

Determinants of Stigma for People with Mental Disorders in the Working Area of the Krueng Barona Jaya Health Center in Aceh Besar

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Abstract— Introduction: Mental health is common in the world, especially in Indonesia. The prejudice experienced by individuals with mental disorders can lead to stigma. The stigma in society that there is still a lot about mental disorders has made people with mental disorders experience difficulties in obtaining their personal rights. Stigma is a negative view that has been accepted and is a source of attention in society. Therefore, based on this problem, research was conducted on the determinants of stigma for people with mental disorders at the Krueng Barona Health Center. **Objective:** The purpose of this study was to find out what are the determinants of community stigma towards people with occupational mental disorders at the Krueng Braona Jaya Health Center, Aceh Besar District in 2023. **Methodology:** This research is a type of quantitative research with a correlative descriptive research design. The population to be studied is all people in the working area of the Krueng Barona Jaya Health Center aged 20-60 years and have had contact with people with mental disorders totaling 9,511 people with a total sample of 370 people. **Results:** The results showed that the community respondents' stigma was classified as high (192 respondents), there was a relationship between age ($p = 0,222$), sex ($p = 0,927$), Work ($p = 0,444$), number of family number ($p = 0,991$), education ($p = 0,005$), knowledge ($p = 0,001$), attitude ($p = 0,000$), culture ($p = 0,002$) and stigma community in the working area of the Krueng Barona Jaya Health Center in Aceh Besar. Multivariately, the variables that most dominantly influence community stigma are attitude variables (p value = 0,002 and OR = 0,504) and cultural factors ($p = 0.003$ and OR = 0,521). **Recommendation:** The results of this study indicate that the most dominant factors influencing social stigma against people with mental disorders are attitudes and culture. The stigma that is classified as high is discrimination (272 respondents).

Keywords—Community Stigma, People with Mental Disorders, Education, Knowledge, Attitudes, Culture.

I. INTRODUCTION

One of the significant health problems in the world, including in Indonesia, is mental health. From research data from the Ministry of Health which is conducted every five to six years regarding public health figures, it shows that the number of sufferers of mental health problems in Indonesia needs serious treatment (Riskesdas, 2018). Synergistic and sustainable management of cross-sector and cross-programs to deal with mental health problems in society which is already a complex problem (Wueryaningsih, Emi Wurim et.al, 2018)

Mental health is an important element of overall health, not only not suffering from mental illness, but also meeting needs for happiness, health and the ability to face life's challenges. From a medical perspective, patients with mental disorders experience feelings of stress, anxiety, depression, drug use, and juvenile delinquency due to schizizophrenia (Arianti, 2017).

RI Law No. 18 of 2014 defines that psychiatric problems are a condition in which a person experiences aggravation in judgment and feelings, arises as a side effect or a change in extraordinary behavior, and can cause resistance and obstacles in perfecting one's abilities personally. (Pebrianti, 2021). Mental disorders are mental disorders in the form of disturbances in thinking, emotions and in the form of actions. In another sense, it is a change in the behavior and psychology of patients with mental disorders due to stressors or

helplessness and can be at risk of injuring themselves. (Pebrianti, 2021).

People who experience mental/mental disorders, in general society are often referred to as "crazy people", so that they often experience unpleasant treatment even in the wider community a negative stigma has been built up towards people with mental disorders (Ghani, Taufik A (Ed) , 2020).

The government's role in overcoming mental disorders is still experiencing many obstacles due to the lack of public understanding of this matter, the stigma regarding mental disorders that develops in society and the absence of equal distribution of mental health services (Agusno, 2011).

The low level of public knowledge about mental disorders, as indicated by the inability to identify disorders or misconceptions about problems related to mental health, is one of the inhibiting factors for someone with mental disorders to get formal help, so that people tend to seek informal help (Andersson et. All. 2013).

Stigma is an attitude or emotional reaction that arises in society towards people with mental disorders by isolating or demeaning them (Soewadi, 1997). Stigma towards mental disorders is difficult to define because it covers a wide range of aspects, but it is agreed that it contains a less human connotation, an attitude that arises in society that excludes members of the public who have mental disorders. It can also be interpreted as false beliefs or beliefs which are more often rumors that are exhaled based on emotional reactions to isolate

and punish those who actually need help. who really need help. (Longhorn, 1984).

The impact of stigma on people with mental disorders is not only on the individual itself, but will also have an impact on families and society. Stigma will make individuals lose self-esteem, have negative self-assessment (self-stigma), fear, feel alienated, lose job opportunities due to discrimination, experience depression and increase relapse (Goffmand, 2014).

In the world there are around 792 million people or 10.7% of people with mental disorders (ODGJ). Mental disorders and the use of any substance occupy the highest prevalence, namely 13%, while 0.2% in anorexia and bulimia (WHO, 2017). Based on Riskesdas data for 2013 and 2018 it was stated that the prevalence of severe mental disorders in Indonesia was 1.7% and 7.0%, respectively. The highest prevalence was in the provinces of Aceh and DIY at 2.7% and the lowest was in the province of West Kalimantan at 0.7% (Riskesdas, 2013). Whereas in 2018 the highest prevalence was in the province of Bali at 11% and the lowest in the Riau archipelago province at 3% (Riskesdas, 2018).

Treatment for mental disorders is 83.5% in Aceh, this figure is very high, therefore serious treatment is needed in Aceh in terms of reducing this mental illness. People with mental disorders struggle to recover from their illness, negative labeling of certain groups of people which can have a negative impact on people with mental disorders (Riskesdas, 2018).

In the Aceh Besar district, there were 1,886 people with severe mental disorders as of January 1 to March 31, 2023, spread across 28 working areas of the Aceh Besar Health Center. The highest number was in the Indrapuri Health Center area (218 people), then the Seulimum Health Center work area (210 people), Kuta Baro (204 people), the Want Jaya Health Center Work Area (186 people), the Darul Imarah Health Center work area (138 people), the The work of the Darussalam Health Center (99 people) and the Krueng Barona Jaya Health Center Area (85 people) (Data from the Aceh Besar District Health Office, 2023).

From the data above, the researcher is interested in conducting research in the working area of the Krueng Barona Jaya Health Center, even though this area is not the area with the highest prevalence of mental disorders. However, researchers see that the number of people with mental disorders in the region is increasing every year. In 2020 there were 61 people, in 2021 there will still be 62 people. Whereas in 2022 until March the number has increased, namely 85 people (Data from the Krueng Barona Jaya Puskesmas, 2023). In addition, the people in the area still have a very strong negative stigma against people with mental disorders, and with enough mental health services,

Based on the results of interviews with mental health workers at the Krueng Barona Jaya Health Center and the results of preliminary observations that researchers conducted, people with mental disorders in the Krueng Barona Jaya area often become marginalized people whose existence is forgotten and their human rights are violated by millions of people in Krueng Barona Jaya. They are often branded as "crazy people", ostracized, ridiculed, considered useless,

considered homeless, considered dangerous, expelled from school and work, confiscated from their possessions, forced to seek treatment, forced to use contraception and even ignored by their families because they are considered a burden to the family. In fact, as citizens, people with mental disorders still have the rights as those of people without mental disorders.

Based on the background above, the researchers conducted research on "Determinants of stigma against mental disorders in the working area of the Krueng Barona Jaya Health Center, Aceh Besar District in 2023".

II. METHOD

This research is a type of quantitative research with a correlative descriptive research design, namely a research that describes, seeks or explains a relationship, estimates and tests based on existing theory.

A. Location

The location of this research is in the working area of the Krueng Barona Jaya Health Center, Aceh Besar District in 2023.

B. Time of Research

The research time is from 4 May to 16 June 2023.

C. The Sample In This Research

The number of samples in this study were 370 people who were in the working area of the Krueng Barona Jaya Health Center. The sampling technique in this study used a probability sampling technique by taking samples through cluster sampling.

III. RESEARCH RESULT

From Table 1. it is known that of the 370 respondents studied, the majority of respondents were aged between 20-40 years, namely 54.9% (203 people). Most of the respondents were female, namely 85.9% (318 people). Most of the respondents were not yet working and had the status of housewives (IRT), namely 78.9% (292 people). Most of the respondents had higher education, namely 74.6% (276 people). Most of the respondents had poor knowledge of the stigma of people with mental disorders, namely 57.8% (214 people). Some respondents had a negative attitude towards the stigma of people with mental disorders, namely 50.5% (187 people). Some respondents have a bad culture towards the stigma of people with mental disorders, namely 50.5% (186 people).

From Table 2. according to age, it can be seen that of the 203 respondents aged 20-40, 51.2% (104) had a low stigma towards people with mental disorders. Meanwhile, from 167 respondents who were aged 41-60, 55.7% (93 people) had a high stigma towards people with mental disorders and from the statistical test results obtained $p = 0.222$. Then H_0 is rejected, meaning that there is no significant relationship between age and the stigma of people with mental disorders in the working area of the Krueng Barona Jaya Health Center in 2023. The results of the Chi-Square test obtained an Odds Ratio (OR) value of 1.320, meaning that respondents who are

aged 20-40 have a chance 1,320 times have a low stigma against people with mental disorders compared to respondents aged 41-60 years.

TABLE 1. Frequency Distribution of Sample Characteristics in Communities in the working area of the Krueng Barona Jaya Health Center in Aceh Besar

Variable	Frequency (n)	Percentage (%)
Age		
20-40	203	54.9
41-60	167	45.1
Gender		
Woman	52	14.1
Man	318	85.9
Work		
Not Yet Working/IRT	292	78.9
Contract/Private	68	18.4
civil servant	10	2.7
Number of Families		
1-5 people	315	85.1
6-10 people	55	14.9
Education		
Tall	276	74.6
Low	94	25.4
Knowledge		
Good	156	42.2
Not good	214	57.8
Attitude		
Variable		
Positive	183	49.5
Negative	187	50.5
Culture		
Good	184	49.7
Not good	186	50.3
Community Stigma		
Tall	192	51.9
Low	178	48.1

Based on the gender variable, it can be seen that of the 318 respondents who were of the same sex, 88.0% (169 people) had a high stigma towards people with mental disorders. Meanwhile, from 52 respondents who were female, 55.8% (29 people) had a low stigma towards people with mental disorders and from the results of statistical tests, it was found that the value of $p = 0.927$. Then H_0 is rejected, meaning that there is no significant relationship between gender and the stigma of people with mental disorders in the work area of the Krueng Barona Jaya Health Center in 2023. The results of the Chi-Square test obtained an Odds Ratio (OR) value of 0.927, meaning that the respondent is male has a 0.927 times chance of having a high stigma against people with mental disorders compared to female respondents.

Based on the job variable, it can be seen that of the 292 respondents who were not yet working or had the status of a housewife, 52.1% (152 people) had a high stigma towards people with mental disorders. And of the 68 respondents who work as contract/private workers, 51.5% (35 people) have low stigma towards people with mental disorders. Meanwhile, of the 10 respondents who had jobs as Civil Servants (PNS), 3.6% (7 people) had a high stigma towards people with mental disorders. and from the statistical test results obtained $p = 0.444$. Then H_0 is rejected, meaning that there is no significant relationship between work and the stigma of people with mental disorders in the working area of the Krueng Barona

Jaya Health Center in 2023.

Based on the variable number of families, it can be seen that of the 315 respondents who have a family of 1-5 people, 52.1% (164 people) have a high stigma towards people with mental disorders. Meanwhile, from 55 respondents who had a family size of 6-10 people, 64.9% (61 people) had a high stigma towards people with mental disorders and from the results of statistical tests, the value of $p = 0.991$ was obtained. Then H_0 is rejected, meaning that there is no significant relationship between the number of families and the stigma of people with mental disorders in the work area of the Krueng Barona Jaya Health Center in 2023. The results of the Chi-Square test obtained an Odds Ratio (OR) value of 0.991 meaning that respondents who have a number of families 1-5 people have a 0.991 times chance of having a high stigma towards people with mental disorders compared to respondents who have a family of 6-10 people.

TABLE 2. The Relationship between Education, Knowledge, Attitudes, and Culture with the Stigma of People with Mental Disorders in the Working Area of the Krueng Barona Jaya Health Center.

Variable	Community Stigma				Total	P-value	OR
	Tall		Low				
	f	%	f	%			
Age							
20-40	99	48.8	104	51.2	203	0.222	1,320 (1991-0.875)
41-60	93	55.7	74	44.3	167		
Gender							
Woman	169	88.0	149	83.7	318	0.927	0.699 (0.388-1.261)
Man	23	44.2	29	55.8	52		
Work							
Not yet working	152	52.1	140	47.9	292	0.444	
Contract/Private	33	48.5	35	51.5	68		
civil servant	7	3.6	3	1.7	10		
Number of Families							
1-5 people	164	52.1	151	47.9	315	0.991	0.955 (0.538-1.693)
6-10 people	28	14.6	27	15.2	55		
Education							
Tall	131	47.5	145	52.5	276	0.005	0.489 (0.301-0.794)
Low	61	64.9	33	35.1	94		
Knowledge							
Good	64	41	92	59	156	0.001	0.467 (0.307-0.711)
Not good	128	59.8	86	40.2	214		
Attitude							
Positive	75	41	108	59	183	0.000	0.415 (0.274-0.631)
Negative	117	62.6	70	37.4	187		
Culture							
Good	80	43.5	104	56.5	184	0.002	0.508 (0.336-0.769)
Not good	112	60.2	74	39.8	186		
Amount	192		178		370		

According to the education variable, it can be seen that of the 276 respondents who have higher education, 52.5% (145 people) have a low stigma towards people with mental disorders. Meanwhile, of the 94 respondents who had low education, 64.9% (61 people) had a high stigma towards people with mental disorders and the statistical test results obtained a value of $p = 0.005$. Then H_0 is accepted, meaning that there is a significant relationship between education and the stigma of people with mental disorders in the working area of the Krueng Barona Jaya Health Center in 2023. The results

of the Chi-Square test obtained an Odds Ratio (OR) value of 0.489, meaning that respondents who have low education have a chance of 0.489 times have a high stigma towards people with mental disorders compared to respondents with higher education.

According to the knowledge variable, out of 156 respondents who had good knowledge, 59% (92 people) had low stigma towards people with mental disorders. While 214 respondents who had poor knowledge, 59.8% (128 people) had a high stigma towards people with mental disorders. From the statistical test results, it was found that the value of $p = 0.001$, then H_a was accepted. This means that there is a relationship between knowledge and the stigma of mental disorders in the community in the working area of the Krueng Barona Jaya Health Center in 2023. The Chi-Square test results obtained an Odds Ratio (OR) value of 0.467, meaning that respondents who have poor knowledge have a 0.467 chance of having a stigma higher for people with mental disorders compared to respondents who have low knowledge.

According to the attitude variable, out of 183 respondents who had a positive attitude, 59% (108 people) had low stigma towards people with mental disorders. While 187 respondents had a negative attitude, 62.6% (117 people) had a high stigma towards people with mental disorders. From the statistical test results, it was found that the value of $p = 0.000$, then H_a was accepted. This means that there is a relationship between attitudes and stigma towards mental disorders in the community in the working area of the Krueng Barona Jaya Health Center in 2023. The Chi-Square test results obtained an Odds Ratio (OR) value of 0.415 meaning that respondents who have a negative attitude have a 0.415 chance of having a high stigma against people with mental disorders compared to respondents who have low knowledge.

According to cultural variables, out of 184 respondents who have a good culture, 56.5% (104 people) have low stigma towards people with mental disorders. Meanwhile, 186 respondents who had less culture, 60.2% (112 people) had a high stigma towards people with mental disorders. From the statistical test results, it was found that the value of $p = 0.002$, then H_a was accepted. This means that there is a relationship between attitudes and stigma towards mental disorders in the community in the working area of the Krueng Barona Jaya Health Center in 2023. The Chi-Square test results obtained an Odds Ratio (OR) value of 0.508 meaning that respondents who have a bad culture have a 0.508 chance of having high stigma towards people with mental disorders compared to respondents who have a good culture.

From Table 3 it is known that when viewed from a significant value with a p value < 0.05 , namely the attitude variable (0.002) with an OR value (0.504) and culture (0.003) with an OR value (0.521). So it can be interpreted that the independent variables that are most dominant and significantly affect the stigma of people with mental disorders are attitude and culture variables. Based on the Odd Ratio (OR) value, it can be interpreted that the effect of attitude has a chance of 0.504 times causing the emergence of societal stigma against people with mental disorders. Likewise, cultural influences have a 0.521 times chance of causing the emergence of

societal stigma against people with mental disorders.

TABLE 3. Test Multiple Logistic Regression

Independent Variable	B	Wald	Sig	OR	CI 95%
Constant	3,954	5,778	0,000	52,136	
Education	-0,625	5,778	0,016	0,535	0,321-0,891
Knowledge	-0,544	5,734	0,017	0,580	0,372-0,906
Attitude	-0,686	9,389	0,002	0,504	0,325-0,781
Culture	-0,651	8,723	0,003	0,521	0,338-0,803

IV. DISCUSSION

Relationship between age and society's stigma against people with mental disorders in society

The results showed that most of the respondents were aged between 20-40 years, namely 51.2% (203 people). This is because the age of the respondents is mostly adults who participate in the process of filling out the research questionnaire sheet. Age is an indicator of maturity in making a decision in dealing with health problems (Christy, 2014). Notoatmodjo (2010), said that age differences affect the level of community participation, so that it tends to create young and old groups, which are not the same in one way or another, for example making decisions, behaving, and expressing opinions.

According to Potter and Perry (2010) age level has a relationship to emotional and intellectual intelligence, physical strength, and working age. Individual skills in critical thinking in expressing opinions and behaving according to the experience he has gained so far. Nursalam (2008) explained that the higher the age of the individual, the higher the level of maturity so that the strength will be more mature in handling everyday life, the level of maturity in thinking can also be influenced by experience.

The older a person is, the mindset and comprehension of a person will be more developed so as to produce good knowledge (Mubarak, 2012). There is an increase in physical and psychological growth so as to make the mindset more mature and mature (Notoatmodjo, 2012). Someone will tend to experience maturity in the process of thinking and working as they age (Ariga, 2020). In line with research conducted by Sya'diyah (2018) that when a person is in a productive age, his understanding of people with mental disorders will be good.

Age affects all stages of healing such as the formation of antibodies. The more mature the level of maturity and strength of a person, the more mature in thinking and working in terms of public trust, the more mature people will have more trust than people who are not yet mature enough. The more mature a person is, the way of thinking is more mature and regular in carrying out an action.

Relationship between gender and society's stigma against people with mental disorders in society

The results showed that the majority of respondents were female, namely 83.7% (318 people). In line with research conducted by Asriani (2020) that the majority of respondents are female in Sidomulyo Barat Village. Women are more gentle in their attitude towards others so that women tend to have a positive attitude compared to men (Yuan et al., 2016).

In line with Richard's statement in Suhardin (2016) that in terms of personality, women are more affectionate, gentle, sensitive and always more obedient, while men's personalities are more aggressive, competitive, assertive, rude, and independent.

According to Arifin (2011) individual characteristics, for example gender, can influence individuals in giving interpretations of acceptance of the objects and stimuli they see. Gender differences will result in different acceptance and can affect different attitudes between men and women in the process of evaluating an object. Based on this theory, the researchers analyzed that gender does not significantly affect the stigma and attitude of a person with mental disorders. This is due to the formation of a person's stigma and attitude, which comes from the individual, the values, norms and culture of the surrounding environment that the individual wants to maintain and manage.

Occupational relationship with community stigma against people with mental disorders in society

The results showed that most of the respondents were not yet working and had the status of housewives (IRT), namely 47.9% (292 people). Work is the existence of an activity carried out, accompanied by the time and energy spent expecting a reward or only simply an obligation to others (Wiltshire, 2016). Occupation can affect one's information and knowledge. Experience is a source of knowledge that can be obtained through work, so that a person can develop the ability to make decisions through the professional skills he has at work (Budiman & Riyanto, 2013). One's work environment can affect one's knowledge both directly and indirectly (Notoatmodjo, 2012). According to Panastuti (2014) a person's type of work can affect the social level and interactions between individuals due to different environments. Someone with a type of job that can provide high income tends to have better mental health literacy and mental disorder stigma.

The relationship between education and community stigma towards people with mental disorders in society

The results showed that most of the respondents had higher education, namely 52.5% (276 people). This is in line with research by Yanuar (2019) that education is related to knowledge. The higher the level of education, the more knowledge is obtained, the level of education can also affect attitudes and behavior in life. Low public education and lack of knowledge of people with mental disorders. Education makes a difference to people with low levels of education who think people with mental illness are far more dangerous and many people tend to make social distance to them (Asti, 2016).

Yulianti and Wijayanti (2016) say that education can affect someone in doing or mastering something. Through education individuals can learn many things, can get a lot of information, can change perceptions so that they can form the right understanding. Low education makes respondents have a stigmatic view of clients with mental disorders due to lack of knowledge about mental health. Low education does not get

learning and material about clients with mental disorders and how to treat them in society.

Although mental disorders are not always included in formal education learning materials, higher education tends to have a more open mindset. However, this does not support the statement (Azwar, 2013) that even though they have primary school education they have a high positive attitude because of personal experience, the influence of other people who are considered important, and various information from the mass media, they are quite mature in accepting people with mental disorders. In addition to training mental cadres, it affects the stigma of society (Indrawati et al., 2018).

Higher levels of education tend to have a lower stigma towards people with mental disorders. Higher education will certainly provide good knowledge, education influences one's mindset, the higher one's education, the easier it is for someone to receive information so as to broaden one's knowledge (Aiyub, 2018). The high level of education makes respondents to be non-stigmatic about clients with mental disorders. Even though mental disorders are not always included in formal education learning materials, higher education will tend to have a more open mindset so that they assume that everyone can experience mental disorders so they don't look down on other people who have mental disorders and will instead support the ODGJ's recovery.

The relationship between knowledge and social stigma towards people with mental disorders in society

The results of the study indicate that there is a relationship between knowledge and stigma towards mental disorders in the community in the working area of the Krueng Barona Jaya Health Center. The results of this study are in line with research conducted by Arnika Dwi Asti et al in 2016 concerning Public Stigma Against ODGJ in Kebumen Regency which stated that one of the reasons was the low level of education and knowledge about mental health in the people of Rogodono Village causing the community to label, prejudice and discriminate against ODGJ. The existence of public stigma causes ODGJ to suffer more, have difficulty recovering and are prone to relapse (Usraleli, 2020).

Negative stigma with bad knowledge that is owned by the community because many people still give negative labels to ODGJ. This is because many people call ODGJ as crazy people because the call has been attached from a long time ago, they are afraid of ODGJ, don't want to hang out with or approach ODGJ and their families, ODGJ should be put in a mental hospital so that the environment around them is safe from ODGJ's tantrums. suddenly, and people rarely get counseling about mental disorders so that people don't know about mental disorders.

Community knowledge is very important in underlying the formation of attitudes towards acceptance of ODGJ. This knowledge can be obtained naturally or in a planned manner, namely through the educational process. In addition to education, awareness is also needed from the community itself, so that the community has good knowledge in order to create a positive stigma against ODGJ around their environment. Not all people have a negative stigma against

people with mental disorders, there are people who have a positive stigma with good knowledge. This is because there is still a sense of community care for the ODGJ around them, the community says ODGJ have the same rights as us to live and be respected and protected.

One's knowledge of mental disorders contains two aspects, namely positive aspects and negative aspects. These two aspects will determine a person's attitude, the more positive aspects and objects that are known, the more positive attitudes towards certain objects will arise. Society's attitude towards patients with mental disorders is to accept, isolate, talk about and view patients as different from society (Setiawati, 2012). According to Li Yu Song (2005), in his research, the higher a person's level of education, the more positive the attitude he shows to patients with mental disorders. This is supported by Valerie (2011) which states that the higher a person's knowledge of mental disorders, the higher the person's level of tolerance for patients with mental disorders.

The relationship between attitudes and social stigma towards people with mental disorders in society

The results of the study indicate that there is a relationship between attitudes and stigma towards mental disorders in the community in the working area of the Krueng Barona Jaya Health Center. This is in accordance with research conducted by Mestdagh & Hansen (2014) which stated that there are still many people with mental disorders who experience discrimination even though they have undergone community-based mental health care. This is also supported by research conducted by Muhlisin & Pratiwi (2015) which states that people with mental disorders who return to society after being declared recovered do not get support from their environment, family and friends, because they think they are afraid of a relapse.

This is not in accordance with research conducted by Covarrubias & Han (2011) which states that society often rejects interactions with people with mental disorders because people are afraid that people with mental disorders will rage and try to hurt others (Mestdagh & Hansen, 2014).

Various forms of misbehavior in society in responding to the presence of people with mental disorders occur due to the construction of wrong thinking patterns due to public ignorance. There is wrong logic in society, this misperception condition then leads to actions that do not help accelerate the recovery of the sufferer. Society tends to regard people with mental disorders or mental disorders as social waste (Tarjum, 2004).

According to Notoatmodjo (2007), after someone knows the stimulus or object the next process will judge or behave towards the stimulus. If the individual has a positive attitude towards the stimulus, then he will have an attitude that shows or shows, accepts, acknowledges, approves and implements the norms that apply where the individual is located. And vice versa if the individual has a negative attitude, the individual will reject the norms that apply where the individual is located.

The attitude of the people who don't care is because they are afraid that the ODGJ will relapse or do things that are

harmful to their family. The community also said that the ODGJ was very disturbing to the community because they like to ask for money or food, the ODGJ should have been taken to a mental hospital and not roaming outside. But not all people in the working area of the Krung Barona Jaya Health Center have negative stigma with bad attitudes, there are people who have positive stigma with good attitudes as much as this because the community cares about their neighbors and feels sorry for ODGJ and their families.

The community says that if mental disorders happen to us, do we accept being alienated and hated by other people and mental disorders must be considered and handled carefully from the health department or puskesmas as well as from the community environment. Positive stigma will give a good attitude to ODGJ and their families. So that there is no longer a negative label attached to the ODGJ in society.

Cultural relationship with society's stigma against people with mental disorders in society

The results of the study indicate that there is a relationship between attitudes and stigma towards mental disorders in the community in the working area of the Krueng Barona Jaya Health Center. Respondents' attitudes towards people with mental disorders are driven by many factors, one of which is culture, because the culture in which we live and grow up has a major influence on the formation of our attitudes. Culture has instilled lines of influence in our attitude towards various problems. Culture has colored the attitudes of members of society, because it is culture that gives the style of experience of individuals who are members of social groups, only individual personalities that have been established and strong can fade the dominance of culture in the formation of individual attitudes.

So far, there have been many myths that have influenced society with negative stigmas about people with mental disorders. Mental disorders that are more likely to be stigmatized are types of mental disorders that show abnormalities or deviations in their behavior patterns. A more burdensome stigma is a mental disorder that affects a person's physical performance rather than a mental disorder that does not affect a person's physical appearance (Syaharia, 2008).

An overview of the community's stigma against people with mental disorders in society

The results showed that some respondents had a low stigma towards people with mental disorders, namely 50.6% (191 people). The results of this study are not in line with research conducted by Desi and Sari (2016) that Community Stigma Against People with Mental Disorders in Kuta Malaka District, Aceh Besar District, it can be concluded that community stigma towards people with mental disorders in Kuta Malaka District, Aceh Besar District is at the highest level with a frequency of 35 and a percentage of 51.5% and the results of research conducted by Siti et al in 2014 concerning Community Stigma on Mentally Ill People in Trucuk Village, Trucuk District, Bojonegoro Regency in 2014 it can be concluded that more than half of the community has

a negative stigma with a frequency of 59 and a percentage 59%.

Goffman (2014) explained that stigma is a big feature that can cause a person to experience a loss of trust so that it can make terrible things. The way it works is that there is direct mistreatment and discrimination, a process of confirmation of expectations or a self-fulfilling prophecy, so stereotypes appear automatically and threats arise to individual identity.

Description of the most forms of stigma against people with mental disorders in society

The research results show that question no 1 which has the most answers with the disagree category (category 3). Thus, society still discriminates against people with mental disorders. Pescosolido (2013) says that stigma is associated with a range of negative outcomes, including poor levels of care, and discriminatory treatment of mental health in local communities. Stigma is a phenomenon in which an individual is given separation, stereotyped, labeled, and discriminated against. The stigma of people with mental disorders in Indonesia is still quite high, people think that people with mental disorders can hurt and injure other people, as a result it is difficult for people with mental disorders to participate in social life (Aiyub, 2018).

Society's stigma towards people with mental disorders creates barriers to access to health services that can result in poor treatment. The stigma given by society can affect people's attitudes, such as assuming that people with mental disorders are different, thus isolating them. The stigma given by society is like looking at people with mental disorders with one eye or ostracizing them so that it creates an attitude of society that shows indifference, does not care about people with mental disorders.

Wiharjo (2014) states that individual judgment can influence the emergence of a behavior. The existence of knowledge or experience of the object can lead to bad behavior related to the object, related to factors such as getting, not accepting and persuading even though it is psychological and there is a positive relationship between stigma and community action in people with mental disorders which means more positive stigma. the more positive the attitude of society towards these sufferers, and vice versa.

V. CONCLUSION

The conclusions in this study are:

1. The majority of the respondents in the working area of the Krueng Barona Jaya Health Center are 20-40 years old (54.9%).
2. Most of the gender of the respondents from all the people in the working area of the Krueng Barona Jaya Health Center were women, namely 85.9%.
3. The average respondent of all the people in the working area of the Krueng Barona Jaya Health Center is not yet working and has the status of a housewife (IRT), which is 78.9%.
4. The stigma of respondents from all the people in the working area of the Krueng Barona Jaya Health Center towards people with mental disorders is high, this is

obtained from the total percentage, which is 51.9%.

5. There is a relationship between education and the community's stigma towards people with mental disorders with $p = 0.005$ and $OR = 0.489$ meaning that there is a 0.489 chance of stigma against ODGJ.
6. There is a relationship between knowledge and social stigma towards people with mental disorders with a p value of 0.001 and $OR = 0.467$.
7. There is a relationship between attitudes and social stigma towards people with mental disorders with a p value of 0.000 and $OR = 0.415$.
8. There is a relationship between culture and community stigma towards people with mental disorders in the working area of the Krueng Barona Jaya Health Center with a p value of 0.002 and $OR = 0.508$.
9. From the multivariate analysis, the most dominant factor related to society's stigma against people with mental disorders is attitude with a p value of 0.002 and $OR = 0.504$ and cultural factors with a p value of 0.003 and $OR = 0.521$.

Research Ethics

The research ethics has been issued by the Head of the Health Research Ethics Committee (KEPPKN) of the Faculty of Medicine, Syiah Kuala University (USK) with registration number: 1171012P. Ethical Exempted with letter number: 089/EA/FK/2023.

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