

Original Research

## Stigma With Community Discrimination Behavior on Covid-19 Patients in Tuban

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**ABSTRACT**

The rapid transmission of the Covid-19 virus, coupled with the circulation of social media information that cannot be verified, will impact stigma in the form of discriminatory behavior in society. This study aimed to determine the relationship between stigma and community discriminatory behavior in patients with COVID-19 at the Permata Bonang RT Perbon Tuban. This study uses a design with a Cross-sectional Study approach. The population used is part of the community in the Permata Bonang RT, with a total of 45 respondents and a sample of 40 using simple random sampling. The dependent variable is stigma, and the independent variable is discriminatory behavior. Data collection using a questionnaire sheet was analyzed using the chi-square test. The results showed that the positive stigma of society was 60% and the negative stigma of society was 40%; as for the results of discriminatory community behavior that occurred, a small number of respondents had discriminatory behavior, namely 32.5%, and some respondents who did not discriminate, namely 67, 5%. So the results obtained in this study show a relationship between stigma and community discriminatory behavior in patients with COVID-19. The results of the chi-square test evidence this; the p-value is <0.05 (p-value = 0.000), so there is a relationship between stigma and discriminatory behavior in society. Based on the results of this study, respondents are advised to keep thinking positively by providing support and motivation for positive patients for Covid-19, increasing proper knowledge about education and information based on facts so that they can be wiser in responding to current conditions.

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## Introduction

The coronavirus, or Covid-19 is a new disease variant named by the World Health Organization (WHO). The rapid transmission of the Covid-19 virus is added by the circulation of social media information that cannot. It is known that the truth will have an impact on stigma in the community related to the Covid-19 virus which will have an impact, especially in areas with a lack of knowledge in the community. This will lead to stigma and discrimination in the social environment against certain ethnic groups infected with the virus. People often have anxiety, fear, and confusion due to the increasing number of cases contracting the Covid-19 virus. However, we may have a bad attitude towards patients, families infected, health workers, or those around us who are not sick but have similar symptoms to the Covid-19 virus. If it continues with social stigma, it will impact the lack of openness in the surrounding environment, so people will hide their illness to stay away from discrimination, prevent seeking immediate health assistance, and can change healthy living behavior in the environment.

The results of a survey with a total of 10 respondents, 6 (60%) of respondents accepted patients who received positive Covid-19 patients, did not isolate themselves in the social environment, even they also supported and helped meet their daily needs by sending food while in isolation. By 4 (40%) of the other respondents experienced excessive public fear of the increase in this virus. This condition will cause confusion and anxiety so that various wrong prejudices arise in patients and their families and avoid Covid-19 positive patients in their environment. The social stigma attached to a person or group often creates discriminatory treatment for Covid-19 sufferers so that they will be rejected and ostracized from the social life of the surrounding community.

Factors that influence community discriminatory behavior can be influenced by several factors, including stigma caused by a lack of public knowledge, belief, communication, morals, education, and work. WHO, as an organization that plays an essential role in handling COVID-19 cases, also explains that three main factors affect negative stigma in patients who are infected with the Covid-19 virus include: (1) it is a virus with a

new variant whose existence is still not widely known to the public, (2) people are often afraid of new news that is not yet known to be accurate, and (3) having anxiety and fear associated with others (World Health Organization, 2020). The study also explains that during the pandemic, people worldwide experience a very high fear of COVID-19 (Abdelhafiz & Alorabi, 2020).

The stigma that appears in society, for examples are discrimination towards people moving from new environments, ostracizing people recovered from Covid-19, refusing new ethnicities as afraid being virus carriers, avoiding health workers, and refusing dead bodies who have been infected with the Covid-19 virus because they are considered able to transmit the virus to other people (Setiawati et al., 2020). The negative stigma often obtained continuously can create barriers between communities in the environment and cause social inequality within the group (World Health Organization, 2020).

Based on the background, the researcher is interested in knowing the relationship between stigma and community discriminatory behavior towards Covid-19 patients in Tuban.

## Method

This research is a type of correlation analysis because the researcher only examines the relationship without giving treatment (Nursalam, 2017). The data collection technique used a cross-sectional approach. The scope of this research is community nursing. The population in this study is the Permata Bonang Perbon Tuban housing community which is the closest place to the researcher's environment considering the safety from the spread of the Covid-19 virus from the researcher. Data collection techniques using Simple Random Sampling obtained a total of 45 populations and a sample of 40 respondents who met the research inclusion criteria.

Furthermore, respondents who met the requirements were researched by means of the researcher explaining the informed consent and then collecting data using a stigma questionnaire and a questionnaire on discriminatory behavior given via a google form link for 60 minutes. Data analysis using a chi-square test with editing, coding, scoring, and tabulating stages.

## Results and Discussion

Characteristics of respondents were categorized based on age, gender, and in this study, some of the people who were willing to work in RT Permata Bonang Perbon Tuban Housing. Table 1 shows the distribution of Respondents Based on the Age of the Community in RT Permata Bonang Perbon Tuban 2021.

**Table 1. Distribution Data by Age**

Age	Frequency	Percentage (%)
24 - 32 Year	9	22.5
34 - 41 Year	16	40
42 - 50 Year	15	37.5
Total	40	100

Source: Primary Data Researchers July 2021

**Table 2. Distribution Data by Gender**

Gender	Frequency	Percentage (%)
Man	10	25
Woman	30	75
Total	40	100

Source: Primary Data Researchers July 2021

Table 2 shows the distribution by Gender of Respondents in RT Permata Bonang Perbon Tuban 2021. From table 2 it can be concluded that most of the respondents are female as many as 30 (75%), while only a small proportion of male respondents are 10 (25%).

**Table 3. Characteristics of Respondents' Jobs**

Jobs	Frequency	Percentage (%)
Private sector employee	12	30
PNS	7	17.5
IRT	21	52.5
Total	40	100

Source: Primary Data Researchers July 2021

Table 3 shows the distribution of Respondents by Occupation at Permata Bonang Perbon Housing Tuban 2021. Table 3 shows that most of the respondents work as housewives as many as 21 (52%), and a small proportion of respondents work as civil servants as many as 7 (17%).

**Table 4. Stigma Assessment Data**

Stigma	Frequency	Percentage (%)
Positive	24	60
Negative	16	40
Total	40	100

Source: Primary Data Researchers July 2021

Table 4 shows the frequency distribution of Stigma Assessment in Covid-19 Patients at Permata Bonang Perbon Tuban 2021 Housing. Table 4 shows that of 40 (100) respondents, most of the respondents had experienced a positive stigma of 24 (60%), and almost half of the respondents had a negative stigma of 16 (40%). Table 5 shows the distribution of Community Discriminatory Behavior Assessment in Covid-19 Patients at Permata Bonang Perbon Tuban 2021 Housing. Based on table 5, the research results show that a small proportion of discriminatory behavior is 13 (32.5%) while most of the respondents have no discriminatory behavior by 27 (67.5%).

**Table 5. Discriminatory Behavior Assessment**

Behavior	Frequency	Percentage (%)
Discrimination	13	32.5
No discrimination	17	67.5
Total	40	100

Source: Primary Data Researchers July 2021

**Table 6. Stigma Cross Table with Discriminatory Behavior Assessment**

Stigma	Discriminatory behavior		Total (%)
	Yes (%)	No (%)	
Positive	0 (0)	24 (100)	24 (100)
Negative	13 (81.3)	3 (18.7)	16 (100)
Amount	13 (32.5)	27 (67.5)	40 (100)

Source: Primary Data Researchers July 2021

Table 6 shows the results of cross Table of Stigma Relationship with Discriminatory Behavior Assessment of People with Covid-19 in RT Permata Bonang Perbon Tuban 2021 Housing. Based on the data in table 6, the results showed that of the 40 respondents, most had positive stigma with an incidence rate of 0 (0%), and respondents

with a positive stigma assessment in the category of no discriminatory behavior amounted to 24 (100%). While a small number of respondents with negative stigma in the category of no discriminatory behavior are 13 (81.3%), and respondents who are negatively stigmatized in the category of no discriminatory behavior are 3 (18.8%).

Analysis of the data obtained using the chi-square test. Data was obtained by using a questionnaire measuring instrument. Then coding is done on the variables according to the operational definition. The data obtained were tabulated and analyzed using the chi-square test using the Statistical Product And Service Solution (SPSS) for windows application, namely the frequency of stigma with discriminatory community behavior. The value of significance = 0.05 evidences this obtained asymp value  $P = 0.000$  where  $P < 0.05$ . then H1 is accepted so that it can be concluded that there is a relationship between stigma and discriminatory behavior in the community for COVID-19 sufferers in the Permata Bonang Housing RT Perbon Tuban.

#### ***Identification of Stigma in Covid-19 Patients at RT Permata Bonang Perbon Tuban***

Based on the research results using the questionnaire sheet in table 5, it is known that the majority of respondents, namely 24 (60%) respondents have a positive stigma against COVID-19 sufferers in RT Permata Bonang Tuban Housing. This is because the public understands the dangers and how to properly prevent or break the chain of spreading COVID-19. Moreover, most of the respondents with a negative stigma are 16 (40%) Covid-19 sufferers. And this is due to a lack of knowledge and broad public perception so that people have bad thoughts that will happen if they are close to Covid-19 sufferers, which can cause negative labeling or stigma on Covid-19 sufferers (Abudi, 2020).

This study is almost similar to the journal written by researcher Livina PH et al, 2020 which explains that Covid-19 is a virus that can infect humans very quickly it can cause death. This is due to an increase in reports of negative public stigmatization of Covid-19 patients in areas affected by the pandemic. (arbo; eda-florez, 2002).

Stigma occurs due to several factors, such as knowledge, perception, access to information, attitudes, and religion. Gofman's

theory strengthens the results of this study in Major & O'Brien, which says that stigma can be interpreted as a comprehensive attribute that makes an individual lose confidence due to something scary. There are 4 mechanisms, namely: negative treatment and direct discrimination, the process of confirmation of self-fulfilling prophecy, and the emergence of stereotypes automatically against individual identity (Nurma, 2018).

Based on the research that has been carried out and related theories, the researcher argues that based on the percentage of people in the Permata Bonang Perbon Tuban Housing RT, it was found that those with negative stigma are lower than those who have a positive stigma on COVID-19 sufferers. The results of the research findings showed that most of the respondents had good attitudes, such as positive thinking and not looking down on COVID-19 sufferers, following the dimensions of alienation of respondents who stated that they disagreed. Some stated strongly disagreed that Covid-19 sufferers were people who are low, bad, and can create a negative environment, so they should be ashamed because of the community's disappointment in patients with covid-19. Most of the respondents stated that they disagreed that people with covid-19 were negative and could not live their lives as before following stereotypic dimensions. Most respondents stated that people who were confirmed to be COVID-19 must always be supported, not away from, not discriminated against, and helped during their treatment. Disagreement still exists, such as social withdrawal and experience of discrimination, which states that people with COVID-19 should be avoided, treated differently, had to withdraw from the environment, and getting ignored. Most respondents also said they agreed with the statement that general Covid-19 sufferers can live their lives properly. Covid-19 sufferers also have the right to live completely and can teach themselves and those around them a lesson to be careful and comply with health protocols (Ardianti, 2017).

However, a few people still lack attitudes, such as giving negative nicknames or labels, lacking faith, and giving different treatments to COVID-19 sufferers. One of the factors is the knowledge and perception of the community that could be better and wise in receiving information on social media. To get a

positive stigma, the community increases knowledge. It changes the mindset of people with Covid-19 not to assume that people with Covid is a bad and negative people but the virus that must be prevented and eradicated by consistently implementing probes and working together, and communicating well with the local task force (Khoiriyah, 2018).

### ***Identification of discrimination against COVID-19 sufferers in RT Permata Bonang Perbon Tuban Housing***

Based on the research results conducted on some of the residents of Permata Bonang Housing Perbon Tuban 2021 using a discriminatory behavior questionnaire sheet. Table 5.5 shows that 27 (67.5%) respondents were not discriminated and 13 (32.5%) respondents showed discriminatory behavior against covid-19 patients in the Permata Bonang Housing RT Perbon Tuban.

Chung Ying said that in some cities experiencing the pandemic, racial discrimination has occurred in various countries (Dai NF 2020).

The percentage of discriminatory behavior still being carried out by the community has several reasons, one of which is mutual suspicion between each other which negatively impacts social life (Kamtamneni, 2020). One of the efforts made by the government to prevent the spread of the virus is large-scale distance restrictions (Anderson, 2020). However, some people misunderstand the intent and purpose of government policies, so they not only keep their distance but also isolate and behave differently to COVID-19 sufferers (Bo et al., 2020).

Based on the results of research conducted by researchers at the Permata Bonang Tuban housing estate, it shows that discriminatory behavior that occurs in the community is due to several factors such as community stigma, beliefs, communication and morals. A strong stigma in a person arises because of the lack of education and the way a person behaves given to the community has not been fully understood properly and correctly. The result is the emergence of excessive panic in the community which affects the stigma of a person and will encourage someone to behave in a discriminatory manner (Abudi, 2020).

Discriminatory behavior can be seen from the form of indicators in the form of

verbal discrimination, avoidance, expenditure, and physical. Most of the respondents on the verbal discrimination indicator stated that the sufferer must be supported and motivated to recover quickly; this can be seen from the respondents who disagreed with the statement that people with COVID-19 should be humiliated and deserve ridicule from others. And a small percentage of respondents agreed with the statement that the confirmed person should not be insulted, and the sufferer often ignores satire from his environment. Discriminatory behavior based on avoidance indicators was found that the community must have a strong reason if they want to reject covid-19 sufferers in the environment, this can be seen in disagreement regarding the statement "covid-19 sufferers must be shunned", not wanting to be in the same community with covid-19 sufferers, should not be accepted and reject sufferers in the community. Discriminatory behavior of the community based on expenditure indicators, most of the respondents stated that they did not agree with the statement that the community wanted to remove COVID-19 sufferers from the environment or work, and sufferers had missed the opportunity to be active in any form of activity. And a small number of respondents agreed with the statement that COVID-19 sufferers were never suddenly released by the community. And most of the respondents on discriminatory behavior based on physical indicators stated that they strongly disagreed with the statement that they had hit, given harsh treatment, and acted harshly on COVID-19 sufferers. A small number also strongly agree that they have never harshly hit and treated people with COVID-19 (Herdiana, 2020).

It can be concluded that the people in RT Perumahan Permata Bonang Perbon Tuban understood and wise in responding to social conditions, such as motivating patients, supporting patients to continue to receive health services, and helping the needs when patients are self-isolating while still using health protocols. Thus people do not discriminate against COVID-19 sufferers. A few people still think that people who suffer from COVID-19 must be shunned and isolated because they can harm the environment (Nurma, 2018).

***Analysis of stigma with discriminatory community behavior in patients with COVID-19 at RT Permata Bonang Perbon Tuban Housing***

The results of the analysis using the chi-square test. The statistical test results show a relationship between stigma and community discriminatory behavior in people with COVID-19 in the RT of the Permata Bonang Perbon Tuban housing. The results obtained from 40 respondents showed a stigma value in the positive category with discriminatory behavior in the category of no discrimination of 0 (%) and respondents with a positive stigma assessment in the category of no discriminatory behavior of 24 (60%). While a small number of respondents with negative stigma in the category of no discriminatory behavior are 13 (32.5%), and respondents with negative stigma in the category of no discriminatory behavior are 3 (7.5%) respondents. This shows that a small part of the community still has a negative stigma of discriminatory behavior in patients with COVID-19.

The research results on the relationship between stigma and discriminatory behavior in Covid-19 sufferers in the Permata Bonang Perbon Housing RT, Tuban, showed  $H_0 = 0.000$ , meaning the higher the negative stigma of a person, the greater the negative stigma. The possibility of discriminatory behavior. Likewise, the lower the stigma value, the positive stigma will be formed so that discriminatory behavior will not occur in people with Covid-19. Therefore, there is a need for continuity or equality between stigma and behavior arising from the stigma attached to a person against a group or sufferer in the community (Nur Jannah et al., 2021).

The study's results are strengthened by a theory that explains the stigma that can make a person have prejudices, thoughts, behaviors, and actions by the government, society, coworkers, environment, and family (Castro & Farmer, 2005).

Based on the analysis, it was found that most of the respondents had positive stigma values with the category of no discrimination, none of which discriminated against COVID-19 sufferers, and respondents who had positive stigma with the category of no discriminatory behavior, all of the respondents did not discriminate. This is because the good

thoughts and prejudices that a person has have led to good behavior so that their intention or attitude of being indifferent, avoiding, and refusing each other is not happening. After all, they think that people having COVID-19 are people who must be supported and helped. A small percentage of respondents with discriminatory behavior is influenced by three things: insulting patients, avoiding patients, isolating patients, refusing people who move from outside the area, isolating medical personnel and rejecting the existence of a positive body for Covid-19. However, some respondents have negative stigma, but they do not behave to discriminate against Covid-19 patients. The stigma attached to a person is still not too strong because it is influenced only by the perception factor and access to information where they only guess at themselves. They do not have the attitude or plan to stay away from patients whom covid-19 confirms, so they are more intense in cleaning themselves and their families. This statement is supported by (Ni Kadek Widiastuti, SKM, MPH/Promkes 2020 Section).

This definition reflects that in a situation like this, it is to maintain conditions and keep positive thinking so that they can live in harmony and peace in the community. In everyday life, stigma causes people with COVID-19 to feel unappreciated and isolated in their environment. The researcher argues that in increasing efforts to overcome discriminatory behavior against community stigma by providing education to continue supporting someone whom Covid-19, both family and other communities around us confirm. So that it will affect the stigma of a person, it can minimize the existence of community discriminatory behavior in people with COVID-19 (Archika, 2020).

## **Conclusion**

In conclusion, the stigma that occurs in the community towards Covid-19 sufferers in Permata Bonang Perbon Housing RT Tuban, almost half of the community has a negative stigma towards Covid-19 sufferers. In contrast to the discriminatory community behavior towards Covid-19 sufferers, a few behave discriminatory against Covid-19 sufferers, so it can be concluded that there is a relationship between stigma and discriminatory behavior in the community towards COVID-19 sufferers

in RT Permata Bonang Housing, Perbon Tuban.

It is suggested that respondents should be wise in getting information from social media and not easily provoked, thinking positively, and providing support to Covid-19 sufferers to improve the quality of the regional task force to make people safer and more comfortable socializing.

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