"FEEL IT, SHARE YOUR FEELING," AN APPLICATION FOR INDONESIANS FREE FROM STIGMA

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Abstrak

Salah satu faktor yang mempengaruhi kesehatan mental seseorang adalah stigma atau penilaian negatif pada seseorang. Orang yang sering mendapat stigma adalah orang dengan HIV/AIDS (ODHA), survivor covid-19 dan petugas kesehatan yang merawat pasien covid-19. Stigma terbagi menjadi stigma yang berlaku dan stigma yang terinternalisasi yang berkaitan dengan keyakinan, perilaku, dan tindakan. Mengatasi stigma dapat dilakukan dengan meningkatkan pengetahuan menggunakan teknologi. Peneliti membuat aplikasi bernama "Feel It, Share Your Feeling" untuk masyarakat khususnya ODHA, survivor covid-19, dan petugas kesehatan yang merawat pasien covid-19 untuk melawan stigma. Penelitian ini menggunakan metode quasi eksperimen dengan rancangan randomized pretest-posttest design dengan jumlah responden 60 orang yang dibagi menjadi kelompok intervensi dan kelompok kontrol. Data sebelum dan sesudah intervensi diukur pada kedua kelompok menggunakan *The Multidimensional Measure of Internalized HIV Stigma*. Data dianalisis menggunakan Wilcoxon Signed-Ranks dan Mann-Whitney. Intervensi dilakukan dalam sebulan, kelompok intervensi menunjukkan perbedaan nilai stigma internal dengan 73,33%, memiliki tingkat stigma yang lebih rendah setelah menggunakan aplikasi. Hasil uji Wilcoxon menunjukkan hasil hitung (p-value) 0,005 dan uji Mann-Whitney (p value) 0,005. Hasil penelitian ini menunjukkan aplikasi "Feel It, Share Your Feeling" dapat membantu mengurangi stigma yang terinternalisasi. Penggunaan aplikasi "Feel it, Share Your Feeling" dapat menurunkan stigma internal dan menjadi solusi untuk memberikan terapi yang dapat diakses setiap saat.

Kata Kunci: Stigma; covid-19; HIV; perawat; kesehatan jiwa

Abstract

One of the factors that affect a person's mental health is the presence of stigma or adverse judgment. People who may often face stigma are those with HIV/AIDS (PLHIVA), COVID-19 survivors, and health workers caring for COVID-19 patients. Stigma is divided into enacted stigma and internalized stigma related to beliefs, behaviors, and actions. Overcoming stigma may be done by increasing knowledge using technology in this digital era. The researcher developed an application named "Feel It, Share Your Feeling" for the community, especially for people living with HIV/AIDS, COVID-19 survivors, and health workers caring for COVID-19 patients who are experiencing stigma. The study used a quasi-experimental method with randomized pretest-posttest designs, involving 60 respondents divided into intervention and control groups. The pre and post-intervention data were measured in both groups using The Multidimensional Measure of Internalized HIV Stigma. The data was analyzed using Wilcoxon Signed-Ranks and Mann-Whitney tests. Over a month, the intervention group showed a reduction in internal stigma, with 73.33% reporting lower stigma levels after using the Feel It, Share Your Feeling application. The Wilcoxon test results showed a computed p-value of 0.005, and the Mann-Whitney test results also indicated a p-value of 0.005. The use of the Feel It, Share Your Feeling application was found to lower internal stigma and provide accessible therapies for people living with HIV/AIDS, COVID-19 survivors, and health workers caring for COVID-19 patients.

Keywords: Stigma; covid-19; HIV; nurse; mental health

Introduction

People with psychological disorders will experience trouble with their minds (Purnama, 2016). One of the factors that affects a person's mental health is the presence of stigma or adverse judgment on a person. The negative impact of stigma on patients includes becoming embarrassed, feeling unwilling to seek help and proper medical care, and feeling incoherent to others. They also have fewer opportunities to find a job, education, and social activities, experiencing bullying and verbal and physical violence (Harismi & Lestari, 2020).

In reality, everyone deserves freedom from stigma. In Indonesia, this law is regulated in Undang-undang Dasar 1945 28G paragraph 2 (Sekretariat Jenderal DPR RI, 2016). However, the ability to access information in the current era of globalization results in uncontrolled information received by each individual (Wanodya & Usada, 2020). It will have a negative impact if people receive inaccurate information related to a disease, which may cause stigma in vulnerable community groups.

In 2019, a case of COVID-19 was founded in Wuhan, and on March 11, 2020, the World Health Organization (WHO) declared it a pandemic (WHO, 2020). COVID-19 survivors and health workers caring for COVID-19 are also experiencing PLHIVA. According to the public communication team of the COVID-19 Task Force, 135 nurses claimed to have been expelled from their neighborhood because of negative stigma related to the coronavirus. (CNN Indonesia, 2020).

Even though the transmission way of these diseases was different, the effects of the stigma of both diseases are potentially fatal. One of the consequences of stigma was embarrassment, which was more dangerous than the death threats from both diseases (Gedela et al., 2020).

One of the Sustainable Development Goals (SDGs) targets is to end the AIDS epidemic and build Indonesia AIDS-free by 2030 (Komenko, 2020), embodied in three Zero programs (Dewi, 2019). The theme of World AIDS Day, which was held on December 1, 2020, was global solidarity and shared responsibility. United Nations Program on HIV/ AIDS (UNAIDS) confirmed that the COVID-19 pandemic shows that no one is safe until everyone is safe. Eliminating stigma and discrimination, putting humans at the center, and building our responses on human rights and gender-responsive approaches are the keys to ending HIV and COVID-19 (UNAIDS, 2020).

Stigma is divided into two (Wood et al., 2017), which are enacted stigma and internalized stigma related to the beliefs, behaviors, and actions of ODHA (Chambers et al., 2015). The negative coping of PLHIVA includes

emotional and cognitive, hostile behavior, and negative social coping (Puspitasari & Cleofas, 2021). Internal stigma is the result of negative attitudes. Of society, and this is followed by rejection and self-blame (Rinehart et al., 2019). The high level of internalized stigma results in negative emotional consequences and worsening mental health.

Overcoming stigma may be done by increasing knowledge using technology in this digital era. The low level of stigma impacts helping patients and does not lead to depression or suicide (Harismi & Lestari, 2020). The appropriate technology and easiness of use were expected to overcome the stigma, especially for selfstigma. Therefore, the Feel It, Share Your Feeling application was created for PLHIVA, COVID-19 survivors, and health workers to overcome the stigma. This Android-based Feel It, Share Your Feeling application provides solutions based on the user's feelings. The solution is formed as a poster, steps of therapy that may be done by the user independently, and health service contacts that the user can use. Feel It has a deep meaning: Share your Feelings and Emotions for Opportunities, Peace, Happiness, and

stigma. This study aimed to reduce stigma by creating an

application for the public, especially PLHIVA, COVID-

19 survivors, and health workers caring for COVID-19

Methods

patients who face stigma.

A quasi-experimental study with a randomized pretest-posttest control group design was conducted to determine the effects of Feel It and Share Your Feeling apps in reducing stigma. The study was conducted in Yogyakarta, Indonesia. Respondents of this study were PLHIVA, who had tested positive for more than one year, COVID-19 survivors, health workers caring for COVID-19 patients, android smartphone users, and who could read and write. Informed consent was obtained from eligible respondents, and they were unthinkingly randomized using a random number generator into the intervention group (10 PLHIV, 10 COVID-19 survivors, and 10 nurses) and the control group (10 PLHIV, 10 COVID-19 survivors, and ten nurses).

Respondents completed The Multidimensional Measure of Internalized HIV Stigma questionnaire in the pre-and post-test. The intervention group downloaded the Feel It, Share Your Feeling app on the Play Store through the link page: https://play.google.com/store/apps/details?id=com.stike s.feelit and used the app at least three times a month.

The "Feel It, Share Your Feeling" app is an application in the health field, especially mental health. The users of this application are people who are vulnerable to stigmas, such as PLHIVA, COVID-19 survivors, and nurses caring for COVID-19 patients. This application shows the first page with a question asked by the mascot: "How is your feeling today?". The mascot on this application is a hedgehog named "Lohed." The philosophy of this hedgehog is that if we look from the outside, he looks scary and shall be avoided; however, behind his thorns, there is a softness that is fragile easily.

The application users input the data of the feelings they have experienced (Table 1); after that, the application

gives optional feeling levels that form into numbers 1 (never appear), 2 (rarely occur), 3 (sometimes appear), 4 (often appear) and 5 (always appear). Feel It, Share Your Feeling app provides several therapies (Table 1) formed as posters, therapies that the user can do independently (related to his feelings), and a service hotline that users can access. The app provides notifications about user feelings and updated feeling levels in the next two days. In addition to these services, the Feel It, Share Your Feeling app creates a reminder for medication prescribed for the users every day according to the specified time determined by the users.

No.	o. Feeling Therapy				
1	This disease is my fault.	Achieve Self-acceptance, referral			
2	I'm afraid others know my illness.	Meditation, Guided Imagination Techniques, Overcor Feelings of Fear, References			
3	I'm ashamed others know my illness	Psychosocial Therapy, Referral			
4	I have thoughts of hurting myself.	Healthy Lifestyle, Overcome self-harming though Butterfly Hug Technique, Referral			
5	I'm looking for an escape with (smoking/alhohol/drugs/irregularly taking drugs/taking sedatives)	Handle the use of prohibited substances. Reference			
6	I hurt myself	Deal with feelings of wanting to hurt yourself, Referrals			
7	I kept my illness a secret.	Meditation, Find Support Groups, Referrals			
8	Feelings of inferior self-esteem	Overcome Feelings of Inferior self-esteem, Referral			
9	I'm afraid to seek or receive health care.	Meditation, Guided Imagination Techniques, Overcome Feelings of Fear, References			
10	I blame myself	Achieve Self-Acceptance, Referral			
11	I feel depressed with my illness.	Do positive activities, Instill positive words, Cognitive Behavioral Therapy, Emotional Freedom Technique, 5 Finger hypnosis therapy, Referral			
12	I feel worthless	Overcome feelings of worthlessness, Referrals			
13	I'm worried about my future.	Perform positive activities, Emotional Freedom Technique, Meditation, Guided Imagination Techniques, Referrals			

14	I feel sad	Meditation, Dealing with Feelings of Sadness, Referrals
15	I'm angry with myself.	Take a Deep Breath, Deal with Feelings of Anger, Referrals

The data collection was conducted from September to October 2021. Respondents filled Multidimensional Measure of Internalized HIV Stigma, which was also used to collect information about their characteristics sociodemographic general information, including the gender and age of the respondents. This questionnaire includes four factors: stereotypes, disclosure concerns, social relationships, and self-acceptance. There were 28 items in the question with five Likert-type scale points, with the options "not at all," "rare," "sometimes," "often," and "always." A weighted average was calculated for each of the four subscales to get the total score and then summed. The total score was linearly transformed into the range of 0-100 by multiplying the additional average by 5. Lower scores showed fewer perceptions and experiences of stigma, and higher scores indicated higher levels of stigma. The measure has demonstrated good internal consistency, α = .93 (Sayles et al., 2008). Construct validity is also good, with significant Pearson productmoment correlations with constructs such as shame (r = .58, p < .01), social support (r = '.43, p < .01), and mental health (r = '.50, p < .01) (Martin, 2011). Descriptive statistics were conducted to identify the data collection at baseline. Because the data are not normally distributed, the data were analyzed using the Wilcoxon Signed-Ranks test. The different tests on these two groups were analyzed using the Mann-Whitney test. A two-sided p-value of less than 0.05 was considered statistically significant for statistical assessment. The study was approved by the Research Ethics Committees of STIKES Bethesda (No.120 / KEPK.02.01 / VII / 2021). All participants gave informed consent, and their data was made anonymous.

Results

Characteristics of participants

This study involved 60 respondents divided into two groups: the control group and the intervention group. Each group consists of 30 respondents. The majority gender of both groups are female. The control group was 66.7% female and 33.3% male. The intervention group was 70% female and 30% male. The average age of the control group was 35 years, while the intervention group was 31.

Table 2. Demographic characteristics of respondents (n=60)

	Intervention	Control f(%)
Characteristics	f(%)	Control I(70)
Gender		
Man	9 (30)	10 (33,3)
Woman	21 (70)	20 (66,7)
Age		
Less than 20 years		1 (3,3)
21-25 years	9 (30)	2 (6,7)
26-30 years	10 (30)	7 (23,3)
31-35 years	4 (13,3)	9 (30)
36-40 years	3(10)	4 (13,3)
41-45 years	4 (13,3)	4 (13,3)
46-50 years	1 (3,3)	2 (6,7)
More than 50 years		1 (3,3)

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		N	Mean Rank	Sum of Ranks	Wilcoxon (p value)
Post Intervention test -	Negative Ranks	22a	16.09	354.00	.003
Pre Intervention test	Positive Ranks	7b	11.57	81.00	
	Ties	1c			
	Total	30			
Post Test Control - Pre	Negative Ranks	14d	13.54	189.50	.375
Test Control	Positive Ranks	16e	17.22	275.50	
	Ties	0f			
	Total	30			

- a. Post-Test Intervention < Pre-Test Intervention
- b. Post Test Intervention > Pre-intervention test
- c. Post Test Intervention = Pre Test Intervention
- d. Post-Test Control < Pre-Test Control
- e. Post Test Control > Pre Test Control
- f. Post Test Control = Pre Test Control

Table 3 shows that 73.33% of respondents experienced a decrease in stigma after being given intervention, and 23,3% of the intervention group experienced an increase in stigma. The results of the control group were 46,6% experienced a decrease in stigma, and 53,3% of respondents experienced increased stigma. With Sig. (2-tailed) 0.003 < 0.05 from the test results, it can be concluded that there is a difference in stigma before and after therapy.

Table 4. Differences in the value of the internal stigma between intervention and control group

	N	Mean Rank	Sum of Ranks	Mann-Whitney
				(p value)
Intervention	30	24.13	724.00	.005
Control	30	36.87	1106.00	
Total	60			

On the Mann-Whitney Asymp ic statist test. Sig. (2-tailed) Results were obtained at .005 (Table 4) in the Mann-Whitney Asymp statistical test. Signature. (2-tailed) the result is 0.005. This means the stigma therapy given through the feel it, share your feeling application is practical.

Discussions

The study found that "Feel It, Share Your Feelings" apps lower the internal stigma of PLHIV, COVID-19 survivors, and health workers. This application provides therapies that are easy for users to use. The feature of images and voice recordings makes it easier for users to understand and run therapy. The app also monitors what users feel so that the user can measure his or her feeling level. This application is also equipped with a drug alarm feature to help users with drug therapy.

Individuals who feel internal stigma need therapy to improve their social interaction. A high internal stigma correlates with low social interaction (Syahrina &Pranata, 2018). Some therapies provided by Feel It, Share Your Feeling applications teach users to interact and also share with others to overcome internal stigma. Meditation is the most frequently used therapy. This study is consistent with previous studies; the

combination of logotherapy, commitment acceptance therapy, and psychoeducation successfully overcomes self-stigma in HIV (Suyanti et al., 2018). Other research found that meditation techniques through mindfulness training also improve quality of life because of reduced stigma. (Ramadhani et al., 2021).

Giving therapy by utilizing technology reduces internal stigma. Users can access therapy anywhere and anytime when they need it. The treatment provided in this application is based on the latest research or theory to overcome stigma.

This application effectively reduces internal stigma, not only in one group. It can be used by anyone who experiences internal stigma. Support from the government is needed to integrate this application's function into the health care system.

The primary limitation of this study is that the researcher relies on the patient's personal report. Researchers cannot directly see how patients apply therapy.

Describe the discussion by comparing the data obtained then with those obtained in the previous study—no more statistical or other mathematical symbols in the debate. The discussion is directed at an answer to the research hypothesis. Emphasis was placed on similarities, differences, or the findings' uniqueness. The reason for the findings needs to be discussed. The implications of the results are written to clarify the impact of the results and the advancement of the science studied. The discussion ended with the various limitations of the study.

Conclusions

Evaluating personal feelings is essential for mental health. Everyone must deal with stressors, so getting the right therapy to overcome them is necessary. This application offers a choice of feelings and appropriate therapy to overcome them. Everyone can use it easily through Android. It is necessary to add the feelings option and the existence of a live chat feature to provide direct consultation.

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