Knowledge, Attitude, and Behavior of Indonesian Society towards Covid-19 Pandemic

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ABSTRACT

Background: *Coronavirus disease* 2019 (Covid-19) is an infectious disease caused by acute respiratory syndrome coronavirus-2. Covid-19 is currently a serious pandemic with an increasing number of daily cases, including in Indonesia. The spread of Covid-19 is associated with people's knowledge, attitude, and behavior towards the danger of Covid-19.
Objective: This study aimed to determine the knowledge, attitude, and behavior of Indonesian society to the Covid-19 pandemic.
Methods: This study used a cross-sectional online survey.
Results: Of the 4057 respondents, most of them aged 26-50 years old (67.2%), female (62,1%), bachelor/diploma graduates (64,4%). Sources of information about Covid-19 were mostly obtained from the internet and television. The knowledge, attitude, and behavior of Indonesian respondents towards the Covid-19 pandemic were good.
Conclusion: Based on an online questionnaire regarding the knowledge, attitude, and behavior of Indonesian society towards the Covid-19 pandemic, the results were in accordance with the recommendations and regulations of the Indonesian government.

BACKGROUND

Coronavirus disease-19 (Covid-19) is an infectious disease caused by acute respiratory syndrome coronavirus-2 (SARS-CoV-2) [1]. The disease was first identified in December 2019 in Wuhan, Hubei province of China [2]. The Covid-19 pandemic was first announced on March 11, 2020, indicating that this virus has infected large populations in various countries. On July 29, 2020, it had infected 216 countries with a transmission rate of 16,523,815 cases and had caused death to as many as 655,112 patients [3].

Covid-19 was first reported in Indonesia on March 2, 2020, with a total of two cases [4]. As of July 15, 2020, data showed that there were 78,572 confirmed cases, 37,636 patients recovered, and 3,710 deaths [5]. The mortality rate for Covid-19 in Indonesia is 8.9%, the highest in Southeast Asia [6].

The virus mainly spreads close contact via droplets of the infected person when coughing, sneezing, or talking. This virus can also survive on surfaces for up to 72 hours. The disease is most contagious during the first three days after the onset of symptoms, although spread may occur before symptoms appear. The time from exposure to the onset of symptoms is usually around five days, but can range from two to 14 days [7].

Common symptoms include fever, cough, and shortness of breath. Other symptoms may include fatigue, muscle aches, diarrhea, sore throat, loss of smell, and stomachache. While most cases produce mild symptoms, some develop viral pneumonia and multi-organ failure [8].

The suggested ways to prevent the infection include the use of masks which are mandatory for all people, frequent hand washing with soap, maintaining physical distance (especially from those with symptoms), covering the cough and sneeze using a tissue or inner part of the elbow and keep unwashed hands from touching the face [9,10].

In Indonesia, exclusively, the government has issued a disaster emergency status as of February 29, 2020. The measured taken by the government include socializing the Social Distancing movement and physical distancing. On March 31, 2020, the government issued Government Regulation Number 21 of 2020 concerning Large-Scale Social Restrictions (*Pembatasan Sosial Berskala Besar*, PSBB) to accelerate the handling of Covid-19 [11,12].

The Covid-19 pandemic has resulted in increasing number of confirmed patients and mortality. There are several causes of less-effective social distancing in the community, such as being confident of being protected from the coronavirus, ignoring the potential of putting others in danger, limited understanding or lack of proper knowledge of physical distancing, neglecting unpredictable things, such as contracted asymptomatic Covid-19 or inadvertent transmission, and lack of the appeal of local authorities such as local neighborhood figures that help the stringency of the physical distancing program [13,14].

The spread of Covid-19 is related to people's knowledge, attitude, and behavior, which are very closely related to clean living habits and public awareness of the dangers of Covid-19. The high rate of disease morbidity is also indirectly related to people's behavior that is related to one another, such as knowledge with attitudes and actions that are not in accordance with the knowledge of the community itself [13,14]. Based on these considerations, this study sought to determine the level of knowledge, attitude, and behavior of Indonesian society towards the Covid-19.

METHODS

Participants

Participants in this study were Indonesians who met the

inclusion and exclusion criteria. The inclusion criteria included participants aged ≥ 18 years, and willing to become participants. The exclusion criteria included those experiencing mental health problems. Participants must first read the informed sheet and complete the consent form after understanding the objectives and benefits of the research.

Design
This research used a cross-sectional surveying method. The samples were taken using convenient sampling by distributing a Google form link containing a questionnaire regarding knowledge, attitude, and behavior towards Covid-19 from June 4-25, 2020. This research received ethical approval at the Health Research Ethics Commission of Padjadjaran University Bandung (510 / UN6.KEP / EC / 2020). Participants filled out an online questionnaire via a Google form link containing a questionnaire regarding characteristic participants, knowledge, attitude, and behavior towards Covid-19.

Assessment Tools
All questions in the questionnaire containing respondent's characteristics, knowledge, attitude, behavior towards Covid-19, and additional questions regarding sources of Covid-19 information were adapted from the World Health Organization's Covid-19 Rapid Qualitative Assessment Tool with modifications [15]. The were 6 questions regarding respondent's characteristics, 19 questions on knowledge, 6 questions on attitude, 8 questions on behavior, and 7 questions regarding the source of information of Covid-19. The questionnaire was declared valid with a value of r = 0.247 - 0.505 (knowledge), 0.257 - 0.628 (attitude), 0.582 - 0.699 (behavior) and reliable with a value of Ratability Coefficient = 0.221 (knowledge), 0.247 (attitude), 0.528 (behavior) All questions were answered directly by the respondents by selecting the statement that fit best with the respondent's situation.

Data Analysis
Measurement data were displayed in tabular form and analyzed using IBM SPSS Statistics software version 23.0 (IBM Corp., Armonk, NY, USA). All answers to the questionnaire are added up for each answer to each question and then converted into percentages.

RESULTS
Characteristic of Participant
There were 4057 respondents from all across Indonesia. Most respondents in this study aged 26-50 (67.2%), with the youngest and oldest respondent was 18 years old and 78 years old, respectively, with a mean of 38.73 years old. Most participants were female (62.1%). Most of them had bachelor / diploma education (66.4%), followed by master's degree (18.7%). Participant's occupation was evenly distributed among various professions. Most participants were married (72.8%). Most participants came from West Java (59.32%), followed by DKI Jakarta (9.27%). The respondents' distribution was 0.01-0.09% in 3 provinces, namely West Sulawesi, North Kalimantan, and North Maluku. There were 18 provinces with 0.1-0.99% respondents' distribution, and 5 provinces with 1.0-1.8%. Most participants obtained Covid-19 information from internet (94.8%), followed by television (79.8%), and the least obtained from radio and newspapers (Table 1).

Indonesian society knowledge towards Covid-19
There were 19 questions regarding knowledge about the causes, risk factors, modes of transmission, and prevention of Covid-19 based on Covid-19 theories (Table 2).

Indonesian society attitude towards Covid-19
There were 6 questions regarding respondents' attitudes towards Covid-19 (Table 3). There were 26.05% respondents who were not afraid and continued to travel during the Covid-19 pandemic. Moreover, there were 512 respondents who declared that social distancing was ineffective to prevent transmission of Covid-19 (12.62%; Table 3).

Indonesian society behavior towards Covid-19
The overview regarding respondents' behavior on preventing the transmission of Covid-19 was obtained from the 8 questions (Table 4). There were 23.34% of respondents who were still traveling to crowded places.

DISCUSSION
Most respondents in this study were between 26 - 50 years old. This finding portrays that this age group uses the internet more and most likely to respond to online surveys. Most respondents in this study were female (62.1%). Moreover, most of them were married (72.8%). This finding is in accordance with the majority of the respondent's age group [16]. Data from the General Directorate of Disease Prevention and Control of the Ministry of Health of Indonesia on July 24, 2020, recorded that 50.6% of male and 46.6% of female were positively infected with Covid-19. The most age group of positive Covid-19 patients is in the age range of 25-39 years, which shows that transmission is susceptible to occur in male and productive age groups who have high mobility in the community. This mobility can be linked to social and economic factors [5].

From the results of the study, most respondents had a diploma/bachelor degree (64.4%). A high level of education will also indirectly provide personal experiences that can be used as an effort to gain knowledge in solving the problems faced [17]. Aside from the education level, experience, and cultural factors, there are other factors that are closely related to the knowledge of Covid-19. These factors are health information about Covid-19 from the electronic and online media, counseling by health officials or agencies, and work and family environment. This study found that respondents obtained Covid-19 information from the internet (94.8%), TV (79.8%), friends/co-workers (65.7%), health workers/health service centers (62.8%), family (59.6%), newspapers (24.8%), and radio (22.5%).

This study showed that most respondents reside in West Java (59.32%), Jakarta (9.27%), Banten (5.42%), Central Java (5.15%), and the rest were spread across 30 other provinces. The four provinces with the most respondents were close to the study site. Most respondents have other jobs (31.1%), which consisted of unemployed, retirees, merchants, art workers, service providers, in addition to civil servants and private employees. The number of respondents with other jobs was quite high, possibly due to the pandemic situation that caused limited community activities at home and some losing their jobs.

In this study, participants obtained Covid-19 knowledge from information and experience that would make them easier to understand Covid-19, particularly regarding the definition, signs and symptoms, causes, modes of transmission, and ways of preventing Covid-19. Knowledge is information known or recognized by someone. Knowledge is not limited to descriptions, hypotheses, theoretical concepts, principles, and procedures which are probably true or useful. Knowledge

is divided into two categories namely the knowledge obtained by observation and the observation made empirically and rationally and knowledge gained through reasoning, later known as rationalism [18].

Sources of information in the form of mass media and social media can directly provide additional knowledge to the public regarding the latest important about Covid-19. The internet, which is currently popular as one of the mass media and social media, seems to have had a significant influence on the public in enriching information about Covid-19.

This study found that the respondents have a better knowledge about Covid-19, compared to the theory. In regard to Covid-19 knowledge, almost all respondents answered 19 questions correctly on the cause, risk factors, disease symptoms, modes of transmission, prevention, and initial treatment of Covid-19. On the other hand, most respondents gave incorrect answers on 2 questions whether consuming or having wild animals as pets would cause Covid-19 infection and disease transmission from animals to humans and vice versa.

In regard to attitude questions, most respondents gave responses that were in accordance with Covid-19 theory. This study found that while most respondents agreed with the statement whether they are afraid and cancel traveling due to Covid-19, more than 25% of them stated they were not afraid to travel during the pandemic. This attitude likely leads to an increase in virus transmission that eventually increases the cases, especially during major national holidays.

The respondents' positive attitudes are in accordance to Notoatmojo's opinion, in which the attitude is influenced by knowledge, thinking, belief, and emotion. Health attitude is a person's (organism's) response to stimuli related to illness and disease, the health service system, food, and the environment. Attitudes are formed through certain processes and take place in the interaction of humans and their environment [17].

Some respondents (12.6%) in this study agreed that social distancing is ineffective in preventing the transmission of Covid-19. Social distancing is defined as social restricting activities. Referring to the Covid-19 Medical and Public Health Rapid Management Guidelines in Indonesia, social restrictions are restrictions that limit certain activities carried out by residents in an area. On March 20, 2020, WHO recommends replacing the use of phrase social distancing to physical distancing. Physical distancing is considered as part of social distancing [12].

Social distancing and physical distancing are not a form of repression of freedom. Many people do not understand the program and do not heed the government's appeal, so the program does not run optimally. This condition directly reflects high incidence of Covid-19 infection in Indonesia. Data from the Indonesian Ministry of Health by July 29, 2020, showed 104,432 positive patients, 4,975 of them (4.8%) died, and 62,138 patients (59.5%) recovered. Some causes of high infection transmission include being very confident of being protected from the virus, neglecting the fact of asymptomatic Covid-19 patients, which may lead to inadvertent transmission, and may cause danger to people nearby [5,14].

The concept that can be raised to explain the attitude of the Indonesian people in dealing with the Covid-19 virus outbreak is a cognitive bias. Cognitive bias is a systematic error in thinking that influences the decisions and judgments a person makes. Optimism bias is a cognitive bias that makes a person believe that they are less likely to experience negative events [19]. This could explain the

reason of Indonesian people are still not afraid to do activities that are exposed to crowds. They are too confident that the Covid-19 is not that dangerous as the characteristics of Indonesian people who tend to be relaxed in facing any circumstances and believe that God will protect Indonesia. They believe confidently that prayer can save them, thinking they should fear God more, not the virus.

The respondents' behavior in this study were positive. They answered most questions well in accordance with the government's recommendations and appeals in preventing the transmission of Covid-19. Ways to prevent the transmission of the Covid-19 include: always keeping distance, avoid going to crowded places, using a mask, washing hands, covering nose and mouth when sneezing/coughing, and contacting health workers immediately when experiencing symptoms [20].

These results support Notoatmojo's opinion which stated that knowledge and attitudes about health will influence behavior as a long-term outcome of health education. Furthermore, Notoatmojo mentioned that knowledge or cognitive is a very important domain for the formation of one's actions from experience and research, proving that knowledge-based behavior will last longer [17].

The incidence of Covid-19 is closely related to behavioral and environmental factors. Environmental, sanitation, and hygiene factors are mainly related to the presence of the disease and its modes of transmission. Meanwhile, behavioral and attitude factors are very influential in healing process and prevention. One of the efforts to increase knowledge to the public is through the delivery of accurate information about Covid-19 to various media, both printed, electronic/online, installation of banners, posters, and counseling.

The limitations of study were lack of time in study, few information regarding participant's deepen knowledge, attitude, and behavior in the Covid-19 pandemic. The expectations that the future study can evaluate the mental health and social life of participants, the satisfaction to the government's policy, and the participant's behavior regarding their relative affected and effect from Covid-19.

CONCLUSION

This study found that Indonesian society are well-conformed with the recommendation and the Indonesian government rules, based on an online questionnaire on knowledge, attitude, and behavior against the Covid-19 pandemic.

CONFLICT OF INTEREST

The authors declare that they have no conflict of interest.

Author's Contribution

All authors contributed toward data analysis, drafting and revising the paper, gave final approval of the version to be published and agree to be accountable for all aspects of the work.

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Table and Legend

Table 1. Characteristics of Respondents

Characteristics of Respondents	n (%)
Sex	
Male	1,536 (37.9)
Female	2,521 (62.1)
Age group	
18-25 years	596 (14.7)
26-50 years	2,726 (67.2)
> 50 years	735 (18.1)
Education	
Elementary school	13 (0.3)
Junior high school	21 (0.5)
Senior high school	538 (13.3)
Bachelor/Diploma	2,611 (64.4)
Masters	761 (18.7)
Doctor	113 (2.8)
Occupation	
Housewife	457 (11.3)
Class I-II civil worker	40 (1.0)
Class III civil worker	557 (13.8)
Class IV civil worker	264 (6.5)
Enlisted National Army rank	65 (1.6)
Middle-ranked National Army rank	83 (2.05)
Higher-ranked National Army rank	3 (0.07)
Operator/Laborers employees of Private/state-owned entrepreneurship company	258 (6.4)
Supervisor employees of Private/state-owned entrepreneurship company	
Managers/Directors employees of Private/state-owned entrepreneurship company	231 (5.7)
Students	291 (7.18)
Others	
	517 (12.8)
	1,282 (31.6)
Marital status	
Married	2,950 (72.8)
Single	943 (32.2)
Widow/er	164 (4.0)
Respondent's location	
Banten	77 (1.9)
DKI Jakarta	376 (9.27)
West Java	2,406 (59.32)
Central Java	209 (5.15)
East Java	84 (2.07)
South Sulawesi	79 (1.92)
North Sulawesi	90 (2.21)
South Sumatera	77 (1.9)
Sources of information about Covid-19	
Internet	3,846 (94.8)
Television	3,237 (79.8)
Friends/co-workers	2,665 (65.7)
Health workers/health service centers	2,547 (62.8)
Radio	913 (22.5)
Family	2,418 (59.6)
Newspaper	1,006 (24.8)

Table 2. Overview of the respondents' knowledge towards the Covid-19 pandemic

Knowledge Level	Answer	n (%)
Covid-19 is caused by a virus.	Correct	4,032 (99.39)
	Wrong	11(0.27)
	Don't know	14 (0.34)
This disease is exacerbated by the patients' immunity and comorbidities.	Correct	4,006 (98.74)
	Wrong	24 (0.59)
	Don't know	27 (0.67)
The main clinical symptoms of Covid-19 are fever, fatigue, dry cough, and muscle aches.	Correct	3,767 (92.85)
	Wrong	211 (5.20)

	Don't know	79 (1.95)
Nasal congestion, runny nose, and sneezing are less common in people infected with the Covid-19.	Correct	1,845 (45.48)
	Wrong	1,721 (42.42)
	Don't know	491 (12.10)
Disease symptoms appear less than 3 days after infection.	Correct	1,372 (33.82)
	Wrong	2,166 (53.39)
	Don't know	519 (12.79)
There is currently no available cure for Covid-19.	Correct	3,431 (84.57)
	Wrong	308 (7.60)
	Don't know	318 (7.83)
Treatment for the symptoms and drugs to enhance immunity may help most patients to recover from infection.	Correct	3,859 (95.20)
	Wrong	77 (1.89)
	Don't know	118 (2.91)
Not everyone with Covid-19 will develop into severe cases. Only those with advanced ages, chronic diseases, obesity are more likely to develop into severe cases.	Correct	3,572 (88.05)
	Wrong	325 (8.01)
	Don't know	160 (3.94)
Consuming or having wild animals for pets will cause Covid-19 infection.	Correct	1,039 (25.61)
	Wrong	2,293 (56.52)
	Don't know	725 (17.87)
People with Covid-19 cannot infect others when there is no fever.	Correct	348 (8.58)
	Wrong	3,408 (84.00)
	Don't know	301 (7.42)
Coronavirus spreads through the infected person's droplets.	Correct	3,882 (95.68)
	Wrong	111 (2.74)
	Don't know	64 (1.58)
Covid-19 is transmitted by touching and shaking hands with the infected person.	Correct	3,160 (77.89)
	Wrong	792 (19.52)
	Don't know	105 (2.59)
Covid-19 is transmitted through objects used by an infected person.	Correct	3,345 (82.45)
	Wrong	576 (14.2)
	Don't know	136 (3.35)
This disease is transmitted from animals to humans and vice versa.	Correct	1,346 (33.18)
	Wrong	1,908 (47.02)
	Don't know	803 (19.8)
People should wear masks to prevent Covid-19 infection.	Correct	3,990 (98.35)
	Wrong	49 (1.21)
	Don't know	18 (0.44)
Children and teenagers do not need to prevent Covid-19 infection.	Correct	251 (6.19)
	Wrong	3,743 (92.26)
	Don't know	63 (1.55)
To prevent Coronavirus infection, people should avoid going to crowded places.	Correct	3,933 (96.94)
	Wrong	98 (2.42)
	Don't know	26 (0.64)
Isolation and treatment of infected person are effective ways to reduce the spread of the virus	Correct	4,011(98.87)
	Wrong	29 (0.71)
	Don't know	17 (0.42)
People who have contacted with infected person must be immediately isolated for 14 days.	Correct	3,968 (97.81)
	Wrong	56 (1.38)
	Don't know	33 (0.81)

Table 3. Overview of respondents' attitude towards the Covid-19 pandemic.

Questions about Attitude	Answers	n (%)
I am sure that Covid-19 will be eventually under control.	Yes	3,829 (94.39)
	No	228 (5.61)
I agree to do screening procedures of Covid-19 to all people in society.	Yes	3,573 (88.07)
	No	484 (11.93)
If I have to travel, the presence of Covid-19 scares me and I will cancel the trip.	Yes	3,000 (73.95)
	No	1,057 (26.05)
I am sure that Indonesia is able to fight Covid-19.	Yes	3,682 (90.76)
	No	375 (9.24)
Is it necessary to restrict travel to the disease area to avoid the spread of the Covid-19?	Yes	3,951 (97.39)
	No	106 (2.61)
Social distancing is not effective to prevent transmission of Covid-19.	Yes	512 (12.62)
	No	3,545 (87.38)

Table 4. Overview of respondents' behavior towards the Covid-19 pandemic.

Questions about Behavior	Answers	n (%)
In the last few days, I went to crowded places.	Yes	947 (23.34)
	No	3110 (76.66)
In the last few days, I always wear a mask outdoors.	Yes	4,028 (99.28)
	No	29 (0.72)
I often wash my hands.	Yes	4,027 (99.26)
	No	30 (0.74)
I avoid touching my eyes, nose, and mouth.	Yes	3,722 (91.74)
	No	335 (8.26)
I cover my nose and mouth with a tissue when I cough or sneeze.	Yes	3,864 (95.24)
	No	193 (4.76)
I dispose tissue to the trash bin after use.	Yes	4,005 (98.72)
	No	52 (1.28)
If I have flu symptoms, I avoid normal activities like work, school, travel, or shopping.	Yes	3,705 (91.32)
	No	352 (8.68)
I always keep my distance from other people (social distancing).	Yes	3,944 (97.21)
	No	113 (2.79)