

## The Relationship between Knowledge and Community Stigma Against Covid-19 Sufferers in Tasikmalaya

Bayu Brahmantia<sup>1</sup>, Miftahul Falah<sup>2</sup>, Nina Pamela Sari<sup>3</sup>, Lilis Lismayanti<sup>4</sup>, Sri Wahyuni<sup>5</sup>

<sup>1,2,3,4,5</sup> Nursing Program, Faculty of Health Science  
Muhammadiyah University, Tasikmalaya, Indonesia

Miftahul Falah: miftahul@umtas.ac.id  
Hp: 087833430640

### Abstract

**Background:** Covid-19 is a disease that can be transmitted through lifestyle. knowledge is a person's information about a subject obtained from an experience gained during education or from his own experience. A stigma is an event that occurs in an individual by being labeled, stereotyped, separated, and partially subject to discrimination. **Purpose:** this research aims to know the relationship of knowledge with community stigma toward covid-19 sufferers in Cipedes Village. **Methods:** The type of research used is quantitative research with an analytical survey method with a cross-sectional study approach. The sample used was 361 respondents. **Results:** This research was conducted using the chi-square test. The results showed that 50 respondents with less knowledge (13.9%) and stigma were in a positive category, nine respondents with less knowledge (2.5%) and negative stigma, nine respondents with sufficient knowledge 96 people (26.6%) and stigma in the positive category, 44 people (12.2%) with sufficient knowledge and stigma in the harmful category, 92 respondents with good knowledge (25.5%) and stigma in the harmful category positive, respondents with good knowledge category, namely 70 people (19.4%) and stigma in the negative category, resulting in a p value = 0.000 (<0.05), **Conclusion:** It can be concluded that there is a relationship between knowledge and community stigma for covid sufferers -19 in Cipedes Village. Researchers suggest that health agencies, especially nursing, carry out promotional efforts by conducting health education regarding covid-19 and stigma, as well as for people to care more about people who suffer from covid-19, both sufferers and survivors, so that people affected by covid-19 have high motivation. make sufferer's immunity increase.

*Keywords: Covid-19, Knowledge, Community Stigma*

### 1. INTRODUCTION

People around the world are being shocked by the discovery of a new type of virus, namely covid-19, which has now become a pandemic. This new type of virus was first discovered at the end of 2019 in Wuhan, Hubei Province, China. At that time, this type of virus was known as nCOV-2019, which attacks the respiratory system.

The origin of the name nCOV-2019 virus, namely, new, cov, which means coronavirus, and 2019 is the year the virus was discovered. The name of-2019 was given by the Centers for Disease Control and Prevention, United States (Swadeshi, 2020).

The Chinese government gave it the name Novel Coronavirus Pneumonia (NCP), but to make it easier and generalize for all countries, the World Health Organization (WHO) gave it the name covid-19 (any, 2020). The name Corona comes from Latin and Greek, in Latin, namely "corona" and Greek, namely "krone," both of which mean crown. the reason the virus was given the name corona is that the shape of the virus is like a thorn that resembles a crown; the reason was conveyed by the United States health agency (Swadeshi, 2020).

On January 30, 2020, the covid case was declared a public health emergency troubling the world / public health emergency of international concern and covid-19 has also been declared a pandemic. A pandemic is a disease epidemic that has spread widely to several regions, for example, many continents and even the whole world (Pennington, 2020).

The spread of covid-19 is the same as other viruses, namely through splashing of saliva or droplets, touching the hands or face of an infected person, holding the mouth, nose, or eyes after contact with an infected person, and through feces or feces (rare). The incubation period for covid-19 is 5-6 days to 14 days on average. A very high risk of transmission occurs on the first day of the disease due to the high concentration of the virus in the secretions; an infected person can directly transmit it up to 48 hours before symptoms and up to 14 days after symptoms (Anise, 2020). Along with the development of research, it was found that this coronavirus can survive for a long time in the air in a closed room; this transmission is called airborne. (Pennington, 2020). There are 2 impacts that occur from the stimulus-response on each individual, namely positive impacts and negative impacts. The positive impact is that the individual is able to add new experiences so that they are able to overcome existing problems or pressures so that the individual is able to survive in a pandemic like this. while the negative impact is that the individual will feel stress, depression and will also cause anxiety (Wandira & Alfianto, 2021).

the increase in the number of covid-19 cases is very fast in a short time. on December 28, 2020, who reported globally confirmed cases of 4,255,257 cases, then on December 6, 2021, a total of 4,312,736 confirmed cases up to February 10, 2022 based on WHO data, globally, the total number of confirmed covid-19 cases is 399,600,607 cases with 5,757,562 cases of death in 227 infected countries. (WHO, 2022)

Indonesia is one of the countries affected by Covid-19, with a prevalence from 2020 to 2022, namely based on data on June 1, 2020, the number of positive Covid-19 confirmed in Indonesia reached 26,940 positive cases, 7,637 cases recovered, and 1,641 cases died in the world (Swaesti, 2020). Meanwhile, on November 24, 2021, the number of confirmed cases was 4,254,443, with 143,766 deaths (cf: 3.4%) and 4,102,700 recovered cases (Ministry of Health of the Republic of Indonesia, 2021).

In Indonesia, on February 3, 2022, the government reported that as many as 4,414,483 people had been confirmed positive for Covid-19, of which 4,154,797 cases have recovered, and 144,411 cases have died. ). The spread of covid-19 is so fast, and currently, 35 provinces in Indonesia have positive confirmed cases of covid-19, including West Java (DINKES, 2022).

West Java Province on February 5, 2022, there were 757,896 confirmed cases, with a total of 698,379 recovered cases and 14,787 deaths, and 44,730 cases still being treated. In the city of Tasikmalaya, in the last update on February 6, 2022, a total of 14,842 were confirmed, namely 121 active cases (0.8%), 545 deaths (3.70%), 14,176 recovered (96.17%) (DINKES, 2022). According to data from the Tasikmalaya City Health Office for 2022, the most significant number of Covid-19 cases were in the Cipedes sub-district, with a total of 2,614 confirmed cases and 54 deaths.

Based on the results of a preliminary study conducted on February 12, 2022, by serving at the Cipedes Health Center and conducting interviews with Mr. Acep, the program holder, regarding covid-19, the results of the interview were confirmed cases of covid-19 in the Cipedes sub-district, which were spread to several sub-districts, namely the Sukamanah sub-district as many as 27 active cases, Nagasasari subdistrict with 17 active cases, Panglayungan subdistrict with 21 active cases with 1 person recovered, and Cipedes subdistrict with 18 active cases (DINKES, 2022).

A person's knowledge plays an important role in preventing the transmission of the Covid-19 virus; health behavior is an important factor in improving individual health status, which also includes knowledge and attitudes. several aspects that can trigger a communication gap during a pandemic, namely, firstly, socio-demographic characteristics such as age, race, and ethnicity; secondly, the trust factor, namely, the seriousness of receiving information; and thirdly, the influence of communication. lack of knowledge will also cause stigma in the community, the stigma that describes the condition or condition of something that has a negative value; this stigma occurs due to the lack of health education they receive and the lack of information they receive. the large number of people who are positive for covid-19 has created various negative stigmas among Indonesian people, especially in the city of Tasikmalaya, causing discrimination against victims from the majority group, which makes sufferers feel rejected by their environment. The word stigma is often attached to health problems, including covid-19. Stigma is an individual view that considers other individuals polluted or incomplete, which will result in the individual not developing. Several reasons for the emergence of Stigma, namely transmission factors and minimal or inaccurate knowledge. The behavior of people who have negative stigma varies, which is usually shown by people such as being cynical, excessively afraid, and some even ostracize the sick person (Wander & Alfianto, 2021)

## **2. METHOD**

The type of research used is quantitative research using an analytic survey method with a cross sectional study approach because this research aims to determine the relationship between knowledge and community stigma toward people with

Covid-19. The population in this study is people aged 17 - 60 years in the Cipedes sub-district, totaling 6,219 people. The number of samples in this study was 361 people. This research was conducted in the Cipedes Village, Cipedes District, Tasikmalaya City. Data collection tool, that is, by distributing questionnaires or questionnaires. The questions asked in this questionnaire are closed questions, with 9 questions regarding knowledge and ten questions regarding community stigma. Validity and reliability tests were carried out in this study. The results of calculations using the reliability test of the questionnaire conducted in the Kahuripan sub-district obtained the Cronbach's alpha value of 0.654; it can be concluded that the questionnaire is reliable and can be used as a measuring tool to determine the level of knowledge.

### 3. RESULTS AND DISCUSSION

Univariate analysis

#### 1. Age

Table 1  
Distribution of respondents based on age in the Cipedes sub-district,  
Tasikmalaya City in 2022

Age	Frequency (n)	Percentage (%)
Late adolescent 17-25	85	23.5%
Early adult 26-35	141	39.1%
Adult 36-45	78	21.6%
Initial elderly 46-55	42	11.6%
Final elderly 56-65	15	4.2%
Total	361	100%

Based on table 1, the results for the age frequency distribution test were obtained, for the most respondents, namely early adult category respondents with a percentage of 141 people (39.1%), late adolescent category with 85 people with a percentage (23.5%), adult category respondents at the end there were 78 people with a percentage (21.6%), respondents in the the final elderly initial elderly category were 42 people with a percentage (11.6%), in the final elderly category there were 15 people with a percentage (4.2%).

Tabel 2  
The results for the education frequency distribution test were obtained

Last Education	Frequency (n)	Percentage (%)
Elementary school	25	6.9%
Junior high School	46	12.7%
Senior High School	166	46.0%
College	124	34.3%
Total	361	100%

Based on Table 2, the results for the education frequency distribution test were obtained, for the highest category respondents, namely Senior High School respondents with a percentage of 166 people (46.7%), College category respondents with 124 people with a percentage (34.3%), Respondents in the junior high school category were 46 people with a percentage (12.7%), respondents in the elementary category were 25 people with a percentage (6.9%).

Analisis Bivariat

Table 3  
The relationship between knowledge and community stigma towards Covid-19 sufferers in the Cipedes sub-district, Tasikmalaya City in 2022

Knowledge	community stigma					Total	<i>p value</i>
	stigma positive		stigma negative				
	n	%	n	%	Total	%	
Less knowledge	50	13.9	9	2.5	59	16.3%	0,000
Sufficient knowledge	96	26.6	44	12.2	140	38.8%	
Good knowledge	92	25.5	70	19.4	162	44.9%	
Total	238	65.9	123	34.1	361	100%	

Based on table 3 shows that respondents with less knowledge category are as many as 50 people (13.9%). Stigma is in a positive category, respondents with less knowledge category are as many as nine people (2.5%), and stigma is in the harmful category; respondents with less knowledge category are sufficient Knowledge, namely 96 people (26.6%) and stigma in the positive category, respondents with sufficient knowledge category, namely 44 people (12.2%) and stigma in the harmful category, respondents with good knowledge category, namely 92 people (25.5 %) and stigma in the positive category, respondents with good knowledge category, namely 70 people (19.4%) and stigma in the harmful category.

The analysis test using the chi-square test yielded a value of  $p = 0.000 (<0.05)$ , so based on decision-making, it can be concluded that  $H_0$  is rejected and he is accepted. Thus it can be interpreted that there is a relationship between knowledge and community stigma toward people with covid-19 19 in Cipedes Village.

## Discussion

### a. Knowledge

The results of the research on knowledge of 361 respondents showed good knowledge with a total of 162 people (44.9%), sufficient knowledge with a total of 140 people (38.8%), and poor knowledge with a total of 59 people (16.3%). These results are in line with previous research conducted by Husda Oktavianoor et al. (2020), with the results of respondents who have sufficient knowledge (59.62%) and less knowledge (34.41%) (Oktaviannoor et al., 2020 ).

Judging from the results of research conducted by researchers and previous studies, the researchers concluded that good knowledge is knowledge that most respondents have rather than adequate knowledge and insufficient knowledge. Because in the modern era like today, knowledge is essential for someone because

knowledge itself is the main ingredient for the formation of science, and knowledge is information in the form of common sense that is rooted in customs and traditions that have become habits and repetitions (Nurdin & Treasure, 2019).

**b. Stigma**

The results of research on stigma from 361 respondents, it was found that 238 people (65.9%) with stigma were in the negative category and 123 people (34.1%) with stigma were in the positive category. These results are in line with research conducted by (Oktavianoor et al., 2020), with a total of 260 respondents getting (65.59%) high stigma and (34.41%) high stigma. The results of another study were conducted by (Ludhiana et al., 2021), with 95 respondents getting enough stigma, as many as 87 respondents (91.6%).

Judging from the results of this study, the researchers concluded that stigma is a sign or label indicating a difference from one person to another so that it is compared to ordinary people in general. Individuals will give negative stigmas such as labeling, stereotypes, and separation, and some of them will experience discrimination against other individuals who are considered different from most people (Wandira & Alfianto, 2021).

Negative stigma will become a threat in society if something new emerges, for example, in the health sector, namely the emergence of a new virus. Thus the stigma that may arise in society is a negative stigma, and individuals who experience the disease will be considered as carrying a dangerous disease which, in the end, the individual will experience long-term isolation (Rahman et al., 2021).

**c. Relationship of Knowledge with Stigma**

The research results obtained from the results of the analysis test using the chi-square test yielded a value of  $p = 0.000 (<0.05)$ , so based on the decision-making, it can be concluded that  $H_0$  is rejected and  $H_a$  is accepted; thus, it can be interpreted that there is a relationship between knowledge and stigma the community towards covid-19 sufferers in the Cipedes sub-district. The results of research conducted by researchers are in line with research conducted by Husda Oktavianoor et al. (2020) in multivariate analysis using logistic regression tests showing the result that lack of knowledge is a risk factor for the stigma against Covid-19 patients and health workers ( $p$ -value 0.005 ), it can be concluded that knowledge that is less at risk is 2.13 times more likely to give stigma.

The results of another study conducted by (Muliawati et al., 2021) obtained a  $p$ -value of 0.000 and an  $r$ -value of -0.548, which means that there is a relationship between knowledge and stigma in people who are confirmed positive for Corona Virus Disease -19 in Banjar Tegal, Bebalang Village, Bangli Bali Province. The results showed that most of the Patokpici village community had high knowledge of 67 respondents (70.5%) and sufficient stigma of 87 respondents (91.6%). There is a significant negative relationship between the two variables with  $r = -.438$  and  $p$ -value  $(0.000) < (p = 0.01)$ , which means that the higher the level of knowledge, the lower the stigma that occurs (Ludhiana et al., 2021).



Judging from the results of the research conducted by the researcher and from the results of some previous studies, the researcher concludes that the level of knowledge is an essential factor for preventing or causing stigma in society because people with a high level of knowledge can prevent contracting the disease without having to give a negative stigma to someone who has to suffer from an infectious disease. The same is the case with what was conveyed by (Ludhiana et al., 2021), namely, the better the level of knowledge, the lower the stigma against people who are confirmed positive for covid-19.

Stigma is part of a person's prejudice which refers to discriminatory behavior against others. Especially when a new disease emerges during society, which will trigger a negative stigma in society, it can be concluded that people's attitudes and behavior depend on the information obtained (dai, 2020).

It is very important for all of us to choose and sort the information received because receiving information greatly influences our knowledge and our behavior toward looking at something new, especially regarding this covid-19. As a result of a lack of knowledge, there will be stigma, and this stigma will encourage individuals to hide their illness from others to avoid discrimination; people will not seek health care immediately because of their hidden illness, and as a result, the stigma will also prevent them from adopting healthy behaviors (Livana et al., 2020).

Thus the hope of good knowledge can encourage people to determine the direction of good actions with clear goals; in that way, useless actions will not arise to reduce the stigma in society (Oktaviannoor et al., 2020).

#### 4. CONCLUSION

In this study, it can be concluded that there is a relationship between knowledge and community stigma toward covid-19 sufferers in the Cipedes sub-district.

#### 5. REFERENCES

- Anies. (2020). *Covid-19: Seluk beluk corona virus yang wajib dibaca* (nur hidayah (ed.); 1st ed.). arruz media.
- Kementrian Kesehatan Republik Indonesia, (2021). <https://infeksiemerging.kemkes.go.id/situasi-infeksi-emerging/situsi-terkini-perkembang-coronavirus-disease-covid-19-25-november-2021>
- Dai, n. f. (2020). Stigma masyarakat terhadap pandemi covid-19. *prosiding nasional covid-19*, 66–73. <https://www.ojs.literacyinstitute.org/index.php/prosiding-covid19/article/download/47/32>
- DINKES, (2022). Data Sebaran Covid-19. Dinkes Kota Tasikmalaya. <https://covid19.go.id/>
- Livana, setiawati, l., & sariti, i. (2020). Stigma dan perilaku masyarakat pada pasien

positif covid-19. *jurnal gawat darurat*, 2(2), 95–100.

Lutfiana, e., ulfa, m., & indah, s. (2021). *Hubungan pengetahuan terhadap stigma masyarakat pada penderita covid-19 di kabupaten malang covid-19 atau corona virus disease merupakan virus global ( setiawati et al ., 2020 ). yang sangat cepat , serta belum adanya adalah kuantitatif dengan pendekatan .* 2(3), 89–94.

Muliawati, n. k., puspawati, n. l. p. d., & sintaningsih, n. k. k. d. (2021). Pengetahuan berhubungan dengan stigma pada orang terkonfirmasi positif corona virus disease -19. *jurnal surya muda*, 3(2), 147–158. <https://doi.org/10.38102/jsm.v3i2.91>

Nurdin, i., & hartati, s. (2019). *Metodologi penelitian sosial* (lutfiah (ed.)). media sahabat cendekia.

Nursalam. (2016). *Metodologi penelitian ilmu keperawatan* (peni puji lestari (ed.); 4th ed.). salemba medika.

Oktaviannoor, h., herawati, a., hidayah, n., martina, m., & hanafi, a. s. (2020). Pengetahuan dan stigma masyarakat terhadap pasien covid-19 dan tenaga kesehatan di kota banjarmasin. *dinamika kesehatan: jurnal kebidanan dan keperawatan*, 11(1), 98–109. <https://doi.org/10.33859/dksm.v11i1.557>

Pennington, t. (2020). *Panduan kesiapsiagaan hadapi virus corona* (aninta, farah, & winda (eds.)). elex media komputindo.

Rahman, n. e., tyas, a. w., & Nadhilah, a. (2021). Hubungan pengetahuan tentang covid-19 terhadap sikap stigma masyarakat pada orang yang bersinggungan dengan covid-19. *share : social work journal*, 10(2), 209. <https://doi.org/10.24198/share.v10i2.29614>

Swaesti, e. (2020). *covid-19: Buku pedoman pencegahan dan penanganan corona virus* (emirfan (ed.); 1st ed.). javalitera.

Wandira, s. a., & alfianto, a. g. (2021). *Pada seseorang dengan covid-19 (sebuah pedoman psikoterapi)* (r. aqli (ed.); 1st ed.). literasi nusantara abadi.

WHO. (2022). Coronavirus (covid-19) dashboard, Geneva. WHO. <https://covid19.who.int/>