



# Social Stigma Against People with COVID-19 In Jayapura Indonesia: A Mixed Methods Study with Explanatory Design

Manangsang, Frans<sup>1\*</sup>, Purba, Ellen. R. V<sup>2</sup>, Yogi, Ruth<sup>3</sup>, Rumaseb, Ester<sup>4</sup> & Suweni, Korinus<sup>5</sup>

<sup>1,2,3,4,5</sup>Nursing School, Health Polytechnic of the Ministry of Health Jayapura, 99351 Jayapura, Papua, INDONESIA

\*Corresponding Author: [fransmanangsang@yahoo.co.id](mailto:fransmanangsang@yahoo.co.id)

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**Abstract.** Stigma and discrimination related to Corona Virus Disease is a worldwide problem, creating major barriers to infection prevention and adequate treatment. Efforts to prevent and control Corona Virus Disease are hampered by the existence of stigma and discrimination against people with Corona Virus Disease. The Indonesian Demographic and Health Survey states that there is widespread stigma and discrimination against people affected by infectious diseases so that they are a determinant in efforts to overcome and prevent them. Stigma and discrimination have indirectly triggered an increase in the transmission of Corona Virus Disease and increased the negative impacts associated with the pandemic. The purpose of this study is to find out the social stigma of the community towards people with Covid-19 in Jayapura Indonesia. This research is a quantitative descriptive study with, and design observational survey equipped with a qualitative method (Mixed Method) Explanatory design. This research was carried out in Jayapura Regency with a population of all Jayapura Regency people aged 18 years and not directly affected (not patients) of Covid-19, namely 131,802 people. The sample size was taken as many as 110 respondents who were taken by cluster random sampling technique. The questionnaire used in this study was the Tanzania stigma indicator and community endline individual questionnaire. The data obtained were analyzed quantitatively and qualitatively. There is a relationship between educational characteristics and fear of being infected with the Covid-19 virus with community stigma which is shown by each *p-value* test of *Kendall-Tau* 0.000 ( $p < 0.05$ ). The analysis also shows a fairly strong relationship and the direction of the negative correlation shown by the correlation value -0.544 for the education variable and the correlation value -0.692 for the variable worried about being infected with the Covid-19. People think that the Covid-19 disease is a very dangerous disease because it can cause death for the sufferer, so that feelings of worry and fear arise. There is a relationship between educational characteristics and fear of being infected with the Covid-19 with community stigma in Jayapura Indonesia.

**Keywords:** Covid-19, Social Stigma, Mixed Method, Explanatory Design

## 1 Introduction

Efforts to prevent and control Corona Virus Disease have been hampered by stigma and discrimination against people with Corona Virus Disease. The Indonesian Demographic and Health Survey states that there is widespread stigma and discrimination against people affected by infectious diseases so that they are determinants in prevention and control efforts (Simarmata et al., 2012). The results of Dai (2020) research also show that there is still a lot of stigma against Corona Virus Disease sufferers in the community. Logie in his research also states that stigma and discrimination related to Corona Virus Disease can occur anywhere and can cause more serious problems if carried out by the wider community (Logie, 2020).

Research conducted by Abdillah (2020) in Indonesia also shows that society has a great stigma and is very uncomfortable to talk about the condition of sick family members. Stigma in society It is indirectly related to the high number of patients who are not detected with

Corona Virus Disease early because of the fear of discrimination and existing stigma. Broadly speaking, expectations, social support and acceptance from the community are part of the concept of early detection and prevention of Corona Virus Disease, so that the condescending attitude of the community has a negative impact on the case.

Stigma and discrimination have indirectly triggered an increase in the transmission of Corona Virus Disease and increased the negative impacts associated with the pandemic. Stigma and discrimination related to Corona Virus Disease is a worldwide problem, creating a major barrier to infection prevention and adequate treatment (Faris & Arifianto, 2020). Stigmatization related to Corona Virus Disease is reinforced by factors of lack of understanding of the disease, lack of access to treatment, irresponsible media in reporting the pandemic, and prejudice and fear related to a number of sensitive issues related to Corona Virus Disease and the deaths it causes (Williams & Gonzalez-Medina, 2011).

One of the dangers of stigmatizing Corona Virus Disease is that the associated concerns can motivate rejection and secrecy and continuing risky behaviour that is not in accordance with the Corona Virus Disease protocol. On the individual level, concerns about stigmatization can be a barrier to seeking treatment and care. Stigmatization must be understood in order to increase the utilization of health services (Williams & Gonzalez-Medina, 2011). Given the importance of the implications of Corona Virus Disease status on treatment seeking behaviour, reducing stigmatization related to Corona Virus Disease is an urgent public health priority.

A preliminary study conducted in Jayapura Regency showed that the stigma and discrimination experienced by the community can worsen the condition and spread of Corona Virus Disease. The existence of stigma and discrimination is an obstacle to the Corona Virus Disease prevention and control program which causes people to be reluctant to seek health services and social support that they should be able to get, causing a decrease in the spread of a disease. Based on the above problems, researchers interested in conducting research with the aim to determine the social stigma against people with Covid-19 in Jayapura.

## 2 Methods

### 2.1 Research Design

This research is a quantitative descriptive study with, and design *observational survey* equipped with a qualitative method (*Mixed Method Explanatory design*). This research begins with a quantitative method and continues with a qualitative method where the quantitative weight is greater than the qualitative weight (Arikunto, 2006).

### 2.2 Setting and samples

This research was carried out in Jayapura Regency with the entire population of Jayapura Regency aged 18 years and not directly affected (not patients) from Covid-19, namely 131,802 people. The sample size in this study used the Slovin's formula, namely  $n = N \div (1 + Ne^2)$ . The inclusion criteria in this study were people who were not directly affected by Covid-19, aged 18 years, and were willing to become research respondents. The sample size used was 110 respondents who were taken by *cluster random sampling technique*

### 2.3 Measurement and Data Collection

Instrument used to measure community social stigma is the *Tanzania stigma indicator and community endline individual questionnaire* which was adopted and modified from Indrawati (2013) research. Test the validity and reliability of the questionnaire using *expert judgment*

with the result that 15 question items meet the requirements. representative representation and clear clarity in the content of the questions to measure the social stigma of society towards patients with covid-19. The questionnaire contains the dimensions of shame, blame and judgment, as well as interactions consisting of 15 statement items *favourable* and *unfavourable*.

## 2.4 Statistical Analysis

The data obtained in the study will be analyzed quantitatively and qualitatively. This research begins with a quantitative method and continues with a qualitative method where the quantitative weight is greater than the qualitative weight. The first stage of this research begins with collecting quantitative data and continues with analyzing univariate (frequency distribution) and bivariate (kendall-tau) which produces the frequency and percentage of each variable and the relationship between variables. The results of quantitative data analysis are used as guidelines for the second stage. The second stage is data collection and qualitative data analysis. The results of the qualitative data analysis in this study aim to provide a deeper understanding of the results of the quantitative analysis, especially about exploring the experiences felt by respondents regarding stigma against people with Covid-19 in Jayapura Regency.

## 2.5 Ethics Clearance

Ethical principle used in this research is informed consent, anonymity (no names), confidentiality (secrecy), anonymity (no names), beneficence (benefit), Justice (justice) and ethical clearance. It has also passed the ethical test from the Jayapura Police Research Ethics Commission.

## 3 Results

Table 1 shows that most of the respondents who participated in this study were female, as many as 58 respondents (52.7%) with an average adult age (26-45 years) as many as 60 respondents (54.5 years. %), had the most education, namely secondary education (junior high school and high school) as many as 37 respondents (33.6%) and most of the respondents already had jobs, namely 61 respondents (55.5%). The results of the study also showed that most of the respondents were in urban areas, namely 56 respondents (50.9%) and most of the respondents had never had direct contact with Covid-19 patients, namely 67 respondents (60.9%) and were not worried about being infected. Covid-19, namely 67 respondents (60.9%), but 43 other respondents (39.1%) were worried about being infected with Covid-19.

**Table 1.** Summary Crosstabulation of Demographic Characteristics with Social Stigma in Covid-19 (n= 110)

Variables	All participants	Social Stigma	
		Low	High
Age, n (%)			
1= Young	17 (15.5%)	10 (9.1%)	7 (6.4%)
2= Adult	60 (54.5%)	41 (37.3%)	19 (17.3%)
3= Elderly	33 (30.0%)	22 (20.0%)	11 (10.0%)
Gender, n (%)			
1= Male	52 (47.3%)	34 (30.9%)	18 (16.4%)
2= Female	58 (52.7%)	39 (33.5%)	19 (17.3%)
Education, n (%)			
1= No education	24 (21.85)	5 (4.5%)	19 (17.3%)
2= Elementary	27 (24.5%)	13 (11.8%)	14 (12.7%)

Variables	All participants	Social Stigma	
		Low	High
3= High school	37 (33.6%)	35 (31.8%)	2 (5.4%)
4= College	22 (20.0%)	20 (18.2%)	2 (1.8%)
Occupation, n (%)			
1= Not worked	49 (44.5%)	35 (31.8%)	14 (12.7%)
2= Worked	61 (55.5%)	38 (34.5%)	23 (20.9%)
Residential Area, n (%)			
1= Rural	54 (49.1%)	37 (33.6%)	17 (15.5%)
2= Urban	56 (50.9%)	36 (32.7%)	20 (18.2%)
Contact with Patient Covid-19, n (%)			
1= Yes	13 (11.8%)	7 (6.4%)	6 (5.5%)
2= Not	97 (88.2%)	66 (60.0%)	31 (28.2%)
Worried Infected Covid-19, n (%)			
1= Yes	43 (39.1%)	11 (10.0%)	32 (29.1%)
2= Not	67 (60.9%)	62 (56.4%)	5 (4.5%)

\*The data presented were crosstabulation

Table 2 presents the association between demographic characteristics with social stigma. The analysis shows that there is a relationship between educational characteristics and fear of being infected with the Covid-19 virus with community stigma shown by each *p-value* test of *Kendall-Tau* 0.000 ( $p < 0.05$ ). The analysis also shows a fairly strong relationship and the direction of the negative correlation shown by the correlation value -0.544 for the education variable and the correlation value -0.692 for the variable worried about being infected with the Covid-19 virus. The correlations were tested using kendall-tau.

**Table 2.** Relationship Between Demographic Characteristics and Community Stigma (n=110)

Variable	Social Stigma	
Gender	Correlation Coefficient	-.020
	Sig. (2-tailed)	.838
	N	110
Age	Correlation Coefficient	-.035
	Sig. (2-tailed)	.704
	N	110
Education	Correlation Coefficient	-.544**
	Sig. (2-tailed)	.000
	N	110
Occupation	Correlation Coefficient	.096
	Sig. (2-tailed)	.316
	N	110
Residential Area	Correlation Coefficient	.045
	Sig. (2-tailed)	.640
	N	110
Contact with Patient Covid-19	Correlation Coefficient	-.097
	Sig. (2-tailed)	.311
	N	110
Worried Infected Covid-19	Correlation Coefficient	-.692**
	Sig. (2-tailed)	.000
	N	110

\*Correlation is significant at the 0.05 level (2-tailed).  
 \*\*Correlation is significant at the 0.01 level (2-tailed).

### 3.1 Qualitative Study

#### 3.1.1 Culture and public belief about Corona Virus (Covid-19)

People think that the Covid-19 disease is a very dangerous disease because it can cause death for the sufferer, so there is a feeling of worry and fear that this is a disaster, as the following expression:

*"The Covid-19 disease is a very deadly disease and is a disaster."*

People also don't really understand the Covid-19 disease, where there are still many who feel unsure that this disease is a warning or sent by God or made by humans, such as opinion. The following:

*"I'm confused whether this disease was sent by God or made by humans."*

#### 3.1.2 In-depth Social Stigma Interview

When someone experiences the Covid-19 disease, there will be feelings of worry and fear in the affected person, according to the opinion of the respondent:

*"I feel scared and worried about getting infected, I also feel sad."*

People see that they do not hate someone if they are infected with the Covid-19 virus, but fear and worry will arise so that people start to stay away from people who are affected by Covid-19. In accordance with the following respondent's opinion:

*"I don't hate people affected by Corona, but I just feel afraid of contracting the disease"*

Some people see that there is a process of avoiding people infected with Covid-19 and think that these people are dangerous, as the results of the following interview:

*"I see a lot of people avoiding people who are infected with Corona disease."*

The public should look at people affected by COVID-19 as people who need help, but because fear is not worrying about being infected is the cause of avoidance for people affected by Covid-19:

*"I feel sorry for people who are affected, but I am afraid of people affected by corona."*

Communities also considers that if there are members who are affected by a disaster must be received, such as the result of the interview follows:

*"There must be fear and apprehension because families were hit, but that of our families, if exposed, it is a calamity."*

During the pandemic, people rarely go to health care centres because they are afraid of patients in health care centres who are affected by Covid-19. As stated by the following respondent:

*"In this one year I did not dare to go to the hospital, I am still afraid."*

#### 4 Discussion

The results of research conducted in Jayapura Regency showed that most respondents in Jayapura Regency had low stigma towards survivors with Covid-19. Social stigma in this study is all unpleasant attitudes shown to Covid-19 patients followed by unfair treatment because of the status of the disease. The results of the study also show that the stigma of Covid-19 survivors is divided into 3 dimensions, namely the "Shame" dimension, the "Blaming and judging" dimension and the "Interaction" dimension, where these results indicate that the dimensions of blaming and judging Covid 19 patients get high value. The results of in-depth interviews also show that many people avoid Covid-19 survivors for fear of contracting and spreading the disease to others. The Indonesian Demographic and Health Survey states that there is widespread stigma and discrimination against people affected by infectious diseases such as Covid-19 so that they are determinants in efforts to control and prevent infectious diseases (Abdillah, 2020). The results of this study are in line with research conducted by Dai (2020) which shows that stigma against Corona Virus Disease sufferers is still prevalent in the community so that it is an indirect factor related to the high number of patients who are not detected with Corona Virus Disease early because of fear of discrimination and stigma. existing ones. Logie in his research also states that stigma and discrimination related to Corona Virus Disease can occur anywhere and can cause more serious problems if carried out by the wider community (Faris & Arifianto, 2020). The danger that arises from stigma by blaming and judging Covid-19 survivors can lead to efforts to keep a disease secret and continue risky behaviour that is not in accordance with the Corona Virus Disease protocol and can be an obstacle to seeking treatment and care (Armstrong & Brandon, 2019 and Ibrahim et al., 2019).

The results also show that there is no relationship between gender and stigma in society which is indicated by the significance *value of p value* 0.873 ( $p > 0.05$ ), but there is still a tendency that women are more stigmatized than men. This study is in line with research conducted by Oktaviannoor et al. (2020) which shows that there is no correlation between gender characteristics and social stigma of society which is shown by the *p value of* 0.089 ( $p > 0.05$ ), but the result of the study also shows that women are 1.52 times more likely to stigmatize Covid-19 survivors than men. This is in accordance with the results of the study that gender has a negative correlation direction where most of the male gender gives a low value to the social stigma of society (-0.020). Male respondents have the view that stigma has various negative consequences that hinder recovery, such as the shame that comes from being exposed to Covid-19, so they will feel ashamed to seek treatment in achieving recovery.

The age characteristics show that most of those who participate are adults. The results also show that there is no relationship between age and stigma in society which is indicated by the significance *of p value* 0.708 ( $p > 0.05$ ), but there is still a tendency that adults are more stigmatized than adolescents and elderly age. This research is in line with research conducted by Berek & Bubu, (2019) which shows that there is no correlation between age characteristics and stigmatization for people with HIV/AIDS which is an infectious disease such as Covid-19 which is shown by a *p value of value* 0.433 ( $p > 0.05$ ), the results of the study also showed that respondents aged 54 years were 2.17 times more likely to stigmatize people with HIV/AIDS compared to those aged >54 years (Berek & Bubu, 2019). This is different from the results of the study that the older a person gets, the lower the stigma given to the Covid-19 survivors, which is shown by the negative correlation, which has a negative correlation direction (-0.035). The age of the respondent will be related to the increase in experience, information and knowledge possessed, where the older a person gets, the life experience will increase, one of which is by giving perceptions of someone related to stigmatization.

The results of the study also show that there is a significant relationship between the characteristics of education and the stigma that exists in society against Covid-19 survivors,

which is shown by the *p value* of 0.000 ( $p < 0.05$ ). This study is in line with the research conducted by Berek & Bubu, (2019) which showed that there was a relationship between educational characteristics and stigmatization of people with HIV/AIDS which was shown by a *p value* of 0.028 ( $p < 0.05$ ), and an value *OR* of 2,23 which shows that respondents with basic education (SD) have a 2.23 times chance of stigmatizing Covid-19 survivors compared to other education (Berek & Bubu, 2019). This is in accordance with the results of research conducted that there is a tendency for respondents who have basic education and respondents who are not in school to stigmatize in the form of blaming and judging Covid-19 survivors. The level of education is positively correlated with the knowledge possessed by the respondent, where stigma can be heightened by inadequate knowledge about the transmission process, how to prevent and the treatment process of the disease (Lo Hog Tian et al., 2021).

There is no relationship between job characteristics and the stigma that exists in society which is shown by the significance *value of p value* 0.308 ( $p > 0.05$ ). Social stigma in the context of health is a negative relationship between a person or group of people who share certain characteristics and certain diseases. This study is not in line with the research conducted by Berek & Bubu (2019), which showed that there was a significant relationship between job characteristics and stigmatization of people with HIV/AIDS, which was indicated by a *p value* of 0.007 ( $p < 0.05$ ), and The *OR* value is 0.42 which indicates that respondents who do not work have a 0.42 times greater chance of stigmatizing people with HIV/AIDS compared to respondents who have jobs. This is in accordance with the results of research that respondents who do not have jobs have a tendency to have a high stigma on Covid-19 survivors but are not much different from respondents who have jobs that stigmatize blaming and judging Covid-19 survivors.

The results also show that there is no significant relationship between the characteristics of the area of residence and the stigma that exists in the community against Covid-19 survivors, which is indicated by a *p value* of 0.638 ( $p > 0.05$ ). This study is not in line with the research conducted by Situmeang et al. (2017) which showed that there was a relationship between regional characteristics and stigmatization of people with HIV/AIDS among adolescents aged 15-19 which was shown by a *p value of value* 0.0018 ( $p < 0.05$ ), and the value *OR* of 1.044 which indicates that respondents who live in urban areas have 1.044 times the opportunity to stigmatize people with HIV/AIDS compared to respondents who live in rural areas. This is in accordance with the results of research conducted that there is a tendency for respondents living in urban areas (18.2%) to stigmatize in the form of blaming and judging Covid-19 survivors.

The results of the research conducted also showed that most of the respondents had never had direct contact with Covid-19 survivors. The results also show that there is no significant relationship between the characteristics of direct contact with Stigma in the community and Covid-19 survivors, which is shown by the *p value* of 0.343 ( $p > 0.05$ ). Stigmatization related to Corona Virus Disease is reinforced by factors of lack of understanding of the disease, lack of access to treatment, irresponsible media in reporting the pandemic, and prejudice and fear related to a number of sensitive issues related to Corona Virus Disease and the deaths it causes (Williams & Gonzalez-Medina, 2011). The results of qualitative analysis in in-depth interviews with respondents who have had direct or indirect contact with Covid-19 survivors show that the experience that can be directly met with Covid-19 survivors provides a new understanding of the transmission process and efforts that can be made in preventing Covid-19. This is in accordance with the results of research conducted that most respondents who had direct or indirect contact with Covid-19 survivors gave a low picture of stigmatization, but there were still many respondents who had never had direct contact (28.2%) had a tendency to stigmatize. to Covid-19 survivors.

The results also show that there is a significant relationship between the characteristics of worry about being infected and the stigma that exists in the community for Covid-19

survivors, which is shown by *p value of 0.000* ( $p < 0.05$ ). Fear of being infected with Covid-19 is the expression most often encountered in the community related to the risk of direct exposure to the virus. The results of in-depth interviews also show that the worry and fear of being infected with the Covid-19 virus is caused by a rational understanding related to the burden of disease (the high death rate due to Covid-19). The worry that arises is self-protection which in excess will have an impact on efforts to blame and continue to judge a survivor because of a negative stigma related to Covid-19. Fear of being infected with Covid-19 tends to make people overprotect themselves which leads to stigma and discrimination (Pratama et al., 2020). This is in accordance with research results which show that there is a tendency for respondents who are worried about being infected with Covid-19 to stigmatize Covid-19 survivors, while most respondents who are not worried about being infected have a low tendency to stigmatize. The results also show a negative correlation, which means that the higher the respondent's sense of not worrying about being infected, the lower the stigmatization action taken by the respondent.

## 5 Conclusion

The conclusion that can be drawn from this study is that most respondents in Jayapura Regency have low bad stigma towards Covid-19 survivors, where the dimensions of blaming and judging COVID-19 patients get high scores in terms of stigmatization. There is a significant relationship between the characteristics of education and the worry variable with the social stigma of the Covid-19 survivor community, while there is no relationship between the characteristics of gender, age, occupation, and area of residence as well as the experience of direct contact with the social stigma of the Covid-19 survivor community in Jayapura Regency, Indonesia.

The Jayapura Regency Government needs to make efforts to disseminate information to the public regarding information related to Covid-19 in the form of health promotion at the village, sub-district and district levels and in collaboration with *stakeholder's* other such as regional organizations and other associations in an effort to increase public perception, trust, eliminate concerns, and improve public awareness. the function of the existing community so that it can reduce stigma such as blaming and judging Covid-19 survivors. Non-governmental and social organizations must continue to cooperate with the government in designing and compiling programs to deal with Covid-19 so as to create cross-sector collaboration to increase prevention efforts and minimize negative stigma in the community.

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