test results show the Cronbach alpha coefficient value of 0.978

Sample size, power, and precision

Based on the Slovin formula, a total sample size of 400 was obtained

Data Analysis

Before data collection was carried out, we had carried out an ethical review at the institution and it was accepted without risking harm to humans. In analyzing the data, the researcher presented the results with descriptive analysis using the mean, median, standard deviation. In addition, bivariate analysis was also carried out to see the correlation between respondent characteristics based on age, gender, religion, ethnicity, education level, and occupation with community stigma, data analysis was carried out using the Pearson correlation test.

RESULTS

Table 1.
The distribution of the sociodemographic Community in West Kalimantan

Variable	Categories	f	%
Age	adult age	389	97,3
	old age	11	2,8
Gender	Man	139	34,8
	Woman	261	65,3
Religion	Mosleem	292	73,0
	Chatolic	52	13,0
	Christen	40	10,0
	Budha	14	3,5
	Hindu	1	0,3
	Other	1	0,3
Ethnicity	Dayak	58	14,5
	Malay	163	40,8
	Tionghoa	39	9,8
	Java	58	14,5
	Maduresse	8	2,0
	Bugis	44	11,0
	Other	30	7,5
	Level of education	primary school	1
	Junior high school	5	1,3
	Senior high school	275	68,8
	College	119	29,8
Employment status	No Job	267	66,8
	Farmer	2	0,5
	government employees	8	2,0
	Entrepreneur	61	15,3
	Others (employees' private sector, traders, housewives)	62	15,5

Tabel. 2
Distribution of the frequency of community stigma among schizophrenics in West Kalimantan

Dimension	Mean	Median	SD	95% CI
Dimension Authoritarianism	28,95	29,00	3,972	6,25-7,75
Dimension Virtue	35,59	35,00	4,209	6,71-7,79
Dimension Social distancing	28,74	29,00	4,259	6,71-7,79
Dimension Ideology of the Mental Health Community	34,71	34,00	4,297	5,26-7,24
Community Stigma	127,9	128,00	6,581	6,22-9,38

Based on the table, it can be found that, most people are in adult age (97.3%), with the majority of women (63%), Mosleem (73%), ethnic Malay (40.8%), senior high school (68.8%), no job (66.8%). The total stigma shows 128.00 with \pm 6.581 where the most dimensions are in the virtue

dimension of 35.00, the bivariate results with the Pearson test show that there is a correlation between religion, ethnicity and education with the stigma of society.

DISCUSSION

Based on the results that have been described, the stigma of society leads to a low stigma where people have a good and positive attitude towards people with schizophrenia. This study found that Chinese people often have negative attitudes towards mental disorders (Li et al., 2020). According to Prasco et al (2016), stigma has two basic factors: negative attitudes and society's discrimination. Referring to the dimension of stigma on virtue where this dimension has the

highest median value, people have a good perception and mainset, are humanistic, and have a sense of sympathy for people with schizophrenia. During the pandemic, the public prefers to focus on accepting positive things from the media. Negative perceptions do not develop during the pandemic in this group, even though there are no schizophrenics who have reported COVID-19. Policy and decision making for stakeholders that can be detrimental to this group, this can be taken by misinformation, stigmatization, and the public about the dangers of this group (Chaimowitz et al., 2020).

Table 3. The relationship between sociodemographic factors and community stigma in schizophrenia in West Kalimantan

Karakteristik	Mean	SD	Pearson	P Value
Age	12.35	2,93	3.33	0.202
Gender	45.89	4,53	2.11	0.331
Religion	22.34	4,25	4.52	0.002
Ethnicity	22.21	4,77	6.74	0.000
Level of education	107.9	6,52	4.89	0.000
Employment status	33.79	2.91	5.01	0.309

There is no correlation between age and community stigma against schizophrenics. The stigma that tends to be low is that most of them have an adult age between 18 years and 40 years who are female, have sufficient last education to college. The results of a study conducted where getting older and male, low education, and low socioeconomic status are risk factors for the formation of a negative stigma against schizophrenia sufferers (Yuan et al., 2016).

This study reports that most respondents are female, where women have a low stigma against schizophrenics. This study reports no correlation between gender and stigma on mental disorders, according to the researchers' assumption that women have more sensitive feelings and care, positive thoughts, and more sympathy for people with schizophrenia. Men, women have better behavior towards people who are mentally ill. Women tend to be more tolerant and supportive of care for people with mental disorders and show less stigma (Bradbury, A, 2020)

This study reveals a correlation between educational factors and community stigma. Knowledge is associated with stigma on better behavior and attitudes so that the importance of education is in making people aware to be more knowledgeable and open-minded (Doumit et al., 2019). On the other hand, there is no significant contribution to education to variations in mental health patient stigma scores (Hartini et al., 2018). So it can be seen that the educational background of people with mental disorders does not affect people's attitudes and prevent stigma. A potential means of eliminating the existing stigma is by giving counseling or education about stigma, this is considered as a strategy with a very limited success rate even the emergence of undesirable things as well as negative consequences (Corrigan & Fong, 2014 in Smith and Applegate, 2018)

This study found no correlation between work and stigma, although the findings suggest that work is needed to reduce mental health stigma (Bradbury, A, 2020). However, statistically different sociodemographic factors result in different variations in stigma views between sex groups and attitudes towards pasung and income levels (Hartini et al., 2018). Previous research conducted in Japan on mental health professionals, that practice in the work environment can help reduce the stigma of schizophrenics (Kato et al., 2021)

There is a relationship between religion and society's stigma against mental disorders. The results show that the

majority are Muslim. Fighting stigma should strengthen religion so that it can balance respect for patients 'religious or spiritual beliefs and practices with doctors' concern for their well-being and therapeutic goals to foster independent thinking (Peteet, 2019). Given the complexity of this problem, attention to transference and countertransference in dealing with religious patients is important.

There is a correlation between ethnicity and community stigma against schizophrenics. Ethnicity is closely related to society's culture, when referring to the results of this study, the low stigma against schizophrenic sufferers is that most of the Malays are. This is because people with Malay ethnic groups have different views on mental health between cultures, interpreting a harmony in life is the main point in mental health. This means that the values in culture are used as criteria as part of the concept of mental health. Several values in the Malays, such as courtesy, friendliness, openness, tolerance, and mutual respect are very necessary in social life. These characteristics can make Malays have commendable character, noble character based on faith and piety to achieve a healthy life of soul (Nasilah & Marettih, 2015). The existence of an ethnic background causes a difference in stigma against mental disorders, so that ethnicity or ethnicity itself has an important role in the occurrence of a perception or stigma (Eylem et al., 2020). The most important thing is the need for stigma prevention adapted to certain ethnic backgrounds in increasing knowledge about mental health. Meanwhile, other studies have found that multilevel stigma interventions can reduce stigma levels in schizophrenics who undergo shackling (Bachtiar et al., 2020)

Limitation of The Study

This study has limitations in that this study only looks at the respondents' factors due to limited time, energy, and cost.

CONCLUSIONS AND SUGGESTIONS

This study concludes that there is no correlation between community characteristics such as age, gender and work status with social or community stigma. Still, there is a

significant correlation between ethnicity, religion and education with community stigma. society in schizophrenics.

Future researchers are expected to carry out further research using a qualitative or combination approach (mixed-methods). It is recommended to use the stratified random sampling method to get a more complete picture of the stigma with a sample that is evenly representative of the population, and to be able to identify self-stigma and family stigma against people with schizophrenia.

ACKNOWLEDGEMENT

The authors would like to thank all the research participants, lecturers, UNTAN students, technical and support staff in the Nursing Department of Medical Faculty of the Tanjungpura University for all the contributions, guidance, and assistance during this research.

Funding Statement

The authors did not receive support from any organization for the submitted work and No funding was received to assist with the preparation of this manuscript

Conflict of Interest Statement

The authors declared no conflict of interest

REFERENCES

- Avdibegović, E., & Hasanović, M. (2017). The stigma of mental illness and recovery. *Psychiatria Danubina*, 29(December 2017), S900–S905.
- Bachtiar, A., Windarwati, H. D., Keliat, B. A., Ismail, R. I., Asih, N., Ati, L., Sulaksono, A. D., & Ilmy, S. K. (2020). The fight against stigma : Multilevel stigma interventions in schizophrenia on mer ci al use on al. 9, 417–422.
- da Silva, A. G., Baldaçara, L., Cavalcante, D. A., Fasanella, N. A., & Palha, A. P. (2020). The Impact of Mental Illness Stigma on Psychiatric Emergencies. *Frontiers in Psychiatry*, 11(June), 1–9. <https://doi.org/10.3389/fpsy.2020.00573>
- Doumit, C. A., Haddad, C., Sacre, H., Salameh, P., Akel, M., Obeid, S., Akiki, M., Mattar, E., Hilal, N., Hallit, S., & Soufia, M. (2019). Knowledge, attitude and behaviors towards patients with mental illness: Results from a national Lebanese study. *PLoS ONE*, 14(9), 1–16. <https://doi.org/10.1371/journal.pone.0222172>
- Eylem, O., de Wit, L., van Straten, A., Steubl, L., Melissourgaki, Z., Danışman, G. T., de Vries, R., Kerkhof, A. J. F. M., Bhui, K., & Cuijpers, P. (2020). Erratum: Correction to: Stigma for common mental disorders in racial minorities and majorities a systematic review and meta-analysis (BMC public health (2020) 20 1 (879)). *BMC Public Health*, 20(1), 1326. <https://doi.org/10.1186/s12889-020-09199-y>
- Hartini, N., Fardana, N. A., Ariana, A. D., & Wardana, N. D. (2018). Stigma toward people with mental health problems in Indonesia. *Psychology Research and Behavior Management*, 11, 535–541. <https://doi.org/10.2147/PRBM.S175251>
- Islamiati, R., Widiati, E., Suhendar, I. (2018). Sikap masyarakat terhadap orang dengan gangguan jiwa di Desa Kersamanah Kabupaten Garut. *Jurnal Keperawatan BSI*, VI(2), 195-205. <https://ejournal.bsi.ac.id/ejurnal/index.php/jk/article/view/4107>.
- Kato, Y., Chiba, R., Yamaguchi, S., Goto, K., Umeda, M., & Miyamoto, Y. (2021). Association between Work Environments and Stigma towards People with Schizophrenia among Mental Health Professionals in Japan. *Healthcare*, 9(2), 107. <https://doi.org/10.3390/healthcare9020107>
- Kementerian Kesehatan RI. (2018). Hasil utama riset kesehatan dasar. Jakarta: Balitbang Kemenkes RI. Diunduh 20 Maret, 2020, dari <https://www.litbang.kemkes.go.id/hasil-utama-riskesdas-2018/>
- Kementerian Kesehatan RI. (2018). Riskesdas 2018 dalam angka; Laporan Provinsi Kalimantan Barat. Jakarta: Balitbang Kemenkes RI. Diunduh 25 Maret, 2020, dari <https://dinkes.kalbarprov.go.id/wp-content/uploads/2019/05/Laporan-RKD-2018-Kalbar.pdf>.
- Kumparan. (2019). Tega menyiksa kucing, terduga pelaku di Pontianak mengaku diguna-guna. Retrieved 15 Maret, 2020, from <https://kumparan.com/hipontianak/tega-menyiksa-kucing-terduga-pelaku-di-pontianak-mengaku-diguna-guna-1s6GtcjYqdr>.
- Lee, S. U., Soh, M., Ryu, V., Kim, C. E., Park, S., Roh, S., Oh, I. H., Lee, H. Y., & Choi, S. (2018). Risk factors for relapse in patients with first-episode schizophrenia : Analysis of the Health Insurance Review and Assessment Service data from 2011 to 2015. *International Journal of Mental Health Systems*, 1–9. <https://doi.org/10.1186/s13033-018-0187-1>
- Li, H., Zheng, L., Le, H., Zhuo, L., Wu, Q., Ma, G., & Tao, H. (2020). The mediating role of internalized stigma and shame on the relationship between covid-19 related discrimination and mental health outcomes among back-to-school students in wuhan. *International Journal of Environmental Research and Public Health*, 17(24), 1–14. <https://doi.org/10.3390/ijerph17249237>
- Nasilah, S& Marettih, AK. (2015). Integrasi Diri Sebagai Konsep Sehat Mental Orang Melayu Riau. *Jurnal Psikologi UIN Sultan Syarif Kasim Riau*, 11(Juni), 37–48.
- Patel, V., & Gonsalves, P. P. (2019). Suicide prevention: Putting the person at the center. *PLoS Medicine*, 16(9), 2–5. <https://doi.org/10.1371/journal.pmed.1002938>
- Peteet, J. R. (2019). Approaching religiously reinforced mental health stigma: A conceptual framework. *Psychiatric Services*, 70(9), 846–848. <https://doi.org/10.1176/appi.ps.201900005>
- Pusat Data dan Informasi Kementrian Kesehatan RI. (2019). Situasi Kesehatan Jiwa DI Indonesia. In *InfoDATIN* (p. 12).
- Singh, A., Mattoo, S. K., & Grover, S. (2016). Stigma and its correlates in patients with schizophrenia attending a general hospital psychiatric unit. *Indian Journal of Psychiatry*, 58(3), 291–300. <https://doi.org/10.4103/0019-5545.192024>
- Taylor, S. M., & Dear, M. J. (1981). Scaling community attitudes toward the mentally ill. *Schizophrenia Bulletin*, 7(2), 225–240. <https://doi.org/10.1093/schbul/7.2.225>
- Teresha, D. A., Tyaswati, J. E., & Widhiarta, K. D. (2015). The difference of the knowledge, stigma and attitude between the first year and final year student of Medical Faculty of Jember University toward mental disorders. *Journal of Agromedicine and Medical Sciences*, 1(2), 7-11. DOI: <https://doi.org/10.19184/ams.v1i2.1953>.
- Tribun Pontianak. (2019). Fakta dua pria bunuh diri di Pontianak, Kotabaru dan Jeruju heboh mayat korban gantung diri. Retrieved 9 Februari, 2020 from <https://pontianak.tribunnews.com/2019/12/27/fakta-dua-pria-bunuh-diri-di-pontianak-kota-baru-dan-jeruju-heboh-mayat-korban-gantung-diri>.

Tribun Pontianak. (2019). Seorang laki-laki ditemukan tewas gantung diri dalam kamar. Retrieved 9 Februari, 2020, from <https://pontianak.tribunnews.com/2019/12/27/breaking-news-seorang-laki-laki-ditemukan-tewas-gantung-diri-dalam-kamar>.

Yuan, Q., Abdin, E., Picco, L., Vaingankar, J. A., Shahwan, S., Jeyagurunathan, A., Sagayadevan, V., Shafie, S., Tay, J., Chong, S. A., & Subramaniam, M. (2016). Attitudes to mental illness and its demographic correlates among general population in Singapore. *PLoS ONE*, 11(11), 1–13. <https://doi.org/10.1371/journal.pone.0167297>