

## Community Stigma Against Puskesmas Services During the Covid-19 Pandemic

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### ABSTRACT

During the COVID-19 outbreak, there is one social phenomenon that has the potential to aggravate the situation, namely social stigma or negative associations towards a person or group of people who experience symptoms or have certain diseases. They are labeled, stereotyped, discriminated against, treated differently, and or subjected to status abuse because they are associated with a disease. Stigma will cause the spread of disease in the community to get out of control, this study aims to identify community stigma towards Puskesmas services during the COVID-19 pandemic in the Sananwetan Puskesmas area. This study included descriptive qualitative research exploring the population of this study totaling 4,658 people, then a research sample of 102 respondents was selected, sampling techniques in this study used Non-Probability Sampling with the Convenience Sampling / Accidental Sampling method, samples who were willing to become respondents were then given a stigma questionnaire against Puskesmas services during the Covid-19 pandemic. Based on the results of the research conducted, it can be concluded that the results of univariate data analysis to determine whether there is a stigma of the community towards Puskesmas services during the Covid-19 pandemic showed that 69 (67.7%) respondents had a negative stigma towards Puskesmas services during the Covid-19 pandemic. The public is required to be more active in seeking information related to the COVID-19 virus through Puskesmas health promotion in the form of leaflets, counseling on the radio, Puskesmas cadres, so that it is not easy to be exposed to negative issues circulating in the community about covid-19.

**Keywords:** Community Stigma; Covid-19

### Background

Since it was designated as a pandemic, there was a human-to-human outbreak transmission in Wuhan, China on December 31, 2019, the coronavirus-2019 (COVID-19) infection that caused the *Severe Acute Respiratory Syndrome – Coronavirus2* (SARS-Cov-2) disease became a global pandemic. The transmission of this virus is suspected to be related to the sale of meat derived from wild animals or animal breeding in seafood markets (1).

Common symptoms found by patients are fever, cough and myalgia or fatigue. Specific symptoms include coughing up phlegm, headache, hemoptysis (coughing up blood) and diarrhea. Complications include acute respiratory distress syndrome, acute heart injury and secondary bacterial infections (Huang, et al., 2020). To date, the amount of information about this virus is increasing every day and more and more data on its transmission and route, reservoirs, incubation period, symptoms and clinical outcomes, including survival rates collected around the world (2).

As a new disease, much is not yet known about the COVID-19 pandemic. Humans tend to be afraid of something unknown and it is easier to attribute fear to "different groups". This is what causes the emergence of social stigma and discrimination against certain ethnicities and also people who are considered to have a relationship with the COVID-19 virus, the high positive rate of COVID-19 in Indonesia makes the emergence of negative stigma of society to patients exposed covid, not only patients who are positive for COVID-19 who get a negative stigma, medical personnel who are the frontline in handling COVID-19 also get a negative stigma when returning to The house to meet the family even went so far as to reject the bodies

of the medics who died in this humanitarian duty. All of that happened because of excessive concern in the community (3).

Stigma is a term that describes a situation or condition related to the point of view of something that is considered negative value. Stigma ((4)(5) understood as a social construction that is a sign of distinguishing social disgrace attached to others in order to identify and devalue them. Negative stigma on health workers will reduce public interest in coming to health services, thus impacting the number of visits in health services. Data from research articles (6) states that there is a lot of negative stigma in society related to covid-19 positive patients and health workers, people are more social distancing and seem to ostracize those who are closely related to covid-19.

Based on the results of a preliminary survey of visit data at the Sananwetan Health Center in 2020, there was a decrease in the number of community visits to the Puskesmas, Bendogerit Village decreased by 18.5%, Plosokerep Village 7.8%, Karangtengah Village 15.2%, Rembang Village 4%, Klampok Village 8%, Gedog Village 17%, Sananwetan Village 29.5% compared to the number of visits in 2019, from this data Sananwetan Village experienced the largest decrease in the number of visits, The decrease in the number of community visits to the Puskesmas can cause various impacts in the health sector, one of which is the unmonitored health problems that occur in the community, public awareness of the importance of health problems is decreasing, therefore researchers want to know the stigma in the community towards Puskesmas services during the Covid-19 pandemic in Sananwetan Village.

## Methods

In this study, researchers used descriptive qualitative research methods *for exploration*. The population in this study was residents of Sananwetan Village who were members of the posyandu toddler cadre contact, with a total of 156 residents. The number of samples taken was 102 residents who were members of the posyandu toddler cadre contact. The sampling technique in this study used *Non Probability Sampling* with the *Convenience Sampling/ Accidental Sampling* method.

The instrument used in this study was a stigma questionnaire for Puskesmas services during the COVID-19 pandemic through a *google form* developed by researchers based on stigma components. To find out how the stigma of the community towards Puskesmas services during the COVID-19 pandemic. The data obtained through the questionnaire is then tested using a percentage test.

The percentage of the Assessment Categoryn (a) 76-100% (there is a negative stigma against Puskesmas services during the COVID-19 pandemic that arises in the community. (b) 56-75% (people are neutral to Puskesmas services during the COVID-19 pandemic). (c) <55% (no negative stigma towards Puskesmas services during the COVID-19 pandemic that arises in the community)

## Results

### Characteristics of Respondents

The characteristics of the respondents obtained in this study were age and gender as described in the table below:

**Table 1 Frequency distribution of respondents' characteristics**

No	Characteristic	F	Percentage (%)
1	<b>Gender</b>		
	Man	14	13.7
	Woman	88	86.3
2	<b>Age</b>		
	<45 th	93	91
	>45 th	9	9

Based on table 1, it was found that respondents who were female were 88 people (86.3%) and respondents who were male were 14 people (13.7%) and respondents under the age of 45 years were 93 people (91%) and respondents aged more than 45 years were 9 people (9%).

### Community stigma towards Puskesmas services during the COVID-19 pandemic

**Table 2 Distribution of the frequency of community stigma towards Puskesmas services during the COVID-19 pandemic**

No	Criterion	F	percentage (%)
1	<55% (No stigma)	1	1.0%
2	56-75% (Neutral)	32	31.3%
3	76-100% (Negative stigma)	69	67.7%

Based on table 2, 69 (67.7%) respondents tend to have a negative stigma towards Puskesmas services during the COVID-19 pandemic.

### Gender with community stigma towards Puskesmas services during the COVID-19 pandemic

**Table 3 Cross-tabulation of gender with community stigma towards Puskesmas services during the covid-19 pandemic**

Stigma	Gender		All
	M	F	
<55% ((No stigma)	0 (0%)	1 (1%)	1
56-75% (Neutral)	6 (5%)	26 (25,4%)	32
76-100% (Negative stigma)	17 (17%)	52 (60%)	69
Total	23 (22,5%)	79 (77,5%)	102

Results of Cross-Tabulation Data Analysis Gender with community stigma towards Puskesmas services during the Covid-19 pandemic table 4.4 it is known that the female sex with 52 respondents (60%) has a negative stigma towards Puskesmas services during the

COVID-19 pandemic.

### Age with community stigma towards Puskesmas services during the COVID-19 pandemic

**Table 4 Cross-tabulation of age with community stigma towards Puskesmas services during the covid-19 pandemic**

Stigma	Age		All
	<45 Years Old	>45 Years Old	
<55% (No stigma)	1 (1%)	0	1
56-75% (Neutral)	30 (29.4%)	2 (2%)	32
76-100% (Negative stigma)	62 (61%)	7 (7%)	69
All	93 (91%)	9 (9%)	102

The results of the Cross-Tabulation Data Analysis of age with community stigma towards Puskesmas services during the Covid-19 pandemic table 4.5 found that < 45 years old with 62 respondents (61%) having a negative stigma towards Puskesmas services during the COVID-19 pandemic.

### Discussion

In this discussion from the results of univariate data analysis to find out whether there is a stigma in the community towards Puskesmas services during the Covid-19 pandemic, shown in table 4.3, it shows that 69 (67.7%) respondents tend to have a negative stigma towards Puskesmas services during the COVID-19 pandemic. Factors that affect stigma in society include respondents with female gender with 52 respondents (60%) having a negative stigma against health services during the Covid-19 pandemic, based on (7) women, namely by gathering to gossip, is still common in society, especially among housewives, so that people with the female gender more often get information that does not know The truth is, such as gossiping about the news about the Covid-19 pandemic according to their respective perceptions, this causes the emergence of a bad stigma, especially for health workers or health services because they think health workers or health services can be a means to transmit the Covid-19 virus.

The age factor also influences the emergence of negative stigma in society, the age category according to ((8) adulthood, and vulnerable aged 46-65 years is categorized as early elderly-late elderly, in this study obtained results of age under 45 years with a total of 62 (61%) respondents having a negative stigma towards Puskesmas services during the COVID-19 pandemic, This is influenced because in adulthood early-late adulthood is a time where people understand more about the development of science and technology so that people can quickly obtain information from various print and electronic media and make it a guideline even though the truth is not yet known, with the development of news in the media, ordinary people are easily exposed to the issue of hoaxes about Covid-19. This is in line with (7) community considers that those affected by covid-19 can be transmitted and if they are exposed to the covid-19 virus, they will not recover completely because the information obtained by the public is not entirely true and the public believes hoax news more.

Meanwhile, the penetration of internet users among the elderly or the elderly (over 55 years old) only amounts to 2%. One of the causes is the inequality between generations that arises due to the lack of expertise to access various kinds of information through digital technology (9) Therefore, the elderly tend to experience greater technological stuttering

compared to the adolescent generation when dealing with the rapid flow of communication technology development. This condition can have negative consequences on a personal level as well as a broader level. On a personal level, the elderly will feel left behind and excluded from the development of world modernity. This situation can lead to negative consequences at a broader level, such as decreased participation in the environment which ultimately creates problems for the elderly (9)

Meanwhile, (10) also explained that the majority of Indonesians' activities on the internet are using social media. Internet use for social media activities reached 97.4% and is the highest number compared to other activities on the internet. (11) thus causing a large amount of information obtained by the public through social media, and the public tends to make the information a basis of knowledge that is not necessarily the truth. The use of digital technology such as computers and smartphones connected to the internet can increase knowledge about health, hobbies, and news through social media. (12)

The factors of health services carried out by puskesmas during the COVID-19 pandemic also affect the stigma of the community, according to (7) Health workers who are in direct contact with patients make residents who live around them afraid. Feelings of fear again affect discrimination against people who come into contact with covid-19 patients. In addition, another factor is the fear of health workers due to the death of many doctors, nurses and other medical personnel. So far, Puskesmas has conducted counseling about Covid-19, including through health cadres, posyandu activities, direct counseling to patients in the Puskesmas waiting room, through cross-sectoral activities such as Village Community Deliberations (MMD), through brochures in the form of leaflets, and even counseling has also been carried out through electronic media *talkshows* on the radio. Because there are restrictions on gathering people in large numbers, and the ability to capture information by the community varies due to different levels of knowledge, so that the information submitted by puskesmas or health services may not be conveyed properly, besides that this can trigger a wrong perception in ordinary people, causing negative thoughts in the community. This is in line with what is stated (13) the factors that influence knowledge: 1) Education, The process of changing attitudes and behavior of a person or group and is an attempt to mature human beings through teaching and training efforts. The higher a person's education, the faster it is to receive and understand information so that the knowledge possessed is also higher (13) 2) Information or Mass Media, A technique for collecting, preparing, storing, manipulating, announcing, analyzing, and disseminating information with a specific purpose. Information affects a person's knowledge if he often gets information about a lesson, it will increase his knowledge and insight, while someone who does not receive information often will not increase his knowledge and insight. 3) Social, Cultural and Economic. A person's tradition or culture that is carried out without reasoning whether what is done is good or bad will increase his knowledge even if he does not do. Economic status will also determine the availability of facilities needed for a particular activity. A person who has a good socio-culture then his knowledge will be good but if the socio-culture is not good then his knowledge will be less good. A person's economic status affects the level of knowledge because a person who has a below-average economic status then that person will find it difficult to increase knowledge. 4) Environment, influencing the process of entering knowledge into the individual due to the presence of mutual interaction or not which will be responded to as knowledge by the individual. A good environment for the knowledge gained will be good but if the environment is not good then the knowledge gained will also be less good. If a person is around an educated person, then the knowledge that a person has will be different from that of people who are around unemployed and uneducated people. 5) Experience. How to solve problems from previous experiences that have been experienced so that the experience gained can be used as knowledge if you get the same problem. 6) Age, the more you get older, the more your grasp and mindset will develop so that



the knowledge gained will also improve and increase.

The stigma of some diseases and disorders is a central issue in public health (Septiawan, Mulyani and Susanti, 2018). People with certain diseases often get a stigma that gives a sense of inferiority. Lepers, tuberculosis, HIV, and including covid-19, are considered to have a negative stigma in society. According to research (14) not only patients / sufferers and families get stigmatized, but nurses who treat covid-19 patients also get stigma from the community. There were even a number of nurses who were bullied, kicked out of rent because they were worried about carrying the virus that causes covid-19 so that people around them tended to stay away and did not want to come into contact with them even though they had been declared cured.

## Conclusion and Recommendations

Based on the results of the discussion described from research conducted on the community, it can be concluded that the results of univariate data analysis to find out whether there is a community stigma against Puskesmas services during the COVID-19 pandemic show that 1 (1%) respondents have no stigma against puskesmas services during the COVID-19 pandemic, 32 (31.3%) are neutral towards puskesmas services during the COVID-19 pandemic, and 69 (67.7%) respondents have a negative stigma towards Puskesmas services during the COVID-19 pandemic. Covid-19 pandemic.

The public can access news about covid-19 through the official website of the [www.covid19.go.id](http://www.covid19.go.id) government, or it can also be through the official website of the Sananwetan Health Center <http://puskesmas-sananwetan.blitarkota.go.id> in search of information, so that the public can get the correct information related to the COVID-19 pandemic. For further research, it can provide information for further research so that research can be carried out on the factors that can cause stigma. Puskesmas further improves health promotion programs to the community through the media owned by puskesmas, and through cross-sectoral coordination, so that people's interest in visiting puskesmas is high again.

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