Community Responses toward COVID-19 Pandemic: An Online Survey Study

Respon Masyarakat terhadap Pandemi COVID-19: Studi Survey Online

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ABSTRACT

COVID-19 has become a frightening pandemic and has spread throughout the world with an unprecedentedly high death rate. Community compliance with government appeals must be accompanied by knowledge, attitudes, and practices in dealing with this epidemic. This study aims to investigate the Knowledge, Attitude, and Practice of Kolaka residents against the COVID-19 outbreak. This research is descriptive-analytic with a Cross-Sectional approach. The sample used in this study were 1,010 respondents aged 17 to 65 years, having gmail and y-mail accounts, mastering the internet became the criteria for respondent inclusion in this study. The questionnaire used was the adoption of previous studies and modified according to conditions. Data were analyzed bivariate using the Chi-Square test with standard p-value<0.05. The results obtained showed that the Kolaka community had good knowledge (49.6%), a confident attitude of controlling the plague (70.4%), and had a high level of vigilance (79.6%) towards COVID-19. There is a relationship between knowledge with practice p-value=0.000, while attitude has no relationship with practice with p-value=0.862. The massive dissemination of information through existing media has greatly helped the community increase their knowledge of COVID-19, which will further support the formation of a confident attitude to control this disease and increase vigilance in their daily life practices during this pandemic.

ABSTRAK

COVID-19 telah menjadi pandemi yang menakutkan dan telah menyebar keseluruh dunia dengan tingkat kematian yang sangat tinggi. Kepatuhan masyarakat terhadap himbauan pemerintah harus disertai dengan pengetahuan, sikap, dan praktikdalam menangani epidemi ini. Penelitian ini bertujuan untuk menyelidiki Pengetahuan, Sikap dan Praktik warga Kolaka terhadap wabah COVID-19. Penelitian ini bersifat deskriptif analitik dengan pendekatan cross-sectional. Sampel yang digunakan dalam penelitian ini adalah 1.010 responden berusia 17 hingga 65 tahun, memiliki akun gmail dan y-mail, menguasai internet menjadi kriteria untuk dimasukkannya responden dalam penelitian ini. Kuesioner yang digunakan adalah adopsi penelitian sebelumnya dan dimodifikasi sesuai kondisi. Data dianalisis secara bivariat menggunakan uji Chi-Square dimana tingkat signifikansi hubungan p<0.05. Hasil yang diperoleh menunjukkan bahwa komunitas Kolaka memiliki pengetahuan yang

baik (49,6%), sikap percaya diri mengendalikan wabah (70,4%), dan memiliki tingkat kewaspadaan yang tinggi (79,6%) terhadap COVID-19. Ada hubungan antara pengetahuan dengan praktik masyarakat dengan nilai p=0.000, sedangkan antara sikap dengan praktik tidak ditemukan adanya hubungan yang berarti dengan nilai p=0.862. Penyebaran besar-besaran informasi melalui media yang ada telah sangat membantu masyarakat dalam meningkatkan pengetahuan mereka tentang COVID-19, yang selanjutnya akan mendukung pembentukan sikap percaya diri untuk mengendalikan penyakit ini dan meningkatkan kewaspadaan dalam praktik kehidupan sehari-hari mereka selama pandemi ini.

INTRODUCTION

At the end of December 2019, a group of pneumonia with unknown etiology appeared in Wuhan City, Hubei Province, China.[1] It was reported that this new type of pneumonia was caused by a coronavirus (CoV) originally named 2019-nCoV.The International Committee on Virus Taxonomy (ICTV) proposed the name SARS-CoV-2, by the *world health organization* (WHO) has been replaced as Coronavirus Disease 2019 (COVID-19).[2] This case has not only spread in China but also internationally.[3] The Outbreak of COVID-19 Wuhan is turned into a public health emergency of international concern. WHO confirmed the COVID-19 as a pandemic case which renders Indonesia as the fourth largest population in the highest risk of the virus infection dissemination, since it is highly contagious and rapid in spreading.[4] Global deaths documented by WHO since February 6, 2020, a total of 28,276 confirmed cases.[5] Indonesia had reported 2,956 cases of confirmed with 240 deaths related to COVID-19, while 222 patients have recovered from this disease.[6]

The escalation of death rate in Indonesia is an alarming sign to the government.[4] Indonesia has declared COVID-19 as a non-natural disaster in the form of disease outbreaks that must be undertaken in an to prevent it from increasing cases as needed guidance for the community in making efforts to prevent the spread of COVID-19 both for themselves and the possibility of transmission to people around including family.[7,8]

Some people become infected but don't show any symptoms. Person-to-person transmission can occur through droplets or contacts.[5] Most people (around 80%) recover from the disease without the need for special treatment also for some COVID-19 patients with asymptomatic or referred to as a career.[9] Therefore the community must be equipped with knowledge and of course apply distance social protocols and self-isolation and infection control strict so as not to spread to the community.[4,5]

Winnie et al, stressed the need for messages to be carried out *public health* during a crisis, besides that public participation is a vital role to overcome this pandemic condition.[10] Therefore knowledge, attitudes and practices of the community are needed in the face of the outbreak. Many countries have demonstrated that community adherence to government decisions has influenced developing cases and death cases.[4] Studies that have been done when the SARS epidemic struck in Hong Kong reveals inadequate knowledge at a higher risk in con-

tracted SARS.[10] Therefore an evaluation of community knowledge related to the COVID-19 case needs to be done. As an effort to overcome COVID-19, guidance is needed for the community in making efforts to prevent the spread of COVID-19 both for themselves and the possibility of transmission to people around, including families,[8] apart from a lack of strict infection control and lack of personal protective equipment.[5]

COVID-19 pandemic has the potential to threaten various aspects of people's lives such as social, economic, psychological, and health. Various responses arise from people facing this situation such as panic, alert, and some even ignore the call. This certainly affects the policy setting by the government in dealing with this crisis situation. The study aims to identify community knowledge, attitudes and practices during the COVID-19 pandemic as a form of support for the Kolaka district government in assessing the community's response to the spread of the Corona virus.

MATERIAL AND METHOD

This research is a descriptive analytic with Cross-Sectional approach conducted in Kolaka Regency during the Social Distancing period determined by the local government (March 23 - April 4 2020). The Sample used in this study was 1,010 respondents who we considered to be representative of the entire community of Kolaka Regency (256, 827 population). The age of 17 to 65 years, having a gmail and ymail account, mastering the internet became the criteria for respondents' inclusion in this study.

Data were analyzed bivariate using the Chi-Square test with p-value=<0.05. The survey was conducted by distributing questionnaires that were adopted from previous studies in China and have received permission to use the questionnaire. The material has been translated into Indonesian through official bodies. We have also modified several questions to be easily understood. The survey uses the Google form and is distributed online via Whatsapp, Facebook and Instagram considering the obligation to social distancing as a step in helping to reduce the prevalence of COVID-19.

To be able to enter into the questionnaire questions, respondents must click the "BERSEDIA" button on the informed consent page as a form of willingness to become a respondent and confidentiality of information. Each respondent can only have one chance to fill out the form. The questionnaire consisted of demographic data of respondents, and then entered into questions/statements for this research variable (Knowledge, Attitude, and Practice). For the knowledge variable consists of 12 statements consisting of 10 positive statements and two negative statements, using the Guttmann scale with the choice of answers True, False and Don't Know. The correct answer was given a score 1 and for answers False and Do not Know given the same score of 0. Variable attitude consists of 2 questions using a Likert scale with score for the Agree answer is 3, disagree with the score 2, and I do not know with score 1. And practice variables with answer choices Yes and No, with a score 1 for yes and 0

for no. Ethical clearance is under the Health Research Ethics Commission of IAKMI SULTRA granted with no. 116/KEPK-IAKMI/IV/2020.

RESULTS

A total of 1,010 respondents in the age range of 17 - 65 years participated and analyzed in this study based on characteristics consisting of age, gender, education, occupation, marital status, and knowledge, attitude and practice variables as shown in Table 1. The questionnaire focused on questions about the knowledge, attitudes and practices of the Kolaka community towards the COVID-19 outbreak. In general, respondents' knowledge was in the category of Good (49.6%), attitudes in the confident category (70.4%) and had a high awareness (79.6%) with the most age is adolescent.

The description of respondents knowledge, based on their characteristics is shown in Table 2. The average respondent who has good knowledge is the adolescents aged 17-25 years (24.5%). The possibilities clearly refer to quite a number of them as respondents. Overall, for gender (Female 30.4%), job status (Unemployed 25.9%), education level (High 29.8%), and marital status (Single 26.7%), are in the category of good knowledge. Very few of them have poor knowledge, which is in the 0.1% to 4.2% range.

The respondent's attitude assessment was categorized into confident and unconfident. All respondent characters show numbers in the confident category, where the highest percentage is marital status (37.2%). In line with the respondent's attitude, in practice all respondent characters are also in the positive

category (Aware), where the largest percentage is female characteristics (48.5%) (Table 3).

Majority of respondents know well about the signs and symptoms, prognosis, transmission and prevention of COVID-19, even though some do not know for sure or are not sure with the questions or statements in the questionnaire. Looking at the majority of respondents answers with good knowledge is possible to have a relationship since the virus outbreak began in Wuhan, China, where more than 38,000 people died. The use of social media can directly influence someone to know what is happening or hotly discussed in various parts of the world.

Table 1. Characteristics of Respondents

Characteristics	n = 1,010	%
Age (Years)		
Adolescent (17 – 25)	499	49.4
Young Adult (26 - 35)	271	26.8
Late Adult (36 – 45	154	15.2
Early Elderly (46 – 55)	64	6.3
Late Elderly (56 – 65)	22	2.2
Gender		
Male	432	42.8
Female	578	57.2
Education		
High	526	52.1
Junior	378	37.4
Elementary	106	10.5
Work Status		
Employed	462	45.7
Unemployed	548	54.3
Marital Status		
Single	529	52.4
Married	458	45.3
Divorce	23	2.3
Knowledge		
Good	501	49.6
Sufficient	428	42.4
Poor	81	8.0
Attitude		
Confident	711	70.4
Sceptic	299	29.6
Practice		
Aware	804	79.6
Unaware	206	20.4

Source: Primary Data, 2020

Table 2. Covid-19 Knowledge Score Based on Characteristics of Respondents

Characteristics	Good		Sufficient		Poor		Total	%
	n = 501	%	n = 428	%	n = 81	%		
Age								
Adolescence	247	24.5	213	21.1	39	3.9	499	49.4
Young Adult	141	14.0	115	11.4	15	1.5	271	26.8
Late Adult	82	8.1	54	5.3	18	1.8	154	15.2
Early Elderly	21	2.1	35	3.5	8	0.8	64	6.3
Late Elderly	10	1.0	11	1.1	1	0.1	22	2.2
Gender								
Male	194	19.2	196	19.4	42	4.2	432	42.8
Female	307	30.4	232	23.0	39	3.9	578	57.2
Education								
High	301	29.8	202	20.0	23	2.3	526	52.1
Middle	173	17.1	169	16.7	36	3.6	378	37.4
Basic	27	2.7	57	5.6	22	2.2	106	10.5
Work Status								
Employed	239	23.7	184	18.2	39	3.9	462	45.7
Unemployed	262	25.9	244	24.2	42	4.2	548	54.3
Marital Status								
Single	270	26.7	219	21.7	40	4.0	529	52.4
Married	218	21.6	202	20.0	38	3.8	458	45.3
Divorced	13	1.3	7	0.7	3	0.3	23	2.3

Source: Primary Data, 2020

Table 3. Respondents Attitudes and Practice Toward Covid-19 Based on Characteristics

Characteristics	Attitude				Practice			
	Confident		Unconfident		Aware		Unaware	
	n = 711	%	n = 299	%	n = 804	%	n = 206	%
Age								
Adolescence	354	35.0	145	14.4	393	38.9	106	10.5
Young Adult	191	18.9	80	7.9	224	22.2	47	4.7
Late Adult	113	11.2	41	4.1	122	12.1	32	3.2
Early Elderly	41	4.1	23	2.3	50	5.0	14	1.4
Late Elderly	12	1.2	10	1.0	15	1.5	7	0.7
Gender								
Male	298	29.5	134	13.3	314	31.1	118	11.7
Female	413	40.9	165	16.3	490	48.5	88	8.7
Education								
High	364	36.0	162	16.0	437	43.3	89	8.8
Middle	277	27.4	101	10.0	292	28.9	86	8.5
Basic	70	6.9	36	3.6	75	7.4	31	3.1
Work Status								
Employed	319	31.6	143	14.2	381	37.7	81	8.0
Unemployed	392	38.8	156	15.4	423	41.9	125	12.4
Marital Status								
Single	376	37.2	153	15.1	415	41.1	114	11.3
Married	318	31.5	140	13.9	371	36.7	87	8.6
Divorced	17	1.7	6	0.6	18	1.8	5	0.5

Source: Primary Data, 2020

Many parties do not want to be left behind in sharing information related to the corona-virus that causes Covid-19 disease through social media channels. The swift information and public conversation on social media is evidenced by the word "coronavirus" or "Covid-19" which often occupies popular words on social media, Compared with a number of previous viruses such as SARS, Avian Influenza, MERS, and Swine Flu which also spread worldwide, the coronavirus appears amid a very high number of active social media users, at 3.6 billion people.[11]

Table 4 shows that there is a relationship between the level of knowledge of the respondents with the practice carried out with a value of p=0,000(<0.05) and there is no relationship between the attitude of the respondent with their practice of the COVID-19 pandemic with a value of p=0.862(>0.05).

DISCUSSION

In general, we found that community knowledge about Covid-19 was quite good in Kolaka Regency. A good level of knowledge of COVID-19 in the community could be because when the survey was conducted it was in the middle of the covid-19 pandemic period, where information was already scattered throughout the community. Although in this survey we did not review the source of the information obtained by respondents regarding covid-19, but our assumption has a reason as to what "Kompasmedia" reviews where information and public conversation on social media become a comparable issue by occupying popular words on social media on the other hand, we assumed by looking at the characteristics of the respondents, the majority was with a high level of education (52.1%), which was the reason that the community's knowledge was quite good regarding the case. This finding is the same as research conducted by Zhong in the early outbreak of COVID-19 in Wuhan, China.[12]

In this study, we also revealed that respondents generally have insufficient knowledge about the distribution of covid 19 through wild animals (57.9%) this might be affected because Indonesian people still use wild animals as food for food and treatment.[13] In addition, due to the lack of government socialization regarding the spread of the coronavirus through wild animals.[14]

Table 4. The Relationship between Knowledge, Attitude, and Practice

Variables	Practice				p
	Aware		Unaware		
	n	%	n	%	
Knowledge					
Good	420	41,6	81	8	0.000
Sufficient	333	33	95	9,4	
Poor	51	5	30	3	
Attitude					
Confident	567	56,1	144	14,3	0.862
Unconfident	237	23,5	62	6,1	

Source: Primary Data, 2020

Our study also found that although more respondents thought that corona virus could spread through respiratory droplets (55.0%), the number of respondents who did not know the virus could spread through droplets was still large (45.0%). This is certainly very unfortunate, which is a high-risk transmission model. This finding clearly shows the importance of increasing the population's knowledge of COVID-19 through health education by the participation of the government to socialize related to the problem.

Regarding the use of medical masks, as many as (84.2%) of respondents was aware that the use of masks could help inhibit the spread of the COVID-19 virus. This is in line with research conducted by Zhong where people understand the importance of wearing masks when leaving the house or in a crowd and agreeing to use medical masks can help reduce transmission of COVID-19.[12,15] However, currently, the Centers for Disease Control and prevention (CDC) states that there are different types of masks are recommended for use. Along with the rapid research on COVID-19, the CDC and WHO have issued recommendations for the use of ordinary cloth masks for someone without symptoms or in good health when in a public place or crowd.[16] These findings are in line with studies conducted when the SARS epidemic in 2003 in Hong Kong revealed that the public was also aware of the importance of wearing masks, especially when in the Public Area or the crowd was able to prevent the transmission of the SARS virus at that time.[17]

It is our concern that a small proportion of respondents (13.65%) believe that a drug or vaccine already exists for the covid-19 disease. However, the majority of respondents (86.5%) argued that there is currently no treatment or vaccine for COVID-19 disease. In line with a study conducted in Americarevealed that 49% of respondents believe that currently there is no vaccine for COVID-19. Still, it will be coming soon this year, and there are a small number of respondents (3%) who believe that the vaccine already exists.[18] Based on the results of our monitoring on social media, there has been a lot of information spread about treatments that can be used to cure COVID-19, one of those treatments is Chloroquine. The government has even officially announced the government's efforts to prepare about 3 million doses of Chloroquine, this allows some respondents to believe that a vaccine or COVID-19 drug already exists.[19] Of course, these findings are considered for future studies to find out the effect of a type of information on community knowledge related to COVID-19.

Referring to the data in the Attitude variable, is a large gap between respondents who are confident and respondents who are not sure of the future situation related to this outbreak. Uncertainty regarding the future situation, we assume is due to an increase in the number of new sufferers in Indonesia which continues to increase every day. The same study in China revealed the belief that this outbreak could be overcome related to China's success in suppressing the spread of COVID-19, and possibly because China had the same outbreak experience as SARS, Avian flu, MERS which was

finally successfully controlled by the Chinese government. The interesting thing is that although the community believes that it will succeed through the corona outbreak, they still have a high level of vigilance in facing COVID-19.[12] WHO revealed that it is natural for people to worry about how the spread of the COVID-19 outbreak can be overcome or not, as has been demonstrated in China and several other countries.[20] The results of a research study conducted in Bangkok through an online survey by SuanDusitRajabhat University on 3,183 respondents found as many (65.52%) were not sure the government could face and control the COVID-19 outbreak that occurred in Thailand. The community considers that the Thai government is too slow in taking action to prevent and isolate areas that are considered red zones.[21]

CONCLUSION AND RECOMMENDATION

Our findings suggest that Kolaka people have an acceptable level of knowledge on COVID-19 and are generally positive in their outlook on overcoming the pandemicoutbreak, also community do an aware practice facing in virus dissemination. Even though Kolaka Regency is still in the Green Zone, it is important to continue to increase awarenessof this epidemic. Good cooperation between the Government and the community is the key to success in controlling this epidemic.

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