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Community Knowledge and Stigma About COVID-19: An Indonesian Perspective

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ABSTRACT: Corona Virus Disease (COVID-19) is a new infectious disease caused by a type of coronavirus. The high number of positive COVID-19 cases in Indonesia has created a negative stigma against people who are exposed to it, not even positive patients who get negative stigma. Knowledge is the community's way of understanding COVID-19 and knowing how dangerous the disease is by assessing every aspect of prevention and transmission by knowing and understanding the COVID-19 disease. This study aims to determine the relationship between knowledge and stigma in society about COVID-19, so that efforts to prevent the occurrence of social stigma related to COVID-19 that are sustainable in society can be carried out. The research method uses a quantitative design with a cross-sectional approach. The sampling technique used purposive sampling with 170 respondents. The results showed that the public's knowledge about COVID-19 consisted of 88 people (51.8%) of whom the majority had sufficient knowledge. Meanwhile, community stigma about COVID-19 was found 122 people (71.8%) did not have stigma. The results of the correlation test found that the p-value was 0.441 > 0.05, meaning that there was no significant relationship between knowledge and public stigma about COVID-19. It is not enough just to know about COVID-19 to minimize stigma in the community, other factors need to be investigated.

Keywords: Community, Coronavirus, Knowledge, Stigma

INTRODUCTION

COVID-19 is a disease that is still widely discussed by scientists in efforts to prevent, handle, and in terms of treatment. Not a bit of information that is confusing so that it adds to the anxiety of the public. In a central situation, anxiety and vigilance so as not to be infected with this new situation, negative public situations emerge and become health issues. People who get certain

diseases often get a negative perception where the stigma causes low self-esteem in sufferers of the disease. The condition with this stigma gets worse when information is presented regarding the increasing number of COVID-19 cases. The COVID-19 emergency has significantly changed the way people think about health. Providing care is emotionally difficult for health care workers. Uncertainty, stigmatization, and potentially exposing their families to infection (Ramaci et al., 2020). Different populations have experienced stigma and discrimination as a result of COVID-19. Stigma has detrimental effects, such as fostering hostility, rage, and terror against other people (Chopra & Arora, 2020).

Patients, their families, health workers, and cemetery officials are not only haunted by the tragedies of the new coronavirus but are also stigmatized by the community. Stigma can be very detrimental to social life because it can be long-lasting without proper social measures. Stigma in COVID-19. Consideration is given to how understanding COVID-19 in the context of social determinants and stigma may be included in interventions to mitigate its transmission within vulnerable populations (Turner-Musa et al., 2020)

With regard to a variety of health issues worldwide, stigma is a well-documented obstacle to health seeking behavior, engagement in care, and adherence to treatment. This propensity has favored a compartmentalized approach to research on health-related stigmas that focuses on people, hindering comparisons across stigmatized disorders and research on innovations to lessen stigma and enhance health outcomes (Stangl et al., 2019). Locking down has unknowable economic and psychological repercussions in low-resource communities, but early analysis will enable corrective interventions or preventive steps to strengthen vulnerable places and lessen the impact on the populace (Buonsenso et al., 2020).

The global pandemic at the beginning of 2019 seemed to add to a series of diseases that could cause stigma in society for sufferers and their families or even for people who are considered patients under surveillance or people under monitoring. Lack of clear public understanding of COVID-19, distortion of news by various media, and lack of clarity among those responsible for providing education, information and communication. The government has not acted fast enough to prevent the spread of imported infectious diseases, resulting in local transmission and causing various stigmas in the local community. Even though the infection has begun to spread, the government must still ensure the correct understanding and clear mechanism on how to prevent COVID-19 among the community (Sulistiadi et al., 2020). When compared to the Chinese population, who has a relatively high socioeconomic status supported by knowledge related to COVID-19, they are more optimistic so that they have appropriate practices related to COVID-19 (Zhong et al., 2020).

The latest data as of June 12 2023 from the COVID-19 Handling Task Force in Indonesia shows the number of positive confirmed cases of 6,810,119 cases, 6,637,815 recovered, and 161,821 deaths (Indonesian Ministry of Health, 2023). Even though cases of COVID-19 still exist today, this is no longer a significant problem, due to the high recovery rate. The Public Health Emergency of International Concern (PHEIC) status or global health emergency for COVID-19 has been officially revoked by WHO. WHO said the lifting of the COVID-19 emergency was in line with the global situation which has been under control in the past year. The situation of COVID-19 in

Indonesia after the revocation of the global emergency status based on information from the spokesperson for the Ministry of Health dr. Mohammad Syahril said that the COVID-19 situation in Indonesia was quite under control (Department of Communication and Public Services Ministry of Health of the Republic of Indonesia, 2023).

In addition to the pandemic condition which is no longer an emergency, the psychological condition of the people based on experience when the pandemic hit is still a challenge for recovery. Correct knowledge regarding COVID-19 can provide understanding to the public so that social stigma can be reduced. Apart from the physical impact of the Pandemic, it is important to examine this psychological condition in relation to health in the community. Knowledge related to COVID-19 will help prevent COVID-19 so that it does not have to cause stigma in society. The uneven distribution of knowledge related to COVID-19, especially in all parts of Indonesia, makes it easy for negative views to develop in the community, coupled with issues such as people who are self-isolating at home even though they are not certain to be infected, but fake news has been spread that they have been infected with COVID-19.

The existence of this phenomenon makes researchers want to know whether there is a close relationship between knowledge and public stigma about COVID-19. So that efforts to prevent the occurrence of social stigma related to COVID-19 that are sustainable in society can be carried out. The challenge in this study is to define the stigma and knowledge that exist in the community regarding COVID-19, and to determine whether there is a strong correlation between these two variables.

METHOD

In order to implement steps to prevent the occurrence of social stigma connected to COVID-19 that is enduring in society, this study intends to ascertain the relationship between knowledge and stigma in society concerning COVID-19. The design used in this study is quantitative with a cross-sectional approach. Research with a cross-sectional approach is data collected at one particular time, which can provide an overview of the phenomenon at that time. The population in this study are people who live in one area in North Sulawesi. Based on secondary data that the researchers obtained from village government officials, the total population of the area was 263 people. To find the number of samples used the Slovin formula and obtained a minimum sample of 156. The sample is obtained through a selection process from the population that can represent the existing population. The sampling method used in this study is a purposive sampling technique, which is a sampling technique on data sources by setting criteria that are in accordance with the research objectives.

The inclusion criteria that the researcher wants in this study are people aged over 15 years, living in the area that is the research area who are willing to become respondents by signing an informed consent, the community is not affected by COVID-19. The exclusion criteria are people who do not know how to read, are unable to communicate when interviewed, and people who have jobs as health workers.

In carrying out this research, the researcher used a data collection measuring instrument, namely a questionnaire in the form of a statement adopted from a research instrument regarding public knowledge and stigma about COVID-19 (Nur Janah et al., 2021). The questionnaire adopted by the guttman scale whose validity has been tested by previous researchers with cronbach's alpha stigma questionnaire 0.676 and knowledge questionnaire 0.673. The results of stigma researchers are divided into doing stigma and not stigma. The division of these categories is calculated using the cut-off point, the median value of the research data. The stigma question consists of 4 questions. The results of the calculation of knowledge are divided into sufficient and less knowledge. In this study, knowledge about COVID-19 consisted of 11 questions. The results of the sum of the scores of the questionnaire regarding knowledge will be classified into two categories, namely sufficient (≥ median) and less (<median), while stigma is categorized into two, namely yes (<median) and no (≥median).

Distribution of variables based on categories as a description of community knowledge and stigma about COVID-19, the percentage formula is used, while to test the significant relationship between knowledge and community stigma about COVID-19, the Spearman Rank formula is used because the data is not normally distributed after the data normality test is carried out. The criteria for the level of relationship between variables ranged from ±0.00 to ±1.00, the sign (+) means a positive correlation while the sign (-) means negative, a positive value indicates a unidirectional relationship and a negative value indicates an inverse relationship.

In conducting a study, The Research Committee of the Faculty of Nursing at the Universitas Klabat has granted authorization for this study with number 098/KP-FKEP.UNKLAB/PJP/III/21. The researcher considers the existing ethics to respect the established regulations, privacy and rights of the object of the respondent in the study, including: 1) Beneficence, the research carried out must have good benefits for others, in terms of knowing knowledge about COVID-19 and the stigma that often appears in society. 2) Autonomy, the researcher explained well the purpose of the research to be carried out so that the public could know more about COVID-19, in this case the public and the public could make a decision, namely the willingness to become a respondent by signing an informed consent. 3) Nonmaleficence, the research carried out has a good purpose, protects, does not harm and not endanger the respondent. 4) Confidentiality, researchers must maintain the confidentiality of the data obtained in this study and do not publish personal data. 5) Justice, In conducting this research, the researcher must be fair to all respondents regardless of the background of each respondent.

RESULT AND DISCUSSION

After the research was conducted, the number of research samples obtained was 170 respondents who met the research criteria, which means that the sample in this study is more than the minimum sample required. Data that has been analyzed both univariately and bivariate are presented in the form of tables and explanatory narratives related to the findings of this study.

Community Knowledge about COVID-19

The results of the univariate analysis by frequency distribution regarding the description of the categories of public knowledge about COVID-19 can be seen in the following table:

Table 1. Overview of The Public Knowledge about COVID-19

Category	Frequency	Percent (%)
Less	82	48.20
Sufficient	88	51.80
Total	170	100

Source: Processing by author

Public knowledge about COVID-19 in the research location, the majority of people have sufficient knowledge, of the 170 respondents studied, 82 people (48.20%) have less knowledge and 88 people (51.80%) have sufficient knowledge.

Community Stigma about COVID-19

The results of the univariate analysis by frequency distribution regarding the description of the categories of public stigma about COVID-19 can be seen in the following table:

Table 2. Overview of The Community Stigma about COVID-19

Stigma	Frequency	Percent (%)
Yes	48	28.20
No	122	71.80
Total	170	100

Source: Processing by author

The results of this study indicate that the majority of respondents do not have a stigma about COVID-19, that 48 people (28.2%) have a stigma while 122 people (71.8%) do not have a stigma about COVID-19.

The Relationship between Knowledge and Public Stigma about COVID-19

The results of a variate analysis of the relationship between knowledge and community stigma about COVID-19 can be seen in the following table:

Table 3. The Bivariate Analysis between Community Knowledge and Stigma about COVID-19

Spearman's Rho	Correlation Coefficient (r)	p-value
Knowledge and Public Stigma	0.060	0.441

Source: Processing by author

The results of the bivariate analysis showed that knowledge and public stigma about COVID-19 did not have a significant relationship with p-value 0.441 > 0.05.

The results of this study indicate that the majority of respondents have sufficient knowledge and do not have a stigma about COVID-19, which is in line with the results of previous studies. Human behavior is the result of all kinds of experience and human interaction with the environment which is manifested in the form of knowledge, attitudes and actions which are individual responses or reactions to stimuli that come from outside or within the individual (Purnawinadi & Ludji, 2019). In a study conducted by Nandita (2020), with the majority of respondents 51.3% having sufficient knowledge of COVID-19 in the DKI Jakarta Province, as well as research from China conducted by Zhong et al., (2020), it was found that 89% health workers have sufficient knowledge about COVID-19. Research conducted by Oktaviannoor et al., (2020), the results of 260 respondents found that most (71.54%) did not give stigma which is in line with research that has been carried out by researchers.

The widespread dissemination of information regarding COVID-19 as a type of general knowledge is likely to lead to the development of stigma against those who interact with COVID-19. According to a study by (Rahman et al., 2020), there is no correlation between Yogyakarta residents' stigmatized attitudes about those who had contact with COVID-19 and their level of awareness about it. Information about the risks and transmission of COVID-19 is often misunderstood because to the stigma that develops. Nevertheless, another study carried out by Siregar et al., (2022) discovered a connection between COVID-19 awareness and stigma among residents of Medan City. Therefore, it is crucial to support community health centers in educating Medan City's residents about COVID-19 so that patients can live stigma-free lives.

During the pandemic period, there have been so many changes in people's lives. Starting from economic, health and social problems which are mostly caused by new rules, in the form of social distancing and large-scale isolation aimed at stopping the spread of disease. Conditions like this certainly cause a variety of negative emotions, such as fear, anxiety, sadness, and others. This is coupled with reporting through various media such as television and social media which continue to expose information or stories that often raise concerns. This fear and worry about COVID-19 has created a new social issue, namely negative stigma towards groups of people associated with the virus, such as patients, survivors and health workers. Even without taking into account the stigma, the needed level of knowledge and practice was not sufficient enough to stop this illness from spreading quickly. The goal of COVID-19 risk communication and public education should be to increase adoption of advised self-care activities while fostering adequate levels of awareness, with a focus on high-risk audience segments (Kebede et al., 2020).

The goal of research on social stigma against COVID-19 survivors in Klaten Regency is to explore how the stigma developed and how it affected the survivors. Twenty informants who were chosen by purposive sampling participated in in-depth interviews that were conducted using a case study methodology and qualitative methodologies to gather data. The stigma theory developed by Erving Goffman used as a tool for data analysis. The study's findings indicate that COVID-19 survivors and their families deal with a variety of social stigmas. They are first classified as carriers and spreaders of the COVID-19 virus after testing positive for it. Second, they continue to spread the virus due to a widespread prejudice that portrays them as terrifying, dangerous people. Thirdly,

they have been kept apart and excluded from social interactions. The emergence of discriminatory behavior in daily social and professional interactions is the fourth factor. Fifth, societal stigma is now the main factor contributing to the stress, anxiety, worry, hurt, strong emotions, and trauma experienced by COVID-19 survivors. Social stigmatization of COVID-19 survivors and others affected by it must end right once for people to be able to enjoy fulfilling family lives and engage in typical social activities (Prastika et al., 2022).

There are conflicts between reducing stigma and containing COVID-19 when it comes to: physical separation, travel limitations, false information, and involving the impacted populations (Logie & Turan, 2020). The lives of medical personnel, patients, and COVID-19 survivors are seriously threatened by the stigma connected with the disease. The most effective way to stop social harassments appears to be through proper health education directed at the general public (Bagcchi, 2020). Therefore, in order to combat COVID-19, risk communication and community engagement efforts should focus on addressing key preventive methods in order to close the gaps between existing knowledge and actual behaviors. Additionally, knowledge status should continue to advance based on the contexts of significant socio-demographic characteristics in order to design efficient and tailored communication strategies.

One of the main issues among survivors that has to be promptly addressed is stigma connected to COVID-19. Many COVID-19 survivors in this study experienced social exclusion coming from friends, neighbors, and communities, which is consistent with findings in other nations (Fu et al., 2022). The degree of discrimination against recovered COVID-19 patients was determined by factors such as sex, age, occupation, infections of family members and acquaintances, areas, and COVID-19 knowledge scores. Quantitative analysis by Liu et al., (2021), in contrast to qualitative studies, suggests focused education efforts that concentrate on physicians, women, the elderly, and specific professions. The COVID-19 discrimination issue can only be solved by implementing a vaccination campaign for the entire community.

The results of this study also found that there was no significant relationship between knowledge and community stigma against COVID-19. Researchers interviewed several people who had sufficient knowledge but were stigmatized, they gave an opinion which overall said that they were afraid of being exposed to the COVID-19 virus for reasons to maintain a healthy body, have small children or babies and are also pregnant and have responsibilities as the head of the family who allows the respondent to feel that although he knows well enough about COVID-19, but does not make the respondent have a positive view of COVID-19, in other words, it remains stigmatized. Previous research conducted by Lamptey et al., (2021), with the result that sufficient knowledge and stigmatization were not significantly correlated. This study is in line with research conducted by researchers that having good knowledge does not necessarily result in significant stigma. Further research is needed to dig up more information to identify factors related to the occurrence of stigma related to COVID-19 in society.

A known social factor of health known as stigmatization is experienced by many COVID-19 survivors who go on to develop post-COVID-19 conditions (Damant et al., 2023). Particularly for individuals at the bottom of the socioeconomic scale, the first phase of the COVID-19 pandemic resulted in a great deal of bad social experiences, which were exacerbated by governmental limitations and pressure on the neighborhood (Ranganathan et al., 2023). People's lives have been

severely impacted by the introduction of COVID-19, and as a result many are working to rebuild parts of what was once thought of as "normal" life (Hamdi, 2022). Decisions in displaying certain behaviors are the result of a rational thinking process that is directed at certain goals by following sequences of thinking, then reflected in behavior, and even becomes a fairly strong predictor of how individuals behave in situations that occur (Purnawinadi & Kumayas, 2019).

Infectious disease pandemics have societal repercussions and stigma that are remarkably consistent across a range of health conditions, healthcare systems, and cultural contexts. In addition to acting as a roadblock to timely diagnoses and proper care, stigma also plays a significant role in the rise of mental health conditions including anxiety and depression. Additionally, stigma has been connected to the COVID-19 pandemic. In order to handle the problem thoroughly, we need to have knowledge and a deeper awareness of the similarities and contrasts in the stigmatizing characteristics that are seen in each outbreak. Authorities, professionals, and healthcare providers must all work diligently to combat the stigma (Saeed et al., 2020).

Stigma has many different characteristics. Self-stigma occurs when the stigma is internalized; as a result, it influences people's attitudes, feelings, and even beliefs, which shapes how they behave. Internalized stigma can result in a low self-esteem and inwardly focused fury. By interfering with social interaction, personal identity, and the capacity for free will, stigma hinders diagnosis and therapy. People who experience stigma are prone to refraining from actions they believe may heighten stigma; in the instance of COVID-19, this may include taking tests because a positive result may result in a label they find to be derogatory. Consequently, stigmatization can exacerbate physical health issues by impeding social adjustment and beneficial adaptive actions (Major & O'Brien, 2005).

The stigma might be made worse by a lack of information. Thus, it is essential to disseminate information regarding COVID-19 (such as its causes, modes of transmission, modes of therapy, and modes of prevention) without resorting to medical jargon (Bhattacharya et al., 2020). However, it is not absolute that only good knowledge about COVID-19 can truly eliminate the stigma associated with sufferers. Age, gender, educational background, finances, support networks, health issues, and information sources were all factors that affected psychological impact. While environmental circumstances, a history of co-occurring chronic diseases, prejudice, self-isolation, and people's opinions of the affected area all contributed to social stigma (Nursalam et al., 2020).

With views that encourage discriminatory conduct or unfairly marginalize particular groups or individuals, social stigma can impair social cohesion. People may hide their health state and avoid getting their health checked due to social stigma. In addition, societal stigma makes people scared to even flee when they are getting checked out, treated, or quarantined. The likelihood of transmission in the community will rise if both of these factors take place. Stigmatization will also have an effect on COVID-19 patients' immunity, which will ultimately have an impact on how quickly they recover. The vast amount of COVID-19 information that is now available does not all contain accurate information; in fact, much of it is false. The stigma around COVID-19 has been shaped and strengthened by this false information (Nur Asiyah et al., 2022).

Reducing stigma and facilitating more efficient control of emerging infectious illnesses can both be accomplished by putting into practice realistic, succinct techniques like those suggested by numerous research (Fischer et al., 2019). A multifaceted approach is necessary to stop bigotry from

growing. Start by widely disseminating accurate information and fact-checking the prevailing misinformation in order to stop the spread of disinformation and misinformation. The public should also be informed about the negative consequences of consuming and disseminating misleading information. Third, recognizing difficulties with injustice and existing preconceptions in order to avoid them (Chopra & Arora, 2020).

CONCLUSION

The majority of people's knowledge about COVID-19 has sufficient knowledge. While community stigma about COVID-19 was found to have no stigma, most did not have stigma, but there was no significant relationship between knowledge and community stigma about COVID-19. The results of this study are expected to make the community maintain and even increase knowledge about COVID-19 and presumably do not have excessive stigma.

For further researchers who have an interest in this research, it is recommended to conduct research on people in different places with a larger number, using an instrument with a higher reliability value. More research needs to be done regarding the comparison of knowledge and social stigma in other countries that have been hit by COVID-19. Further researchers can also add other factors that have the potential to be associated with stigma such as mental health, attitudes, support and sources of information about COVID-19 that were not studied by researchers because they were assumed to have a correlation with stigma. Various research approaches must be carried out, such as qualitative research on survivors and communities living next to people with COVID-19 to explore various factors related to the occurrence of stigma that may be difficult or cannot be found only with quantitative studies.

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