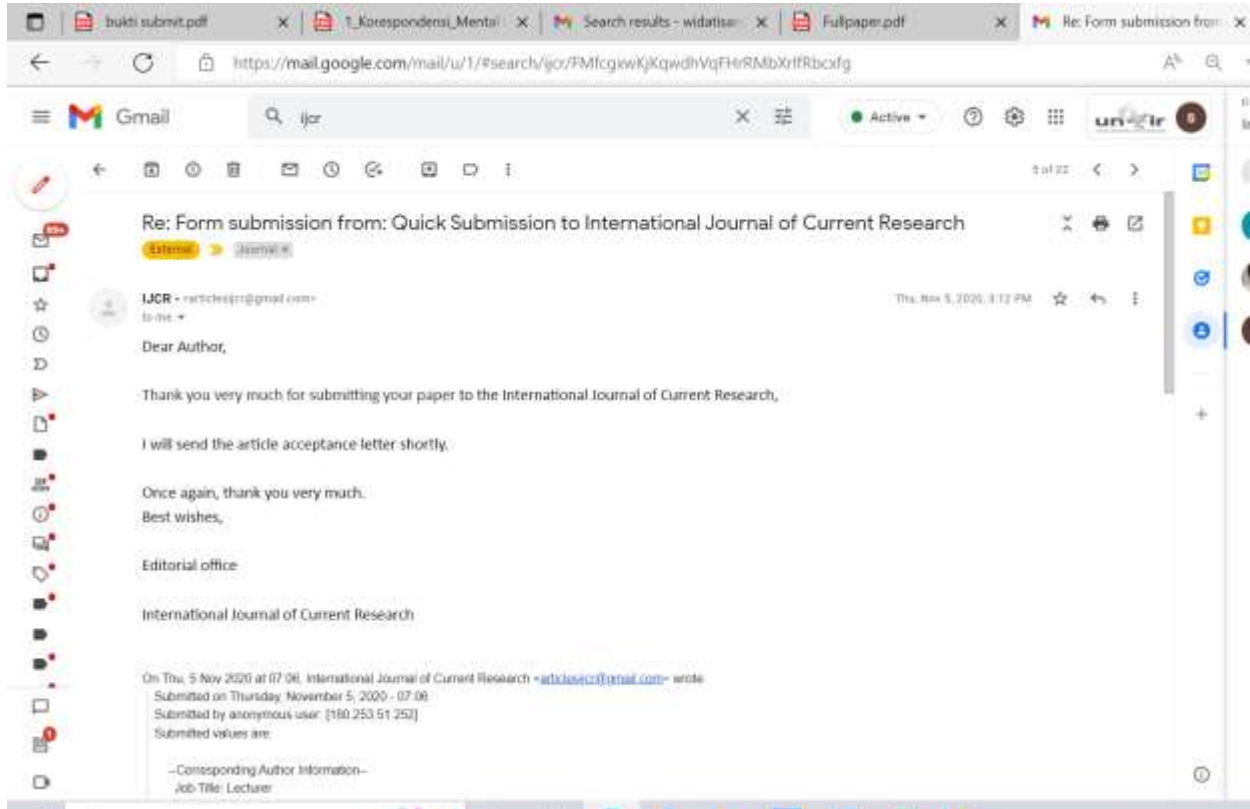


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- A. Judul: Social Construction of Covid-19 Destigmatization Through Indonesia's Online Mass Media
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# SOCIAL CONSTRUCTION OF COVID-19 DESTIGMATIZATION THROUGH ONLINE MASS MEDIA

Sri Widati<sup>1</sup>, Oedojo Soedirham<sup>2</sup>, Wee Eng Hoe<sup>3</sup>

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## Abstract

The number of Covid-19 cases is increasing in Indonesia. **Which is considered new, has been stigmatized by the Indonesian people.** The purpose of this study is to analyze the content of mass media news to reduce the stigma covid. This study is an media content analysis. The study covered the online mass media from March to July 2020. Data collection was carried out using an electronic search engine with the keywords "expel covid officers, seize covid bodies, covid tombs dismantled". Data were analyzed using Content Analysis and then traced using theory and evidence based on various previous studies. The results showed there were 140 negative news about covid published in 106 media and 105 destigmatization (reducing the stigma) of covid news published in 79 mass media in Indonesia, from 7 March to 14 July 2020 or 130 days. Amount 33.6% reported about the action of seizing the dead body that will be buried with the standard covid protocol. Amount 8.6% uncovered the tomb of the covid corpse. Amount 47.8% contained news of threats and evictions to co-19 officers ( doctors, nurses and health officer). **Thus as many as 145 online mass media in Indonesia only contain news about covid stigma and as many as 64 online mass media only contain destigmatization. All of the information can be uploaded online to mass media for destigmatization. If stigma can be constructed through mass media, destigmatization should also be done through online mass media.**

**Keywords: Covid-19, Stigma, destigmatization, online mass media**

## Introduction

On December 31, 2019, WHO (China Country Office) reported a case of pneumonia of



unknown etiology in Wuhan City, Hubei Province, China. January 2020 this case was stated as a new type of Coronavirus Disease 2019 (Covid-19). On 30 January 2020 WHO established the Public Health Emergency of International Concern (PHEIC). Furthermore, on March 11, 2020, WHO established Covid-19 as a pandemic. By establishing Covid-19 as a pandemic, the President of Indonesia issued Presidential Decree No. 11 of 2020 concerning the emergence of public health Covid-19. In Indonesia, until July 15, 2020 there were more than 78 thousand positive confirmed covid in Indonesia. There are more than 3 thousand died and more than 37 thousand declared cured. At the same time, in the world there were more than 500 thousand deaths from Covid-19 with positive confirmed cases of more than 13 million and recovering more than 7 million (Covid Task Force for Accelerating Covid Management/Gugus Tugas Percepatan Penanganan Covid di Indonesia, 2020).

The spread of Covid 19 is evenly distributed throughout the world including Indonesia. WHO advises prevention by means of clean hands using alcohol or wash using soap and water, maintain at least 1 meter distance with others, avoid going to crowded places, avoid touching eyes, nose, mouth, stay home, self isolated with symptoms, follow good respiratory hygiene, seek medical attention while coughing and difficulty breathing, update last information from trusted sources (WHO, 2020). This precaution is often called the Health protocol during the Covid-19 pandemic. Every patient who is confirmed positive is isolated to prevent local transmission. Covid-19 death bodies were also buried with the funeral protocol of the Covid-19.

The health protocol effort caused many people to be reluctant to admit if he or his family was confirmed positive by Covid-19. There was fear that they would have to be isolated and if they died they would use the Covid-19 funeral protocol. Culture in Indonesia, if someone dies, people will come to offer their condolences to the family and attend the funeral. If the corpse is confirmed co-19, then it cannot be done. The body will be buried without anyone being close to each other except the burial officer. Similarly, if the illness is confirmed positive for Covid-19, it will be isolated. Indonesian culture likes to gather. If he or his family is isolated then that becomes a big problem. Because of this, the public does not want to admit that he or his family is confirmed positive Covid-19. This gives rise to negative views in covid patients who are often called Stigma. This stigma does not only occur in Indonesia but also throughout the world due to the regulation of human mitigation restrictions. Tensions between mitigation stigma and COVID-19 containment emerge regarding: physical

distancing, travel restrictions, misinformation, and engaging affected communities (Logie & Turan, 2020).

Social stigma in the context of health is the negative association between a person or group of people who share certain characteristics and a specific disease. In an outbreak, this may mean people are labelled, stereotyped, discriminated against, treated separately, and/or experience loss of status because of a perceived link with a disease (Unicef & WHO, 2020). This stigma causes the public not to comply with health protocols. Various news emerged such as threats to covid officers, expulsion of covid officers from their homes or assignments, struggle for covid bodies from covid's funeral, demolition of covid tombs, and other stigmas.

Various attempts were made by the Indonesian government to reduce social stigma against Covid-19 patients. One effort is to provide true news from trusted sources such as the Ministry of Health of the Republic of Indonesia or the World Health Organization. Martini, et al. (2020) as many as 77.9% of Indonesian people seek information from the Internet. This paper aims to analyze mass media coverage on the internet related to stigma during the Covid-19 pandemic in Indonesia.

## Design and Method

This study is a research content analysis of online mass media content related to the Covid-19 stigma in Indonesia. The study covered the mass media from March to July 2020. Data collection was carried out using an electronic search engine with the keyword "expel covid officers, seize covid bodies, covid tombs dismantled". Data were analyzed using Content Analysis and then traced using theory and evidence based on various previous studies.

## Result

From March to 14 July 2020 there were 245 news in 170 media. Here are the details:

Table 1. News about the Covid-19 Stigma in online mass media in Indonesia

No	Explanation	F			
1	Mass Media coverage of the Covid stigma			170	100%
	Media that contains stigma news	91	53,5%		
	Media that contains destigmatization news	64	37,6%		
	Media that contains Stigma news and destigmatization news	15	8,9%		
2	Stigma news			140	100%
	Threatens Officer Covid	32	22,8%		

	Get rid of the covid officer	35	25 %		
	Grab the covid corpse	47	33,6%		
	The tomb was demolished	12	8,6%		
	Negative stigma	14	10 %		
3	News of destigmatization			105	100%

Table 1 shows that there were 140 negative news about covid published in 106 media and 105 destigmatization of covid news published in 79 mass media in Indonesia, from 7 March to 14 July 2020 or 130 days. Thus, on average, almost 2 news stories in one day were exposed to Indonesian people. This news only covers online news that is written and does not cover online TV media.

Of the 245 reports 47.8% contained news of threats and evictions to co-19 officers. Some officers were threatened verbally while others were threatened with writing, there were also physical threats with sharp weapons. The perpetrators are usually the families of covid-19 patients. Some officers were expelled from the village, from the boarding house, and from where they would carry out their duties (a place to conduct a rapid test or a place to socialize about health protocols). The officers in question are local doctors, nurses and covid cluster officers.

As many as 33.6% reported about the action of seizing the dead body that will be buried with the standard covid funeral protocol. Indonesian people have a cultural custom to bring the dead body to the house then bathed and prayed before being buried. With the covid-19 protocol the bodies cannot be taken home but are immediately bathed in a referral hospital and then buried with the covid-19 protocol. Families can only see from a distance. The officer who will complete the funeral process is in accordance with the covid-19 protocol established by the Indonesian government (Pemerintah Republik Indonesia/Government of the Republic of Indonesia, 2020). With this protocol the body cannot be treated the same as traditional funerals. That is why there was a struggle over the covid's dead body by the family so that the body could be buried as usual.

In addition to seizing the body, what the community also did was as much as 8.6% uncovered the tomb of the covid corpse. The reason is more or less the same as the struggle for the corpse covid. This relates to the custom that the family is usually buried in the grave of a family adjacent to the graves of other families. The covid corpse's grave is indeed regulated

by the state. So the family cannot choose the place of burial. In addition, the local belief that family remains must be treated as a form of family respect for the deceased reinforces this behavior. In addition to news about the expulsion of officers, threats to officers, seizing covid bodies, and unloading covid graves, other news is social stigma such as bullying to patients, patients 'families and patients' villages. In addition, there was also a rejection of the funeral of covid and rejection when the village area was used as the burial place for the covid corpse.

In addition to containing news about online events, this online mass media also includes news to reduce covid stigma (destigmatization). In the period from March 7 to July 14, 2020 there were 105 news stories destigmatization. The news was published in 79 online mass media. Of the 79 media, 15 mass media, in addition to stop covid news, also contain news about stigma events. Thus as many as 145 online mass media in Indonesia only contain news about covid stigma events and as many as 64 online mass media only contain destigmatization. Most of the media containing destigmatization are state-owned media such as the central and regional governments as well as various professional organizations and NGOs. Commercial media mostly contain news about stigma events.

## **Discussion**

Stigma associated with health conditions. A stigma is defined as a simplified, standardized image of the disgrace of certain people that is held in common by a community at large (Logie and Turan, 2020). Stigma is a negative opinion towards others because of their health condition. This stigma can happen to everyone. Rodgers (2003) said anyone can be stigmatized for any reason. Drivers vary by health condition, but are conceptualized as inherently negative. It can be because of communicable diseases, poor health for chronic conditions, authoritarianism and social judgment and blame. During the covid-19 pandemic there was a lot of stigma going around. Matulesy (2020) says Self Stigma causes feelings of worthlessness when someone associated with the Covid-19 virus internalizes stereotypes and feels polluted or dirty. Stigma is a barrier to health seeking behavior, engagement in care and adherence to treatment (Stang et al, 2019). This stigma makes people more suffered because they do not want to seek treatment.

Smith (2018) said stigma can be divided into two groups function: evaluative and expressive. Evaluative causes people to choose what they will behave towards stigma. Expressive causes certain people to express themselves when they are stigmatized or stigmatized.

This stigma is delivered through communication in society. This communication can be verbal communication or written communication, can be directly or through mass media. Stigma communication includes four categories of content cues: (a) a mark for categorization in a stigmatized group, (b) descriptions of the stigmatized group as a separate group entity, (c) responsibility for placement in the stigmatized group and resulting group threat, and (d) cues to danger the group and its members face and reminders for unmarked members to protect themselves and to support collective efforts to eliminate the threat (Smith, 2018).

The results of this study about news in the Indonesian online mass media indicate a stigma in society about covid-19. These events are packaged in the form of news then uploaded and read by the entire community. What the mass media described constructs the reader's thought about covid stigma. The Agenda Theory setting says that what is considered important by the media is also considered important by the public. What is constantly being reported by the media is what will shape the reader's thinking. In the past there was only print media and television and radio. But with the discovery of the internet, both media are used less frequently. Wanta dan Lodzky (2010) said new technologies also have impacted the theoretical framework of agenda-setting effects. Newspaper circulation and television news viewing have declined sharply. On the other hand, Internet use is growing in popularity. But since the Internet has such a wide range of information on endless topics, Internet users can selectively expose themselves to only topics that they agree with, perhaps leading to a spiral of polarization. There is some evidence to support this notion.

Stigma against a disease has actually been around for a long time. Stigma usually arises from the beginning of an illness. Improper communication systems strengthen stigma. In the early 20th century, there was a stigma on leprosy. To isolating people affected by leprosy, one may notice a special case of normative influence, that of stigm (Smith 2018). Stigma is dehumanizing process members of a community is not unusual, atypical, nor out-of-date. It can be discrimination and prejudice or domination by some groups.

Ramaci et al. (2020) said that stigma causing firstly, stigmatisation can substantially increase people with the disease. Secondly, people with the disease or those at risk may avoid seeking health care. Thirdly, professionals and volunteers working in the field may also become stigmatised. The stigma make people has negative self concept, dissatisfaction, stres and

fatigue among stigmatized. The negative effect making people avoid seeking health care. Then it makes harder for public health authorities to control the disease.

Logie dan Turan (2020) said misinformation is a driver of fear and stigma. Communication circulating in the community is one of the causes of stigma. Smith (2018) said stigma communication, then, is the message spread through communities to teach their members to recognize the disgraced (i.e., recognizing stigmata) and to react accordingly. The greater the perceived problem, the greater the stigma that is labeled. To the extent that the “problem” is perceived as serious, or as causing the person to behave in ways outside of social norms, stigma increases (Martin et al, 2008).

Stigma messages have four attributes. They provide content cues (a) to distinguish people and (b) to categorize these distinguished people as a separate social entity. In addition, stigma messages include content cues (c) to link this distinguished group to physical and social peril, and (d) to imply a responsibility or blame on the part of the stigmatized for their membership in the stigmatized group and their linked peril (Smith, 2018).

Stigma makes people who are stigmatized get different treatment, discriminatory and inequality, such as being treated unfairly, getting different services, getting less access and so on. This is the same as the postulate submitted by Stang et al (2019). He said stigma manifestations subsequently influence a number of outcomes for affected populations, including access to justice, access to and acceptability of healthcare services, uptake of testing, adherence to treatment, resilience, and advocacy.

According to the Guidelines for Mental Health and Psychosocial Support in the Covid-19 Pandemic, in this covid case the stigma was People without Symptoms or People in Monitoring, Patients in Oversight, Confirmation of Covid-19. In addition, vulnerable groups, such as the elderly, people with chronic diseases, pregnant women and post partum, children and adolescents, physical disabilities, ODMK, people with mental illness. Health workers and social workers who provide care and treatment to patients, are also often stigmatized. Poor families and front-line workers are inseparable from stigma (Kementerian Kesehatan RI, 2020).

Leydensdorff (2001) said that institutionalized normative culture is an essential part of all stable systems of social interaction. Covid Stigma in Indonesia has been happened because of normative culture in the system. Therefore, the social system and the culture must be integrated in specific ways of their interpenetration. The cultural norms are internalized to personalities and collectivities of action. Who communicate, what the message and whom communicated affect of the stigma. Communication is sending information, message, and understanding. Providing information through social networks may make stigma messages even more potent (Smith, 2018). So communication in online mass media can raise up stigma or destigmatization of covid-19.

One reason why stigma messages are so powerful is that the features of stigma Messages. The message make attitudes accessible, encourage attitude formation, and automatically predispose certain behavioral reactions (Smith 2018). Sharing stigma messages Information about stigmas makes for good rumors. People decide to pass on rumors, or stories told about others, that invoke emotions that are shared across listeners. The mass media is the perfect place to construct stigma or reduce stigma (destigmatization).

Research has suggested that media represent a powerful force in shaping the image of mental Illnes. Mass media is constructed selectively (Gitlin, 2000) and allows for an “imagined” community culture (Calhoun, 1992). As people construct their view of what people and places are like, they may include information learned from mass media including online mass media. What people view in online media construct their perception about covid-19. It will raise up the stigma of covid or destigmatization of covid. Media influence used a simple linear model incorporating two processes, learning and construction. Cultural and historical forces shape norms.

In the context of health-related stigma reduction, socio-ecological levels have been defined as public policy (national and local laws and policies), organizational (organizations, social institutions, workplaces), community (cultural values, norms, attitudes), interpersonal (family, friends, social networks), and individual (knowledge, attitudes, skills) (stang et al, 2019). In this article we proposed the destigmatization through online mass media to reach socio-ecological level, such as public polycy, organizational, community, interpersonal, and individual.

ILO Brief (2020) leads to reduce stigma through learning from cases of HIV AIDS. Firstly, Don't be judgmental. Everyone at risk of Covid-19, so don't be judgemental. Secondly, Mind your language. Instead of referring to "Covid-19 cases" or "victims", say people who have Covid-19. Stay away from saying people transmitting COVID-19 or infecting others. Thirdly, Develop a rights-based response. Protecting human rights is a pillar as important as prevention and treatment in a public health response. The Covid-19 response needs to be conscious of this and ensure that measures are taken to protect the human rights, including labour rights, of everyone. Fourthly, Protect jobs and livelihoods. Within a short time, Covid-19 has caused a huge economic crisis and dramatically impacted the world of work. Millions have lost their jobs and livelihoods due to lockdowns and closure of economic activities. As recovery plans are made, it will be important to ensure that those who were affected by COVID-19 face no stigma in resuming their jobs or economic activities. Fifthly, Engage with affected communities. Meaningfully engaging at the community level, including with people who have recovered from Covid-19, with their consent, can lead to increasing awareness and reducing stigma and discrimination. Sixthly, Respect Confidentiality. Confidentiality and privacy of medical information should be guaranteed for people who may have COVID-19. Seventhly, Combat stigma in all forms and for all groups. The Covid response needs to account and ensure that stigma and discrimination is combatted in all its forms.

All of the information can be upload in online mass media for destigmatization. If stigma can be constructed through mass media, destigmatization should also be done through mass media. The mass media in Indonesia must have a lot to say about destigmatization for social reconstruction about covid-19.

(Add the discussion with another theory and research)

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# SOCIAL CONSTRUCTION OF COVID-19 DESTIGMATIZATION THROUGH INDONESIA'S ONLINE MASS MEDIA

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## Abstract

The number of Covid-19 cases is increasing in Indonesia. Covid-19 pandemic which is considered new, has been stigmatized by the Indonesian people. The purpose of this study is to analyze the content of mass media news to reduce the stigma of Covid-19. This study applied the media content analysis method which examined the online mass media content from March to July 2020. Data collection was carried out using an electronic search engine with the keywords "expel covid officers, seize covid bodies, covid tombs dismantled". Data were analyzed using Content Analysis and then traced using theory and evidence based on various previous studies. The results showed that there were 140 negative news about Covid-19 published in 106 media and 105 destigmatization (reducing the stigma) of Covid-19 news published in 79 mass media in Indonesia, from 7 March to 14 July 2020 or 130 days. A total of 33.6% news report was related to the action of seizing corpses that would otherwise be buried with the standard Covid-19 funeral protocol. And 8.6% of the reports involved excavating of tombs of the Covid-19 victims. In addition, 47.8% contained news of threats and evictions of Covid-19 health-care officers (doctors, nurses and health officer). In fact, as many as 145 online mass media in Indonesia only contain news about Covid-19 stigma as compared to 64 online mass media news on destigmatization of Covid-19. Thus, if destigmatization could be given more focus than the stigma news, misinformation about Covid-19 could be corrected and confidence could be instilled among the population. In this digital era, social media not only fundamentally changed the patterns of communication in social life but has increased public response level tremendously. As such the function of social media has now shifted to a positive function as a monitoring tool, including implementing Government policies on Covid-19 pandemic.

*Keywords: Covid-19, Stigma, destigmatization, online mass media.*

## Introduction

On December 31, 2019, WHO (China Country Office) reported a case of pneumonia of unknown etiology in Wuhan City, Hubei Province, China. Subsequently in January 2020 the case was confirmed as a new type of Coronavirus Disease 2019 (Covid-19). On 30 January 2020, WHO established the Public Health Emergency of International Concern (PHEIC), and declared Covid-19 as a pandemic on March 11, 2020. Consequential to WHO declaration of Covid-19 as a pandemic, the President of Indonesia issued a Presidential Decree No. 11 of 2020 concerning the emergence of public health Covid-19. In Indonesia, until July 15, 2020 there were more than 78 thousand positive confirmed Covid-19 cases. Of the number of infected individuals, more than 3 thousand have died and more than 37 thousand has been declared cured. At the same time, globally it was reported that there were more than 500 thousand deaths from Covid-19 infection with positive confirmed cases of more than 13 million and more than 7 million has been reported recovered from the disease (Covid Task Force for Accelerating Covid Management/Gugus Tugas Percepatan Penanganan Covid di Indonesia, 2020).

The Covid-19 has spread rapidly throughout the world including Indonesia. Thus, WHO advises prevention of the pandemic by means of cleaning the hands using alcohol or washing hands using soap and water, maintain at least a meter distance from one another, avoid going to crowded places, avoid touching eyes, nose, mouth, stay at home, self quarantine of individuals with symptoms, follow good respiratory hygiene, seek medical attention when coughing and when experiencing difficulty in breathing (WHO, 2020). This precaution is often called the Health protocol during the Covid-19 pandemic. Every patient who is confirmed positive is isolated to prevent local transmission. The burial of Covid-19 victim's death follows the funeral protocol of the Covid-19.

The health protocol effort has caused many people to be reluctant in admitting that he or his family members was confirmed positive of Covid-19. This is due to the fear of being isolated when confirmed positive of Covid-19 and compelled to use Covid-19 funeral protocol when death occur. Culturally, when death occurs in Indonesia, people will come to offer their condolences to the family and attend the funeral. If the death is confirmed a Covid-19 case, then the cultural practice could not happen. Consequently, the body will be buried without close ones attending the funeral except the burial officers. Similarly, if an individual has been confirmed Covid-19 positive, he or she will be isolated from others. Indonesian culture

encourages gathering among family members, isolation due to Covid-19 will pose a big problem to family members to interact with one another. Thus, the public does not want to admit that he or his family contracted Covid-19. This gives rise to negative views toward covid patients which are often called Stigma. This stigma does not only occur in Indonesia but also throughout the world due to the regulation of human mitigation restrictions. Tensions between mitigation stigma and COVID-19 containment emerge regarding: physical distancing, travel restrictions, misinformation, and engaging affected communities (Logie & Turan, 2020).

Social stigma in the context of health is the negative association between a person or group of people who share certain characteristics and a specific disease. In an outbreak, this may mean people are labelled, stereotyped, discriminated against, treated separately, and/or experience loss of status because of a perceived link with a disease (Unicef & WHO, 2020). This stigma causes the public not to comply with health protocols. Various news emerged such as threats to covid officers, expulsion of covid officers from their homes or assignments, struggle for covid bodies from covid's funeral, demolition of covid tombs, and other stigmas.

Various attempts were made by the Indonesian government to reduce social stigma against Covid-19 patients. One effort is to provide authentic news from trusted sources such as the Ministry of Health of the Republic of Indonesia or the World Health Organization. Martini, et al. (2020) reported that as many as 77.9% of Indonesian people seek information from the Internet, which at times provide information that are not verified. This paper aims to analyze mass media coverage on the internet related to stigma during the Covid-19 pandemic in Indonesia.

### **Design and Method**

This study is a content analysis research using the online mass media content related to the Covid-19 stigma in Indonesia. This study covered the mass media content posted online from March to July 2020.

Data collection was carried out using an electronic search engine with the keyword "expel covid officers, seize covid bodies, covid tombs dismantled". Data were analyzed using Content Analysis and then traced using theory and evidence based on various previous studies.

### **Result**

The online content from March to 14 July 2020 was examined and it consisted of 245 news in 170 media. Details analysis of the data are tabulated in Table 1.

Table 1. News about the Covid-19 Stigma in online mass media in Indonesia

No	Explanation	F			
1	Mass Media coverage of the Covid stigma			170	100%
	Media that contains stigma news	91	53.5%		
	Media that contains destigmatization news	64	37.6%		
	Media that contains Stigma news and destigmatization news	15	8.9%		
2	Stigma news			140	100%
	Threatens Covid-19 officer	32	22.8%		
	Get rid of the Covid-19 officer	35	25.0%		
	Grab the Covid-19 corpse	47	33.6%		
	The tomb was demolished/excavated	12	8.6%		
	Negative towards Covid-19 or stigma	14	10.0 %		
3	News of destigmatization			105	100%

Table 1 shows that there were 140 negative news about Covid-19 published in 106 media and 105 destigmatization of Covid-19 news published in 79 mass media in Indonesia, from 7 March to 14 July 2020 or 130 days. Thus, on the average, almost 2 news per day were exposed to the Indonesian people. This news only covers online news that is written and does not cover online TV media.

Of the 245 reports, 47.8% contained news of threats and evictions to Covid-19 officers. Some officers were threatened verbally while others were threatened in writing. There were also physical threats with sharp weapons. The perpetrators are usually the families of Covid-19 patients. Some officers were evicted from the village, from the boarding house, and from where they would carry out their duties (a place to conduct a rapid test or a place to disseminate health protocols information). The officers in question are local doctors, nurses and Covid-19 cluster officers.

From the analysis, a total of 33.6% news reported about the action of seizing the dead body that would be buried with the standard Covid-19 funeral protocol. Indonesian people have a cultural custom to bring the dead body home, bathed the corpse and performed prayer before burying the body. With the Covid-19 funeral protocol, the dead bodies could not be taken home but are instead immediately bathed in a referral hospital and then buried conforming to the Covid-19

protocol. Families could only watch from a distance. The officer who will complete the funeral process is in accordance with the COVID-19 protocol established by the Indonesian government (Pemerintah Republik Indonesia/Government of the Republic of Indonesia, 2020). With this protocol, the body cannot be treated the same as traditional funerals. That is why there was a struggle over the COVID-19 dead body by the family so that the body could be buried as usual.

In addition to the seizing of the body, the community also excavated the tomb (8.6%) of the COVID-19 corpse, and reburied the bodies according to their cultural practice. The reason is more or less the same as the struggle for the corpse of COVID-19. This relates to the custom that the family is usually buried in the grave compound of a family, adjacent to the graves of other family member. However, the burial of a COVID-19 corpse is indeed regulated by the state. So the family cannot choose the place of burial. In addition, the Indonesian local community believes that family remains must be treated as a form of family respect for the deceased. The belief reinforces the behavior of excavating grave. In addition to the news about the expulsion of officers, threats to officers, seizing of COVID-19 corpses, and excavating COVID-19 graves, other news are related to social stigma such as bullying towards patients, patients' families and patients' villages. Furthermore, there was also a rejection of the burial of COVID-19 victim by government officials and objection to the usage of village spaces for the burial of COVID-19 corpses.

Apart from the stigma news, the online mass media also included news to reduce COVID stigma (destigmatization). In the period from March 7 to July 14, 2020, there was a total of 105 news regarding destigmatization. The news was published in 79 online mass media. Of the 79 media reports, 15 mass media reported 'stop COVID news' and stigma events. Thus as many as 145 online mass media in Indonesia only contain news about COVID stigma events and as many as 64 online mass media only contain destigmatization. Most of the media containing destigmatization are state-owned media such as the central and regional governments as well as various professional organizations and NGOs. Commercial media mostly contain news about stigma events.

## **Discussion**

Stigma associated with health conditions. A stigma is defined as a simplified, standardized image of the disgrace of certain people that is held in common by a community at large (Logie & Turan, 2020). Stigma is a negative opinion towards others because of their health condition. This stigma can happen to everyone and Rodgers (2003) emphasized that anyone can be stigmatized for any reason. During the Covid-19 pandemic there was a lot of stigma going around. Matulesky (2020) reveals that self-stigma causes the feelings of worthlessness when someone associated with the Covid-19 virus internalizes stereotypes and feels polluted or dirty. [Stigma is a barrier to health seeking behavior, engagement in care and adherence to treatment \(Stang et al, 2019\). This stigma makes people suffer more because they do not want to seek treatment for adverse health condition.](#)

According to Smith (2018), stigma can be divided into two groups function: evaluative and expressive. Evaluative causes people to choose what they will behave towards stigma. Expressive causes certain people to express themselves when they are stigmatized or stigmatized.

Stigma is delivered through communication in society. This communication can be verbal communication or written communication, and can be directly or through mass media. Stigma communication includes four categories of content cues: (a) a mark for categorization in a stigmatized group, (b) descriptions of the stigmatized group as a separate group entity, (c) responsibility for placement in the stigmatized group and resulting group threat, and (d) cues to danger the group and its members face and reminders for unmarked members to protect themselves and to support collective efforts to eliminate the threat (Smith, 2018).

The results of this study about news in the Indonesian online mass media indicate a stigma in society about Covid-19. These events are packaged in the form of news then uploaded and read by the entire community. What the mass media described constructs the reader's thought about covid stigma. The Agenda Theory setting says that what is considered important by the media is also considered important by the public. What is constantly being reported by the media is what will shape the reader's thinking. In the past there was only print media and television and radio. But with the discovery of the internet, both media are used less frequently. Wanta dan Lodzky (2010) stated that new technologies also have impacted the theoretical framework of agenda-setting effects. Newspaper circulation and television news viewing have declined sharply. On the other hand, Internet use is growing in popularity. But since the Internet has

such a wide range of information on endless topics, Internet users can selectively expose themselves to only topics that they agree with, perhaps leading to a spiral of polarization. There is some evidence to support this notion.

Stigma against a disease has actually been around for a long time. Stigma usually arises from the beginning of an illness. Improper communication systems strengthen stigma. In the early 20th century, there was a stigma on leprosy. To isolating people affected by leprosy, one may notice a special case of normative influence, that of stigma (Smith 2018). Stigma is dehumanizing process for members of a community, and is not unusual, atypical, nor out-of-date. It can be discrimination and prejudice or domination by some groups.

Ramaci et al. (2020) reported that stigma causes numerous consequences: firstly, stigmatisation can substantially increase the number of infection. Secondly, people with the disease or those at risk may avoid seeking health care. Thirdly, professionals and volunteers working in the field may also become stigmatized. The stigma makes people developed negative self-concept, and dissatisfaction, as well as experiencing stress and fatigue. The negative effects have led people to avoid seeking health care. This situation has made disease control difficult for public health authorities.

Logie dan Turan (2020) said misinformation is a driver of fear and stigma. Communication circulating in the community is one of the causes of stigma. Smith (2018) concurs that stigma communication, then, is the message spread through communities to educate their members to recognize the disgraced (i.e., recognizing stigmata) and to react accordingly. The greater the perceived problem, the greater the stigma that is labeled. To the extent that the “problem” is perceived as serious, or causing the person to behave in ways outside of social norms, and increases stigma (Martin et al, 2008).

Stigma messages has four attributes. They provide content cues (a) to distinguish people and (b) to categorize these distinguished people as a separate social entity. In addition, stigma messages include content cues such as (c) to link this distinguished group to physical and social peril, and (d) to imply a responsibility or blame on the part of the stigmatized for their membership in the stigmatized group and their linked peril (Smith, 2018).



Stigma makes people who are stigmatized get different treatment, discriminatory and inequality, such as being treated unfairly, getting different services, getting less access and so on. This is the same as the postulate submitted by Stang et al (2019). He said that stigma manifestations subsequently influence a number of outcomes for affected populations, including access to justice, access to and acceptability of healthcare services, uptake of testing, adherence to treatment, resilience, and advocacy.

According to the Guidelines for Mental Health and Psychosocial Support in the Covid-19 Pandemic, the stigma in the case of covid was People without Symptoms or People in Monitoring, Patients in Oversight, Confirmation of Covid-19. In addition, vulnerable groups, include the elderly, people with chronic diseases, pregnant women and post partum, children and adolescents, physical disabilities, ODMK, and people with mental illness. Health workers and social workers who provide care and treatment to patients, are also often stigmatized. Similarly, poor families and front-line workers are inseparable from stigma (Kementarian Kesehatan RI, 2020).

Leydensdorff (2001) revealed that institutionalized normative culture is an essential part of all stable systems of social interaction. Covid-19 Stigma in Indonesia occur because of normative culture in the system. Therefore, the social system and the culture must be integrated in a specific ways of their interpenetration. The cultural norms are internalized to personalities and collectivities of action. Who communicate, what the message and whom communicated affect of the stigma. Communication is sending information, message, and understanding. Providing information through social networks may make stigma messages even more potent (Smith, 2018). So communication in online mass media can raise up stigma or destigmatization of Covid-19.

One reason why stigma messages are so powerful is due to the features of the stigma messages. The message make attitudes accessible, encourage attitude formation, and automatically predispose certain behavioral reactions (Smith 2018). Sharing of stigma messages lead to rumors. People decide to pass on rumors, or stories told about others, that invoke emotions that are shared across listeners. The mass media is the perfect place to construct stigma or reduce stigma (destigmatization).

Research has suggested that media represent a powerful force in shaping the image of mental

Illness. Mass media is constructed selectively (Gitlin, 2000) and allows for an “imagined” community culture (Calhoun, 1992). As people construct their view of what people and places are like, they may include information learned from mass media including online mass media. What people view in online media construct their perception about covid-19. It will raise up the stigma of covid or destigmatization of covid. Media influence used a simple linear model incorporating two processes, learning and construction. Cultural and historical forces shape norms.

In the context of health-related stigma reduction, socio-ecological levels have been defined as public policy (national and local laws and policies), organizational (organizations, social institutions, workplaces), community (cultural values, norms, attitudes), interpersonal (family, friends, social networks), and individual (knowledge, attitudes, skills) (Stang et al, 2019). In this article we proposed the destigmatization through online mass media to reach socio-ecological level, such as public policy, organizational, community, interpersonal, and individual.

ILO Brief (2020) leads to reduce stigma through learning from cases of HIV AIDS. Firstly, Don't be judgmental. Everyone at risk of Covid-19, so don't be judgemental. Secondly, Mind your language. Instead of referring to “Covid-19 cases” or “victims”, say people who have Covid-19. Stay away from saying people transmitting COVID-19 or infecting others. Thirdly, Develop a rights-based response. Protecting human rights is a pillar as important as prevention and treatment in a public health response. The Covid-19 response needs to be conscious of this and ensure that measures are taken to protect the human rights, including labour rights, of everyone. Fourthly, Protect jobs and livelihoods. Within a short time, Covid-19 has caused a huge economic crisis and dramatically impacted the world of work. Millions have lost their jobs and livelihoods due to lockdowns and closure of economic activities. As recovery plans are made, it will be important to ensure that those who were affected by COVID-19 face no stigma in resuming their jobs or economic activities. Fifthly, Engage with affected communities. Meaningfully engaging at the community level, including with people who have recovered from Covid-19, with their consent, can lead to increasing awareness and reducing stigma and discrimination. Sixthly, Respect Confidentiality. Confidentiality and privacy of medical information should be guaranteed for people who may have COVID-19. Seventhly, Combat stigma in all forms and for all groups. The Covid response needs to account and ensure that stigma and discrimination is combatted in all its forms.

All of the information can be upload in online mass media for destigmatization. If stigma can be constructed through mass media, destigmatization should also be done through mass media. The mass media in Indonesia must have a lot to say about destigmatization for social reconstruction about covid-19.

The findings of this research reported high percentage of hostility against health workers (47.8% contained news of threats and evictions to Covid-19 officers). According to McKay et al. (2020) violence against health-care personnel is not a new phenomenon. The phenomenon has been increasingly documented in clinics and hospitals worldwide even before the Covid-19 pandemic (WHO, 2020; Withnall, 2020). Even though physicians, nurses, and other front-line health-care workers have been considered heroes in combating Covid-19 pandemic in numerous countries, however not everyone appreciates their efforts and contributions (The Economist, 2020). According to McKay et al. (2020), there are many reasons people attack and abuse health-care personnel during health emergencies, and local contexts vary. In some settings during the COVID-19 pandemic, fear, panic, misinformation about how disease can spread, and misplaced anger are likely drivers (McKay et al., 2020). In Mexico, Nurses and doctors have been pelted with eggs and physically assaulted (Semple, 2020). In the Philippines, a nurse was reportedly attacked with bleach which resulted in damaged vision (The Economist, 2020). In India, health-care workers were beaten, stoned, spat on, threatened, and evicted from their homes (Withnall, 2020). Similarly, in California, USA, health officers were attacked, getting death threats, to an extent that they were demeaned and demoralized (Said, 2020). In addition, Said (2020) also reported that across the US, health officers were subjected to doxing (publishing private information to facilitate harassment), protests at their residences, vandalism, harassing telephone calls, social media posts, and some threatening bodily harm.

In terms of issues on stolen Covid-19 victim's corpse and grave excavation, our data revealed a total of 42.2% occurrence. Karmini and Milko (2020) reported that during Covid-19 pandemic, bodies of coronavirus victims have been stolen in numerous areas across Indonesia. It was reported that increasing incidents of bodies being taken from hospitals by family members, and people rejected health and safety procedures for COVID-19. In an incident in the city of Makassar on Sulawesi island, five of 13 men who were accused of stealing corpses of COVID-19 victims were tested positive for the coronavirus after in close contact with the corpse.

## Conclusion

Indonesia, like other countries is still fighting the Covid-19 pandemic. The fight has become more challenging when issues relating to Covid-19 pandemic information have become trending topics on various social media platforms. Due to tremendous increase in public responses, it has resulted in various perspectives among the population. These various perspectives subsequently led to rampant public discussion where negative information relating to Covid-19 was conceptualised. This will post a high risk to health authority to combat the pandemic successfully. Thus, social media should be used effectively by the government to destigmatize Covid-19 and to provide accurate and timely information.

Even though our analysis does not exhaust the components of societal-level destigmatization processes, our data has provided some initial information on the stigma and destigmatization of Covid-19 in Indonesia. Future research should examine other stigma outcomes, such as self-stigma, which could result in individual health disparities and health inequities. Our study also reveals that it is important to consider the effects of culture in implementing Covid-19 regulations. Further, our findings suggest that governments need to systematically consider how policies may reinforce cultural constructions that contribute to destigmatization of Covid-19.

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## RESEARCH ARTICLE

# SOCIAL CONSTRUCTION OF COVID-19 DESTIGMATIZATION THROUGH INDONESIA'S ONLINE MASS MEDIA

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### ABSTRACT

The number of Covid-19 cases is increasing in Indonesia. Which is considered new, has been stigmatized by the Indonesian people. The purpose of this study is to analyze the content of mass media news to reduce the stigma covid. This study is a media content analysis. The study covered the online mass media from March to July 2020. Data collection was carried out using an electronic search engine with the keywords "expel covid officers, seize covid bodies, covid tombs dismantled". Data were analyzed using Content Analysis and then traced using theory and evidence based on various previous studies. The results showed there were 140 negative news about covid published in 106 media and 105 destigmatization (reducing the stigma) of covid news published in 79 mass media in Indonesia, from 7 March to 14 July 2020 or 130 days. Amount 33.6% reported about the action of seizing the dead body that will be buried with the standard covid protocol. Amount 8.6% uncovered the tomb of the covid corpse. Amount 47.8% contained news of threats and evictions to co-19 officers (doctors, nurses and health officer). Thus as many as 145 online mass media in Indonesia only contain news about covid stigma and as many as 64 online mass media only contain destigmatization. All of the information can be uploaded online to mass media for destigmatization. If stigma can be constructed through mass media, destigmatization should also be done through online mass media.

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## INTRODUCTION

On December 31, 2019, WHO (China Country Office) reported a case of pneumonia of unknown etiology in Wuhan City, Hubei Province, China. January 2020 this case was stated as a new type of Coronavirus Disease 2019 (Covid-19). On 30 January 2020 WHO established the Public Health Emergency of International Concern (PHEIC). Furthermore, on March 31, 2020, WHO established Covid-19 as a pandemic. By establishing Covid-19 as a pandemic, the President of Indonesia issued Presidential Decree No. 11 of 2020 concerning the emergence of public health Covid-19. In Indonesia, until July 15, 2020 there were more than 78 thousand positive confirmed covid in Indonesia. There are more than 3 thousand died and more than 37 thousand declared cured. At the same time, in the world there were more than 500 thousand deaths from Covid-19 with positive confirmed cases of more than 13 million and recovering more

than 7 million (Covid Task Force for Accelerating Covid Management/Gugus Tugas Percepatan Penanganan Covid di Indonesia, 2020). The spread of Covid 19 is evenly distributed throughout the world including Indonesia. WHO advises prevention by means of clean hands using alcohol or wash using soap and water, maintain at least 1 meter distance with others, avoid going to crowded places, avoid touching eyes, nose, mouth, stay home, self isolated with symptoms, follow good respiratory hygiene, seek medical attention while coughing and difficulty breathing, update last information from trusted sources (WHO, 2020). This precaution is often called the Health protocol during the Covid-19 pandemic. Every patient who is confirmed positive is isolated to prevent local transmission. Covid-19 death bodies were also buried with the funeral protocol of the Covid-19. The health protocol effort caused many people to be reluctant to admit if he or his family was confirmed positive by Covid-19. There was fear that they would have to be isolated and if they died they would use the Covid-19 funeral protocol. Culture in Indonesia, if someone dies, people will come to offer their condolences to the family and attend the funeral. If the corpse is confirmed co-19, then it cannot be done.

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The body will be buried without anyone being close to each other except the burial officer. Similarly, if the illness is confirmed positive for Covid-19, it will be isolated. Indonesian culture likes to gather. If he or his family is isolated then that becomes a big problem. Because of this, the public does not want to admit that he or his family is confirmed positive Covid-19. This gives rise to negative views in covid patients who are often called Stigma. This stigma does not only occur in Indonesia but also throughout the world due to the regulation of human mitigation restrictions. Tensions between mitigation stigma and COVID-19 containment emerge regarding: physical distancing, travel restrictions, misinformation, and engaging affected communities (Logie & Turan, 2020). Social stigma in the context of health is the negative association between a person or group of people who share certain characteristics and a specific disease. In an outbreak, this may mean people are labelled, stereotyped, discriminated against, treated separately, and/or experience loss of status because of a perceived link with a disease (Unicef & WHO, 2020). This stigma causes the public not to comply with health protocols. Various news emerged such as threats to covid officers, expulsion of covid officers from their homes or assignments, struggle for covid bodies from covid's funeral, demolition of covid tombs, and other stigmas.

Various attempts were made by the Indonesian government to reduce social stigma against Covid-19 patients. One effort is to provide true news from trusted sources such as the Ministry of Health of the Republic of Indonesia or the World Health Organization. Martini, et al. (2020) as many as 77.9% of Indonesian people seek information from the Internet. This paper aims to analyze mass media coverage on the internet related to stigma during the Covid-19 pandemic in Indonesia.

**Design and Method:** This study is a research content analysis of online mass media content related to the Covid-19 stigma in Indonesia. The study covered the mass media from March to July 2020. Data collection was carried out using an electronic search engine with the keyword "expel covid officers, seize covid bodies, covid tombs dismantled". Data were analyzed using Content Analysis and then traced using theory and evidence based on various previous studies.

## RESULTS

From March to 14 July 2020 there were 245 news in 170 media. Here are the details:

Table 1. News about the Covid-19 Stigma in online mass media in Indonesia. Table 1 shows that there were 140 negative news about covid published in 106 media and 105 destigmatization of covid news published in 79 mass media in Indonesia, from 7 March to 14 July 2020 or 130 days. Thus, on average, almost 2 news stories in one day were exposed to Indonesian people. This news only covers online news that is written and does not cover online TV media. Of the 245 reports 47.8% contained news of threats and evictions to co-19 officers. Some officers were threatened verbally while others were threatened with writing, there were also physical threats with sharp weapons. The perpetrators are usually the families of covid-19 patients. Some officers were expelled from the village, from the boarding house, and from where they would carry out their duties (a place to conduct a rapid test or a place to socialize about health protocols). The officers in question are local doctors, nurses and covid cluster officers.

As many as 33.6% reported about the action of seizing the dead body that will be buried with the standard covid funeral protocol. Indonesian people have a cultural custom to bring the dead body to the house then bathed and prayed before being buried. With the covid-19 protocol the bodies cannot be taken home but are immediately bathed in a referral hospital and then buried with the covid-19 protocol. Families can only see from a distance. The officer who will complete the funeral process is in accordance with the covid-19 protocol established by the Indonesian government (Pemerintah Republik Indonesia/Government of the Republic of Indonesia, 2020). With this protocol the body cannot be treated the same as traditional funerals. That is why there was a struggle over the covid's dead body by the family so that the body could be buried as usual.

In addition to seizing the body, what the community also did was as much as 8.6% uncovered the tomb of the covid corpse. The reason is more or less the same as the struggle for the corpse covid. This relates to the custom that the family is usually buried in the grave of a family adjacent to the graves of other families. The covid corpse's grave is indeed regulated by the state. So the family cannot choose the place of burial. In addition, the local belief that family remains must be treated as a form of family respect for the deceased reinforces this behavior. In addition to news about the expulsion of officers, threats to officers, seizing covid bodies, and unloading covid graves, other news is social stigma such as bullying to patients, patients' families and patients' villages. In addition, there was also a rejection of the funeral of covid and rejection when the village area was used as the burial place for the covid corpse.

In addition to containing news about online events, this online mass media also includes news to reduce covid stigma (destigmatization). In the period from March 7 to July 14, 2020 there were 105 news stories destigmatization. The news was published in 79 online mass media. Of the 79 media, 15 mass media, in addition to stop covid news, also contain news about stigma events. Thus as many as 145 online mass media in Indonesia only contain news about covid stigma events and as many as 64 online mass media only contain destigmatization. Most of the media containing destigmatization are state-owned media such as the central and regional governments as well as various professional organizations and NGOs. Commercial media mostly contain news about stigma events.

## DISCUSSION

Stigma associated with health conditions. A stigma is defined as a simplified, standardized image of the disgrace of certain people that is held in common by a community at large (Logie and Turan, 2020). Stigma is a negative opinion towards others because of their health condition. This stigma can happen to everyone. Rodgers (2003) said anyone can be stigmatized for any reason. Drivers vary by health condition, but are conceptualized as inherently negative. It can be because of communicable diseases, poor health for chronic conditions, authoritarianism and social judgment and blame. During the covid-19 pandemic there was a lot of stigma going around. Matulesy (2020) says Self Stigma causes feelings of worthlessness when someone associated with the Covid-19 virus internalizes stereotypes and feels polluted or dirty. Stigma is a barrier to health seeking behavior, engagement in care and adherence to treatment (Stang et al, 2019).



**Table 1. News about the Covid-19 Stigma in online mass media in Indonesia**

No	Explanation	F		
1	Mass Media coverage of the Covid stigma		170	100%
	Media that contains stigma news	91	53,5%	
	Media that contains destigmatization news	64	37,6%	
	Media that contains Stigma news and destigmatization news	15	8,9%	
2	Stigma news		140	100%
	Threatens Officer Covid	32	22,8%	
	Get rid of the covid officer	35	25 %	
	Grab the covid corpse	47	33,6%	
	The tomb was demolished	12	8,6%	
	Negative stigma	14	10 %	
3	News of destigmatization		105	100%

This stigma makes people more suffered because they do not want to seek treatment. Smith (2018) said stigma can be divided into two groups function: evaluative and expressive.

Evaluative causes people to choose what they will behave towards stigma. Expressive causes certain people to express themselves when they are stigmatized or stigmatized. This stigma is delivered through communication in society. This communication can be verbal communication or written communication, can be directly or through mass media. Stigma communication includes four categories of content cues: (a) a mark for categorization in a stigmatized group, (b) descriptions of the stigmatized group as a separate group entity, (c) responsibility for placement in the stigmatized group and resulting group threat, and (d) cues to danger the group and its members face and reminders for unmarked members to protect themselves and to support collective efforts to eliminate the threat (Smith, 2018).

The results of this study about news in the Indonesian online mass media indicate a stigma in society about covid-19. These events are packaged in the form of news then uploaded and read by the entire community. What the mass media described constructs the reader's thought about covid stigma. The Agenda Theory setting says that what is considered important by the media is also considered important by the public. What is constantly being reported by the media is what will shape the reader's thinking. In the past there was only print media and television and radio. But with the discovery of the internet, both media are used less frequently. Wanta dan Lodzky (2010) said new technologies also have impacted the theoretical framework of agenda-setting effects. Newspaper circulation and television news viewing have declined sharply. On the other hand, Internet use is growing in popularity. But since the Internet has such a wide range of information on endless topics, Internet users can selectively expose themselves to only topics that they agree with, perhaps leading to a spiral of polarization. There is some evidence to support this notion.

Stigma against a disease has actually been around for a long time. Stigma usually arises from the beginning of an illness. Improper communication systems strengthen stigma. In the early 20th century, there was a stigma on leprosy. To isolating people affected by leprosy, one may notice a special case of normative influence, that of stigm (Smith 2018). Stigma is dehumanizing process members of a community is not unusual, atypical, nor out-of-date. It can be discrimination and prejudice or domination by some groups. Ramaci et al. (2020) said that stigma causing firstly, stigmatisation can substantially increase people with the disease. Secondly, people with the disease or those at risk may avoid seeking health care. Thirdly, professionals and volunteers working in the field may also become stigmatised.

The stigma make people has negative self concept, dissatisfaction, stres and fatigue among stimatized. The negative effect making people avoid seeking health care. Then it make harder for public health authorities to control the disease. Logie dan Turan (2020) said misinformation is a driver of fear and stigma. Communication circulating in the community is one of the causes of stigma. Smith (2018) said stigma communication, then, is the message spread through communities to teach their members to recognize the disgraced (i.e., recognizing stigmata) and to react accordingly. The greater the perceived problem, the greater the stigma that is labeled. To the extent that the "problem" is perceived as serious, or as causing the person to behave in ways outside of social norms, stigma increases (Martin et al, 2008). Stigma messages has four attributes. They provide content cues (a) to distinguish people and (b) to categorize these distinguished people as a separate social entity. In addition, stigma messages include content cues (c) to link this distinguished group to physical and social peril, and (d) to imply a responsibility or blame on the part of the stigmatized for their membership in the stigmatized group and their linked peril (Smith, 2018). Stigma makes people who are stigmatized get different treatment, discriminatory and inequality, such as being treated unfairly, getting different services, getting less access and so on. This is the same as the postulate submitted by Stang et al (2019). He said stigma manifestations subsequently influence a number of outcomes for affected populations, including access to justice, access to and acceptability of healthcare services, uptake of testing, adherence to treatment, resilience, and advocacy.

According to the Guidelines for Mental Health and Psychosocial Support in the Covid-19 Pandemic, in this covid case the stigma was People without Symptoms or People in Monitoring, Patients in Oversight, Confirmation of Covid-19. In addition, vulnerable groups, such as the elderly, people with chronic diseases, pregnant women and post partum, children and adolescents, physical disabilities, ODMK, people with mental illness. Health workers and social workers who provide care and treatment to patients, are also often stigmatized. Poor families and front-line workers are inseparable from stigma (Kementerian Kesehatan RI, 2020). Leydensdorff (2001) said that institutionalized normative culture is an essential part of all stable systems of social interaction. Covid Stigma in Indonesia has been happened because of normative culture in the system. Therefore, the social system and the culture must be integrated in specific ways of their interpenetration. The cultural norms are iversalized to personalities and collectivities of action. Who communicate, what the message and whom communicated affect of the stigma. Communication is sending information, message, and understanding. Providing information through social networks may make stigma

messages even more potent (Smith, 2018). So communication in online mass media can raise up stigma or destigmatization of covid-19. One reason why stigma messages are so powerful is that the features of stigma Messages. The message make attitudes accessible, encourage attitude formation, and automatically predispose certain behavioral reactions (Smith 2018). Sharing stigma messages Information about stigmas makes for good rumors. People decide to pass on rumors, or stories told about others, that invoke emotions that are shared across listeners. The mass media is the perfect place to construct stigma or reduce stigma (destigmatization). Research has suggested that media represent a powerful force in shaping the image of mental illness. Mass media is constructed selectively (Gitlin, 2000) and allows for an “imagined” community culture (Calhoun, 1992). As people construct their view of what people and places are like, they may include information learned from mass media including online mass media. What people view in online media construct their perception about covid-19. It will raise up the stigma of covid or destigmatization of covid. Media influence used a simple linear model incorporating two processes, learning and construction. Cultural and historical forces shape norms. In the context of health-related stigma reduction, socio-ecological levels have been defined as public policy (national and local laws and policies), organizational (organizations, social institutions, workplaces), community (cultural values, norms, attitudes), interpersonal (family, friends, social networks), and individual (knowledge, attitudes, skills) (stang et al, 2019). In this article we proposed the destigmatization through online mass media to reach socio-ecological level, such as public policy, organizational, community, interpersonal, and individual. ILO Brief (2020) leads to reduce stigma through learning from cases of HIV AIDS. Firstly, Don't be judgmental. Everyone at risk of Covid-19, so don't be judgemental. Secondly, Mind your language. Instead of referring to “Covid-19 cases” or “victims”, say people who have Covid-19. Stay away from saying people transmitting COVID-19 or infecting others. Thirdly, Develop a rights-based response. Protecting human rights is a pillar as important as prevention and treatment in a public health response. The Covid-19 response needs to be conscious of this and ensure that measures are taken to protect the human rights, including labour rights, of everyone. Fourthly, Protect jobs and livelihoods. Within a short time, Covid-19 has caused a huge economic crisis and dramatically impacted the world of work. Millions have lost their jobs and livelihoods due to lockdowns and closure of economic activities. As recovery plans are made, it will be important to ensure that those who were affected by COVID-19 face no stigma in resuming their jobs or economic activities. Fifthly, Engage with affected communities. Meaningfully engaging at the community level, including with people who have recovered from Covid-19, with their consent, can lead to increasing awareness and reducing stigma and discrimination. Sixthly, Respect Confidentiality. Confidentiality and privacy of medical information should be guaranteed for people who may have COVID-19. Seventhly, Combat stigma in all forms and for all groups. The Covid response needs to account and ensure that stigma and discrimination is combatted in all its forms. All of the information can be upload in online mass media for destigmatization. If stigma can be constructed through mass media, destigmatization should also be done through mass media. The mass media in Indonesia must have a lot to say about destigmatization for social reconstruction about covid-19.

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