



The Relationship Between Gender And Student Stigmanization After The Covid-19 Out Break In The Campus Environment

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ABSTRACT

The Covid-19 outbreak that attacks society can be a bad experience that will last a lifetime. This gives fear and panic, as well as negative thoughts in all ages and genders, due to the large number of affected victims who die every day. Objective to determine the relationship between gender and the emergence of students' negative assumptions about the Covid-19 outbreak in the campus environment. This type of research is analytical observational with a cross sectional research design. The population used was students of the Diploma Three in Blood Bank Technology class A study program, totaling 48 respondents. The research sample uses the entire population (saturated sampling). Data collection techniques use primary data in the form of closed questionnaires, univariate analysis in the form of frequency distribution tables, bivariate analysis with the Eta correlation test. Results: The number of respondents was 48 and the female gender dominated, namely 37 (77.1%) respondents and 11 (22.9%) male respondents. The stigmatization score was less strong with a score of 1-6, there were 34 respondents and there were 14 respondents with a strong stigmatization score of 7-10. Conclusion: Eta values are 0.237 and 0.203, meaning the degree of relationship between gender and stigmatization is low.

KEYWORDS

Gender, stigmatization, covid

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INTRODUCTION

The Covid-19 pandemic has had profound impacts on societies worldwide, affecting not only physical health but also mental and social well-being. As the world grapples with the repercussions of the pandemic, understanding the psychological and social dimensions of its impact has become increasingly important. One such dimension is the stigmatization associated with the disease, which can significantly affect individuals' mental health, social interactions, and overall quality of life (Safitri, 2023; Solikhah & Tyas, 2023).

Stigmatization, in the context of Covid-19, refers to the negative perceptions and discrimination faced by individuals who are infected, have recovered, or are perceived to be at risk of contracting the virus.





This stigmatization can lead to social isolation, mental distress, and reluctance to seek medical care, thereby exacerbating the public health crisis (Muzaharyadhi, 2023; Rochma et al., 2023). It is crucial to examine the extent and nature of stigmatization to develop effective interventions and support systems for affected individuals.

This systematic review aims to explore the differential impacts of stigmatization on male and female respondents following the Covid-19 outbreak. By analyzing the distribution of stigmatization scores among genders, this study seeks to uncover potential disparities and underlying factors contributing to these differences. Additionally, the research investigates the relationship between gender and stigmatization levels using the eta correlation test, providing insights into the degree of association between these variables (Mahendra et al., 2023; Ningsih, 2023).

Understanding the dynamics of stigmatization and its varying impacts on different demographic groups can inform targeted public health strategies and interventions. By addressing the psychological and social challenges posed by stigmatization, we can better support individuals in their recovery and reintegration into society. This study contributes to the growing body of literature on the social consequences of the Covid-19 pandemic and underscores the need for comprehensive approaches to mitigate its adverse effects.

MATERIALS AND METHODS

The type of research used in this research is analytical observational with a cross sectional research design, because the research subjects were observed at the same time (Sandu Siyoto, 2015). Population: students of the Diploma Three Blood Bank Technology study program, class A, semester 4 of the 2021/2022 academic year, totaling 48 respondents for the 2021/2022 academic year. The population is relatively small, so sampling uses a saturated sampling technique. The data collection technique uses primary data in the form of a closed questionnaire, so that respondents just have to tick the checklist (positive statements: yes with a score of 1 and no with a score of 0 and the opposite for negative statements) (Amrudidin, Roni Priyadi, 2022) and secondary data in the form of student attendance. The stigmatization score is high if it is 7-10 and low if it is 1-6. Univariate analysis in the form of a frequency distribution table, bivariate analysis with the Eta correlation test.

RESULTS

Table 1. Gender frequency distribution based on stigmanization scores

Gender	Score stigmatization						F	%
	3	4	5	6	7	8		
Woman	1	2	8	16	9	1	37	77,1
Man	0	0	1	6	3	1	11	22,9
Amount	1	2	9	22	12	2	48	100

The table shows that the number of respondents is 48 and the female gender dominates, namely 37 (77.1%) respondents and 11 (22.9%) male respondents. The stigmatization score was less strong with a score of 1-6, there were 34 respondents and there were 14 respondents with a strong stigmatization score of 7-10. This shows that the majority of respondents have positive assumptions after the Covid-19 outbreak.

Table 2 Eta correlation test

Value





Nominal by Interval	Eta	Gender Dependent	.237
		Stigmatization Dependent	.203

The eta correlation test table shows values of 0.237 and 0.203, which means the closer it is to 0, the lower the degree of relationship between rows and columns.

DISCUSSION

Stigmatization is dominated by feelings of being less strong or having positive assumptions after the Covid-19 outbreak, seen from the highest score of 1-6, there were 34 respondents. This shows that the majority of respondents do not give a stigma to someone who has been exposed to Covid, which means the condition of the surrounding environment is that of the respondent. This is inversely proportional to the theory that the Covid-19 outbreak can give rise to negative assumptions/social stigma and lead to acts of discrimination (Ardianto, 2023; Maulidah, 2023; Wahyuda et al., 2023).

Transmission of this outbreak is predicted to be through the transmission of aerosol droplets from infected people and direct contact with sufferers for a long time, especially in closed spaces (Qotrunnada et al., 2023; Ramadhani et al., 2023; Setyowati et al., 2020; Uly et al., 2023). The results of the correlation test to determine the closeness of the relationship between gender and stigmatization after the Covid pandemic were Eta values of 0.237 and 0.203, meaning that the degree of relationship between gender and stigmatization is low. According to theory, if the Eta value is close to 1 then the degree of relationship is high and if it is close to 0 then the row and column degree of relationship is low. This is because the campus always provides both printed and electronic information regarding health protocols installed in the campus area, so that students can easily access it. Based on this, it is in accordance with the theory of campus efforts to carry out promotion and prevention programs according to health protocols with the aim of carrying out prevention and control (Astuti et al., 2023; Evi et al., 2023; Leandre et al., 2023).

This research demonstrates several key findings regarding the distribution and impact of stigmatization scores among male and female respondents. The predominance of female respondents (77.1%) in the sample is notable and could reflect broader societal trends or biases in survey participation. It is also important to recognize that gender distribution can significantly influence the generalizability of the findings.

The stigmatization scores reveal a clear distinction between respondents with low and high levels of stigmatization. With 34 out of 48 respondents (70.8%) having scores between 1 and 6, it is evident that the majority experience lower levels of stigmatization. This trend suggests that most individuals hold relatively positive assumptions and perceptions following the Covid-19 outbreak. On the other hand, 14 respondents (29.2%) exhibited higher stigmatization scores (7-10), indicating a subset of the population that perceives higher stigmatization. Understanding the factors contributing to these perceptions would require further qualitative investigations.

The eta correlation test provides additional insights into the relationship between gender and stigmatization. The values of 0.237 and 0.203 for gender dependency and stigmatization dependency, respectively, suggest a weak correlation. These findings imply that gender does





not play a significant role in influencing stigmatization scores within this sample. The low degree of relationship indicates that other factors, perhaps related to personal experiences, social context, or psychological resilience, might be more influential in determining stigmatization levels (Derivaty Neo Alfenny et al., 2023; Which et al., 2023).

It is also worth considering the broader implications of these findings. The weak correlation between gender and stigmatization suggests that interventions aimed at reducing stigmatization could be applied broadly without needing to tailor them specifically by gender. However, the presence of a notable minority with high stigmatization scores underscores the need for targeted support for those who are more severely affected.

CONCLUSIONS

In conclusion, this study highlights that while the majority of respondents have positive assumptions post Covid-19, a significant minority still experiences high levels of stigmatization. The weak correlation between gender and stigmatization scores suggests that gender is not a major determinant of stigmatization in this context. Future research should explore other potential factors contributing to stigmatization and investigate strategies to support those with higher stigmatization scores. Additionally, qualitative studies could provide deeper insights into the personal experiences and perceptions underlying these quantitative findings.

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Conflict of Interest

There is no conflict.

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