

The Stigma of COVID-19 on the Workers of PT. Pertamina EP Asset 5 Sangatta Field

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ABSTRACT

Background: COVID-19 in Indonesia spreads very quickly, including in-company areas or workplaces. Workplace clusters are the most common cluster at East Kalimantan. As a region with many workplaces, both offices and industries, East Kalimantan is bound to have a large number of office clusters. Moreover, most of the workers in East Kalimantan are migrants from outside the region, which causes the spread of the coronavirus to the workplace even more widely. This also happened to PT. Pertamina EP Asset 5 Sangatta Field, where some of the workers are workers from outside the East Kutai area. With the presence of several workers who have tested positive for COVID-19, it is a frightening thing for others, especially other workers. Negative stigma may occur among workers in this company.

Method: The research design used in this study is cross-sectional since this study wants to know the knowledge and attitudes towards the stigma of COVID-19, which is measured at the same time. This research was conducted from November - December 2020. The population in this study were all workers who worked at PT Pertamina EP Sangatta Field, in total of 238 people.

Results: It shows that attitude relates to stigma COVID-19 among workers (P -Value = <0.001), although knowledge has nothing to do with stigma. The importance of accurate information is expected to reduce stigma in society. Discrimination and fear regarding COVID-19 must be minimized in order to gain acceptance by the community.

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INTRODUCTION

At the beginning of COVID-19 in Indonesia, many workplaces created the work from home (WFH) policy to keep COVID-19 from spreading to even more people. However, the policy was considered to be harmful to the workers and the companies. Because of this, the restriction was lifted, and everyone can go back to their workplace with some health protocols to revive the affected economy.

However, Indonesia was shocked by the presence of office and industrial clusters that began to spread rapidly. From day to day, patients from several workplaces started appearing. The task force for the acceleration of COVID-19 handling hopes for firm action against health protocols in the workplace. What happened at PT. Pertamina EP Sangatta was no exception. Some workers who came from outside East Kutai were suspected to be carrying the virus within the scope of the company.

COVID-19 in Indonesia appeared at the same time as a social phenomenon that is exacerbating the

situation, namely social stigma. In Indonesian Official Dictionary, stigma is defined as a negative characteristic attached to a person due to the influence of his environment. During the early COVID-19 cases in Indonesia, many survivors (people who have recovered and have been tested negative for COVID-19) or the bodies of COVID-19 patients who are not accepted by the surrounding community because they are feared to be transmitting the coronavirus. More than half or about 55% of the survivors claimed that there had been talks among people around them regarding their COVID-19 status. As many as 33% of respondents feel shunned or ostracized, and 25% get the nickname spreaders or carriers of the virus, while 10% get bullied on social media¹. This stigma has a negative impact on COVID-19 survivors, especially among workers who have been exposed to COVID-19.

There has not been much research on the stigmatization of COVID-19. Some are only carried out on medical personnel as parties who often get stigma from the community. The lack of knowledge has created a stigma

against COVID-19 patients and health workers². Stigmatization also substantially increases the suffering of sufferers. If someone is suffering from a disease, they will usually avoid health services and make it difficult to control it. In a study that measured the stigma of COVID-19 in health workers in Italy, stigma is assessed with three aspects: discrimination, acceptance of COVID-19 patients, and fear, which are associated with physical and mental fatigue service satisfaction³.

Stigmatization does not only occur in COVID-19 patients but in other infectious diseases, such as HIV/AIDS, leprosy and so on. A relationship between knowledge and attitudes of society towards stigma in leprosy⁴. The results show that the knowledge and attitudes of the community regarding leprosy can affect the stigma of leprosy. The higher the level of knowledge and acceptance of leprosy patients, the less the chance of the stigma to have occurred in community groups. This is also expected to happen to the stigma of the COVID-19 disease that is happening recently.

Knowledge and attitudes of workers regarding COVID-19 are considered important because this will reduce the stigma on patients and survivors of COVID-19, especially what happens to colleagues in the company environment. Because of some workers at PT. Pertamina EP Sangatta Field has become a survivor and returned to work after independent isolation. It is necessary to study the knowledge, attitudes, and connection with the stigma of COVID-19 among PT employees. Pertamina EP Sangatta Field.

METHOD

The research design used in this study is cross-sectional since this study wants to know the knowledge and attitudes towards the stigma of COVID-19, which is measured at the same time. This research is located at PT Pertamina EP Sangatta Field, which is located on Jl. Minyak, Sangkima, Sangatta Selatan District, East Kutai Regency, East Kalimantan. This study was conducted from November-December 2020. The population in this study were all workers who worked at PT Pertamina EP Sangatta Field, in total of 238 people. The sample size is calculated based on the cross-sectional design formula on the hypothesis tests for two population proportions (two-sided test)⁵. With this formula, the number of samples to be taken in this study is 89 samples.

The independent variable in this study is knowledge and attitudes related to COVID-19, and the dependent variable in this study is the Stigma of COVID-19. This study uses primary data with data collection techniques through questionnaires conducted online with a google form. The questionnaire contains several questions on the Knowledge, Attitude, and Stigma variables. The

question of knowledge and attitude variables refers to the WHO Q & As⁶, and the stigma questionnaire refers to the research of Ramaci et al³.

This study uses the FINIS (a framework Integrating Normative Influences on stigma). This FINIS can be used to help uncover the reasons why some efforts failed to reduce stigma. This framework can be applied to any condition of stigmatization but must be substantively and hypothetically adapted to be useful in empirical research and substantive cases⁷. While it is not possible to provide an overall empirical examination of FINIS, this framework sensitizes researchers to other potential effects of stigma. Within the theoretical framework, it divides the influence of stigma on a person from the individual and community sides. One of the influences from the personal side is that attitudes and also the cognitive domain (knowledge) from the community side can affect stigma.

Bivariate analysis is used to assess the relationship of independent variables to the dependent variable. The statistical method used in this study is the Spearman Rank because the data is statistically proven, not normally distributed. Suppose the P-Value is less than the error level of 0.05. In that case, there is a relationship between the independent variable and the dependent variable. If the P-Value is more than 0.05 then there is no relationship between the independent and dependent variables.

RESULT AND DISSCUSION

The characteristics of the respondents in this study did not differ much in terms of age and gender. The average age of workers was 36.7, with the youngest 21 years old, and the oldest 55 years old at a standard deviation of 6.2, and more than half of the respondents (85%) were male, and 56.3% of respondents had a basic education or graduated from junior high school and High school. Most respondents are married (85%) while 59% of them currently live with their families. Table 1 illustrated that 51.3% of respondents have a high stigma against COVID-19, with 61.3% having good knowledge and 77.5% have a positive attitude.

Table 1. Respondents’ characteristics based on knowledge, attitude, and stigma COVID-19

COVID-19 Stigma	n	%
Low	39	48.8
High	41	51.3
Knowledge		
Lack	31	38.8
Good	49	61.3
Attitude		
Negative	18	22.5
Positive	62	77.5

Table 2. Distribution of the workers' knowledge on COVID-19

Knowledge	True (%)	False (%)
COVID-19 is a virus infection	78 (97.5%)	2 (2.5%)
COVID-19 is transmitted through close contact with an infected person	80 (100%)	0
Fever, cough, sore throat and shortness of breath are possible symptoms of COVID-19	79 (98.8%)	1 (1.2%)
The 2 weeks duration of isolation	72 (90%)	8 (10%)
COVID-19 vaccines are available on the market*	7 (8.8%)	73 (91.2%)
Antibiotics are the first treatment for COVID-19*	36 (45%)	44 (55%)
Washing hands with soap and water, as well as wearing a face mask can help prevent disease transmission	79 (98.8%)	1 (1.2%)
Patients with chronic disease have a higher risk of infection and death from COVID-19	79 (98.8%)	1 (1.2%)
COVID-19 is an old disease that has resurfaced*	12 (15%)	68 (85%)
The mechanism of transmission is only through droplets / splashes of saliva	51 (63.8%)	29 (36.3%)
Transmission of COVID-19 can happen through food*	48 (60%)	32 (40%)
COVID-19 is not highly contagious*	17 (21.3%)	63 (78.8%)
COVID-19 can infect animals*	30 (37.5%)	50 (62.5%)
Medical workers are at higher risk of contracting COVID-19	80 (100%)	0
Workers in the non-health sector can be infected with COVID-19	78 (97.5%)	2 (2.5%)
COVID-19 can result in death	74 (92.5%)	6 (7.5%)
Checking body temperature is an effort to prevent the spread of COVID-19	70 (87.5%)	10 (12.5%)
People who have recovered and tested negative for COVID-19 can still transmit the virus to other people	24 (30%)	56 (70%)
A person's immune system affects the severity of COVID-19	77 (96.3%)	3 (3.8%)

*Unfavorable statement

Table 3. Distribution of the workers' attitude towards the COVID-19 prevention

Attitudes	Answers (%)			
	Strongly Disagree	Disagree	Agree	Strongly Agree
I'm worried that one of my co-workers might get an infection	5 (6.3%)	6 (7.5%)	54 (67.5%)	15 (18.8%)
If I catch COVID-19, I will receive isolation in a health facility	3 (3.8%)	10 (2.5%)	52 (65%)	15 (18.8%)
I feel that the transmission of COVID-19 can be prevented by frequently washing hands with soap	4 (5%)	5 (6.3%)	56 (70%)	15 (18.8%)
If a COVID-19 vaccine is available, I will have it	2 (2.5%)	4 (5%)	60 (75%)	14 (17.5%)
In my opinion, I don't need to check my temperature every day*	9 (11.3%)	49 (61.3%)	21 (26.3%)	1 (1.3%)
I don't need a mask because I don't have contact with COVID-19 patients*	33 (41.3%)	45 (56.3%)	2 (2.5%)	0
I wash my hands every time I arrive at the office	1 (1.3%)	2 (2.5%)	55 (68.8%)	22 (27.5%)
I always wear a mask while at the office	1 (1.3%)	3 (3.8%)	51 (63.8%)	25 (31.3%)
I feel okay if I'm close to my friend who has the flu*	20 (25%)	49 (61.3%)	11 (13.8%)	0
I don't need to keep my distance from work friends because I'm sure they're healthy*	24 (30%)	50 (62.5%)	6 (7.5%)	0

*Unfavorable statement

Table 4. The distribution of respondents on stigma to COVID-19 based on the three aspects

Stigma	Answer (%)			
	Strongly Disagree	Disagree	Agree	Strongly Agree
Discrimination				
I don't take back my coworkers who have been exposed to COVID-19*	32 (40%)	46 (57.5%)	2 (2.5%)	0
I stay away from friends/relatives/family who have a severe flu (not necessarily COVID-19)	14 (17.5%)	52 (65%)	14 (17.5%)	0
Medical personnel are people I really avoid for now*	12 (15)	61 (76.3)	5 (6.3%)	2 (2.5%)
In my opinion, co-workers who have been exposed to COVID-19 should be given their own place to work in the office*	14 (17.5%)	52 (65%)	12 (15%)	2 (2.5%)
COVID-19 patients come from outside the area*	9 (11.3%)	28 (35%)	39 (48.8%)	9 (11.3%)
COVID-19 patients come from certain positions who often travel out of town*	9 (11.3%)	39 (48.8%)	28 (35%)	4 (5%)
I keep passing my friend/neighbor's house who is confirmed positive or has recovered from COVID-19	20 (25%)	58 (72.5%)	0	2 (2.5%)
Fear				
I am not afraid of contracting COVID-19 at work because I have followed health protocols*	55 (6.3%)	40 (50%)	30 (37.5%)	5 (6.3%)
I feel like I don't want to be close to anyone*	14 (17.5%)	60 (75%)	3 (3.8%)	3 (3.8%)
If anyone in my workplace is infected with COVID-19, then I will continue to work as usual because the patient has been isolated	1 (1.3%)	16 (20%)	55 (68.8%)	8 (10%)
During the COVID-19 pandemic, it's important to eat yourself with lunch from home	1 (1.3%)	7 (8.8%)	63 (78.8%)	9 (11.3%)
I do not go to medical services/health facilities such as hospitals even though I am sick (not COVID-19) *	4 (5%)	11 (13.8%)	59 (73.8%)	6 (7.5%)
Even just to talk to people who have contracted COVID-19, I will still wear a mask to prevent infection	0	4 (5%)	51 (63.8%)	25 (31.3%)
For safety reasons, I don't think we should approach people who have confirmed COVID-19	3 (3.8%)	20 (25%)	45 (56.3%)	12 (15%)
Acceptance				
If my co-worker has recovered from COVID-19, then I'm not afraid to meet in person	0	12 (15%)	61 (76.3%)	7 (8.7%)
If I sneeze or cough in front of my friend, my friend immediately tries to stay away	0	25 (31.3%)	47 (58.8%)	8 (10%)
I will be honest with other people, including health workers if I have direct contact with people with COVID-19	0	2 (2.5%)	54 (67.5%)	24 (30%)
I will refuse to do a rapid/swab test because I don't feel sick*	1 (1.3%)	8 (10%)	53 (66.3%)	18 (22.5%)
My family or I feel embarrassed when tested positive for COVID-19*	1 (1.3%)	3 (3.8%)	64 (80%)	12 (15%)
If my friend or relative has contracted COVID-19, I will advise him to change departments or jobs*	18 (22.5%)	61 (76.3%)	1 (1.3%)	0
I no longer want direct contact with people who have been infected with COVID-19*	18 (22.5%)	56 (70%)	6 (7.5%)	0

*Unfavorable statement

Table 2 shows that almost all respondents are well aware that COVID-19 is a viral infection and know the symptoms of COVID-19 (90%), and all workers know that

COVID-19 can be transmitted through close contact with infected people. However, it was found that several answers were of concern, which found 36.3% stating that

the transmission mechanism was not only through droplets/spit splashes, and 37.5% of respondents said COVID-19 could infect animals. And 30% of respondents answered that people who have recovered from COVID-19 can still transmit the virus to others, while 45% consider antibiotics to be the first treatment for COVID-19.

It was found that several respondent statements need to be highlighted, that there are still 11.3% who think that hand washing cannot prevent the transmission of COVID-19, and 7.5% of workers stated that they do not want to be vaccinated when the COVID-19 vaccine is available. In addition, it was found a reasonably high proportion compared to the others, that 27.6% considered it unnecessary to check their body temperature every day while working. Still, 2.5% of workers feel they don't need masks because they don't have contact with COVID-19 patients, and 7.5% of respondents say they don't need to keep their distance from co-workers.

Table 4 is an elaboration of the COVID-19 stigma, which consists of discrimination, fear and acceptance. It is known that in the discrimination section, several things need to be reviewed, as many as 17.5% of respondents who stay away from friends/relatives/family who have severe flu (which is not necessarily COVID-19), and 12% who agree and 2% strongly agree that co-workers who were recovering from COVID-19 should be given a special place of work or their own workspace that is protected from other colleagues. And it was found that only 2.5% stated that they still passed the house of a friend/neighbor who was confirmed or had recovered from COVID-19; the rest strongly disagreed 25% and disagreed 72.5% to go through the house of patients or those who had recovered from COVID-19.

When viewed from the stigma of fear during this pandemic, it is known that more than half of the workers (59%) will not go to health care facilities such as hospitals even though they are suffering from diseases that are not COVID-19. Then as many as 75% of respondents felt they did not want to be close to anyone during this COVID-19 pandemic. For the habit of bringing food supplies to the office, only 10.1% did not agree that it is essential at this time to bring their own food during the COVID-19 pandemic. Other habits, such as wearing a mask when interacting, have received 95% of respondents' approval.

On the other hand, 85% of workers are not afraid to meet colleagues who are recovering from COVID-19,

although there are 15% who do not agree about this. It was found that 31.3% disagreed that when they coughed/sneezed their co-workers should try to stay away, and it was found that almost all respondents (81.5%) expressed shame when the respondent or family tested positive for COVID-19.

Table 5. Knowledge and attitude against COVID-19 stigma

Variable	Stigma (%)	
	High	Low
Knowledge		
Lack	20 (40.8%)	29 (59.2%)
Good	21 (67.7%)	10 (32.3%)
Attitude		
Positive	29 (46.8%)	33 (53.2%)
Negative	12 (66.7%)	6 (33.3%)

Table 5 illustrated that more than half of respondents with good knowledge (59.2%) have a low stigma of COVID-19, while more than half of those with a lack of knowledge showed high stigma (67.7%). Similar to attitude, respondents with positive attitudes have a low stigma of COVID-19 (53.2%), and respondents with negative attitudes are also found to have a high stigma (66.7%). Statistically, only attitudes have a relationship with the stigma of COVID-19 at PT. Pertamina EP Sangatta Field with a significance P-Value <0.001 (<0.05). The correlation coefficient shows that it reaches 0.50, which means that the relationship between attitudes towards COVID-19 has a moderate relationship, with the direction of the relationship being negative. This means that the lower the respondent's attitude score, the higher the stigma against COVID-19. In contrast to knowledge, a significant P-Value was found to be 0.589 (> 0.05), which indicates that knowledge was not found to be associated with the stigma of COVID-19 at PT. Pertamina EP Sangatta Field.

Misinformation and lack of accurate information are some of the causes of fear and stigma. From this research, there are three aspects of stigma studied, namely discrimination, fear, and acceptance. Out of the 80 respondents in this study, more than half (51.3%) had a high stigma. Lack of knowledge about the transmission, treatment, and prevention of infection from COVID-19 will increase stigma².

Table 6. The Relationship Between Knowledge and Attitude with the COVID-19 Stigma

Variable	Mean	SD	P-Value	Correlation Coefficient
Knowledge	35.03	1.78	0.589	- 0.061
Attitude	29.2	2.87	<0.001	- 0.503

There are several main ways to study stigma, especially in health facilities, namely stigma related to discrimination and fear of contracting the virus and its consequences³. Although this stigmatization is mainly found in health workers who directly deal with COVID-19 patients, and it does not rule out that it also occurs in COVID-19 patients in their social groups. COVID-19 is not a disease related to disgrace, so there is no need to isolate and stay away from sufferers⁸. It is enough to carry out health protocols such as using a mask, washing hands with soap, and running water and maintaining distance can be done optimally to avoid the virus.

Another discrimination was also seen in some workers who agreed that COVID-19 survivors must be given their own place or separate from their colleagues' workplaces so they would not be infected. Patients who have been declared cured can return to their normal activities. COVID-19 survivors cannot transmit the virus to other people. In fact, the survivors have higher immunity than those who are not yet infected⁹. Thus, there is no need to separate survivors of COVID-19 and their colleagues. Keeping the distance between workers has also been implemented by the company. Aligning stigma like this is felt necessary so that COVID-19 survivors do not feel shunned and isolated.

Most of the respondents (97.5%) did not agree to pass through the homes of COVID-19 patients and survivors. The fact is that at the beginning of the pandemic, there was a lot of stigma like this. For example, several medical personnel were expelled to no longer be in the environment with the person; several commercial businesses were closed because it was suspected that members of the house had COVID-19 patients. Even though the patient has been isolated elsewhere or is being treated in a hospital, it still creates fear in the community¹⁰. Finally, discrimination is inevitable. Likewise with reports from abroad, stating that one of the COVID-19 survivors in Harare, Zimbabwe, was shocked by reports that the road in front of his house was called "corona road" and some people even chose to avoid the road for fear of being infected¹¹.

In addition to the fear that ultimately discriminates against patients and survivors, the aspect of fear is also evident in the results of this study. As much as 75% of respondents feel they do not want to be close to anyone in this era of the COVID-19 pandemic. Maintaining a distance is highly recommended at this time to avoid exposure to other people's droplets so that we do not contract the virus, as it is known that COVID-19 can be transmitted through droplets. However, excessive fear of COVID-19 was also shown in the statement of respondents who would not go to health care places such as hospitals even though they were

sick (not COVID-19). This is in line with the stigma that medical personnel often get who is considered to be a source of transmission of COVID-19. In this case, health service places have implemented strategies in providing safe services and have new policies that will carry out actions according to standards such as the existence of a service zone, determination of personal protective equipment (PPE) in each area, setting the air conditioning of the ward and fulfilment of facilities and human resource management¹². For this reason, it is necessary to understand the behavior of seeking treatment during this pandemic by implementing health protocols.

The last aspect is acceptance. Basically, workers still want to accept COVID-19 patients who have recovered, even though there are still those who still don't agree to meet in person. Like the description of discrimination above, it can be seen that workers claim to separate the places of workers who are COVID-19 survivors. By strengthening health protocols, this should not be an obstacle to meeting in person because, basically, survivors cannot transmit the virus. However, in line with the results of this study, it was found that 92.5% did not agree that respondents did not want direct contact with people who had been infected with COVID-19, meaning that respondents still wanted direct contact with people who had been infected.

Another thing that shows the stigma of this acceptance aspect is that respondents feel embarrassed if the respondent or their family tests positive for COVID-19. COVID-19 patients tend to behave in a closed manner and reduce communication with others in addition to protecting themselves and others, patients are also ashamed of their illness¹³. The high public stigma against COVID-19 could cause patients to be ashamed of the disease, even though this disease is not a disgrace that must be covered up. If covered, this could have an impact on wider virus transmission, so there needs to be an understanding of sufferers that they have been in contact with or have been infected with COVID-19.

In this study, the results obtained that stigma have nothing to do with workers' knowledge. Basically, with high knowledge, the stigma will be lower. Previous research that examined the relationship between knowledge and public stigma against COVID-19 patients and health workers, it was found that there was a relationship between knowledge and stigma with the proportion of knowledge being quite less stigmatizing than people with less knowledge². On the other hand, in this study, the result was that knowledge is highly sufficient but still there is significantly high stigma.

Stigma is not only influenced by knowledge, but also other things that are not yet known for sure, which will

cause anxiety about COVID-19 because this virus is a new virus even though in fact it is a form of evolution of a previously existing virus. In this study, most respondents also knew that COVID-19 was a new disease virus. People who do not know about the mechanism of transmission and proper handling related to this disease, try to divert fear and anxiety but are diverted into excessive fear and have a tendency to judge unilaterally, which causes discrimination against COVID-19 patients¹⁴.

A positive attitude is also correlated with the high knowledge of an individual. Knowledge is a prerequisite for building preventive beliefs, forming positive attitudes, and promoting positive behavior, and an individual's cognition and attitude towards disease influence the effectiveness of coping strategies and behaviors to some extent. In this study, it is known that workers' knowledge about COVID-19 is good. It has related several work professions that have negative attitudes, such as drivers, employers, and security workers¹⁵. In this case, the respondents of this study are company employees whose mobility is not too high because this study also found that the type of work that is mobilized daily will affect their knowledge, so that it has an impact on attitude.

In contrast to knowledge, in this study, the attitude was statistically related to stigma. Unfortunately, there hasn't been much research linking this attitude to the stigma of COVID-19. However, it examines the factors that influence stigma against PLWHA, namely the limited knowledge of HIV transmission mechanisms, excessive risk estimates of contracting through contact and negative attitudes towards groups that are disproportionately affected by the epidemic HIV / AIDS¹⁶. This also happened during the COVID-19 pandemic, which is currently being faced.

Attitude is an individual response that is closed to a particular stimulus or object, which involves the opinion and emotion of the individual. The tendency to respond to a stimulus is divided into two, namely positive attitudes and negative attitudes. From this research, the attitude of respondents to the prevention and mechanism of transmission of COVID-19 is positive because as many as 77.5% of respondents are positive. This is important considering that a negative attitude will lead individuals to self-difficulty, even to fail to act.⁴ In other words, the more positive an individual's attitude, the greater the possibility to take action.

The interesting thing about this research is that there is a relationship between attitude and stigma, in which the attitude of the respondents is positive, but the stigma they get is still high. Not all positive attitudes will cause a loss of stigma in COVID-19 patients. It takes things like empathy and sympathy from the individual in removing this stigma. Without empathy, it is feared that there will be an attitude that tends to avoid and stigmatize COVID-19

patients, their families, and health workers. Lack of sympathy can also lead to stigma and even discrimination¹⁷. For this reason, more reliable and repeatable information on COVID-19 is needed in order to increase knowledge, reduce hoaxes and make the positive attitude that is owned remains in place so as not to ignore health protocols and reduce stigma in society. Given that until now, in January 2021, East Kalimantan was the sixth-highest province in Indonesia, with the most cases of COVID-19.

Another thing that is no less important is that when this research was conducted, the COVID-19 vaccine had not yet been tested, so it had not yet been marketed. However, currently, the COVID-19 vaccine is available and is being distributed gradually, starting from vulnerable groups such as health workers and will later be distributed to every level of society. With a positive attitude from the results of this study, most of the respondents agreed to adopt the COVID-19 vaccine. This attitude is believed to help the government control COVID-19 because, basically, a positive attitude will show a change in behavior for the better.

CONCLUSION

This research concluded that knowledge has nothing to do with stigma. In theory, the higher the knowledge, the lower the stigma is expected. This is due to several reasons, including the lack of accurate information in controlling the stigma of COVID-19. In addition, the fear of COVID-19 is high because of the impact of COVID-19, which could result in a high stigma. Meanwhile, a positive attitude correlates with stigma. This positive attitude is supported by a high level of knowledge about COVID-19, but it is not enough to reduce stigma among workers at PT Pertamina EP Asset 5 Sangatta Field.

The importance of accurate information is expected to reduce stigma in society. Discrimination and fear regarding COVID-19 must be minimized in order to gain acceptance by the community, especially COVID-19 survivors who need to return to social environments such as workplaces.

REFERENCES

1. Kesehatan Kemenkes RI. Data COVID-19 [Internet]. Indonesia; 2020. Available from: <https://laporcovid19.org/>
2. Oktaviannoor H, Herawati A, Hidayah N, Martina M, Hanafi AS. Pengetahuan dan stigma masyarakat terhadap pasien Covid-19 dan tenaga kesehatan di Kota Banjarmasin. *Din Kesehat J Kebidanan Dan Keperawatan*. 2020;11(1):98–109.
3. Ramaci T, Barattucci M, Ledda C, Rapisarda V. Social stigma during COVID-19 and its impact on HCWs outcomes. *Sustain*. 2020;12(9):1–13.

4. Garamina HJ. Hubungan Pengetahuan dan Sikap Masyarakat Terhadap Stigma Penyakit. *J Aromed Unila*. 2015;2(3):326–32.
5. Lemeshow Stanley, David W. Hosmer, Janelle Klar SKL. Lemeshow. Adequacy o. Kusnanto H, editor. Yogyakarta: Gadjah Mada University Press; 1997.
6. Livana, Setiawati L, Sariti I. Stigma dan Perilaku Masyarakat pada Pasien Positif COVID-19. *J Gawat Darurat*. 2020;2(2):95–100.
7. Pescosolido BA, Martin JK, Lang A, Olafsdottir S. Rethinking theoretical approaches to stigma: A Framework Integrating Normative Influences on Stigma (FINIS). *Soc Sci Med*. 2008;67(3):431–40.
8. Abudi R, Mokodompis Y, Magulili AN. Stigma Against Positive People Covid-19. *Jambura J Heal Sci Res*. 2020;2(2):77–84.
9. Pemerintah Provinsi Jawa Tengah. Penyintas Covid-19 Tak Akan Tularkan Virus [Internet]. 2020. Available from: <https://jatengprov.go.id/beritadaerah/penyintas-covid-19-tak-akan-tularkan-virus/>
10. Dai NF. Stigma Masyarakat Terhadap Pandemi Covid-19. *Pros Semin Nas Probl Sos Pandemi Covid-19*. 2020;66–73.
11. Bagcchi S. Stigma during the COVID-19 pandemic. *Lancet Infect Dis*. 2020;20(7):782.
12. Kementerian Kesehatan RI. Panduan Teknis Pelayanan Rumah Sakit pada Masa Adaptasi Kebiasaan Baru. Jakarta: Kementerian Kesehatan RI; 2020.
13. Azari AA, Zururi MI. Pengalaman Psikologis Ketidakberdayaan Post COVID-19 di Jember (Studi Kasus). *Med J Al-Qodiri*. 2020;7(2).
14. Winarni S, Darwanto D, Triyono T, Irhandayaningsih A, Arifan F, Adhy S. Pendampingan Masyarakat terkait Stigma Pandemi Covid di Era New Normal. *Semin Nas Pengabdian Kpd Masy UNDIP* 2020. 2020;1(1):675–8.
15. Ssebuufu R, Sikakulya FK, Binezzero SM, Wasingya L, Nganza SK, Ibrahim B, et al. Awareness, knowledge, attitude and practice towards measures for prevention of the spread of COVID-19 in the Ugandans: A nationwide online cross-sectional Survey. *medRxiv*. 2020;1–28.
16. Paryati T, Raksanagara AS, Afriandi I, Kunci K. Faktor-faktor yang Mempengaruhi Stigma dan Diskriminasi kepada ODHA(Orang dengan HIV/AIDS) oleh petugas kesehatan : kajian literatur. *Pustaka Unpad*. 2013;(38):1–11.
17. Sulistiadi W, Rahayu S, Harmani N. Handling of public stigma on covid-19 in Indonesian society. *Kesmas*. 2020;15(2):70–6.