

Relationship of Psychological Impact and Community Stigma on Covid-19 Patients in Wonogiri, Central Java, Indonesia

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ABSTRACT. Covid-19 or a disease caused by the corona virus became an epidemic after being declared by WHO as a global pandemic. The disease for which no cure has yet been found is a threat of a new pandemic that is spreading rapidly throughout the world, which has a psychological impact on people who are confirmed positive for Covid-19. Based on the data obtained, comorbid hypertension and diabetes mellitus, male gender, and active smokers are risk factors for SARS-CoV-2 infection. More gender distribution in males is thought to be associated with a higher prevalence of active smoking. The aim of the study was to analyze the relationship between the psychological impact of patients exposed to Covid-19 and community stigma in Wonogiri district, Central Java, Indonesia. The research method used a quantitative approach with a cross sectional design. The population of this study were all patients exposed to (confirmed positive) Covid-19 who were undergoing outpatient care at the Outpatient Service Unit of Soediran Mangun Sumarso Hospital, Wonogiri Regency. The sample used in this study was obtained by estimating the proportion with absolute precision. Because in health research the commonly used degree of confidence is 95%, the value is determined to be 1.96. So after entering the formula, the sample size is 92 respondents. The research instrument adopted from Internalized Stigma of Mental Illness scale from Ellis (2015) and the DASS-21 scale from Rivera et al (2020). Chi-square technique was used to analyze the data of this study.

Keywords: *psychological impact, stigma, Covid-19.*

1. INTRODUCTION

The background of the Corona virus or (Covid-19), the case started with pneumonia or mysterious pneumonia in December 2019, This case is thought to be related to an animal market in Wuhan which sells various types of animal meat, including those that are not commonly consumed, for example snakes, bats, and various types of mice. Many cases of this mysterious infection are found in the animal market. The Corona virus or (Covid-19) is suspected of being carried by bats and other animals that are eaten by humans until transmission occurs. Corona Virus is actually no stranger to the world of animal health, but only a few types are capable of infecting humans to become pneumonia [1]

Before (COVID-19) broke out, the world had a scene with SARS and MERS, which are also related to the Corona Virus, against this background, the Corona Virus is not only this time making citizens of the world panic, having symptoms that are similar to flu, Corona Virus progress rapidly to result in more severe infection and organ failure. Corona Virus infection or COVID-19 is caused by Corona Virus, which is a

group of viruses that infect the respiratory system, in most cases the corona virus only causes mild to moderate respiratory infections, such as flu, however, this virus can also cause severe respiratory infections, such as Pneumonia, MiddleEast Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome or SARS [2].

WHO stated that currently Europe has become the center of the Corona virus pandemic globally, Europe has more cases and deaths from COVID-19 than China, the total number of Corona virus cases, according to WHO, is at least 123 countries and regions, of these, nearly 81 thousand. cases are in the mainland China region, Italy, which is the European country that is the worst affected by the Corona virus, which is now recorded as the most dominant in this Corona Virus case [3].

The development of the spread of Covid-19 in Wonogiri Regency where Wonogiri entered the red zone on 18 December 2020. Based on the official website of the National Covid-19 Handling Acceleration Task Force, until 18 December 2020, Wonogiri is still in the red zone in the spread of Covid-19. Inclusion of Wonogiri in the red zone because currently cumulatively confirmed cases of

Covid-19 in Wonogiri have reached 1,072 cases, on December 17, 2020, there were 86 cases of confirmed positive Covid-19 cases [4]

When a patient responds psychologically to the illness he is suffering from and the disease is a new disease where the cure is found, a process of adapting to the changes that occur is needed to maintain a healthy and balanced condition. However, due to the relatively confusing information through the electronic and social mass media about Covid-19, which not all of them can be trusted, has created a stigma for people associated with Covid-19, even for patients who were exposed (confirmed positive) Covid-19[5]. Based on this preliminary study, research is needed to study and analyze the relationship between the psychological condition of patients exposed to Covid-19 with the stigma of society in Wonogiri Regency. The research objectives were (1) to describe the psychological condition of patients exposed to Covid-19 in Wonogiri Regency. (2) Describe the community stigma against patients exposed to Covid-19 in Wonogiri Regency. (3) Analyze whether there is a relationship between the level of psychological condition of patients exposed to Covid-19 and the stigma of society in Wonogiri Regency?

2. RESEARCH METHODS

This type of research is correlational research that examines the relationship between variables [6]. The research design used was Cross Sectional, which is a type of research that emphasizes the time of measurement / observation of data on the independent and dependent variables only once at a time. The population of this study were all patients exposed to (confirmed positive) Covid-19 who were undergoing outpatient care at the Outpatient Service Unit of Soediran Mangun Sumarso Hospital, Wonogiri Regency. The sample used in this study was obtained by estimating the proportion with absolute precision,[7] namely the formula

$$n = \frac{Z_{1-\frac{\alpha}{2}}^2 P(1 - P)}{d^2}$$

(1)

- N = number of samples
- $Z_{1-\frac{\alpha}{2}}$ = distance of standard error from the mean according to the desired degree of confidence
- P = proportion of stigma in patient
- d = absolute precision 10% (0.1)

In health research the degree of confidence that is commonly used is 95%, the value is determined

to be 1.96. So after entering the formula, the sample size is 92 respondents. The criteria in this study are as follows:

Inclusion Criteria

- Was diagnosed positive for Covid-19 since at least 1 month ago
- Aged > 18 years (adult age group)
- Can read and write
- Compos mentis awareness
- Willing to participate in research and be cooperative

Exclusion criteria

- Experiencing severe physical discomfort (such as pain, fever, difficulty swallowing, dizziness, or others) so that it does not allow the respondent to continue the study.
- Decided not to continue filling in or not completely filling out the questionnaire.

The data collected in this study are primary and secondary data. Primary data is data obtained directly from the source, namely giving a scale / questionnaire to patients exposed to Covid-19 in the outpatient unit of Soediran Mangun Sumarso Hospital, Wonogiri Regency. In this study, the instruments used were a psychological scale on the impact of psychology using the DASS-21 scale from [8], and the Internalized Stigma scale of Mental Illness from [9]. The data was collected by giving a scale / questionnaire or by conducting interviews with respondents based on the blueprint that had been prepared. Test the validity or check the validity of the data to determine the accuracy and accuracy of a measuring instrument in carrying out the measurement function. To test the validity and reliability of the instrument, the Pearson and Alpha Cronbach product moment correlation analysis was used. Data analysis used descriptive analysis and inferential analysis with chi-square.

3. RESULT AND DISCUSSION

A. Univariate Analysis

Univariate analysis which is intended to describe the distribution and research results obtained by using a frequency distribution list and equipped with tables. Univariate analysis in this study includes descriptive analysis of respondent characteristics data including age, education level, occupation. While the variables studied were compliance level, level knowledge about Covid-19, access to health services, the role of health workers, and family support. Based on the research, data on the age characteristics of the respondents were obtained as in the following table.

TABLE I. Distribution Of Frequency And Percentage Of Gender Characteristics (N = 92)

Gender	Frequency	Percentage
Male	43	46,7
Female	49	53,3
Total	92	100.0

Table I above shows that the characteristics of respondents based on gender, 43 respondents (46.7%) were male, and 49 respondents (53.3%) were female. Based on the study, data was obtained about the characteristics of the respondent's educational level as in table 2 below.

TABLE II. Distribution Of Frequency And Percentage Of Educational Characteristics (N = 92)

Education	Frequency	Percentage
SMA/K	38	41,30
D1	30	32,61
S1	22	23,91
S2	2	2,17
Total	92	100.0

Table II above shows that the characteristics of respondents based on education level are 38 respondents (41.30%) with high school / K education, 30 respondents (32.61%) who have a D1 education, there are 22 respondents (23.91%) with an undergraduate degree, and there are 2 respondents (2.17%) have postgraduate education (S2). Based on the research, data about the characteristics of the respondent's job were obtained as in table III below.

TABLE III. Distribution Of Frequency And Percentage Of Job Characteristics (N = 92)

Occupation	Frequency	Percentage
PNS/Guru/TNI-Polri	27	29,35
Karyawan swasta	24	26,09
Wiraswasta	15	16,30
Buruh/tani	10	10,87
Mahasiswa/Pelajar	9	9,78
Pensiunan guru	3	3,26
lainnya	4	4,25
Total	92	100

Table III above shows that the characteristics of respondents based on work are 27 respondents (29.35%) whose jobs are PNS / Teacher / TNI-Polri, there are 24 respondents (26.09%) who work for private employees, there are 15 respondents (16.30%) are self-employed, there are 10 respondents (10.87) are laborers / farmers, 9

respondents (9.78%) are students / students, there are 3 respondents (3.26%) are retired teachers, and there are 4 respondents (4.25%) who work as other workers.

Based on the research, data was obtained about the variable stigma of society towards patients exposed to Covid-19 as in table IV below

TABLE IV. Frequency And Percentage Of Community Stigma Levels (N = 92)

Stigma	Frequency	Percentage
High	43	46,7
Low	49	53,3
Total	92	100

Table IV above shows that the level of stigma of respondents to patients exposed to Covid-19 who are included in the high stigma category is 43 respondents (46.7%), and there are 49 respondents (53.3%) who are in the low category. So it is concluded that the stigma of society towards patients / families of patients exposed to Covid-19 is in the low category.

Based on the research, data on the variable psychological condition of patients and their families of patients exposed to Covid-19 were obtained as shown in Table 5 below.

TABLE V. Frequency And Percentage Of Patients / Patients' Psychological Conditions (N = 92)

Psychology	Frequency	Percentage
High	31	33,7
Low	61	66,3
Total	92	100

TableV above shows that the psychological conditions of patient respondents exposed to Covid-19 which are in the high category are 31 respondents (33.7%), and the psychological conditions that are in the low category are 61 respondents (66.3%). So it can be concluded that the majority of respondents stated that the psychological condition of patients exposed to Covid-19 was in the low category.

B. Bivariate Analysis

Based on the results of the study, data was obtained about the variables related to the patient's psychological condition with the community's stigma against patients exposed to Covid-19 as presented in the explanation below.

TABLE VI. Output Relationship Between Psychological Conditions And Community Stigma Regarding Covid-19

Stigma * Psikologi Crosstabulation						P
			Psychology		Total	
			low	high		
Stigma	low	Count	49	0	49	0,000
		% within Stigma	100.0%	.0%	100.0%	
		% of Total	53.3%	.0%	53.3%	
	high	Count	12	31	43	
		% within Stigma	27.9%	72.1%	100.0%	
		% of Total	13.0%	33.7%	46.7%	
Total	Count	61	31	92		
	% within Stigma	66.3%	33.7%	100.0%		
	% of Total	66.3%	33.7%	100.0%		

Table VI above shows that the results of the chi-square test show a significant value (p value) is 0.000 <0.05, it can be concluded that there is a significant relationship between psychological conditions and community stigma against patients exposed to Covid-19.

C. Discussion

1. Univariate Analysis

Judging from gender, the level of depression, anxiety, and stress in female subjects was 2 times more than that of men. Based on the data, there were 18 respondents (29.5%) women who had low levels of depression, anxiety, and stress, while 31 respondents (33.7%) women had high levels of depression, anxiety and stress. This is because during the Covid-19 pandemic, women who worked outside the home after the pandemic became working at home because they worked from home, thus increasing the workload of women. In working women, levels of depression, anxiety, and stress will be higher than men because they have multiple roles in the household.

Characteristics of respondents based on the level of education in this study were SMA / MA / K, namely 50 respondents (50%), and as many as 50 respondents (50%) of the total number of respondents. Based on the results of this study, the education level of the respondents was included in the medium category because most of the respondents had the latest education at the SMA-S1 to undergraduate levels. According to [10] the level of education is a long-term process that uses systematic and organized procedures, in which a person learns conceptual and theoretical knowledge for general purposes. Mangkunegara (2013) states that individuals with higher education will be more able to think broadly and have initiative and be creative so they can find more efficient efforts at work. In addition, it can be explained that education is a teaching and learning process so that a set of behaviors, activities or activities is formed. By learning both formally and informally humans

will have knowledge, with the knowledge obtained, the client will know the benefits of the nurse's advice or advice so that they will be motivated to comply with introduced treatment [11].

The characteristics of respondents based on the type of work in this study were mostly civil servants / teachers / military-police as many as 27 respondents (29.3%) of the total number of respondents. The higher the level of one's occupation / position, the greater the income that allows a person to carry out health checks, obtain health facilities and facilities such as health centers, medicines, contraceptives, and so on [12].

2. Bivariate Analysis

Based on the results of data analysis with the Chi-square test for hypothesis testing, it can be seen that the significant value is 0.000 <0.05, which means that Ho is rejected and accepts Ha. This means that there is a significant relationship between the patient's / patient's family's psychological condition and the community's stigma against patients exposed to Covid-19. Psychological disorders that arise in patients or families of patients exposed to Covid-19 in the form of anxiety, depression or insomnia during a pandemic increase due to feelings of anxiety about their health and their families.

Previous research has also shown that epidemics can have quite severe psychological effects, especially on health care workers. The fear of being exposed or infected creates excessive anxiety, helplessness, which can develop into psychological problems including depression, insomnia, somatic symptoms, stress, and even suicide [13]; [14].

In general, people in Indonesia do not clearly understand the Covid-19 epidemic, including transmission, handling it, and how to avoid it. This can lead to a negative public stigma against someone exposed to Covid-19. These misconceptions could prolong the pandemic and the duration of large-scale social distancing. The

central or regional government together with religious leaders / leaders and local security forces have the responsibility to provide the right education, information, and appropriate and appropriate communication strategy that is in tune with the culture of the community, to increase community empathy and sympathy. The government and society must develop strategic, concrete, and firm policies that do not confuse the public and learn from the success of other countries' experiences in controlling the transmission of Covid-19 [15]. The outbreak of the Covid-19 case in Indonesia has been treated differently by the community according to the validity of the information received, the perspective on information that is influenced by cultural and religious factors [16].

4. CONCLUSION

Based on the results of the research and discussion of the study, it can be concluded that there is a significant relationship between the psychological condition of the patient and the community stigma against the patient / patient's family exposed to Covid-19. Based on the results of the research, discussion and conclusions, the suggestions put forward by the researcher are as follows: (1) The public should be able to continue implementing health protocols to avoid transmission of Covid-19, (2) For paramedics, it would be nice if health workers provide health promotion about what activities the public needs to pay attention to in public places, (3) For other researchers who are interested in conducting similar research, it is suggested to add other variables which are thought to be related to the implementation of health protocols in the community such as emotional intelligence, social facilities, and so on.

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