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Analysis Factors Of Affecting Community Stigma With Covid-19 Patient Based On Health Belief Model Theory

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ABSTRACT

Introduction: The stigma that exists in society views people with COVID-19 as people who are avoided, the feared disease is very contagious so that stigma causes anxiety and prejudice against sufferers**. Objective** : To analyze the factors that influence the stigma of society in patients with COVID-19 based on the Health Belief Model (HBM) theory. **Methods:** Descriptive correlation using a cross-sectional approach. The research sample was 150 respondents with accidental sampling design. The independent variables of this study were knowledge, beliefs and perceptions of threat. The dependent variable was stigma. Data were collected using a questionnaire. Data analysis used multiple regression statistical test with a significance degree of <0.05 (5%). **Results:** knowledge does not have a significant effect on beliefs (vulnerabilities, advantages, barriers, self-confidence with > 0.05. Knowledge variable has an effect on seriousness > 0.037. Confidence also does not have a significant effect on the threat of vulnerability (1,000), seriousness > 0.999, advantage > 1,000, barriers > 1,000 and belief has an effect on self-confidence > 0.000. For the threat variable does not have a significant effect on stigma > 0.996. **Conclusion:** The stigma against Covid-19 patients is the perception of seriousness and the perception of threats to Covid-19 patients who are felt to threaten the community to be infected with the virus. Lack of information is a trigger for the stigma of society towards Covid-19 patients.

ABSTRAK

Latar belakang: *Stigma yang ada di masyarakat memandang penderita covid-19 sebagai orang yang dihindari, penyakit yang ditakuti sangat menular sehingga stigma menyebabkan kecemasan dan prasangka buruk terhadap penderita.* ***Tujuan:*** *untuk menganalisis faktor yang mempengaruhi stigma masyarakat pada penderita covid 19 berdasarkan teori Health Belief Model (HBM).* ***Metode:*** *Desain penelitian ini adalah deskriptif korelasi dengan menggunakan pendekatan cross-sectional. Sampel penelitian sebesar 150 responden dengan desain accidental sampling.Variabel independen penelitian ini adalah pengetahuan, keyakinan dan persepsi ancaman.Variabel dependen adalah stigma. Data dikumpulkan menggunakan kuesioner. Analisis data menggunakan uji statistik regresi berganda dengan derajat kemaknaan α<0,05 (5%).****Hasil:*** *Analisis data menunjukkan pengetahuan tidak memiliki pengaruh yang signifikan terhadap keyakinan (kerentanan, keuntungan, hambatan, kepercayaan diri dengan α> 0,05. Pada variabel pengetahuan memiliki pengaruh terhadap keseriusan α> 0,037. Keyakinan juga tidak memiliki pengaruh yang signifikan terhadap ancaman kerentanan (1,000), keseriusan α> 0,999, keuntungan α> 1,000, hambatan α> 1,000 dan keyakinan memiliki pengaruh terhadap kepercayaan diri α> 0,000. Untuk variabel ancaman tidak memiliki pengaruh yang signifikan terhadap stigma α> 0,996.* ***Kesimpulan:*** *Terjadinya stigma terhadap para pasien Covid-19 adalah adanya persepsi keseriusan dan persepsi ancaman terhadap pasien Covid-19 yang dirasa dapat mengancam masyarakat untuk terinfeksi virus. Kurangnya informasi merupakan pemicu terjadinya stigma masyarakat terhadap pasien Covid-19.*

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Introduction:

Early in 2020 the novel coronavirus (NCP) was declared to have started to become a global pandemic and became a health problem in several countries outside the PRC. According to the World Health Organization (WHO), pneumonia cluster cases with unclear etiology in Wuhan City have become a worldwide health problem. The spread of this epidemic continued to grow until it was finally known that the cause of this pneumonia cluster was the Novel Coronavirus. This pandemic continues to grow until there are reports of deaths and new cases outside China. On January 30, 2020, WHO designated COVID-19 as a Public Health Emergency of International Concern (PHEIC) / Public Health Emergency that Concerns the World (KKMMD. COVID-19 in Indonesia was first reported on March 2, 2020 in two cases. Meanwhile data for Indonesia updated until April 20, 2020 at 16.30 WIB (Emerging Infection Ministry of Health RI, 2020) are 6,760 Confirmed Cases, 590 Death Cases (8.7%), 747 Cured Cases (11.1%), 5,423 Cases Under Treatment (80.2%). COVID-19 has changed many long-standing habits. Social stigma in the context of health is a negative relationship between a person or group of people who share certain characteristics and certain diseases (WHO, 2020). often get a stigma that gives a feeling of inferiority. Patients with leprosy, tuberculosis, diabetes, etc. are considered to have a negative stigma in society. they tend to stay away and do not want to get into contact with them even though they have been declared cured.

Stigma and discrimination occur in society who view sufferers of Covid 19 as people who need to be avoided, a disease that is feared, highly contagious and a disease of punishment from society (Abudi, Mokodompis and Magulili, 2020). Strategies for changing stigmatizing and discriminating behavior against Covid 19 sufferers can be studied using the Health Belief Model (HBM) approach. Until now, the stigma of Covid 19 based on the Health Belief Model (HBM) cannot be explained, so researchers conducting research are expected to be able to explain the factors that influence stigma in Covid 19 sufferers. judgment on sufferers of covid 19 which causes people to be reluctant or lazy to conduct examinations at existing health facilities

Methods:

This study is an observational analytic with a cross-sectional design. The population in this study cannot be determined with certainty how many are used as samples, so this population is classified as an infinite population so that the determination of the number of samples is taken from Daniel and Terrell. The population in the study was people who lived in Jember Regency during the COVID-19 pandemic. The sample required is 150 respondents. The sampling technique used in this study is incidental sampling by distributing questionnaires using google form. Prior to data collection, an ethical test was conducted. The data collection process carried out in this study was by distributing questionnaires and checklist sheets which first filled out the informed consent form. Data collection is taken from February to March 2021. If the respondent is not pleased or resigns, the data is immediately replaced with new respondents so that the number of samples remains according to the calculation. If the data has been collected, it will be analyzed statistically with a significance level of 0.05 ($p< 0.05$) and a 95% confidence level ($\alpha = 0.05$). The measuring instrument or questionnaire used was first tested for validity and reliability. The analysis used was multivariate using multiple logistic regression statistical tests. By using this analysis, it can be seen which variables provide the strongest relationship to community stigma in patients with COVID-19.

Results:

The number of respondents in this study were 150 respondents. An explanation of the demographic characteristics of the respondents is described as follows

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Table 5.1 Distribution of Respondent Demographic Characteristics

		Parameter	N	%
Individual Factors Demographics	Age	15-19	30	20
		20-60	120	80
		> 60	0	0
		Total	150	100
	Covid-19 Information	Ever	150	100
		Never	0	0
		Total	150	100
	Resources	Social media	137	91
		Mass media	3	2
		Newspaper	0	0
		Television	10	7
		Others	0	0
		Total	150	100

Table 5.1 shows that the age distribution of respondents is mostly at the age of 20-16 years, which is 80%. While the distribution of information about covid states that all respondents (100%) they get information about covid19. Information about Covid-19 was obtained by the largest number of respondents from the mass media, namely 137 respondents (91%) in accordance with the current conditions of fairly high technological developments.

Description of Research Variables

The variables measured in this study are knowledge, health belief (perceived susceptibility, perceived severy, perceived benefits, perceived barriers, self-efficacy), perceived thread and stigma in sufferers of Covid-19, the following is a description each variable in tabular form:

a. The level of respondents' awareness about Covid-19 was distributed.

Table 5.2 Distribution of respondents' level of knowledge about Covid-19

Knowledge	f	%
Good	145	97
Enough	4	2
Less	1	1
Total	150	100

Table 5.2 shows that the distribution of respondents based on their knowledge is that most respondents have a good level of knowledge, namely as many as 145 respondents (97%).

a. Distribution of respondents' perceived susceptibility about Covid-19

Belief		**Knowladge**			**Total**
		Good	**Enough**	**Less**	
Vulnerability	High	122 (81,3%)	3 (2,2%)	1(0,8 %)	126 (83,9%)
	Low	23 (15,3%)	1 (0,8%)	0 (0 %)	24 (16,1%)
	Total	**145 (96,6%)**	**4 (2,8%)**	**1(0,6%)**	**150 (100%)**
Seriousness	High	120 (80,0%)	2 (1,3%)	0 (0%)	122 (81,3%)
	Low	25 (16,6 %)	2 (1,3%)	1 (0,8%)	28 (15,9%)
	Total	145 (96,6%)	4 (2,6%)	1 (0,8%)	**150 (100%)**
Advantage	High	141 (94,2%)	4 (2,6 %)	1 (0,8%)	146 (97,6%)
	Low	4 (2,6%)	0 (0%)	0 (0%)	4 (2,4%)
	Total	**145 (96,6%)**	**4 (2,6%)**	**1 (0,6%)**	**150 (100%)**
Resistance	High	134 (89,3)	4 (2,6%)	1 (0,8%)	139 (92,7%)
	Low	11 (7,3%)	0 (0%)	0 (0%)	11 (7,3%)
	Total	**145 (96,6%)**	**4 (2,6%)**	**1 (0,8%)**	**150 (100%)**
Confidence	High	96 (64,0%)	1 (0,8%)	1 (0,8%)	98 (65,6%)
	Low	49 (32,6%)	3 (2,2%)	0 (0%)	52 (34,4%)
	Total	**145 (96,6%)**	**4 (2,6%)**	**1 (0,8%)**	**150 (100%)**

Table 5.3 shows that as many as 126 respondents (83.9%) have good knowledge with high perceptions of vulnerability, as many as 122 respondents (81.3%) respondents have good knowledge with high perceptions of

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seriousness, as many as 146 respondents (97.6%) have knowledge. both with high profits, as many as 139 respondents (92.7%) had good knowledge with high barriers and as many as 98 respondents (65.6%) had good knowledge with high self-confidence.Distribusi responden tentang ancaman (*thread*) responden tentang Covid-19

Table 5.4 Distribution of respondents about the threat (thread) of respondents about Covid-19

	Parameter		N	%
Perceived thread	High	Low		
	98 (65%)	52 (35%)	150	100

Table 5.4 shows that most respondents have a perception of a threat to Covid-19, namely 65% (98 respondents).

b. Distribution of respondents about the stigma of Covid-19

Table 5.5 Distribution of respondents about the Covid-19 stigma

	Parameter		N	%
Perceived thread	High	low		
	110 (73%)	40 (27%)	150	100

Table 5.5 shows that most respondents have a high stigma against Covid-19, namely 73% (110 respondents)

Recapitulation of Results

Recapitulation of research results on the influence of factors of knowledge level, perceived susceptibility, perceived severity, perceived benefit, perceived barrier, self-efficacy and thread perceptions of stigma. society in sufferers of covid-19.

Table 5.6 Recapitulation of Hypothesis Test Results on the level of influence of knowledge on health beliefs (vulnerability, seriousness, benefits, barriers and self-confidence) in Covid-19 sufferers

knowladge	Vulnerability		Total	P value
	High	Low		
Good	122 (81,3%)	23 (15,3%)	150 (100%)	0,969
Enough	3 (2,2%)	1 (0,8%)		
Less	1 (0,8%)	0 (0%)		
	Seriousness			
	High	Low		
Good	120 (80%)	25 (16,6%)	150 (100%)	0,037
Enough	2 (1,3%)	2 (1,3%)		
Less	0 (0%)	1 (0,8%)		
	Advantage			
	High	Low		
Good	141 (94,2%)	4 (2,6%)	150 (100%)	0,999
Enough	4 (2,6%)	0 (0%)		
Less	1 (0,8%)	0 (0%)		
	Resistance			
	High	Low		
Good	134 (89,3%)	11 (7,3%)	150 (100%)	0,999
Enough	4 (2,6%)	0 (0%)		
Less	1 (0,8%)	0 (0%)		
	Confidence			
	High	Low		
Good	96 (64,0%)	49 (32,6%)	150 (100%)	0,498
Enough	1 (0,8%)	3 (2,2%)		
Less	1 (0,8%)	0 (0%)		

Table 5.6 shows that the statistical test results of knowledge do not have a significant effect on belief (vulnerability, advantage, barriers, self-confidence) but the level of knowledge has an influence on the seriousness that occurs in Covid sufferers

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Table 5.7 Recapitulation of Hypothesis Test Results on the level of influence of belief on threats (health belief) (vulnerability, seriousness, advantages, barriers and self-confidence) in Covid-19 sufferers

Belief		Threat		Total	P value
		High	Low		
Vulnerability	High	96 (64%)	26 (17%)	150 (100%)	1,000
	Low	1 (4%)	22 (15%)		
Seriousness	High	96 (64%)	28 (19%)	150 (100%)	0,999
	Low	23 (15%)	3 (2%)		
Advantage	High	96 (64%)	45 (32%)	150 (100%)	1,000
	Low	5 (3%)	4 (1 %)		
Resistance	High	96 (64%)	38 (26%)	150 (100%)	1,000
	Low	5 (3%)	11 (7%)		
Confidence	High	96 (64%)	52 (37%)	150 (100%)	0,000
	Low	2 (1%)	0 (0%)		

Table 5.7 shows the statistical test results of the effect of belief on threats (health belief) (vulnerability, seriousness, benefits, barriers) does not have a positive effect. While the variable of confidence (self-confidence) has an influence on the threat of covid 19.

Table 5.7 Recapitulation of Hypothesis Test Results on the level of influence of Threats on Community Stigma against Covid-19 sufferers

threat	Stigma		Total	*pvalue*
	Higt	Low		
High	96 (64%)	28 (18%)	150 (100%)	0,996
Low	23 (15%)	3 (2%)		

The results of multiple logistic regression tests in table 5.6, table 5.7, table 5.8, it is found that the knowledge factor does not have a significant effect on belief (vulnerability, seriousness, advantages, barriers, self-confidence), confidence (vulnerability, seriousness, advantages, barriers) do not have a significant effect on threats, while confidence (self-confidence) has a significant effect on the threat of covid-19. Threat factors do not have a significant effect on stigma in covid-19 sufferers.

Discussion:

1. The influence of the knowledge factor on people's beliefs in Covid-19 sufferers.

The results of data analysis about the influence of the level of knowledge with public confidence in sufferers of Covid-19 show that the results of the study show that there is no significant effect on belief. This insignificant value indicates that there is no influence between the respondent's level of knowledge and belief. The findings of research data in table 5.2 show that most people have good knowledge about Covid-19, a small proportion of people have sufficient and insufficient knowledge because these people have never received information about Covid-19 or different sources of information obtained.

The results of the study are in line with (Notoatmodjo, 2012) theory which states that the factor affecting knowledge is education. A person's education affects the learning process, the higher the level of one's education, the easier it is for someone to receive information. However, the results of this study contradict research conducted by Hermawati (2001) which shows that health education is an effort to help individuals, families and communities to improve both knowledge and attitudes to be able to achieve optimal life. The relationship between belief and knowledge is a belief that is considered true if the person who believes in it has evidence of justification, namely the existence of reasonable opinions, evidence, guidelines and is accepted suskal. A belief even

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if it is strong is not knowledge. Knowledge requires justification while belief or opinion does not require justification.

This research is also supported by the opinion of (Dewi, Wiyono and Candrawati, 2018) from the results of her research showing that knowledge is one of the modifying factors that support a person's behavior in an effort to prevent the disease that is felt. In the results of this study, even though a person has a high level of knowledge, the individual does not feel any belief in contracting Covid-19.

The influence of belief factors, namely perceived susceptibility, perceived severity, perceived benefits, barriers, self-efficacy to community threats to Covid-19 sufferers.

a. Perceived susceptibility about personal risk or level of susceptibility. This refers to a person's subjective perception of the risk of the health condition he feels. The results showed that vulnerability did not significantly affect threats. This contradicts the theory of (Notoatmodjo, 2012b) which states that someone acts to treat or prevent a disease so that the individual must feel that he is susceptible to the disease. Vulnerability is a fairly subjective condition so that the acceptance of individuals, especially people at high risk of being susceptible to being infected with covid-19 can vary and vary. A person may be declared as having a vulnerability that he is at risk of contracting or suffering from Covid-19. A person, on the other hand, may be declared to have a very weak vulnerability to covid-19 if the individual does not have the belief that he is at risk of suffering or contracting and contracting Covid-19 if the individual does not have a family or has been in contact with an infected person. People who are at high risk who have a very strong vulnerability to contracting or contracting Covid-19 may be motivated to give bad perceptions of sufferers of Covid-19.

Perceived vulnerability actually refers to a subjective assessment of risk for health problems. Individuals who believe that they have a low risk of disease are more likely to perform unhealthy actions, and individuals who perceive their high risk will be more likely to perform behaviors to reduce their risk of developing disease (Onoruoiza SI, Musa, Umar BD, 2015)

Several conditions suggest that perceptions of increased vulnerability will have a strong association with healthier behaviors, and decreased vulnerability for more unhealthy behaviors. However, under certain conditions this concept is not always the case. These results are also in line with the results of research conducted by (Widodo, 2009) in the Koplak Grobogan brothel, which states that the lower the perception of one's vulnerability, the lower the disease prevention efforts. Vice versa. This further reinforces that the relationship between perceived vulnerability is directly proportional to health measures, if in this study it is in the form of covid-19 prevention efforts.

In the conditions of the spread of COVID19, at first many people still felt that this disease was still far away and not close to where they lived. This disease is a curse disease in certain nations because of their behavior, so they will not be affected by the disease. So the possibility of being hit is still far away or not at all. This is reinforced by a meme which says that Indonesian people have a disease that is more dangerous than corona so that this disease will be afraid of entering Indonesia.

b. Perceived severity. Feelings of the seriousness of an illness include evaluating clinical as well as medical consequences (for

example death, disability, and illness) as well as possible social consequences (such as effects on work, family life and social relationships). Many experts combine the two components above as a perceived threat. The results showed that seriousness did not significantly affect the threat due to covid-19. This result is not in line with the theory presented by (Notoatmodjo, 2012b) which states that knowledge or cognition is a very important domain for the formation of a person's actions. Based on experience and research, knowledge factors affect the seriousness felt by people who are at high risk of contracting or contracting Covid-19.

c. Perceived benefits are perceived benefits. Acceptance of someone's susceptibility to a condition that is trusted can lead to seriousness (perceived threat) is to encourage to produce a strength that supports behavior change. This is not in accordance with the theory of (Notoatmodjo, 2012b) which states that a person's belief in the effectiveness of the various available efforts in reducing the threat of disease, or the perceived benefits in taking these health efforts. When a person shows a belief in susceptibility and seriousness, they are often not expected to accept whatever health measures are recommended unless they are considered optimal. The results showed that the perception of profit did not significantly affect the threat. If a person feels personal vulnerability to serious health conditions (threats), whether this perception leads to a change in behavior will be influenced by people's beliefs about the perceived benefits of actions that can be taken to reduce the threat of disease.

   Individual belief in the magnitude of the benefits of an action, will encourage individuals to take the action. If an individual has the belief that a certain action will reduce his vulnerability to a disease, or decrease the severity of a disease, then that individual has a high probability of taking that action. This is in line with research which states that there is a significant relationship between perceived benefits and individual commitment in preventing tertiary hypertension (Notoatmodjo, 2015). Other research also states that there is a significant relationship between perceived benefits and efforts to prevent hypertension (Adawiyah, 2014)).

d. Barriers (barrier) or perceived barriers to change or when individuals face obstacles found in taking these actions. This is not in accordance with the theory of (Notoatmodjo, 2015) which states a person's efforts to behave in a healthy life. In addition to the four beliefs or perceptions. Potential negative aspects of a health effort (such as worry, unsuitability, displeasure, nervousness) that may act as barriers to recommending a behavior. The results showed that the perception of losses or obstacles had no effect on threats. The negative aspects of certain health measures that are considered harmful can act as a barrier to carrying out the suggested behavior. In general, the benefits of action determine more than the obstacles that may be found in carrying out the action.

   Barriers that can arise are based on several factors, such as age, gender, place of residence, self-assessment, whether or not they are able to overcome the disease or the belief that they will not get the disease because of various factors that strengthen this belief. According to the Health Belief Model the possibility of an individual taking a preventive action depends on two things, namely the perceived threat and the advantages and disadvantages being considered (Machfoedz. I, Suryani. E,

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Sutrisno., 2006). Barriers that are found when carrying out a healthy behavior will affect the effort of a person, if the perceived obstacles are very large, the possibility of a person to do a healthy behavior will be smaller (Hall. Guyton, Arthur C., John, 2011). This is in accordance with other research which states that there is a significant relationship between perceived barriers and behavior seeking treatment (Trisnawan PD, 2015). It is also in line with the research of (Kurniawati C, 2014) which shows that the perception of obstacles has a significant relationship to the prevention of pathological vaginal discharge (Kurniawati C, 2014). prevention of tertiary hypertension (Susanto, 2015).

e. Self-efficacy is belief in one's own ability to do something. This is in line with Bandura's theory that they generally don't try to do something new unless they think they can do it. If a person believes a new behavior is useful (perceived benefit), it is likely that it will not be done. The results showed that the perception of self-confidence had an influence on threats. There are many factors that influence the threat, one of which is self-confidence.

2. The influence of threat factors on community stigma in covid-19 sufferers

The results of data analysis about the effect of threats on community stigma in sufferers of Covid-19 show that the results of the study show that there is no influence between the threat of the respondent and the stigma that occurs in the community. This insignificant value indicates that there is no influence between the threat of the respondent and the stigma in people with Covid-19. In contrast to the early emergence of a pandemic, people who experience it are considered as people who have been cursed so that in their social life they are shunned by the surrounding environment. The findings in table 5.8 show that most people have a high threat of stigma, a small proportion of people have a low threat of stigma because people do not feel threatened by covid-19.

This is not in line with Rosenstock's theory which states that the main aspects of health behavior include the threat aspect, namely the perception of self-vulnerability to disease (or willingness to accept a disease diagnosis) and about the severity of the disease or health condition. In the results of this study, the threat is a subjective condition so that individual acceptance, especially the high risk of being infected with Covid-19, can vary and vary. A person may be declared to have a very strong threat to Covid-19 if the person concerned has a family or direct contact with a patient who has been confirmed positive. A person can be declared to have a low or weak threat to Covid-19 if he does not have the belief that he is at risk of suffering from Covid-19, who does not have a family or direct contact with the sufferer. People at high risk of having who have a very strong threat to Covid-19 are likely to be motivated to give bad perceptions of sufferers of Covid-19

Conclusion:

The results of research conducted on 150 respondents regarding the Analysis of Factors Affecting Community Stigma in Covid-19 Sufferers Based on the Theory of the Health Belief Model (HBM), here are the conclusions of these results:

1. The level of knowledge does not have a significant effect on beliefs (vulnerability, seriousness, advantages, barriers) in sufferers of Covid-19
2. Knowledge behavior has a significant effect on confidence (self-confidence) in sufferers of Covid-19
3. Confidence (vulnerability, seriousness, advantages, obstacles, self-confidence) has no effect on the threat to sufferers of Covid-19.

4. Threat level does not have a significant effect on the stigma of Covid-19 sufferers in society

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