

## Description of Self Stigma Incidence in Post COVID-19 Patients

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### Article Info:

Submitted:

24-02-2022

Revised:

30-05-2022

Accepted:

31-05-2022

DOI:

<https://doi.org/10.53713/nhs.v2i3.106>



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### ABSTRACT

The condition of the COVID-19 pandemic resulted in the emergence of feelings of anxiety, distress, and stress. One of the impacts of COVID-19 on mental health is the emergence of self-stigma in patients who have recovered from COVID-19. Self-stigma can lead to negative attitudes towards oneself for their condition. This study is aimed to describe the self-stigma incidence in post-COVID-19 patients in Kaliwates Subdistrict. This research design was descriptive quantitative with 86 post-COVID-19 patient respondents domiciled in Kaliwates Subdistrict determined by purposive sampling technique. Data collection was conducted by the Self Stigma Scale (SSS) questionnaire. The results showed that the median value of self-stigma was 30.50 with a minimum value of 0 and a maximum value of 56. A total of 14 people had a total score of 0 which means that 14 respondents (16%) did not experience self-stigma, while 72 others (84%) felt the existence of self-stigma with a different total score. This research is important to detect self-stigma to support the recovery process of post-COVID-19 patients. Nurses are expected to be able to carry out the further follow-up, act as counselors and provide interventions such as cognitive therapy for post-covid-19 patients who experience self-stigma.

**Keywords:** post COVID-19 patients; self-stigma; COVID-19

## INTRODUCTION

At the beginning of 2020, the world was shocked by the emergence of Coronavirus Disease (COVID-19) (Kemenkes, 2020). COVID-19 is a new type of disease that does not yet exist and has never been previously identified in humans (Susilo et al, 2020). It is known that the beginning of the spread of this virus came from the city of Wuhan, China, and was discovered at the end of December 2019, while in Indonesia this virus began to appear in March 2020. The scale of the very rapid spread of COVID-19 resulted in WHO setting COVID-19 as pandemic status (Handayani et al., 2020; Asmaningrum et al., 2021). The pandemic causes a big impact in various sectors of life, the number of cases of death that is increasing every day does not only cause symptoms and physical illness; but also has a major influence on people's welfare, especially in the mental health aspect. Feelings of anxiety, depression, and stress occur in some people (Matla & Nunung, 2020; Zainuri et al, 2022). Such mental health concerns can lead to both short-term and long-term problems, especially when experienced in conjunction with other factors such as poverty and inadequate health services (Rangel et al., 2020). Even during this pandemic, many elderly people experience a decline in their quality of life (Adisiwi et al., 2021).

In addition to this, one of the impacts of COVID-19 on mental health is the emergence of stigma in society which is directed at those related to COVID-19 (Abudi et al., 2020). The stigma that arises is in the form of negative labeling, stereotypes, discrimination, being treated differently, and being excluded, so that a person will tend to hide their illness to avoid discrimination, avoid health care services, and prevent them from having healthy behavior (WHO, 2020). So far, stigma is known to tend to attack patients who are positive for COVID-19. However, a study conducted by Livana (2020), stated that stigma can also appear and attack patients after recovering from COVID-19 because people think that they can still transmit the disease. This shows that public stigmatization negatively impacts one's internal feelings and will lead to the development of self-stigma (Vogel et al., 2013).

Self-stigma is defined as internal stigma or individual prejudice that can lead to negative attitudes towards themselves about their condition. They will tend to humble themselves and discriminate against themselves so that they

are hampered in achieving an action they want to take (Corrigant & Rao, 2012). Self-stigma is an important factor related to mental stress during the COVID-19 pandemic. Affected individuals may perceive themselves to be different from normal people who are not affected by their physical or mental abilities (Lucksted & Drapalski, 2015). So, they will classify themselves as unwanted because they have COVID-19 (Bruns et al., 2020). Thus, increased self-stigma in those associated with COVID-19 can lead to social isolation, temporary unemployment, and unknown long-term and short-term health effects (Bruns et al., 2020; Turner-Musa et al., 2020). In addition, self-stigma can also increase vulnerability to physical, cognitive, and psychological problems. So that self-stigma can hinder the recovery process of post-COVID-19 patients to be able to return to living their lives normally as before (Balachandar et al., 2020).

Recent research in Iran, conducted by Mahmoudi, showed that PTSD and self-stigma are significant concerns among 675 people who were discharged after COVID-19 treatment. Patients reported that perceived discrimination caused stress and anxiety for them. This can lead to poorer mental health and quality of life. Patients have been reported to experience more severe sequelae after COVID-19 infection than people in the general population. So that it requires special attention in the future (Mahmoudi et al., 2021).

Physical and psychological health conditions are interconnected, so the approach to mental health problems also needs to be considered as an intervention to be more effective in helping to reduce complications and potential negative consequences of COVID-19 disease. If self-stigma can be identified and treated early, it is hoped that they will be able to improve their standard of living for the better after recovering from COVID-19 (Mahmoudi et al., 2021). Research that discusses self-stigma in post-COVID-19 patients in Indonesia has never been studied before. In addition, Jember Regency had entered the red zone area with the highest COVID-19 cases in the Kaliwates sub-district. Based on this description, researchers are interested in knowing the description of self-stigma that occurs in post-COVID-19 patients in Kaliwates District, Jember Regency.

## METHOD

This research was quantitative non-experimental research with a descriptive survey approach. Data were collected from October to November 2021 with post-COVID-19 patients who domiciled in Kaliwates Subdistrict, Jember, East Java. There are 86 respondents at the time of data collection. This study used purposive sampling with a total of 86 post-COVID-19 patients as respondents that qualify inclusion and exclusion criteria set by the researcher. The socio-demographic questionnaire and modification of the self-stigma scale were used to collect data. Data were analyzed using univariate analysis including median, modus, percentiles, and range score (minimum-maximum) for analysis of descriptive data. This research has received ethical approval from the Health Research Ethics Commission of the Faculty of Nursing, Universitas Jember with the number No.148/UN25.1.14/KEPK/2021.

## RESULT

### Characteristics of Post-Covid-19 Patients

Table 1. Distribution of Respondents based on the Age, Length of COVID-19 Sickness, and Healing Status in Post-Covid-19 Patients in Kaliwates District, Jember Regency (n=86)

| Variable                            | Mean  | SD    | Median | Min-Max     |
|-------------------------------------|-------|-------|--------|-------------|
| Age                                 | 39.71 | 10.23 | -      | -           |
| Length of COVID-19 Sickness (month) | -     | -     | 1.00   | 1.00 - 2.00 |
| Recovery Status                     | -     | -     | 2.00   | 1.00 – 3.00 |

Based on Table 1, the results obtained that the average age of the respondents was 39.71 (SD 10.23). In the distribution of the length of illness for COVID-19, a median value of 1 was obtained with a minimum value of the length of the illness period of less than 1 month and a maximum value of 1-3 months. In the distribution of post-COVID-19 patient recovery status, the median value is 2 months, with a minimum value of 1 month and a maximum value of 3 months.

Table 2. Demographic of The Post COVID-19 Patient (n=86)

| Characteristics                                    | Frequency | Percentage |
|--|-----------|------------|
| Gender   |           |            |
| Man  | 37        | 43.0       |
| Woman  | 49        | 57.0       |
| Ethnic   |           |            |
| Javanese   | 72        | 83.7       |
| Madura   | 9         | 10.5       |
| Komering   | 1         | 1.16       |
| Sunda  | 1         | 1.16       |
| Banjar   | 1         | 1.16       |
| Mataram  | 1         | 1.16       |
| Chinese  | 1         | 1.16       |
| Education  |           |            |
| Junior High School                                 | 5         | 5.8        |
| Senior High School                                 | 25        | 29.1       |
| Diploma  | 21        | 24.4       |
| Undergraduate                                      | 35        | 40.7       |
| Profession/Occupation                              |           |            |
| Un-employee  | 6         | 7.0        |
| Housewife  | 12        | 13.9       |
| Government Employees                               | 16        | 18.6       |
| Entrepreneur                                       | 6         | 7.0        |
| Private sector employees                           | 35        | 40.7       |
| Indonesian National Armed Forces                   | 2         | 2.3        |
| BUMN employees                                     | 2         | 2.3        |
| BUMD employees                                     | 1         | 1.2        |
| Nurse  | 5         | 5.8        |
| Midwife  | 1         | 1.2        |
| Marital Status                                     |           |            |
| Single   | 8         | 9.3        |
| Married  | 73        | 84.9       |
| Widow  | 5         | 5.8        |
| Symptom History                                    |           |            |
| Moderate   | 75        | 87.2       |
| Severe   | 11        | 12.8       |
| Treatment History                                  |           |            |
| Admitted in COVID ward but didn't require oxygen   | 54        | 62.8       |
| Admitted in COVID ward and required oxygen support | 32        | 37.2       |
| Admitted in COVID ward but later shifted to ICU    | 0         | 0.0        |
| History of being infected with COVID-19            |           |            |
| Only me  | 36        | 41.9       |
| Family members are also infected                   | 50        | 58.1       |
| Family Support (Yes)                               | 86        | 100.0      |
| Comorbid History                                   |           |            |
| No Comorbid  | 66        | 76.7       |
| Asthma   | 3         | 3.5        |
| Hypertension                                       | 5         | 5.8        |
| Diabetes Mellitus                                  | 2         | 2.3        |
| Heart Disease                                      | 1         | 1.2        |
| Ulcer  | 4         | 4.6        |
| Myoma  | 1         | 1.2        |
| Gout   | 1         | 1.2        |
| Autoimmune   | 2         | 2.3        |
| Kidney Disorders                                   | 1         | 1.2        |
| Complications after recovery                       |           |            |
| Yes  | 10        | 11.6       |
| No   | 76        | 88.4       |

Based on Table 3, the number of female respondents was more than male respondents, namely 49 people (57%). The majority of respondents (84.9%) are married and (83.7%) are Javanese. The last education of the majority of respondents (40.7%) is undergraduate. Most of the respondents work as private-sector employees (40.7%). When infected with COVID-19, most respondents (87.2%) had a history of moderate symptoms and had been hospitalized but did not require oxygen assistance (62.8%). The majority of respondents (58.1%) were infected with COVID-19 along with their family members. All respondents (100%) received full support from their families and the people around them. The majority of respondents (76.7%) did not have a history of comorbid disease and did not experience complications after being declared cured (88.4%).

### Self Stigma in Post COVID-19 Patients

Table 3. The Value of Self Stigma in Post-Covid-19 Patients in Kaliwates District, Jember Regency (n=86)

| Variable    | Mode  | Median (P <sub>25</sub> -P <sub>75</sub> ) | Min-Max    |
|-------------|-------|--|------------|
| Self Stigma | 0.00  | 30.50 (3.00-38.00)                         | 0.00-56.00 |
| Indicator   |       |  |            |
| Cognitive   | 19.00 | 14.00 (2.75-19.00)                         | 0.00-30.00 |
| Affective   | 0.00  | 8.00 (0.00-13.00)                          | 0.00-19.00 |
| Behaviour   | 6.00  | 5.00 (0.00-6.00)                           | 0.00-10.00 |

Based on Table 4, it can be seen that the self-stigma mode value is 0.00, then the median self-stigma value is 30.50, from the results percentile 25 – percentile 75 of 3.00 to 38.00. The results of filling out the questionnaire by respondents, the minimum value obtained by the respondent is 0.00 and the maximum value is 56. Based on these results, it is known that the median value is close to percentile 75 and the maximum value can be concluded that the self-stigma felt by post-COVID-19 patients is not too high.

The results obtained for the analysis of each indicator, the cognitive indicator has a mode value of 19.00, a median value of 14.00 from the percentile 25 – percentile 75 of 2.75 to 19.00 with a minimum value of 0.00 and a maximum value of 30.00. The affective indicator has a mode value of 0.00, a median value of 8.00 from the percentile 25 – percentile 75 of 0.00 to 13.00 with a minimum value of 0.00 and a maximum value of 19.00. While the behavioural indicators have a mode value of 6.00, a median value of 5.00 from the percentile 25 – percentile 75 of 0.00 to 6.00 with a minimum value of 0.00 and a maximum value of 10.00. Based on these results, the three indicators obtained a median value close to the percentile 75 and a maximum value. This shows that the cognitive condition, affective, and behaviour of the respondents due to the presence of self-stigma are not too bad.

## DISCUSSION

### Characteristics of Post-Covid-19 Patients

Post-COVID-19 patients in the Kaliwates Sub-district who participated as respondents, averaged 39.71 years old (SD 10.23), a minimum age of 20 years, and maximum age of 59 years. The age range of post-COVID-19 patients is the majority of adults or the productive age group. This is because this age group has relatively high mobility both in terms of work matters and travel history at home and abroad, so they are more likely to be exposed to COVID-19 (Vermonte et al., 2020). In addition, the mortality rate of this group is also lower than the elderly. This is because there is a significant relationship between age and the level of natural immunity. Meanwhile, those under 60 years of age tend to be able to survive when infected, so that some of them can recover completely and return to living a normal life (Putri et al., 2021).

### Self Stigma in Post-Covid-19 Patients

The results of research conducted on post-COVID-19 patient respondents in Kaliwates District, Jember Regency obtained a total self-stigma score with a median value of 30.50, a mode value of 0, a minimum value of 0, and a maximum value of 56. This indicates that the majority of the total self-stigma scores obtained is 0, namely as many as 14 respondents, it can be interpreted that as many as 14 respondents (16%) are not indicated to have self-stigma and 72 other respondents (84%) are indicated to have self-stigma with different score levels and the highest score obtained is 56. The maximum value of 56 obtained from filling out the respondent's questionnaire is not too high when compared to the maximum value of the questionnaire, which is 114. So it can be interpreted that the self-stigma felt by the respondent is not too high or bad.

The results of previous studies, namely research by Grover (2021) showed that as many as 64 respondents (31.1%) indicated self-stigma from a total of 206 respondents. The results of research on self-stigma in post-COVID-19 patients in Kaliwates District, Jember Regency, showed different results from previous studies. This could be because self-stigma in individuals is also influenced by several factors such as level of education and occupation, gender, stereotypes, socio-cultural, motivation. However, based on the data obtained, the researcher assumes that self-stigma in post-COVID-19 patients is also influenced by several other things, such as treatment history, duration of illness, recovery status, history of comorbidities, and occurrence of complications after recovery.

### **Level of Education and Occupation**

The first factor is the level of education. Based on the results of the study, the group of respondents who obtained a self-stigma score below the median value of 30.50, the majority had undergraduate education, as many as 25 people (29%), while for the group of respondents with a self-stigma score above the median 30.50, the majority had a high school education or equivalent, a total of 19 people (22%). A high level of education is characterized by having a broader insight, while work affects the financial condition and scope of a person's interactions in carrying out their work (Suryani, 2016). Broader insight is associated with better cognitive processes, which can reduce self-stigma. The wider a person's insight, the higher their involvement in the treatment process and more alert to the symptoms of the disease they are experiencing (Mak and Wu, 2006). Broad insight can also help reduce stigmatization so that there is a change in perception towards a more positive direction about the disease (Dewedar et al., 2018). Therefore, in line with the study, those with higher education tend to have lower levels of self-stigma. This is possible because those with higher education are more exposed to extensive information, are better able to manage themselves well and of course in terms of work they can also support their financial condition in fulfilling their daily lives. Meanwhile, this condition is in contrast to those who have a lower level of education so that they feel more self-stigmatized.

### **Gender**

The next factor that influences self-stigma is gender. Based on the results obtained by the researcher, the group of respondents who obtained a self-stigma score below the median of 30.50 was dominated by men, namely 25 people (29%), while the group of respondents who obtained a self-stigma score above the median 30.50 was mostly a woman, namely as many as 31 people (36%). Previous research has stated that men are more at risk of experiencing self-stigma than women because men tend to choose to solve their problems and are reluctant to seek professional help (Latalova et al, 2014). However, the female gender is a risk factor for depression (Kendler, Kuhn, & Prescott, 2004), and depression can develop self-stigma (Oakley et al., 2011).

In addition, women are also more likely to have psychological openness, namely openness to admit difficulties, seek help, and so on. (Mackenzie et al., 2006 in Cheng, H-L et al., 2018). This is in contrast to men who tend not to open up about what they feel. In line with this statement, the research results from the researcher show that the total self-stigma score of female respondents tends to be higher than that of male respondents. This is indicated by the acquisition of a self-stigma value above the median of 30.50, the majority of which consisted of female respondents, namely 31 respondents (36%), while for male respondents there were only 12 respondents (14%). Researchers assume that women may feel more self-stigmatized because of the depression factor from their experience of illness. In addition, the value of filling out the self-stigma questionnaire for women is also higher because they tend to be more able to express what they feel and complain about than men.

### **Stereotypes**

Stereotypes also affect the formation of self-stigma, internalizing negative stereotypes about the disease suffered can lead to the development of self-stigma. This will lead to a decrease in self-esteem and self-efficacy (Hansson, 2017). Someone who consciously accepts stereotypes from society tends to develop more self-stigma within themselves (Xu et al., 2016). Even though they have been declared cured of COVID-19, some post-COVID-19 patients still receive negative views from the public (Pantow et al., 2020). Patients will experience changes in their psychological condition after the isolation period is over and declared cured, when returning to the environment, former COVID-19 patients will try to position themselves and fight the stigma that may appear in the community. This transition of health conditions will later affect the process of successful self-management and patient recovery (McEwen, Baird, Pasvogel, & Gallegos, 2007). In this study, the self-stigma value obtained was not too high, possibly because post-COVID-19 patients were successful in the process of adapting to the environment again after recovering, or did not accept the stereotypes in their environment. In addition, the research was carried out after the second wave of COVID-19, where there has been a lot of education related to COVID-19 that has been spread so that people are not unfamiliar and understand better how to deal



with and respond to COVID-19. This is certainly very helpful for post-COVID-19 patients to be more accepted in the environment.

### **Socio-Cultural and Motivational**

Other factors that influence self-stigma are socio-cultural and motivational. These two factors are also influenced by attitudes from the environment, relatives, and family. The moral support received by the patient will be very effective in reducing self-stigma (Suryani, 2016). Based on the research results obtained, it is known that all respondents received support (100%) from their family and closest people during their illness or when they were declared cured. In line with this study, Rahmatina, et al (2021) also stated that social and emotional support, as well as moral and material support provided by relatives and friends during the pandemic, helped provide strength for patients and families in living their daily lives. Researchers assume that full support provides strength for post-COVID-19 patients so that the acquisition of self-stigma scores is not too high.

### **Treatment History**

Treatment history and length of illness also influence the development of psychological problems. Survivors of COVID-19 who have experienced a worse condition will face a longer recovery physically and psychologically, especially survivors who have gone through a critical condition and are being treated in the ICU. Intense treatment conditions in the ICU with the engine sound continuously flashing and causing noise, alarms, and invasive measures can have a serious psychological impact on the occurrence of Post Traumatic Stress Disorder (PTSD) (Tingey, Bentley, & Hosey, 2020).

In this study, none of the respondents had experience in ICU care, so the total value of self-stigma tends not to be too high. Meanwhile, if viewed from the side of the median value, respondents who obtained a self-stigma value below the median of 30.50 consisted of 3 people with severe symptoms (3%), 40 people with moderate symptoms (47%), 16 people (19%) had a history of hospitalization with oxygen assistance and 27 people (31%) had a history of hospitalization without oxygen assistance. Meanwhile, respondents who obtained a self-stigma value above the median of 30.50 consisting of a history of severe symptoms 8 people (9%), moderate symptoms 35 people (41%), 17 people (20%) had a history of hospitalization with oxygen assistance, and 26 people (30%) had a history of hospitalization without oxygen assistance. Based on these results, the researcher assumes that post-COVID-19 patients who have a history of severe symptoms and have a history of hospitalization with oxygen assistance tend to feel worse self-stigma than those with moderate symptoms and have a history of hospitalization without oxygen assistance. This is due to differences in the degree of perceived traumatic experience.

### **Length of Illness**

In addition, for those who obtained a self-stigma value below the median of 30.50, the majority experienced a period of illness that was not too long, which was less than 1 month, as many as 42 people (49%) and only 1 people (1%) that has a long period of illness. While in the group that has a self-stigma value above the median 30.50, some experience a longer period of illness, namely 1-3 months, as many as 7 respondents (8%). With this, the researcher assumes that self-stigma is more pronounced in those who experience a longer duration of illness because a bad event that lasts longer will certainly affect a person's psychological health more. But on the other hand, these psychological health problems will decrease over time (Mazza et al., 2021). This is indicated by the group that obtained a self-stigma value below the median of 30.50 the majority had recovered 3 months earlier from the data collection process, namely 22 people (26%), while those who obtained a self-stigma value above the median of 30.50, consisted of those who with a 3-month recovery status of 20 people (23%), another 20 people (23%) had a 2-month recovery status, and 3 people had a 1-month recovery status (4%). Therefore, the researcher assumes that the healing status also influences the process of a person's psychological development. The self-stigma perceived by respondents will tend to be lower in those who have recovered for a long time, compared to respondents who have not recovered for a long time. The longer a person recovers from an illness, the more they will be able to adapt and re-accept their condition.

### **Comorbid and Complications**

Previously, the results of self-stigma scores were not too high, because the majority of respondents did not have comorbidities, namely 66 people (76.7%), and as many as 76 respondents (88.4%) did not experience complications after recovering. However, if viewed from the side of the median value, of the 20 people who had comorbidities, as many as 5 respondents (5.8%) obtained self-stigma scores below the median 30.50, while 15 others (17.4%) obtained self-stigma scores above the median 30.50. Meanwhile, out of 10 people who experienced complications and sequelae, only 1 person (1%) got a self-stigma score below the median 30.50, while 9 people (10%) got a self-stigma score above the median 30.50.

Comorbidity is indeed one of the factors that cause clinical severity in COVID-19 patients in addition to the degree of disease and age factors (Fitriani, 2020). The presence of clinical severity of infection during illness affects the development of patient complications after being declared cured of COVID-19 (Islam et al., 2020). In line with these two studies, in most cases, it was found that COVID-19 survivors were still symptomatic for more than 60 days after the first onset (WHO, 2020). These symptoms were also found in cases of children and adults infected with COVID-19 without comorbidities, which was later known as long COVID and occurred among COVID-19 survivors. Therefore, the continued impact of physical disorders continues as a result of viral infections which of course also affects mental health (Mahase, 2020).

Based on the results of the study and the theory, the researcher assumes that self-stigma is more intensely felt in respondents who have a history of comorbidities and complications compared to respondents who do not have a history of comorbidities and complications. Previously, it was known that there were 20 respondents (23.2%) who had a history of comorbid asthma, hypertension, diabetes mellitus, ulcer, heart disease, kidney disease, gout, myoma, and autoimmune, and there were even three respondents who had more than one comorbid, namely hypertension and pneumonia, autoimmune and brain tumour, as well as asthma and bronchitis. In addition, a small proportion of respondents who have comorbidities are also followed by the incidence of complications and post-recovery sequelae or commonly referred to as long covid symptoms. Complications arise in the form of pulmonary fibrosis, bronchitis, tachycardia, and GERD. As for the residual symptoms that are complained of in the form of easily feeling tired, achy, prone to illness/decreased immunity, heavy and short breaths, easy shortness of breath, and easy to forget. Respondents who obtained the highest total self-stigma score were known to have experienced complications and felt residual symptoms, so they still had to undergo further treatment.

### Indicator of Self Stigma

The total score of cognitive indicators has the highest median value of 14 with a minimum value of 0 and a maximum value of 30. Negative self-cognitive schemes have indeed been proven to increase self-stigma, so interventions that focus on cognitive behavioural therapy are needed so that they can fight negative beliefs in themselves (Hansson, 2017). Based on the results of the study, researchers found that the cognitive condition of post-COVID-19 patients was not in a very bad condition. However, in terms of the economy, a small number of respondents have not been able to get up so they think that their history of illness is an obstacle to financial problems. Even so, post-COVID-19 patients still need further cognitive development to change their perspective on the disease, to wake up and accept their current condition.

This is followed by an affective indicator score which has a median value of 8.00 with a minimum value of 0 and a maximum of 19. Self-stigma to negative attitudes in a person such as feelings of shame, guilt, unable to do anything, more closed, feeling anxious and stressed (Pachankis, 2007). However, over time they will rediscover meaningful relationships amid these difficulties through support from family and friends, surrender to God, and accept all conditions, so that feelings of hopelessness and other negative feelings slowly decrease (Zhang et al., 2020). In line with this study, the results of the research showed that respondents received support from their families and communities and it was possible not to feel social stigma from the surrounding environment to form respondents' resilience from feelings of hopelessness and shame. However, there is a small percentage of respondents who feel uncomfortable and regretful. Researchers think this can arise from the long covid condition experienced.

Finally, the behavioural indicator has the lowest median value of 5.00 with a minimum value of 0.00 and a maximum value of 10.00. Based on the research results obtained, the majority of respondents do not shy away from interacting with other people and do not just make friends with people whose conditions are the same as them. But on the other hand, there are a small number of respondents who answered agree and strongly agree regarding keeping their distance from other people. If it is related to the current situation, the researcher assumes that respondents keep their distance from other people because of the ongoing pandemic status, not because they are ashamed and closed with their condition. COVID-19 is an infectious disease with a visible spread of the virus and they learn from previous experiences not to be re-infected with more caution. So this behaviour appears as a form of compliance with the government program in implementing health protocols.

## CONCLUSION

Based on the results of this study, it can be concluded that the self-stigma felt by post-COVID-19 patients in Kaliwates District, Jember Regency is not too high or bad. Some respondents do not experience self-stigma at all. This of course is influenced by several factors such as gender, level of education and occupation, stereotypes, socio-cultural, motivation, treatment history, duration of illness, recovery status, history of comorbidities, and occurrence of complications after recovery. Even so, as nurses and health workers are expected to be able to carry out the further follow-up, act as counsellors who can provide solutions, motivation, support, and perform interventions such as cognitive therapy in post-COVID-19 patients who experience self-stigma and long-covid conditions, so that the process The patient's recovery can be achieved well and the patient's standard of living after COVID-19 can be better after recovering from COVID-19.

## ACKNOWLEDGEMENT

The authors would like to thank all post-COVID-19 patients in Kaliwates Sub-district who kindly participated in this study as respondents, and everyone involved in the licensing process that made this research possible.

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