Community Awareness and Participation in Handling Covid-19 in Surabaya, Indonesia

Wiwi Wikanta¹, Sukadiono², Abdul Aziz Alimul Hidayat³, Sujnah⁴, dan Hetty Murdiyani⁵

¹Associate Professor, Departement of Biology, University Muhammadiyah of Surabaya, 60113, Indonesia, ²Assistant Professor, Medicine Faculty, University Muhammadiyah of Surabaya, 60113, Indonesia, ³Associate Professor Departement of Nursing, University Muhammadiyah of Surabaya, 60113, Indonesia, ⁴Associate Professor Departement of Education, University Muhammadiyah of Surabaya, 60113, Indonesia, ⁵Lecturer, Departement of Pschology, University Muhammadiyah of Surabaya, 60113, Indonesia

Abstract

This study aimed to determine the level of public awareness and participation in handling Covid-19 in Surabaya, Indonesia. Surabaya was one of the second cities with the largest covid-19 events in Indonesia, after Jakarta. This research used survey method. The sample was determined by the simple random sampling method. The sample size in this study was 251 respondents. Research data were collected using a questionnaire, and analyzed with descriptive analysis. The results showed: an average awareness value of 3.43 (very high) and participation of 1.72 (very high), high business initiatives by 55%, a correlation value between awareness and participation of 0.25 included in the weak category. The results of this study can provide significant benefits in the disciplines of education and health psychology. The mayors can use the findings in this study to overcome the problem of Covid-19 in the community. It turns out that to reduce the spread of covid-19 is not only enough to do with health education, but increasing awareness and participation in the community is very important and significant in overcoming the spread of covid-19 due to lack of awareness in the application of physical and social distancing, the use of masks, hand washing.

Keywords: Awareness; Participation; Community; Handling; Covid-19

Introduction

The Covid-19 outbreak has spread to almost all corners of the countries in the world, including Indonesia. According to the report of the Task Force for the Acceleration of Management of Covid-19 sourced from WHO as of May 3, 2020, the Corona Virus (SARS-Cov-2) outbreak has hit 215 countries with 3,356,205 confirmed and 238,730 dead ¹⁻³. Meanwhile in Indonesia, there were 11,192 people tested positive, 1,876 people were declared cured, and 845 people died¹. Predictions

Corresponding author: Abdul Aziz Alimul Hidayat

Department of Nursing, University Muhammadiyah of Surabaya, Jl. Sutorejo No. 59 Surabaya, 60113 Indonesia, Tel.: +62 31 3811966

Fax: +62 31 3813096, Cell: +62 81 331340187

Email: azizhidayat@um-surabaya.ac.id

of some experts that the disease will run full time for six to seven months since it was first reported to WHO ⁴⁻⁶. Covid-19 as a national disaster ⁷⁻⁹. Various attempts have been made by the Indonesian government to prevent and control the spread of the Covid-19 outbreak. by implementing management strategies such as which is done in other countries, China, Thailand, Japan, the Republic of South Korea 7, 8, 10, 11.

Keeping the social distance (social distancing) and distant (physical distancing) are the two actions carried out by all countries in the world in preventing the spread of Covid-19 wider. It is, according to the management strategy of preventing transmission Covid-19, namely: cut off the transmission (blocking transmission), isolation, protection, and alternative medicine. The experience that occurred in China that quarantine, social distancing, and the isolation of infected populations can withstand an epidemic ¹². In accordance with the nature of the spread of the 2019-nov virus that occurs through droplets when coughing or sneezing from one person to another ^{13, 14}

Currently Indonesia has implemented a large-scale social restriction policy, in various provinces and municipal districts, but in a few weeks there are new cases that continue to increase and there are also those whose cases have decreased after the policy. Specifically in the city of Surabaya, the data still shows an ever-increasing curve despite large-scale social restrictions. Based on this the article aims to analyze the level of awareness and participation in handling co-19 in the city of Surabaya

Material and Method

This research used survey research methods. A large

sample of 251 respondents was taken by simple random sampling. The research data were collected using an awareness questionnaire of 6 questions with answers using a Likert scale with a score assessment using 1 = strongly disagree; 2 = disagree; 3 = agree; 4 = totally agree. While the participation questionnaire consists of 15 questions with answers 1 = no, 2 = ves. For assessing the level of awareness and participation with a range of values 1.75-2.00 (very high). 1.5-0-1.74 (high), 1.25-1.49 (moderate), 1.00-1.24 (low). Data analysis was used to analyze the level of awareness and participation in handling covid-19 by using descriptive analysis with percentage values, while to analyze the relationship between level of awareness and participation with the Pearson Correlation test with The level of significance was set at p < 0.05.

Result

Table 1. Profile of Respondents in the awareness and participation of Covid-19 prevention in Surabaya (n = 251)

		(H 231)
Respondent's Identity	N	Percentage (%)
Gender		
- Men	99	39.40
- Female	152	60.60
Age (Year):		
- ≤25	120	47.81
- 26 - 35	49	19.52
- 36 - 45	42	16.73
- 46 - 55	30	11.95
- ≥56	10	3.98
Occupation		
- Student / College Student	101	40.24
- Teacher / Lecturer	66	26.29
- City Government/Regency Government Employee.	3	1.20
- BUMN employee	2	0.80
- Private Employee	50	19.92
	Gender - Men - Female Age (Year): - - ≤ 25 - 26 - 35 - 36 - 45 - 46 - 55 - ≥ 56 Occupation - Student / College Student - Teacher / Lecturer - City Government/Regency Government Employee. - BUMN employee	Gender - Men 99 - Female 152 Age (Year): - - 26 - 35 49 - 36 - 45 42 - 46 - 55 30 - ≥ 56 10 Occupation 101 - Student / College Student 101 - Teacher / Lecturer 66 - City Government/Regency Government Employee 3 - BUMN employee 2

4082

Cont... Table 1. Profile of Respondents in the awareness and participation of Covid-19 prevention in Surabaya (n = 251)

	- Street Vendors / Markets / Shops	4	1.59
	- Housewife	15	5.98
	- Others	10	3.98
4.	City / Regency of Residence		
	- Surabaya	96	38.25
	- Regency. Gresik	74	29.48
	- Regency. Sidoarjo	81	32.27

Table 2 Community Awareness Levels in Covid-19 prevention in Surabaya city (n = 251)

	Social Awareness Variables	Strongly Agree n (%)	Agree n (%)	Disagree n (%)	Strongly Disagree n (%)
1	Realizing that the Corona Virus (Covid-19) outbreak originally originated from Wuhan China, but now is a threat to the Indonesian, especially East Java	137 (54,6)	106 (42,4)	3 (1,2)	5 (1,9)
2	Realizing that the Corona Virus outbreak (Covid-19) is very dangerous for the safety of the lives of all citizens.	147 (58,6)	95 (37,9)	5 (1,9)	4 (1,6)
3	Recognizing that many victims died as a result of the Covid-19 Plague attack, and worried that the victims will continue to grow and afflict themselves and family members	110 (43,8)	115 (45,8)	18 (7,2)	8 (3,2)
4	Realizing that all government efforts and the task force for accelerating to handle Corona Virus Disease 2019–planned (Covid-19) throughout Indonesia,	127 (50,6)	115 (45,8)	8 (3,2)	1 (0,4)
5	Realizing that the accelerated handling of Corona Virus Disease 2019 Being (Covid-19) needs to be done, such as washing hands, spraying the environment with disinfectant, (social distancing), (physical distancing), using masks, and prohibiting returning to birthplace	151 (60,2)	94 (37,5)	5 (1,9)	1 (0,4)
6	Realizing that the Large-Scale Social Limitation policy is the most appropriate way to accelerate the handling of Corona Virus Disease 2019 Being (Covid-19) taken by the government Mean = 3,43	81 (32,3)	142 (56,6)	24 (9,6)	4 (1,6)

Mean = 3,43

Table 3: Level of Community Participation in Covid-19 prevention in Surabaya (n = 251)

	Variable Community Participation	Yes N (%)	No N (%)
1	Variable Community Participation	242 (96,4)	9 (3,6)
2	Following the conditions set by the government, namely large-scale social restrictions policy	226 (90,0)	25 (10,0)
3	Participation in activities, such as Work From Home (WFH), Learning From Home (LFH) and Pray From Home (PFH)	242 (96,4)	9 (3,6)
4	Participation in wearing masks every time you leave the house	226 (90,1)	25 (9,9)
5	Participation in washing hands with soap or hand sanitizer. 22		16 (6,4)
6	Participation not to engage in worship activities in the mosque/ mosque/ temple/temple or attend meetings that involve many people (the crowd), even though it is not included in the red zone		66 (26,3)
7	Participation in driving by not carrying passengers other than family members and not exceeding the stipulations.	222 (88,4)	29 (11,6)
8	Participation not returning to the village of birth on Eid al-Fitr, or visiting relatives in other cities	233 (92,8)	18 (7,2)
9	Participation in reporting to the local government If I am a newcomer from another city, and follow the rules of self-isolation or isolation on orders	234 (93,2)	17 (6,8)
10	Participation in reminding family members to wash their hands with soap, wear masks when going out, not play in a group, exercise independently, and stay at home.	201 (80,1)	50 (19,9)
11	Participation invites neighbors around the house not to return to their hometowns during the holidays	157 (62,6)	94 (37,4)
12	Participation Together with the community management in mutual cooperation spraying the environment with disinfectants	171 (68,1)	80 (31,9)
13	Participation in handling Covid-19 as a volunteer.	47 (18,7)	204 (81,3)
14	Participation in donating part of the income to be donated by the existing Covid-19 aid institutions	122 (48,6)	129 (51,4)
15	Participation in helping neighbors and neighbors affected by Covid-19 economically by distributingfood packages	127 (50,6)	124 (49,4)

Mean = 1.72, Pearson Correlation test p = 0.000, with Pearson Correlation value = 0.254

Discussion

The prediction of a Covid-19 pandemic outbreak in Indonesia would end in July 2020 and depended on 3 things, namely the conditions and efforts to change the speed of transmission and even sever the chain of transmission of the disease; the phenomenon of returning to the area during the May religious holidays on a massive scale or other forms of migration from the central area of distribution, especially the red zone area that has the potential to be ridden by a virus; and related to future conditions related to the consistency of government regulations ^{7, 15, 16}

Termination of the transmission chain Covid-19 by keeping social distancing and physical distancing are government regulations that must be complied with. Data from this study proved that there were a large number of people surveyed in the Greater Surabaya Region having a high level of awareness (94%) and participation (55%) in tackling and preventing the spread of the Covid-19 outbreak.

Awareness and participation during Social distancing and physical distancing can be done in 2 types, namely: individually: isolating from cases, quarantining from contacts, and encouraging staying at home, involving many people: closing Education institutions, closing workplaces, closing for special populations, such as orphanages, boarding schools, prisons, psychiatric services, cancellation of mass meetings, quarantine orders for buildings or residential areas ^{17, 18}.

During the implementation of social distancing and physical distancing. Everyone is required individually to do the following: washing hands using running water and soap or *hand sanitizers*, clean hygiene behaviors, wearing masks, keeping a distance *(physical distancing)* at least within the range of 1 (one) meters when outside the home, and carry out independent isolation both in the house and/or isolation space; recommended staying at home ^{17, 19}.

In fact, most of the people have already had awareness and participation in handling Covid-19. The results of this study indicated that almost all respondents had very high awareness. The problem was that the culture of the community was still communal and quite strong, so it tent to get along with communal. Therefore

Indonesian live with communal relations and strong social interaction. Therefore, in dealing with Covid-19 community responses vary greatly according to the understanding and awareness of each individual. So, it is natural if there are people who do not obey the rules, but on the other hand not a few people who comply with government regulations in accordance with the provisions, including stay at home.

Many factors affected one's awareness in enforcing rules, including: encouragement from within, and encouragement from outside the self. Public awareness in handling Covid-19 was in accordance with the beliefs, hopes, worries, and desires that exist in each individual community. Self-awareness was the driving force for discipline ²⁰⁻²³.

The non-compliance of some people in enforcing social barriers also depended on the community's knowledge of Covid-19. Behavior displayed by people who did not comply with government appeals was based on cognitive bias ²⁴. Cognitive bias was a systematic error in thinking that affected the decisions and judgments a person makes. Building community awareness must be done by providing education related to the risk of Covid-19 transmission and also emphasizing to live a healthy life, wearing masks, and keeping a distance of ¹⁸, ²¹, ²⁵

Conclusion

Most people who have already had awareness and participation in handling Covid-19 Surabaya with a very high level of awareness and participation, and there was a relationship between awareness and participation in the prevention of Covid-19 in Surabaya. For this reason, it is necessary to build a joint awareness and participation of the city community continuously in preventing Covid-19, through communication, information and education among the community, Covid-19 arrest officers, volunteers and social groups, including religious groups.

Acknowledgements: We gratefully acknowledge the support of the University Muhammadiyah of Surabaya

Ethical Clearance – Taken from Institutional Ethical committee

Conflict of Interest - Nil

Source of Findings: Self

References

- Lai C-C, Shih T-P, Ko W-C, Tang H-J, Hsueh P-R. Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and coronavirus disease-2019 (COVID-19): The epidemic and the challenges. *Int J Antimicrob Agents*. 2020;55(3):105924-.
- 2. Abd El-Aziz TM, Stockand JD. Recent progress and challenges in drug development against COVID-19 coronavirus (SARS-CoV-2) an update on the status. *Infect Genet Evol.* 2020;83:104327-.
- 3. Guo G, Ye L, Pan K, Chen Y, Xing D, Yan K, et al. New Insights of Emerging SARS-CoV-2: Epidemiology, Etiology, Clinical Features, Clinical Treatment, and Prevention. *Front Cell Dev Biol*. 2020;8:410.
- 4. Cucinotta D, Vanelli M. WHO declares COVID-19 a pandemic. *Acta bio-medica: Atenei Parmensis*. 2020;91(1):157-60.
- 5. Li H, Liu S-M, Yu X-H, Tang S-L, Tang C-K. Coronavirus disease 2019 (COVID-19): current status and future perspectives. *Int J Antimicrob Agents*. 2020;55(5):105951-.
- 6. Uddin M, Mustafa F, Rizvi TA, Loney T, Suwaidi HA, Al-Marzouqi AHH, et al. SARS-CoV-2/COVID-19: Viral Genomics, Epidemiology, Vaccines, and Therapeutic Interventions. *Viruses*. 2020;12(5):526.
- 7. Harapan H, Itoh N, Yufika A, Winardi W, Keam S, Te H, et al. Coronavirus disease 2019 (COVID-19): A literature review. *Journal of Infection Public Health*. 2020.
- 8. Djalante R, Lassa J, Setiamarga D, Sudjatma A, Indrawan M, Haryanto B, et al. Review and analysis of current responses to COVID-19 in Indonesia: Period of January to March 2020. *Progress in Disaster Science*. 2020;6:100091-.
- Saefi M, Fauzi A, Kristiana E, Adi WC, Muchson M, Setiawan ME, et al. Survey data of COVID-19related Knowledge, Attitude, and Practices among Indonesian Undergraduate Students. *Data Brief*. 2020:105855.
- Kumar M, Taki K, Gahlot R, Sharma A, Dhangar K. A chronicle of SARS-CoV-2: Part-I - Epidemiology, diagnosis, prognosis, transmission and treatment. Sci Total Environ. 2020;734:139278-.

- 11. Eastman RT, Roth JS, Brimacombe KR, Simeonov A, Shen M, Patnaik S, et al. Remdesivir: A Review of Its Discovery and Development Leading to Emergency Use Authorization for Treatment of COVID-19. ACS Cent Sci. 2020;6(5):672-83.
- 12. Anderson RM, Heesterbeek H, Klinkenberg D, Hollingsworth TD. How will country-based mitigation measures influence the course of the COVID-19 epidemic? *The Lancet*. 2020;395(10228):931-4.
- 13. Lu C-w, Liu X-f, Jia Z-f. 2019-nCoV transmission through the ocular surface must not be ignored. *Lancet*. 2020;395(10224):e39.
- 14. Jin Y, Yang H, Ji W, Wu W, Chen S, Zhang W, et al. Virology, Epidemiology, Pathogenesis, and Control of COVID-19. *Viruses*. 2020;12(4):372.
- 15. Setiati S, Azwar MK. COVID-19 and Indonesia. *Acta Medica Indonesiana*. 2020;52(1):84-9.
- Tosepu R, Gunawan J, Effendy DS, Ahmad LOAI, Lestari H, Bahar H, et al. Correlation between weather and Covid-19 pandemic in Jakarta, Indonesia. Sci Total Environ. 2020;725:138436-.
- 17. Abel T, McQueen D. The COVID-19 pandemic calls for spatial distancing and social closeness: not for social distancing. *Int J Public Health*. 2020;65:231.
- Islam MS, Rahman KM, Sun Y, Qureshi MO, Abdi I, Chughtai AA, et al. Current knowledge of COVID-19 and infection prevention and control strategies in healthcare settings: A global analysis. *Infect Control Hosp Epidemiol*. 2020:1-11.
- 19. Galea S, Merchant RM, Lurie N. The mental health consequences of COVID-19 and physical distancing: The need for prevention and early intervention. *JAMA internal medicine*. 2020.
- 20. Sari DP, Sholihah'Atiqoh N. Hubungan antara pengetahuan masyarakat dengan kepatuhan penggunaan masker sebagai upaya pencegahan penyakit covid-19 di Ngronggah. *Infokes Journal*. 2020;10(1):52-5.
- 21. Fitriasari N. Pencegahan primer membentuk masyarakat sehat di era covid-19. *SALAM: Jurnal Sosial dan Budaya Syar-i*. 2020;7(7).
- 22. Van Bavel JJ, Baicker K, Boggio PS, Capraro V, Cichocka A, Cikara M, et al. Using social and behavioural science to support COVID-19 pandemic response. *Nature Human Behaviour*. 2020:1-12.

- 23. Jiao WY, Wang LN, Liu J, Fang SF, Jiao FY, Pettoello-Mantovani M, et al. Behavioral and Emotional Disorders in Children during the COVID-19 Epidemic. *J Pediatr*. 2020;221:264-6. e1.
- Buana DR. Analisis Perilaku Masyarakat Indonesia dalam Menghadapi Pandemi Virus Corona
- (Covid-19) dan Kiat Menjaga Kesejahteraan Jiwa. *Salam: Jurnal Sosial dan Budaya Syar-i.* 2020;7(3).
- 25. Tobaiqy M, Qashqary M, Al-Dahery S, Mujallad A, Hershan AA, Kamal MA, et al. Therapeutic management of patients with COVID-19: a systematic review. *Infection Prevention in Practice*. 2020;2(3):100061-.