

Supplementary Material

Neighborhood Social Cohesion and Dementia-Related Stigma Among Mothers of Adolescents in the Pre- and Current COVID-19 Period: An Observational Study Using Population-Based Cohort Data

Supplementary Table 1. Questionnaire used for assessment of dementia-related stigma

Domain	Question	No.	Polar statement	Score	Polar statement	Reference
Stereotype	Dehumanization	2	It is unpredictable how and when a person with dementia behaves.	1 -- 2 -- 3 -- 4 -- 5 -- 6	A person with dementia experiences feelings and emotions in the same way as we do.	Kim and Kuroda (2011)
	Social risk [†]	5	A person with dementia should be respected as a member of society as much as other people without dementia.	1 -- 2 -- 3 -- 4 -- 5 -- 6	A person with dementia should be treated in order not to pose a risk to society.	Kim and Kuroda (2011)
	Meaning of life [†]	9	Meaning of life remains for a person with dementia who has lost much of his/her functioning.	1 -- 2 -- 3 -- 4 -- 5 -- 6	Life is not worth living for a person with dementia who has lost much of his/her functioning.	McParland et al. (2012)
Prejudice	Illness cause	3	Only those with a low educational level can develop dementia.	1 -- 2 -- 3 -- 4 -- 5 -- 6	Anyone can develop dementia.	Cheng et al. (2011)
	Care responsibility	6	Caregiving to a person with dementia falls solely on family members.	1 -- 2 -- 3 -- 4 -- 5 -- 6	Caregiving to a person with dementia is a shared task within the whole society	Kim and Kuroda (2011)
	Shame	7	I would avoid disclosing the truth to	1 -- 2 -- 3 -- 4 -- 5 -- 6	I would want my neighbors know	Cheng et al.

			my neighbors if I developed dementia.		the truth if I developed dementia,	(2011)
Discrimination	Relocation	1	If a person develops dementia, he/she should enter a nursing home.	1 -- 2 -- 3 -- 4 -- 5 -- 6	If a person develops dementia, he/she should remain in the community.	McParland et al. (2012)
	Social distance	4	Once I have a family member with dementia, the person I knew eventually disappears.	1 -- 2 -- 3 -- 4 -- 5 -- 6	Once I have a family member with dementia, the person I knew helps me.	McParland et al. (2012)
	Productivity first	8	Resources for health and social care should be devoted toward improving the acute condition of those with productive activities.	1 -- 2 -- 3 -- 4 -- 5 -- 6	Resources for health and social care should be devoted toward improving the quality of life of those living with challenges.	Cheng et al. (2011)

[†]Scoring is reversed

Kim K, Kuroda K (2011) Factors related to attitudes toward people with dementia: Development Attitude toward Dementia Scale and Dementia Knowledge Scale. *Bull Soc Med* **28**, 43-55; McParland P, Devine P, Innes A, Gayle V (2012) Dementia knowledge and attitudes of the general public in Northern Ireland: an analysis of national survey data. *Int Psychogeriatr* **24**, 1600-1613; Cheng ST, Lam LC, Chan LC, Law AC, Fung AW, Chan WC, Tam CW, Chan WM (2011) The effects of exposure to scenarios about dementia on stigma and attitudes toward dementia care in a Chinese community. *Int Psychogeriatr* **23**, 1433-1441.

Table 2. Sensitivity analysis: level of dementia-related stigma according to neighborhood social cohesion and other variables

Coefficient (95%CI)	Personal stigma		Perceived public stigma	
	Before the pandemic	During the pandemic	Before the pandemic	During the pandemic
Neighborhood social cohesion (5–25)	0.23 (0.13, 0.33)*	0.27 (0.15, 0.39)*	0.06 (-0.05, 0.18)	0.21 (0.07, 0.34)*
Caring experience of older relatives, reference = never				
Current family caregiver	0.71 (-0.24, 1.66)	0.99 (-0.19, 2.16)	-0.92 (-1.98, 0.15)	-0.39 (-1.73, 0.94)
Previous family caregiver	0.73 (-0.12, 1.58)	1.34 (0.38, 2.31)*	-0.92 (-1.87, 0.03)	-0.26 (-1.35, 0.82)
Age, y	0.14 (0.06, 0.21)*	0.09 (0.01, 0.17)*	-0.01 (-0.09, 0.08)	0.13 (0.03, 0.22)*
Educational level, reference = high school				
Vocational school or college	0.77 (-0.14, 1.68)	0.45 (-0.54, 1.44)	-0.47 (-1.50, 0.57)	0.28 (-0.84, 1.40)
University or graduate school	1.19 (0.27, 2.11)*	0.87 (-0.13, 1.88)	-0.31 (-1.35, 0.74)	-0.39 (-1.53, 0.75)
Working status, reference = not engaged in paid work				
Working 1–29 hours per week	0.73 (-0.10, 1.56)	-0.17 (-1.18, 0.84)	-0.16 (-1.08, 0.77)	-0.15 (-1.29, 0.99)
Working 30 hours or more per week	1.02 (0.17, 1.87)*	0.39 (-0.63, 1.41)	-0.59 (-1.54, 0.37)	-0.56 (-1.70, 0.59)

N = 1452 before and 1017 during the COVID-19 pandemic; full information maximum estimation was used. CI, confidence interval. * Significant at $p < 0.05$.

Table 3. Sensitivity analysis: level of dementia-related stigma according to neighborhood social cohesion, period, and other variables

Coefficient (95%CI)	Personal stigma (N = 2350)	Perceived public stigma (N = 2388)
Neighborhood social cohesion (5–25)	0.24 (0.17, 0.32)*	0.12 (0.03, 0.21)*
Period, during the pandemic	0.33 (-0.14, 0.80)	-0.21 (-0.73, 0.32)
Caring experience of older relatives, reference = never		
Current family caregiver	0.86 (0.12, 1.60)*	-0.64 (-1.48, 0.21)
Previous family caregiver	0.96 (0.32, 1.60)*	-0.67 (-1.40, 0.05)
Age, y	0.12 (0.06, 0.17)*	0.04 (-0.02, 0.11)
Educational level, reference = high school		
Vocational school or college	0.68 (0.01, 1.36)*	-0.15 (-0.91, 0.61)
University or graduate school	1.07 (0.39, 1.76)*	-0.32 (-1.09, 0.46)
Working status, reference = not engaged in paid work		
Working 1–29 h per week	0.32 (-0.32, 0.96)	-0.23 (-0.95, 0.50)
Working 30 h or more per week	0.71 (0.05, 1.36)*	-0.67 (-1.41, 0.07)

CI, confidence interval. * Significant at $p < 0.05$.