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Knowledge and Attitudes toward Community Behavior in the Coronavirus Disease (COVID-19) Prevention Health Protocol in Aceh Singkil District

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ABSTRACT

The implementation of the coronavirus disease (COVID-19) prevention health protocol is important to reduce the rate of spread of COVID-19 in the community. However, these efforts have not been fully successful due to a lack of knowledge and public awareness. The purpose of this study was to determine the effect of knowledge and attitudes toward community behavior in the coronavirus disease (COVID-19) prevention health protocol in Aceh Singkil District. This research uses quantitative research, with a correlative design and cross sectional approach. The research sample consisted of 110 people of productive age in one of the districts in Aceh Singkil who were selected by accident (accidental sampling). Data analysis used chi-square relationship test and ordinal logistic regression. The results showed that there was a significant effect between knowledge toward community behavior in carrying out the COVID-19 prevention health protocol (p-value=0.000), but there was no effect between attitudes toward community behavior in carrying out the COVID-19 prevention health protocol (p-value=0.258). The proportion of good behavior in the community in implementing the COVID-19 prevention health protocol is 61.8%. Researchers suggest that it is important to make preparedness efforts both facilities and infrastructure, socialization to educate on health protocols for prevention of COVID-19 and collaboration with all elements to strengthen the potential for local wisdom in efforts to prevent COVID-19.

Keywords: Knowledge, Attitudes, Community Behavior, COVID-19

INTRODUCTION

Coronavirus is one of the newest types of infectious disease today which is very scary. Symptoms of this disease can be mild or severe, the disease caused by the Sars-CoV-2 virus is zoonotic. The Sars-CoV-2 virus originates from bats, where based on the findings it was found that all of the viral genome structures have similarities with the isolated coronavirus in bats (Zhou *et al.*, 2020).

The World Health Organization (WHO) reported a case of pneumonia group with unclear etiology in Wuhan City, Hubei Province, China. The transmission of this case continues to develop until there are reports of deaths, on January 30, 2020 it was designated as a public health emergency that was worrying the world and on February 12, 2020 WHO designated it as Coronavirus Disease 2019. The increase in the transmission of these cases made WHO decide that COVID-19 was an epidemic.

The transmission of this COVID-19 case takes place in an epidemic manner and throughout the country it is spreading. WHO on June 13, 2020 reported that 7,553,182 positive cases with 423,349 cases of death (CFR 5.6%) and 136,572 new cases. According to the 2020 WHO report, the comparison of the number of cases in each region is different, the American region is 3,711,768 cases, Europe is 2,398,779 cases, East Mediterranean is 758,551 cases, Southeast Asia is 455,439 cases, West Pacific is 197,864 cases, Africa

is 167,566 cases and more than 215 affected countries and 195 countries where local transmission occurred (World Health Organization, 2020).

This disease when viewed from the symptoms, people would think it was only limited to ordinary influenza. However, the medical analysis of this disease is quite dangerous and deadly. The route of transmission of this virus begins with close contact with a patient infected with COVID-19 (Morfi *et al.*, 2020). Until now, drugs to cure this disease are still in the testing phase (Kementerian Kesehatan, 2020). The World Health Organization (2020) reports that all countries in the world have experienced the impact of the transmission of this disease. The first COVID-19 cases in Indonesia were reported on March 2, 2020, as many as 2 cases and cases of transmission until June 2020 continued to increase, all provinces in Indonesia experienced the impact including Aceh Province.

The Indonesian government initially did not follow the approach adopted by several other countries in providing information about COVID-19, namely the rapid response to COVID-19 preventive socialization. The aim is to reduce fake news by a group of irresponsible people and so that the Indonesian people do not worry about this worrying issue. In the end, the COVID-19 outbreak also became a public concern, because many Indonesians were affected by the spread of COVID-19 (Yunus and Rezki, 2020).

The Aceh Singkil Regency Government through the Aceh Singkil District Health Office reported that the number of cases in October 2020 the number of positive cases of COVID-19 was 84 cases (35 men and 49 women). It is predicted that the number of cases will continue to increase if the Regional Government of Aceh Singkil Regency is less active in carrying out quick reactions to the socialization of COVID-19 prevention.

The government has issued several policies to anticipate and reduce the number of COVID-19 sufferers in Indonesia, including policies regarding health protocols for local communities and public facilities (World Health Organization, 2020). Even though this policy is good in nature, there are still people who ignore its implementation for various reasons so that it has the potential for a greater increase in the number of infections. There is a need for a good understanding to create community behavior in implementing existing health protocols.

The concept of Green and Kreuter (2005) states that health behavior is influenced by predisposing factors, namely factors triggering behavior such as age, knowledge, experience, education, attitudes, beliefs, beliefs, parity and so on; supporting factors, namely factors that support the emergence of behavior such as the physical environment, funds and resources that are organized; and driving factors, namely factors that strengthen or encourage someone to behave that comes from other people. Buana (2020) reports that the behavior of people who do not comply with government calls is based on systematic errors in thinking that affect people's decisions and judgments (cognitive bias). Knowledge is closely related to the decisions he will take, because with knowledge a person has a basis for making choices (Prihantana and Wahyuningsih, 2016). Sari, Sholihah and Atiqoh (2020) research concluded that there is a relationship between public knowledge and compliance with using masks for the prevention of COVID-19.

RESEARCH METHODS

This research is quantitative by using a cross sectional approach, namely data collection at once (point time approach). The data collection for this research was carried out from June to October 2020.

The research population was all of the population of productive age in one of the districts in Aceh Singkil. The research sample obtained by accidental sampling technique with inclusion criteria is people

who live permanently in the selected sub-district, aged over 15 years, residents who have not worked and work in the informal sector, are willing to be interviewed and able to answer the questions asked. Meanwhile, the exclusion criteria are residents who work as Civil Servants, residents who are not willing to be interviewed and have never heard of COVID-19. The sample size in this study was obtained from the calculation using the Slovin formula, namely as many as 110 respondents. The number of samples is believed to be representative of the population.

Sources of data in this study are primary and secondary data. Primary data is data obtained directly from the results of interviews using a questionnaire regarding public knowledge in carrying out COVID-19 prevention health protocols. Secondary data were obtained from the Health Office, books, the Internet and other references. The data that had been obtained were analyzed by using the chi-square test using SPSS 25 software.

The variables in this study are knowledge and attitudes towards community behavior in implementing the health protocol for preventing COVID-19 in Aceh Singkil District. The measuring instrument used to assess these three variables is a questionnaire. The knowledge questionnaire consists of 13 questions with correct and wrong answer choices. Correct is given a score of 1 and wrong score is 0. The attitude questionnaire consists of 15 statements with a choice of answers using a Likert scale. The attitude questionnaire score for positive statements is strongly agree score 4, agree score 3, neutral score 2 and disagree score 1, while for negative statements the score is the opposite. The behavioral questionnaire consists of 12 questions with yes and no choices. The score for the behavior questionnaire for positive questions is yes, given a score of 1 and no score of 0, while for negative questions the score is the opposite. The validity of the questionnaire has been tested with a value of r count 0.705-1>rtable 0.349 and its reliability with alpha cronbach 0.874.

The results of this study were analyzed univariately to obtain a description of the independent and dependent variables. Bivariate analysis was performed to determine the relationship between the independent and dependent variables. This test used chi-square with $p<0.05$ and multivariate was carried out to see which independent variable had the greatest influence on the dependent variable using ordinal regression test with a confidence level of 95% or an alpha value of 5%.

RESULT AND DISCUSSION

RESULT

The results related to the frequency distribution of the characteristics of the respondents in this study consisted of gender, age, education, occupation, ethnicity and marital status. It can be concluded that almost all respondents in this study were mostly male as much as 66.4 percent, the 30-44 year age group was 54.5 percent at most. The most dominant education of respondents is senior high school (44.5 percent) and 28.2 percent of respondents work in the self-employed sector. Based on the respondents with the most ethnic groups were Acehnese as much as 59 percent. Based on the marital status in this study, it was found that 82 percent of the respondents were married.

Based on Table 1, the results of the frequency distribution of the characteristics of the respondents (n=110) can be seen in the table below:

Table 1. Results of the Frequency Distribution of the Characteristics of the Respondents

Characteristics of the Respondents	n	%
Gender		
Male	73	66.4
Female	37	33.6
Age		
15-29	30	27.3
30-45	60	54.5
> 45	20	18.2
Education		
Primary School	14	12.7
Junior High School	13	11.8
Senior High School	49	44.5
Diploma (DI/DII/DIII)	18	16.4
Bachelor (S1/S2/S3)	16	14.5
Occupation		
Not Working/Student	8	7.3
Not Working/Housewife	14	12.7
Farmer	23	20.9
Fisherman	16	14.5
Self-Employed	31	28.2
Private Employees	7	6.4
Freelancer	5	4.5
Etc.	6	5.5
Ethnicity		
Acehnese	59	53.6
Java	11	10.0
Malay	10	9.1
Batak	17	15.5
Mandailing	6	5.5
Minangkabau	3	2.7
Etc.	4	3.6
Marital Status		
Married	82	74.5
Single	19	17.3
Divorced	4	3.6
Death Divorce	5	4.5

Based on the results of data processing for categorizing public knowledge of the COVID-19 prevention health protocol with 110 respondents, 70 respondents were knowledgeable. The results of categorization can be seen in the table below:

Table 2. Frequency Distribution of Respondents by Knowledge Category about Health Protocols Health Prevention of COVID-19

No	Knowledge	n	%
1	Less	5	4.5
2	Enough	35	31.8
3	Good	70	63.6
Total		110	100

Based on Table 2 above, it can be concluded that the proportion of respondents who have knowledge of COVID-19 prevention health protocols in the good category is 63.6%, enough is 31.8% who have less knowledge of 4.5%.

Based on the results of data processing for categorizing people's attitudes towards the health protocol for preventing COVID-19 with 110 respondents, 69 respondents were obtained with sufficient attitudes. The results of categorization can be seen in the table below:

Table 3. Frequency Distribution of Respondents by Attitudes Category about Health Protocols Health Prevention of COVID-19

No	Attitudes	n	%
1	Less	2	1.8
2	Enough	69	62.7
3	Good	39	35.5
Total		110	100

Based on Table 3 above, it can be concluded that the proportion of respondents who have attitudes about the health protocol for preventing COVID-19 in the enough category is 62.7%, good 35.5% and those who have a less of attitude are 1.8%.

Based on the results of data processing for categorizing people's behavior towards the health protocol for prevention of COVID-19 with 110 respondents, 68 respondents were obtained with good behavior. The results of categorization can be seen in the table below:

Table 4. Frequency Distribution of Respondents by Behavior Category about Health Protocols Health Prevention of COVID-19

No	Behavior	n	%
1	Less	4	3.6
2	Enough	38	34.5
3	Good	68	61.8
Total		110	100

Based on Table 4 above, it can be concluded that the proportion of respondents who have good behavior about the COVID-19 preventive health protocol is 61.8%, 34.5% sufficient and those with less behavior are 3.6%.

Table 5 Data analysis of the relationship between knowledge, attitudes towards people's behavior in implementing the health protocol for prevention of COVID-19 with the chi-square test, it is known that the knowledge variable is 70 respondents with good knowledge, there are 55 respondents (78.6%) who have good behavior in carrying out the COVID-19

prevention health protocol. As many as 35 respondents with sufficient knowledge, there were 11 respondents (31.4%) who had good behavior. As many as 5 respondents with insufficient knowledge, 2 respondents (40.0%) had good behavior. The results of the analysis of the relationship between knowledge and community behavior in carrying out the COVID-19 prevention health protocol using the Chi-Square test obtained a value of p=0.000, which means that there is a significant relationship between knowledge and people's behavior in carrying out the COVID-19 prevention health protocol.

The attitude variable based on the results of cross tabulation on people's behavior in implementing the COVID-19 prevention health protocol shows that as many as 39 respondents with good attitudes, there are 32 respondents (82.1%) who have good behavior in implementing the COVID-19 prevention health protocol. A total of 69 respondents with sufficient attitudes, there are 36 respondents (52.2%) who have good behavior. The results of the analysis of the relationship between attitudes and community behavior in implementing the COVID-19 prevention health protocol using the chi-square test obtained a value of p=0.004, meaning that there is a significant relationship between attitudes and community behavior in carrying out the COVID-19 prevention health protocol. The results of the research can be seen in Table 5 below:

Table 5. Bivariate Analysis of Independent Variables on Community Behavior in Implementing COVID-19 Prevention Health Protocol

Variable	Community Behavior						Total		ρ value
	Less		Enough		Good				
	n	%	n	%	n	%	n	%	
Knowledge									
Less	1	20.0	2	40.0	2	40.0	5	100	0.000
Enough	2	5.7	22	62.9	11	31.4	35	100	
Good	1	1.4	14	20.0	55	78.6	70	100	
Attitudes									
Less	0	0.0	2	100.0	0	0.0	2	100	0.004
Enough	2	2.9	31	44.9	36	52.2	69	100	
Good	2	5.1	5	12.8	32	82.1	39	100	

Table 6 Multivariate analysis through ordinal regression test found that the knowledge variable had a p-value=0.001. This shows that the knowledge variable has the most dominant influence on people's behavior in implementing the COVID-19 prevention health protocol. Knowledge variable with a value of p=0.001 and estimate=1.540. The odds ratio of knowledge is $e^{1.540}$=4.6. This means that the influence of good knowledge has a 4.6 times chance of behaving well in carrying out the COVID-19 prevention health protocol.

Table 6. Multivariate Analysis of Independent Variables on Community Behavior in Implementing COVID-19 Prevention Health Protocol

Variable	Estimate	Std.Error	Wald	df	Sig	95 % CI	
						Lower	Upper
Behavior	0.883	0.870	1.030	1	0.310	-0.822	2.587
Knowledge	1.540	0.445	11.961	1	0.001	0.667	2.413
Attitudes	0.556	0.491	1.282	1	0.258	-0.407	1.520

DISCUSSION

Based on the results of the ordinal regression test, it was found that the knowledge variable had an effect on people's behavior in implementing the COVID-19 prevention health protocol in Aceh Singkil District with a coefficient value of p-value=0.001. This shows that if knowledge can be improved properly, people's behavior in carrying out the health protocol for preventing COVID-19 will also improve well. These findings are almost the same as the results of research by Purnamasari and Raharyani (2020) which

concluded that there is a significant relationship between knowledge and people's behavior about COVID-19. Sari, Sholihah and Atiqoh (2020) research results also concluded that there is a relationship between public knowledge and compliance with the use of masks as an effort to prevent COVID-19. The research results of Wiranti, Sriatmi and Kusumastuti (2020) also state that there is a relationship between knowledge and community compliance with large-scale social restriction policies in preventing COVID-19. The results of research by Yuliastuti, Novita and Narsih (2014) explain that behavior is strongly influenced by knowledge because knowledge will form a belief that will perceive reality and determine behavior towards certain objects so that it will influence someone's behavior.

Knowledge is the result of everything that is known with respect to an object. Knowledge is a very important domain in shaping a person's behavior (Azwar, 2011). Knowledge of the COVID-19 disease is very important so as not to cause an increase in the number of cases of COVID-19. Knowledge plays an important role in determining complete behavior because knowledge forms trust which further perceives reality, provides a basis for decision making and determines the behavior of certain objects so that it influences someone's behavior. The results of this study were 70 respondents with good knowledge, as many as 55 (78.6%) had good behavior in carrying out the COVID-19 prevention health protocol, while 35 respondents had sufficient knowledge, as many as 11 (31.4%) behaved well in carrying out the COVID-19 prevention health protocol. As many as 5 respondents lacked knowledge, as many as 2 (40.0%) had good behavior in implementing the COVID-19 prevention health protocol. The results of this study are in line with research conducted by Yanti et al. (2020) which concluded that public knowledge about the COVID-19 pandemic was in the good category, namely 70%. Purnamasari and Raharyani research results (2020) also concluded that public knowledge about COVID-19 was in the good category, namely 90% and only 10% in the sufficient category.

The knowledge in this research is all things related to all information about coronavirus including signs and symptoms, information on causes, triggers and management. Besides that, knowledge refers to the COVID-19 prevention health protocol, such as hand hygiene behavior using hand sanitizers or washing hands with soap, avoiding touching the eyes, nose and mouth. Implementing coughing and sneezing ethics by covering the nose and mouth with the inner upper arm or tissue, using a mask if you have respiratory symptoms and keeping a distance (at least 1 meter) from other people. someone has a foundation for making choices (Prihantana and Wahyuningsih, 2016).

Based on the results of this study, the education group of respondents who were found to be most educated with high school graduation was 44.5% meaning that education is an activity, human effort or a process of changing behavior towards maturity and the improvement of human life. The benchmarks of a person's education can be seen from their knowledge, from the results of this study it is known that the respondent has graduated from basic education so that the respondent is considered capable of receiving information about a disease, especially matters related to coronavirus disease. The higher the education level of the respondents, the better the reception of information about preventing transmission of coronavirus.

The results of this study are in accordance with the theory of Green and Kreuter (2005) which states that someone who is highly knowledgeable is more likely to behave well in the health sector where he will seek treatment and take preventive measures to avoid disease. The results of this study are supported by the results of research by Adliyani, Anggraini and Soleha (2017) which found that there was an

influence between the level of knowledge of citizens and clean living behavior and the results of the research by Pauzan and Fatih (2017) showed that p=<0.01 means that there is a significant relationship between knowledge with hand washing behavior. The research results of Lestari (2019) also state that there is a relationship between knowledge and the act of washing hands where the p value is 0.009. Knowledge is the domain for the formation of a person's behavior, if someone's knowledge is good about something, that behavior will be followed.

According to the analysis and the results of interviews conducted by researchers with respondents, they stated that all this time they only knew and heard about this coronavirus from television and social media, they did not know for sure the symptoms of the disease, the source of the disease and the mode of transmission of the disease, they assumed that this coronavirus disease was like common cold. Health officials stated that in this case the increase in public knowledge had actually been carried out by disseminating information such as health counseling at puskesmas, through banners, billboards and leaflets, providing medical equipment and isolating places for people without symptoms, washing hands, tracking cases, spraying disinfectants, monitoring patients and self-prevention procedures against disease, however, the obstacle to public awareness in implementing COVID-19 prevention health protocols is still lacking. Besides that, the implementation of health protocols in public facilities, crowded places and offices is still weak. Health officials also stated that COVID-19 is a new disease, so it is necessary to increase knowledge capacity in handling COVID-19 patients. The role of the community and health workers is very important in breaking the chain of transmission of COVID-19 in Aceh Singkil District and the local government through the Aceh Singkil District Health Office to continue to provide information about coronavirus so that those who previously did not know would know and be able to overcome health problems for yourself and others.

Based on the results of the ordinal regression test, it was found that the attitude variable had no effect on people's behavior in implementing the COVID-19 prevention health protocol in Aceh Singkil District with a coefficient value of p-value=0.258. This shows that attitudes with insufficient behavior in implementing the health protocol for preventing COVID-19 in Singkil District in Aceh Singkil District have a risk of contracting 1,740 times compared to respondents who have good attitudes. The results of this study are different from the research conducted by Wiranti, Sriatmi and Kusumastuti (2020) which states that there is a relationship between attitudes and community compliance with large-scale social restriction policies in preventing COVID-19. The results of research conducted by Layan, Akili and Rombot (2016) also stated that the attitude variable was significantly related to actions in preventing malaria in the work area of the East Bacan Community Health Center, South Halmahera Regency. Research conducted by Lestari (2019) also states that there is a relationship between attitude and the act of washing hands, namely with a p value of 0.017. The results of research by Gunawan and Mudayana (2016) also state that the attitude variable is related to the behavior of using personal protective equipment in part workers. production. Attitude clearly shows the suitability of reactions to certain stimuli. This shows that the greater the feeling of not wanting to contract the COVID-19 disease, the more it will increase the intention to take precautions from the COVID-19 disease. So that when someone responds to something well, it results in a good behavior and vice versa.

CONCLUSION

Based on the results of the research and discussion described above, it can be concluded that there is an influence between

knowledge and community behavior in carrying out COVID-19 prevention health protocols. According to the results of the study, researchers suggest that related parties continue to make efforts to increase knowledge about COVID-19 and COVID-19 prevention health protocols to prevent and avoid the public from the risk of contracting the COVID-19 disease.

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