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### STIGMA AND DISCRIMINATION TOWARDS COVID 19 PATIENTS AND SUSPECTS

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#### ABSTRACT

*Stigma generally means contrary sentiments that individuals have about specific conditions or qualities that someone may have. In contrast, discrimination conveys the meaning of treating someone or a particular group in the public arena less decently than others. This study aims to determine the level of stigma and discrimination of the public towards COVID-19 patients and suspects. An online questionnaire with 11 items in the demographic section and 11 items was designed to evaluate the level of both stigma and discrimination. The study involved 404 respondents of Malaysian Citizens who are from different states and demographic backgrounds by using the Google Form platform. The amount of survey calculated based on Krejcie and Morgan Table,  $N=32\ 000\ 000$ ,  $S=384$ . This study involved 404 respondents. All variables were measured through scales previously used by other researchers. SPSS ver. 20 software was used in the analysis, and the results of the SPSS indicated that most Malaysian citizens do have a stigma towards the COVID-19 patients and suspects rather than discriminate against them by ( $M=2.07$ ).*

#### Keywords

Stigma, discrimination, COVID-19, pandemic

## INTRODUCTION

Humanity nowadays is dealing with one of the most critically demanding situations of the century. The novel coronavirus is spreading swiftly to the volume of being declared as a pandemic throughout the world. The unfolding of the COVID-19 pandemic has raised the worries of every person throughout the globe. People are in dismay for what's occurring with them and, at the same time, are disturbed to look at the situations of others, mainly the marginalized (Bhanot et al., 2020).

The World Health Organisation (WHO) declared COVID-19 a virulent disease on the eleventh of March because various instances grew exponentially during the month, despite interventions via governments. According to World Health Organisation, WHO (2020), the COVID-19 pandemic has hastily unfolded throughout the globe, from three sufferers within the metropolis of Wuhan on the 27th December 2019 to over 3.2 million showed instances internationally via means of the quote of April 2020. The medical network answered without hesitation as COVID-19 emerged as an extreme threat, with guides performing inside weeks of the primary pronounced instances.

COVID-19 pandemic has induced over 1.4 million recorded and over 83,000 deaths globally (Nicola et al., 2020). It has furthermore sparked fears of coming near to financial disaster and recession. Social distancing, self-isolation, and journey pointers compelled a lower withinside the people's frame throughout all economic sectors and brought many roles to be lost. The outbreak of COVID-19 (the ailment due to Severe Acute Respiratory Syndrome coronavirus 2 (SARS-COV-2) had an unfavorable impact on global healthcare structures with a ripple impact on each hassle of human existence as we apprehend it.

After the preliminary description in Wuhan and China, Italy was hit first in Europe, and the effect has been immense (Pellino & Spinelli, 2020). The virus unfolds very unexpectedly such that two weeks from the primary instances diagnosed, 1000 sufferers were examined top notch. COVID-19 had canceled many occasions already this year. Virtual conferences have blessings such as a higher environmental profile, decreased costs, and on-call for streaming. None of the people changed into organized to stand a pandemic. Patients, relatives, and the

network want to be supplied with comprehensible statistics to restrict the inevitable mental burden.

According to Fraser et al., (2020), although the last pandemic befell handiest a decade ago, the manner technological know-how operates and responds to cutting-edge activities has resulted in a paradigm shift withinside the interim. The clinical network spoke back unexpectedly to the COVID-19 pandemic, liberating over 16,000 COVID-19 clinical articles inside four months of the primary showcase, of which 6,753 had been hosted with the aid of using preprint servers. The arena has paid an excessive toll on this pandemic in phrases of human lives lost, financial repercussions, and accelerated poverty (Ciotti et al., n.d.).

Shortly, the COVID-19 outbreak will likely take several months to contain even years to settle down. Public health initiatives will focus on social distancing and enhancing hygienic practices. COVID-19 has emerged as a global public health issue in the last two months. It joins a long list of past infectious disease epidemics, including Bovine Spongiform Encephalitis in 1986, Avian flu in 1997, SARS in 2002, Swine Flu in 2009, and Ebola in 2014. These outbreaks serve as reminders that we live in a habitat where animal, social, and environmental relationships must be respected to survive and prosper (Khanna, et al., 2020)

When we talk about COVID-19, everyone knows what it is, the side effects, etc. COVID-19 makes people more aware of their surroundings and starts to feel scared when going out or being close to another person or stranger they are unfamiliar with. Even the COVID-19 itself makes people aware; we could not help people start to be discriminated against and become more conscious with suspected or false cases if the victim has a history with covid-19 before.

According to the Centers for Disease Control and Prevention (2020), stigma is discrimination against an identifiable group of individuals, a location, or a community. This can happen when people who haven't done their homework on the COVID-19 case start spreading theories and rumors about the virus. Discrimination is defined as the unfair or discriminatory treatment of individuals and groups based on traits such as race, gender, age, or sexual orientation (American Psychological Association, 2019)

They are afraid that the disease will evolve again toward the patient recovered, likely discriminating against the whole family of victims even if one member got COVID-19. For example, there is this case that is some Movement Control Order (MCO) which prohibits people going in or out at certain weeks, or even months in one area and people do not want to be near that place anymore being thought that if they go near there, they will get COVID-19.

They start the band and spread rumors about the place, and the worst case is that if the site is where people are doing their business, they will go bankrupt. It will affect their economy and how financially they will support their family and mostly the one who became a breadwinner for the family. This also will have contributed to stressful and unhealthy mind conditions.

Besides COVID-19, the case was engrossed, the mental-related issues also increased, and the worst suicidal case. According to Kelland (2020), Within 90 days, one out of every five COVID-19 patients develops a mental disease. COVID-19 does bring a lot of trauma and leads to other mental illnesses such as depression and others. While we started to discriminate against them rather than give support, We can tell that they might already feel like giving up and burning out as COVID-19 does provide the world and globally impact to everyone and even animals themselves.

The stigma attached to Covid-19, as well as discrimination, is highly harmful. Bhanot (2021) describes stigma as "visual characteristic features (such as a cut or burnt) of individuals that cause society to undermine and deem them unfit for participation in mainstream society. Following researchers have attempted to describe the concept from their particular viewpoints, elaborating on the association between the mark and discrediting dispositions, a socio-cultural phenomenon entwined in the nexus of power relationships that perpetuate pre-existing power differentials.

Abdelhafiz et al. (2020) stated that many types of stigma had been identified worldwide during the current COVID-19 pandemic, mostly against people of Asian origin, those with recent travel records, and healthcare professionals. The stigma and discrimination need to be addressed to know how this issue lasts long towards the victims, the patients, and others that once history related to the COVID-19 itself. This study observes the stigma towards COVID-19 patients, and the story of discrimination towards the COVID-19 patients is?

## **PROBLEM STATEMENT**

Consequently, with the increasing number of daily Covid-19 cases, individuals who have the most occurring symptoms such as fever, dry cough, and tiredness have the tendency to keep on shutting their mouth from the outside world as they acknowledge that they are a threat and will be avoided by the citizens. The fear of stigmatization and discrimination mainly may be the number one factor in the increasing number of cases (Bhanot et al., 2020). It is truly vital for everyone to always be kind and end this stigma in order to reduce the Covid-19 positive cases and end this pandemic as soon as possible.

The world has changed dramatically in just a few months. This rare catastrophe, the Coronavirus pandemic, has resulted in many positive cases reported every day by the Ministry of Health Malaysia. The remarkableness of the current pandemic with the high number of positive cases has brought worry and anxiety in everyone, primarily in light of an enormous number of vulnerabilities over the Covid-19, and the presence of shame coordinated at various gatherings in the public eye. This is the root that leads to social stigma, which is adverse perspectives and convictions toward individuals or other things. There are several cases regarding social stigma and discrimination that have been reported in Malaysia.

Other than that, viruses can also be one of the dominant reasons for discrimination. (Solanke, 2020) reported that two infections causing passing and annihilating lives all throughout the globe are Covid and discrimination. Neither of the infections and stigmatization can be seen with the unaided eye yet casualties perceive how they sound and feel – they experience the aftereffects of the contamination; both are profoundly irresistible and can pass starting with one individual then onto the next quickly, regularly without beneficiaries staying alert that they have been tainted; and both can disfigure and kill, having the capacity to influence the existence of a casualty consistently for a lifetime.

Related to an absence of information on how Covid-19 spreads, a need to criticize and condemn somebody, fright about illness and passing, and tattle that spread bits of gossip and bad rumors have been the norm in our local communities (Centers for Disease Control and Prevention, 2020). COVID-19 patients or suspects and even the patients who have recovered have been dealing with this discrimination, affecting their well-being and mental health. The

nervousness and anxiety about an illness of an obscure reason and conceivable lethal result, particularly when contamination control strategies, for example, isolation and segregation, are needed to be done to secure the local area lead to public fear (Abdelhafiz & Alorabi, 2020). These stigmatization and discrimination come mainly from the emotional stories in the media and through the global network.

Therefore, this research has been done to determine the intentions why many human beings, specifically Malaysians are scared of Covid-19 patients, suspects, and survivors. The researchers also undertook this research to study whether stigmatization can also lead to the increasing number of Covid-19 in Malaysia. This is mainly because some of the individuals that have the symptoms of Covid-19 tend to keep silent in order to avoid discrimination from the public and close acquaintances.

### **3.0 Research Questions**

**3.1** What is the level of stigma towards Covid-19 patients?

**3.2** What is the level of discrimination towards the COVID-19 patients?

### **4.0 Research Objectives**

**4.1** To determine the level of stigma towards Covid-19 patients.

**4.2** To study the level of discrimination towards the COVID-19 patients.

## **FACTORS OF STIGMA HAPPEN**

- **Study of behavior**

It has been observed that the general public generally reacts to calamities with denial at first. It is a behavior that may occur in a person or a group at times. It is extensively disputed as a coping technique adopted by humans when presented with complex conditions or events, such as in the face of persistent and immediate danger or when experiencing a perceived unpleasant emotion. Whether deliberate or unintentional, denial acts as a way to avoid confronting or coping with the situation at hand, successfully keeping the danger out of sight. It entails a great deal of cognitive suppression to prevent processing the overwhelming emotion and ideas associated with the condition. It is not difficult to uncover evidence of this occurrence.

When a loved one dies unexpectedly, we are sometimes confronted with the image of a devastated relative bluntly refusing to accept that their loved one has died, with no emotion or speech. Others—family members, cohorts—were discouraged from getting tested because the results may be harmful, perpetuating the suppressed dread of sickness or death.

Many reports of noncompliance are filed regularly, including after the MCO era. When sick people go about their ordinary lives, the disease will likely spread faster. This approach can produce significant disruption in health-seeking behavior, as demonstrated by the instance of a family that attempted to evade quarantine by fleeing a hospital.

- Lack of knowledge

The first concern is allegations of stigmatization as a result of ignorance regarding the origins of SARS-CoV-2. Stigmatization is defined as the complete rejection of social acceptability. Several countries have reported stigmatization, notably among Asians. Several groups of the Asian population have been targeted because of their dietary habits, which include consuming wild animals. It is necessary to dig deeper to determine the source of infection rather than just concluding that raw meat intake was the cause of the disease.

For example, we've been hearing allegations of "discrimination" against Asian individuals in various public venues. This prejudice is the result of people's ignorance regarding the illness and its mechanisms of spread (person to person, animal to person, or through the air). Such schemas create misleading pictures of individuals and develop incorrect perceptions, which are subsequently transformed into xenophobia. (Sonekar et al., n.d).

Regarding speculations and why it is happening, the consequences of the lack of knowledge about the transmission (Sonekar & Ponnaiah, n.d). The source of infection was linked to the eating habits of "strange" foods of animal origin during the beginning of the outbreak, and to some extent, still is. This knowledge is currently insufficient and based on clinical history provided by experts and employees who work with COVID-19 patients... Furthermore, a lack of awareness and trustworthy information about the COVID-19 pandemic among the general population might be one cause for the COVID-19 stigma leveled against them. (Dalky, n.d).

- Communication error

Miscommunication is a problem during outbreaks; a minuscule fraction of incorrect communication may cause panic and terror among the population, which can occur at any level. (Sonekar & Ponnaiah, n.d). In such cases, important persons, such as authorities at various levels, are approached for information. To successfully convey the information to the community, they must have a thorough grasp of disease transmission and adequate preventative and control methods.

Stigma also possibly can happen since they are more likely to hear rumors and spread them rather than seeking the facts about the topic at hand. Furthermore, in today's fast-paced technological environment, words apply so quickly. Nowadays, communication is all about the virtual, and even research on face-to-face communication has been constrained by the COVID-19 case and the Movement Control Order (MCO) being an initiate.

## **DISCRIMINATION**

Another behavior that we may notice during COVID-19 is discrimination based on stigma, either public or self-stigma. Stigma was defined as a sign associated with a firmly held conviction that is usually incorrect or exaggerated and the resulting negative attitude and conduct toward the label. COVID-19 is the label here that has a negative connotation. It is not necessary to have the infection discriminated against; just having a fear of it is enough.

- Health worker

Healthcare professionals endure prejudice and societal shame as a result of their vulnerability to the infection. One crucial point to notice is that most of the participants in this study were nurses who had not been quarantined or sick. Followed by the network of links, the COVID-19 mark will ultimately become associated with the notion of mortality, and the discriminating reaction will be a behavior option to prevent infection. On the other hand, those who face discrimination have difficulties as a result of this behavior preference. They may be socially isolated, denied access to primary health care, and subjected to physical and psychological abuse.

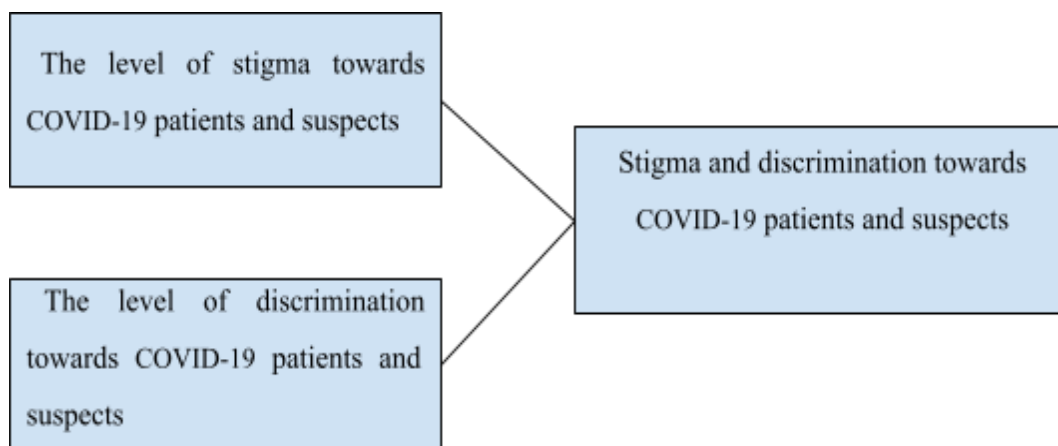


They are considerably more prone to suffer from depression or anxiety. Knowing about self-stigma might also contribute to a reluctance to seek help when it is required. The World Health Organization (2021) has issued various communications directed at different populations, explaining measures to decrease shame, such as using reference terms wisely, limiting exposure to painful information, and looking for ways to help others.

- Social discrimination

Social discrimination and stigmatization of sick persons have been seen and practiced. (Xiong & Peng, 2020). Many research verified people's psychological responses due to the COVID-19 pandemic status; nevertheless, writers could not find the study that addressed stigma or discriminatory perception among ordinary people. (Kaufman et al., 2020). The discrimination result merely affects the patient's and suspects' mental and emotional state as they have no more extended support from people. In this issue, they choose to give up and work hard to fight the COVID-19.

## RESEARCH FRAMEWORK



## RESEARCH METHODOLOGY

### Research Design

The study is a retrospective sample. The connection to the online survey was shared via social media platforms such as WhatsApp, Facebook, Instagram, and email. Since the research is based on audience reactions, it is simple to contact the public through social media channels.

### **Sampling Technique**

The study is using a convenient sampling technique which is non-probability sampling. According to Lavrakas (2008), in non-probability sampling, the population may not be well denoted, and the non-probability sampling is often divided into three categories which is purposive, convenience, and quota sampling. The study uses a convenience sampling technique where the target respondents are among the public in various occupations, which is workers in Government and Private sector, self-employed, housewife, retired, students and also unemployed. The total number of respondents for the survey is 404.

### **Research Measurement**

In addition to the demographic portion, there are 21 questions on the questionnaire. The study priorities are linked to the questions on the questionnaire. The data is measured using ordinal, nominal, and scale in the queries. The information is entered into a Google Form. The questions are accurate and true, making it simple for respondents to understand and respond to them.

### **Data Analysis**

The methods used for data analysis are through Google Form. These descriptive measurements measure frequency, percentage, and mean. The data analysis procedure includes creating a survey stage, graph, chart update, and data transfer. The survey or questionnaire is created with questions that are related to the research objectives of the research. The questionnaire is distributed to the first 50 respondents in order to identify the reliability of the research. The survey is continued to complete the data of 404 responses and the data collected transferred to SPSS software for analysis and finding purposes (Ridzuan et al., 2015)

## **FINDINGS: RESULTS AND DISCUSSIONS**

a) The demographic of the sample are discussed in terms of sex, marital status, age, race, state of origin, place of origin, occupation, highest education level, household income, and 2 general questions regarding the stigma and discrimination of COVID-19 towards patients and suspects.

Table 1: Distribution of the respondents by demographic (n=404)

DEMOGRAPHICS	FREQUENCY	PERCENTAGE (%)
<b>Sex:</b>		
• Male	97	24
• Female	308	76.2
<b>Marital Status:</b>		
• Single	303	75
• Married	105	26
<b>Age:</b>		
• 18 - 24 years old	276	68
• 25 - 31 years old	33	8.3
• 32 - 38 years old	44	11.1
• 39 - 45 years old	26	6.6
• 46 years old and above	25	6.3
<b>Races:</b>		
• Malay	361	89.4
• Chinese	18	4.5
• Indian	20	5
• Other	6	1.5
<b>State of origin:</b>		
• East Coast (Pahang, Kelantan, Terengganu)	81	20
• Northern Region (Perak, Penang, Kedah and Perlis)	141	34.9
• Central Region (Selangor)	123	30.4
• Southern Region (Melaka, Negeri Sembilan, and Johor)	47	11.6
• East Malaysia (Sabah and Sarawak)	14	3.5

**Place of origin:**

● Urban		
● Sub urban	253	62.6
● Rural	145	35.9
	9	2.2

**Occupation:**

● Student	249	61.6
● Working in government	30	7.4
● Working in Private Sector	90	22.3
● Self-employed	15	3.7
● Unemployed	10	2.5
● Housewife	11	2.7
● Retiree	1	0.2

**Highest Education Level:**

● SPM	76	18.8
● STPM / Foundation / Matriculation / Diploma	152	37.6
● Undergraduate (Degree)		
● Postgraduate (Masters, PHD)	175	43.3
	10	2.5

**Household Income:**

● B40 (RM4 360 and below)	245	60.6
● M40 (RM 4 361 - RM 9 619)	140	34.7
● T20 (RM 9 620 and above)	22	5.4

**Do you have a stigma towards the COVID-19 patients?**

● Yes		
● No	79	19.6
	326	80.7

**Will you discriminate against COVID-19 patients?**

● Yes	35	8.7
	369	91.3

- No

b) Respondents opinions towards the level of stigma towards COVID-19 patients and suspects

There are five questions that were asked in this section. The reason for asking these questions to the respondents is to know about their level of stigma towards COVID-19 patients and suspects.

### The level of stigma towards Covid-19 patients and suspects

Stigma Questions	Mean
I am afraid with people who have the disease of COVID-19 or even the suspects	2.91
I'm confident that COVID-19 patients & suspects got affected because of their irresponsible behavior	2.40
I feel COVID-19 patients & suspects frighten the public even after recovering	1.96
I feel embarrassed meeting COVID-19 patients & suspects	1.54
I perceive that even though COVID-19 patients & suspects have recovered 100% from the disease, the rate of infection to the general public is high	1.54
<b>Overall</b>	<b>2.07</b>

From the table above, respondents believe that they have stigmas on fear with people who have the disease of COVID-19 or even the suspects (M=2.91) while the second highest is that they believed that the COVID-19 patients & suspects got affected because of their irresponsible behavior (M=2.40). This shows that they do afraid of COVID-19 patients and suspects, but the least mean in this survey by (M=1.54) showing that “I perceive that even though COVID-19 patients & suspects have recovered 100% from the disease, the rate of infection to the general public is high.” Overall the average mean for stigma is (M=2.07).

c) Respondent’s opinion towards the level of discrimination towards Covid-19 patients and suspects.

Seven questions were asked in this part. The explanation of posing these questions to the respondents is to observe their level of discrimination towards Covid-19 patients and suspects.

#### **The level of discrimination towards Covid-19 patients and suspects.**

<b>Questions</b>	<b>Mean</b>
I tend to run away from my acquaintances if they have symptoms of Covid-19.	<b>2.02</b>
I am uncomfortable with Covid-19 patients and suspects.	<b>1.84</b>
I avoid socializing with the former Covid-19 patients and suspects.	1.81
I tend to insult the Covid-19 patients and suspects.	1.55
I tend to treat Covid-19 patients and suspects differently than before.	1.53
I will neglect my close contacts if they are	1.38

tested positive for Covid-19.	
I tend to make inappropriate jokes to the Covid-19 patients and suspects.	1.26
<b>Overall</b>	<b>1.63</b>

Based on the table above, shows that most people will tend to run away from their acquaintances if they have any symptoms of Covid-19 (M=2.02). The second highest in this level is they do feel uncomfortable with Covid-19 patients and suspects (M=1.84). However, many individuals are good at taking care of other people's feelings as they will not make any appropriate jokes to the Covid-19 patients and suspects (M=1.26). Overall, the average mean for the level of discrimination towards Covid-19 patients and suspects is (M=1.63).

Based on these findings shows that Malaysian Citizens have a low stage of stigma and discrimination towards COVID-19 patients and suspects. These findings have also been supported by (Abuhammad et al., 2020) who stated that Pandemics, such as COVID-19, are more than simply a medical phenomenon; they have an influence on an individual's and society's quality of life and may lead to shame, dread, and panic. Over 50% of those afflicted experienced terror, and 64% experienced stigma as a result of the COVID-19 pandemic. There were indicators for fear and stigma towards the COVID-19 epidemic compared to discrimination itself which is low.

However, it's different in India whereby the stigma and discrimination rates are so high. Patients experience hysteria as a result of their fear of being embarrassed and ostracised by society. Some people have linked their discomfort to posttraumatic stress disorder until A recent survey revealed that 61% of people in India are suffering from mental health concerns, with the percentage of women outweighing that of men. The deteriorated psychological health was mainly attributed to the lockdown and the associated difficulties (Bhanot et al., 2021). This does indicate that Malaysia is still concerned and cares about COVID-19 patents and suspects WellCare.

## CONCLUSION

Based on the findings, we can conclude that stigma and discrimination towards COVID-19 patients and suspects is not acceptable by Malaysian citizens even though they are afraid of COVID-19 itself. The two factors that can be measured in this research is :

Objective	Mean
The level of stigma towards COVID-19 patients and suspects	2.07
The level of discrimination towards COVID-19 patients and suspects.	1.63

The factors obtained the highest mean as the Malaysian citizen: the level of stigma towards COVID-19 patients and suspects. This means that they have a stigma towards the COVID-19 patients and suspects, but the probability of discriminating against them is pretty low.

This research shows that most people still have humanity in themselves when dealing with Covid-19 patients and suspects. In this pandemic, too, we are starting to know how social behavior is towards others living in this world. In my opinion, it is true COVID-19 does have a negative impact on everyone, especially health in terms. But we do not necessarily have to discriminate against them. We can still give them moral support and any needed needs such as basic groceries, financial aid, and others. The stigma lasts forever, and it is hard to change people’s perceptions of that issue.

Even people around me discriminate against other people; for example, there was one time the aunty yelled at other people to not be near her as she was afraid of everyone at the mall. It shows how sensitive she is toward this issue. It also happens in my residents’ area. When one house is affected by the COVID-19. They are too afraid that the COVID-19 are at their residence also.

If we do continue this, then their mental state will be seriously affected as no one would like to help them when they are in need. Just imagine, try to put yourself in their situation. I believe you also will be affected emotionally and mentally as no one supports you. Just keep in touch with them and help if we can get in any way. Support them and fight that COVID-19.



As the final point, social stigma and discrimination can heavily influence both mentally and physically towards the public, especially the people that have been stigmatized in the communities they live in. They may encounter detachment, discouragement, uneasiness, or even public shame. Therefore, this social stigma and discrimination need to come to an abrupt stop as it is essential to making everyone live in a more secure and better environment. Every single individual can assist with stopping this issue identified with COVID-19 by knowing the most accurate facts and imparting them to others in their networks.

There are many ways and approaches to dealing with this problem. The off-base generalizations, myths, and stereotypes towards the COVID-19 patients and suspects should be ceased by supplanting them with accurate evidence. Educational approaches, campaigns, and peer counseling can be magnificent in combating this issue.

## References

- A guide to preventing and addressing the social stigma associated with COVID-19. (n.d.). *World Health Organisation*. Retrieved from [https://www.who.int/publications/m/item/a-guide-to-preventing-and-addressing-social-stigma-associated-with-covid-19?gclid=Cj0KCCQjwktKFBhCkARIsAJeDT0hKEhHzRjc2rwLaCuyPSA43IIVRTcfwe3uz5XK4UbQKTUAJHFGIs4aAILhEALw\\_wcB](https://www.who.int/publications/m/item/a-guide-to-preventing-and-addressing-social-stigma-associated-with-covid-19?gclid=Cj0KCCQjwktKFBhCkARIsAJeDT0hKEhHzRjc2rwLaCuyPSA43IIVRTcfwe3uz5XK4UbQKTUAJHFGIs4aAILhEALw_wcB)
- Allen Foster Community Eye Health Research Centre. (n.d.). COVID-19 pandemic: Lessons learned and future directions: *Indian Journal of Ophthalmology*. Retrieved from [https://journals.lww.com/ijo/Fulltext/2020/68050/COVID\\_19\\_pandemic\\_Lessons\\_learned\\_and\\_future.7.aspx](https://journals.lww.com/ijo/Fulltext/2020/68050/COVID_19_pandemic_Lessons_learned_and_future.7.aspx)
- Abdelhafiz, A. S., & Alorabi, M. (2020, August 28). Social Stigma: The Hidden Threat of COVID-19. *US National Library of Medicine National Institutes of Health*. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7484807/>
- Abuhammad, S., Alzoubi, K. H., & Khabour, O. (2020, December 18). Fear of COVID-19 and stigmatization towards infected people among Jordanian people. *Wiley Online Library*. Retrieved from <https://onlinelibrary.wiley.com/doi/10.1111/ijcp.13899>
- Bagcchi, S. (2020, July). Stigma during the COVID-19 pandemic. *US National Library of Medicine National Institutes of Health*. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7314449/>
- Centers for Disease Control and Prevention. (2020, June 11). Reducing Stigma. *Centers for Disease Control and Prevention*. Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/reducing-stigma.html>
- Bhanot, D., Singh, T., Verma, S. K., & Sharad, S. (2020, November 04). Stigma and Discrimination During COVID-19 Pandemic. *Frontiers*. Retrieved from <https://www.frontiersin.org/articles/10.3389/fpubh.2020.577018/full>
- Ciotti, M., Ciccozzi, M., Terrinoni, A., Jiang, W., Wang, C., & Bernardini, S. (2020, July 09). The COVID-19 pandemic. *Tandfonline*. Retrieved from

<https://www.tandfonline.com/doi/full/10.1080/10408363.2020.1783198>

- Dalky, F., Hamdan-Mansour, A., Amarnah, B., Yacoub, N., & Khalifeh, A. (2020, November 02). Social discrimination perception of healthcare workers and ordinary people toward individuals with COVID-19. *Tandfonline*. Retrieved from <https://www.tandfonline.com/doi/full/10.1080/15534510.2020.1838945>
- Demirtaş-Madran, H. A. (2020, November 13). Exploring the Motivation Behind Discrimination and Stigmatization Related to COVID-19: A Social Psychological Discussion Based on the Main Theoretical Explanations. *US National Library of Medicine National Institutes of Health*. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7691585/>
- Discrimination: What it is, and how to cope. (n.d.). *American Psychological Association*. Retrieved from <https://www.apa.org/topics/racism-bias-discrimination/types-stress>
- Fraser, N., Brierley, L., Dey, G., Polka, J. K., Pálffy, M., Nanni, F., & Coates, J. A. (2020, January 01). Preprinting the COVID-19 pandemic. *bioRxiv*. Retrieved from <https://www.biorxiv.org/content/10.1101/2020.05.22.111294v2.abstract>
- Kaufman, K. R., Petkova, E., Bhui, K. S., & Schulze, T. G. (2020, April 06). A Global Needs Assessment in Times of A Global Crisis: World Psychiatry Response to the Covid-19 Pandemic. *National Library of Medicine National Center for Biotechnology Information*. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/32250235/>
- Kelland, K. (2020, November 09). One in five COVID-19 patients develops mental illness within 90 days - study. *Reuters*. Retrieved from <https://www.reuters.com/article/health-coronavirus-mental-illness-int-idUSKBN27P35N>
- Khanna, R. C., Cicinelli, M. V., Gilbert, S. S., Honavar, S.G., Murthy, G. V. (2020, May 07). Covid-19 pandemic: Lessons Learned and Future Directions. *LSHTM Research Online*. Retrieved from [https://researchonline.lshtm.ac.uk/id/eprint/4656762/1/Khanna-et-al-2020\\_COVID-19\\_pandemic\\_Lessons\\_learned.pdf](https://researchonline.lshtm.ac.uk/id/eprint/4656762/1/Khanna-et-al-2020_COVID-19_pandemic_Lessons_learned.pdf)
- Koh Boon Yau, E., Pang Tze Ping, N., Shoesmith, W. D., James, S., Nor Hadi, N. M., & Loo, J. L. (2020, March). The Behaviour Changes in Response to COVID-19 Pandemic within Malaysia. *US National Library of Medicine National Institutes of Health*. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7409570/>
- Lavrakas, P. (2008). Purposive Sample. *Sage Research Methods*. Retrieved from <https://methods.sagepub.com/reference/encyclopedia-of-survey-research-methods/n419.xml>
- Malaysian ex-Covid-19 patients share tales of stigma, discrimination. (2020, November 08). *New Straits Times*. Retrieved from <https://www.nst.com.my/news/nation/2020/11/6392F55/malaysian-ex-covid-19-patient-s-share-tales-stigma-discrimination>
- Nicola, M., Alsafi, Z., Sohrabi, C., Kerwan, A., Al-Jabir, A., Iosifidis, C., Agha, R. (2020, April 17). The socio-economic implications of the coronavirus pandemic (COVID-19): A review. *Science Direct*. Retrieved from [https://www.sciencedirect.com/science/article/abs/pii/S1743919120303162?casa\\_token=LtSHIMNPT1sAAAAA:Q5QF6nMj0cwDJm6L3\\_9iITCdRIr-Yd0N9WRbcC7IX9WeKjZfYP05BSsXDSc4pS1zUQC8pBhtibc](https://www.sciencedirect.com/science/article/abs/pii/S1743919120303162?casa_token=LtSHIMNPT1sAAAAA:Q5QF6nMj0cwDJm6L3_9iITCdRIr-Yd0N9WRbcC7IX9WeKjZfYP05BSsXDSc4pS1zUQC8pBhtibc)
- Ramaci, T., Barattucci, M., Ledda, C., & Rapisarda, V. (2020, May 08). Social Stigma during COVID-19 and its Impact on HCWs Outcomes. Retrieved from

- <https://www.mdpi.com/2071-1050/12/9/3834>
- Ridzuan, A.R., Rahim, A., Ridzuan, M. (2018). Research Methods in Communication Research. *University Teknologi Mara*. Retrieved from <https://ir.uitm.edu.my/id/eprint/29247/>
- Solanke, I. (2020, July 2020). Professor Iyiola Solanke discusses similarities between Covid-19 and racial discrimination. *School of Law News* Retrieved from <https://essl.leeds.ac.uk/law/news/article/1187/professor-iyiola-solanke-discusses-similarities-between-covid-19-and-racial-discrimination>
- Sonekar, H. B., & Ponnaiah, M. (2020, June 24). The emergence of Coronavirus (COVID-19) Outbreak: Anthropological and Social Science Perspectives: Disaster Medicine and Public Health Preparedness. *Cambridge University Press*. Retrieved from <https://www.cambridge.org/core/journals/disaster-medicine-and-public-health-preparedness/article/emergence-of-coronavirus-covid19-outbreak-anthropological-and-social-science-perspectives/424C56DBF8B35D80FC4C5C148A03C6F3>
- Spinelli, A., & Pellino, G. (2020, March 23). COVID-19 pandemic: Perspectives on an unfolding crisis. *Oxford Academic*. Retrieved from <https://academic.oup.com/bjs/article/107/7/785/6093938?login=true>
- Wahab, F. (2021, January 27). Stigma attached to Covid-19, say former patients. *The Star*. Retrieved from <https://www.thestar.com.my/metro/metro-news/2021/01/27/stigma-attached-to-covid-19-say-former-patients>
- World Health Organization. (n.d) Addressing social stigma and discrimination Retrieved from <https://www.who.int/malaysia/emergencies/covid-19-in-malaysia/information/social-stigma>
- Xiong, Y. & Peng, L. (2020, April 29). Focusing on Health-care Providers' Experiences in the Covid-19 Crisis. *The Lancet Global Health*. Retrieved from [www.thelancet.com/journals/langlo/article/PIIS2214-109X\(20\)30214-X/fulltext](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(20)30214-X/fulltext)