Data Article

Data on attitudes, religious perspectives, and practices towards COVID-19 among Indonesian residents: a quick online cross-sectional survey

Zulvikar Syambani Ulhaq¹,*, Risma Aprinda Kristanti¹, Achmad Arief Hidayatullah¹, Lailia Nur Rachma¹, Nurlaili Susanti¹, Aulanni'am Aulanni'am²,*

¹ Faculty of Medicine and Health Sciences, Maulana Malik Ibrahim State Islamic University of Malang, Batu, Indonesia
² Faculty of Science, Brawijaya University, Malang, Indonesia

Article history:
Received 25 July 2020
Revised 29 August 2020
Accepted 31 August 2020
Available online 5 September 2020

Keywords:
Survey data
Online questionnaire
Cross-sectional
COVID-19
Indonesian residents
Attitude
Religious perspective
Practice

Abstract

Although previously large-scale social restrictions were implemented by the Indonesian government, the total number of coronavirus cases is overcome China in the global ranking per July 18th, 2020, implying a higher infection rate among Indonesian residents. The surge of new coronavirus cases started since the loosening of large-scale social restrictions, thereby implicating that public gathering (including religious gathering) evidently increases transmission [1]. It has been reported that Indonesia’s coronavirus disease-19 (COVID-19) mortality rate is the second-highest among Southeast Asian Nations, which may be associated with several health determinants, including biochemical factors and health comorbidity [2–7]. Because people's adherence to control measures is affected by their attitudes, religious perspectives, and practices (ARP) towards COVID-19. Hence, the information regarding Indonesian's ARP towards COVID-19 post-large-scale social restrictions is required. The data were collected via an online questionnaire, including demographic information (7 items), attitude and practice (5 items), and religious perspec-

* Corresponding authors.
E-mail addresses: zulhaq@kedokteran.uin-malang.ac.id (Z.S. Ulhaq), aulani@ub.ac.id (A. Aulanni’am).

https://doi.org/10.1016/j.dib.2020.106277
2352-3409/© 2020 The Author(s). Published by Elsevier Inc. This is an open access article under the CC BY license (http://creativecommons.org/licenses/by/4.0/)
tive and practice (5 items), from July 11 – 18, 2020, collecting a total of 1,345 respondents. Although our data collection did not provide other precautionary measures (e.g., adequate ventilation). It is notable that most of the religious venues are having a close ventilation system. Hence, this may contribute to the propagation of SARS-CoV-2 transmission [8]. Altogether, these data will help in determining non-health-related factors to prevent the spread of COVID-19.

© 2020 The Author(s). Published by Elsevier Inc. This is an open access article under the CC BY license (http://creativecommons.org/licenses/by/4.0/)

Specifications Table

| Subject                | Public health                                                                 |
|-----------------------|-------------------------------------------------------------------------------|
| Specific subject area | Health psychology, Social psychology                                         |
| Type of data          | Primary data, tables                                                          |
| How data were acquired| Data were collated utilizing an online survey platform (Google forms)         |
| Data format           | Raw and analyzed                                                              |
| Parameters for data collection | The survey data was obtained from 1,354 respondents of Indonesian residents with internet access. |
| Description of data collection | The data was conducted through an online questionnaire. Relying on the authors’ network, one-page recruitment information was posted/reposted via Whatsapp. |
| Data source location  | Region: Asia; Country: Indonesia                                              |
| Data accessibility    | Data is accessible at Mendeley Repository [https://data.mendeley.com/datasets/nswtwm7j8k/1](https://data.mendeley.com/datasets/nswtwm7j8k/1) |

Value of Data

- This data describes the attitude, religious perspective, and practice among Indonesian residents toward COVID-19.
- This data is useful for researchers who want to compare similar studies regarding attitude, religious perspective, and practice toward COVID-19 in the different populations.
- This data may help the leaders and policymakers to evaluate and prevent non-health-related factors associated with the spread of COVID-19.

1. Data Description

A total of 1,354 participants completed the questionnaire on attitude, religious perspective, and practice among Indonesian residents toward COVID-19 (Table 1), which then was divided according to demographic characteristics (Table 2). The detailed responses on attitude, religious perspective, and practice toward COVID-19 by participants are presented in Table 3–4. Factors associated with attitude, religious perspective, and practice toward COVID-19 are depicted in Table 5.

2. Experimental Design, Materials and Methods

2.1. Participants

This cross-sectional survey was conducted from July 11 – 18, 2020. Data collection relied on the authors’ network; one-page recruitment information was posted/reposted via Whatsapp.
Table 1
Questionnaire of attitude, religious perspective, and practice towards COVID-19

| Questions                                                                 | Options                               |
|---------------------------------------------------------------------------|---------------------------------------|
| Attitude and practice                                                    |                                       |
| A1. Do you think physical distancing effectively cut the spread of SARS-CoV-2 infection? | Yes, not sure, no                     |
| A2. Do you feel anxious about getting infected with SARS-CoV-2?           | Yes, not sure, no                     |
| A3. Do you think it is necessary to perform more radical control such as “comprehensive large-scale social restriction or lockdown” one more time as the new cases growing rapidly in the last few days? | Yes, not sure, no                     |
| AP1. Have you applied health protocol regarding COVID-19 prevention (worn mask, washed hands) when you were outside home and in a crowded place? | Always, occasionally, never           |
| AP2. Have you applied health protocol regarding COVID-19 prevention (worn mask, washed hands) when you were home after traveling/working outside? | Always, occasionally, never           |
| Religious perspective and practice                                        |                                       |
| R1. Do you think it is possible to pray and gather in the place of worship during the pandemic? | Yes, not sure, no                     |
| R2. Are the place of worship conducted COVID-19 prevention control correctly? | Yes, not sure, no                     |
| R3. Does social distancing in the place of worship make you feel safe from SARS-CoV-2 infection? | Yes, not sure, no                     |
| RP1. In the recent days, have you prayed in the place of worship other than in your home? | Yes, no                               |
| RP2. How often did you pray and gather in the place of worship during “new normal or post large-scale social restrictions” was implemented? | Always, occasionally, never           |

Table 2
Demographic characteristics of participants (n = 1,354)

| Characteristics                                      | Number of participants (%) |
|------------------------------------------------------|---------------------------|
| Gender                                              |                           |
| Male                                                 | 368 (27.18)               |
| Female                                               | 986 (72.82)               |
| Age group (years)                                   |                           |
| < 30                                                 | 939 (69.35)               |
| ≥ 30                                                 | 415 (30.65)               |
| Last education                                      |                           |
| High school                                          | 437 (32.27)               |
| Associate degree                                     | 222 (16.40)               |
| Bachelor degree                                      | 499 (36.85)               |
| Master degree                                        | 149 (11.00)               |
| Doctoral degree                                      | 47 (3.48)                 |
| Majors of current education or major of education    |                           |
| Medicine related science                             | 1,044 (77.10)             |
| Science and technology                               | 195 (14.40)               |
| Social science and humanities                        | 115 (8.50)                |
| Occupation                                           |                           |
| Students                                             | 664 (49.03)               |
| Teachers                                             | 168 (12.41)               |
| Health practitioners                                 | 382 (28.21)               |
| Government and administration related job            | 33 (2.89)                 |
| Others                                               | 107 (7.90)                |
| Religion                                             |                           |
| Islam                                                | 1,167 (86.19)             |
| Protestantism                                        | 89 (6.57)                 |
| Roman Catholicism                                    | 55 (4.06)                 |
| Hinduism                                             | 33 (2.44)                 |
| Buddhism                                             | 9 (0.66)                  |
| Confucianism                                         | 1 (0.08)                  |
| Place of current residence                           |                           |
| City                                                 | 943 (69.65)               |
| Rural                                                | 411 (30.35)               |
Table 3
Attitude and practice towards COVID-19 by demographic variables*

| Characteristic                  | A1: physical distancing cut the spread of SARS-CoV-2 | A2: feeling anxious being infected with SARS-CoV-2 | A3: large-scale social restriction need to be re-implemented | AP1: COVID-19 prevention in a crowded place | AP2: COVID-19 prevention after traveling or working outside |
|--------------------------------|------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------|--------------------------------------|-------------------------------------------------------------|
|                                | Y | NS | N  | Y | NS | N  | Y | NS | N  | Y | NS | N  | A  | O  | NV | A  | O  | NV |
| Gender                         |                           |                                                    |                                                             |                                      |                                                |
| Male                           | 338 | 27 | 3  | 262 | 57 | 49 | 268 | 66 | 34  | 320 | 35 | 13  | 323 | 36 | 9   |
| Female                         | 931 | 51 | 4  | 773 | 133| 78 | 775 | 165| 46  | 926 | 46 | 14  | 935 | 42 | 9   |
| Age group (years) < 30         | 878 | 59 | 2  | 712 | 146| 81 | 708 | 178| 53  | 860 | 57 | 22  | 875 | 53 | 11  |
| Age group (years) ≥ 30         | 391 | 19 | 5  | 323 | 46 | 46 | 335 | 53 | 27  | 386 | 24 | 5   | 383 | 25 | 7   |
| Last education                 |                           |                                                    |                                                             |                                      |                                                |
| High school                    | 401 | 33 | 3  | 325 | 76 | 36 | 325 | 85 | 27  | 403 | 24 | 10  | 410 | 24 | 3   |
| Associate degree               | 218 | 4  | 0  | 179 | 29 | 0  | 196 | 17 | 9   | 197 | 16 | 9   | 202 | 12 | 8   |
| Bachelor degree                | 469 | 29 | 1  | 391 | 61 | 47 | 372 | 100| 27  | 462 | 31 | 6   | 465 | 29 | 5   |
| Master degree                  | 136 | 11 | 2  | 110 | 24 | 15 | 119 | 19 | 11  | 141 | 7 | 1   | 139 | 8 | 2   |
| Doctoral degree                | 45  | 1  | 1  | 33  | 9  | 5  | 31  | 10 | 6   | 43  | 3 | 1   | 42  | 5 | 0   |
| Major of education             |                           |                                                    |                                                             |                                      |                                                |
| Medicine related science       | 987 | 52 | 5  | 795 | 148| 101| 824 | 166| 54  | 963 | 58 | 23  | 981 | 48 | 15  |
| Science and technology         | 178 | 17 | 0  | 153 | 33 | 9  | 137 | 41 | 17  | 176 | 16 | 3   | 171 | 21 | 3   |
| Social science and humanities  | 104 | 9  | 2  | 87  | 11 | 17 | 82  | 24 | 9   | 107 | 7 | 1   | 106 | 9 | 0   |

(continued on next page)
| Characteristic | Attitudes and practice, n (%) |
|---------------|------------------------------|
|               | A1: physical distancing cut the spread of SARS-CoV-2 | A2: feeling anxious being infected with SARS-CoV-2 | A3: large-scale social restriction need to be re-implemented | AP1: COVID-19 prevention in a crowded place | AP2: COVID-19 prevention after traveling or working outside |
|               | Y   | NS  | N   | Y   | NS  | N   | Y   | NS  | N   | Y   | O   | NV | Y   | O   | NV |
| Occupation    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Students      | 617 | 45  | 2   | 2   | 117 | 49  | 49  | 146 | 38  | 480 | 146 | 38  | 607 | 42  | 15  |
| Teachers      | 158 | 7   | 3   | 128 | 23  | 17  | 125 | 30  | 13  | 328 | 35  | 19  | 354 | 22  | 6   |
| Health        | 370 | 10  | 2   | 298 | 38  | 46  | 328 | 35  | 19  | 304 | 22  | 6   | 358 | 18  | 6   |
| practitioners |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Government    | 33  | 0   | 0   | 28  | 2   | 3   | 30  | 2   | 1   | 29  | 2   | 2   | 31  | 2   | 0   |
| and          |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| administration|     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| related job   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Others        | 91  | 16  | 0   | 83  | 12  | 12  | 80  | 18  | 13  | 99  | 6   | 2   | 100 | 5   | 2   |
| Place of      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| current       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| residence     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| City          | 881 | 55  | 7   | 746 | 116 | 81  | 721 | 133 | 60  | 877 | 48  | 18  | 885 | 48  | 10  |
| Rural         |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
|               | 388 | 23  | 0   | 289 | 76  | 46  | 313 | 78  | 20  | 369 | 33  | 9   | 373 | 30  | 8   |

* Religion was not included; A, always; N, no; NS, not sure; NV, never; O, occasionally; Y, yes.
Table 4
Religious perspective and practice towards COVID-19 by demographic variables

| Characteristic | Religious perspective and practice, n (%) |
|---------------|------------------------------------------|
|               | R1: possibility to pray and gather during the pandemic | R2: the place of worship conducted COVID-19 prevention control correctly | R3: social distancing in the place of worship make you feel safe from SARS-CoV-2 infection | RP1: pray in the place of worship other than home | RP2: how often did you pray and gather in the place of worship during “new normal" |
|               | Y | NS | N | Y | NS | N | Y | NS | N | Y | N | A | O | N |
| Gender        |    |    |   |    |    |   |    |    |   |    |    |    |    |    |
| Male          | 178 | 122 | 68 | 253 | 78 | 37 | 237 | 97 | 34 | 255 | 113 | 77 | 214 | 77 |
| Female        | (48.37) | (33.15) | (18.48) | (68.75) | (21.20) | (10.05) | (64.40) | (26.36) | (9.24) | (69.29) | (30.71) | (20.92) | (58.16) | (20.92) |
| Age group     |    |    |   |    |    |   |    |    |   |    |    |    |    |    |
| < 30          | 302 | 452 | 185 | 614 | 222 | 103 | 599 | 277 | 63 | 345 | 594 | 71 | 393 | 475 |
| ≥ 30          | (32.16) | (48.14) | (19.70) | (65.39) | (23.64) | (10.97) | (63.79) | (29.50) | (6.71) | (36.74) | (63.26) | (7.56) | (41.85) | (50.59) |
| Last education|    |    |   |    |    |   |    |    |   |    |    |    |    |    |
| High school   | 125 | 227 | 85 | 288 | 106 | 43 | 274 | 137 | 26 | 153 | 284 | 32 | 171 | 234 |
| Associate     | (28.60) | (51.95) | (19.45) | (65.90) | (24.26) | (9.84) | (62.70) | (31.35) | (5.95) | (35.01) | (64.99) | (7.32) | (39.13) | (53.55) |
| BS degree     | 93  | 90  | 39 | 181 | 26  | 15 | 163 | 48  | 11 | 102 | 120 | 30 | 104 | 88  |
| Bachelor      | (41.89) | (40.54) | (17.57) | (81.53) | (11.71) | (6.76) | (73.42) | (21.62) | (4.95) | (45.95) | (54.05) | (13.51) | (46.85) | (39.64) |
| Master degree | 169 | 211 | 119 | 304 | 123 | 72 | 314 | 143 | 42 | 190 | 309 | 40 | 219 | 240 |
| Master        | (33.87) | (42.28) | (23.85) | (60.92) | (24.65) | (14.43) | (62.93) | (28.66) | (8.42) | (38.08) | (61.92) | (8.02) | (43.89) | (48.10) |
| Major of education |    |    |   |    |    |   |    |    |   |    |    |    |    |    |
| Medicine related science | 338 | 475 | 231 | 702 | 233 | 109 | 684 | 290 | 70 | 400 | 644 | 88 | 438 | 518 |
| Science and technology | (32.38) | (45.50) | (22.13) | (67.24) | (22.32) | (10.44) | (65.52) | (27.78) | (6.70) | (38.31) | (61.69) | (8.43) | (41.95) | (49.62) |
| Social science and humanities | 77  | 77  | 41 | 126 | 45  | 24 | 117 | 62  | 16 | 83  | 112 | 25 | 81  | 89  |
|                | (39.49) | (39.49) | (21.03) | (64.62) | (23.08) | (12.31) | (60.00) | (31.79) | (8.21) | (42.56) | (57.44) | (12.82) | (41.54) | (45.64) |
|                | 43  | 36  | 36 | 73  | 27  | 15 | 65  | 34  | 16 | 50  | 65  | 10 | 55  | 50  |
|                | (37.39) | (31.30) | (31.30) | (63.48) | (23.48) | (13.04) | (56.52) | (29.57) | (13.91) | (43.48) | (56.52) | (8.70) | (47.83) | (43.48) |

(continued on next page)
Table 4 (continued)

| Characteristic                                      | R1: possibility to pray and gather during the pandemic | R2: the place of worship conducted COVID-19 prevention control correctly | R3: social distancing in the place of worship make you feel safe from SARS-CoV-2 infection | RP1: pray in the place of worship other than home | RP2: how often did you pray and gather in the place of worship during “new normal” |
|-----------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------------------------------------------------|
|                                                     | Y  | NS | N  | Y  | NS | N  | Y  | NS | N  | Y  | N  | A  | O  | NV |
| Occupation                                          |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Students                                            | 200 | 340 | 124 | 429 | 170 | 65  | 424 | 204 | 36  | 239 | 425 | 46  | 262 | 356 |
| Teacher                                             | 52  | 58  | 58  | 102 | 44  | 22  | 101 | 49  | 18  | 79  | 89  | 22  | 64  | 82 |
| Health practitioners                                | 151 | 142 | 89  | 289 | 60  | 33  | 259 | 94  | 29  | 161 | 221 | 45  | 185 | 152 |
| Government and administration related job           | 14  | 9   | 10  | 23  | 7   | 3   | 23  | 7   | 3   | 8   | 25  | 5   | 8   | 20 |
| Others                                              | 41  | 39  | 27  | 58  | 24  | 25  | 58  | 32  | 16  | 46  | 61  | 5   | 55  | 47 |
| City                                                | 293 | 412 | 238 | 647 | 207 | 89  | 602 | 267 | 74  | 346 | 597 | 87  | 354 | 502 |
| Rural                                               | 165 | 176 | 70  | 254 | 98  | 59  | 264 | 119 | 28  | 187 | 224 | 36  | 220 | 155 |
| Place of current residence                          |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| City                                                | (31.07) | (43.69) | (25.23) | (68.61) | (21.95) | (9.44) | (63.84) | (28.31) | (7.85) | (36.69) | (63.31) | (9.23) | (37.54) | (53.23) |
| Rural                                               | (40.15) | (42.82) | (17.03) | (61.80) | (23.84) | (14.36) | (64.23) | (28.95) | (6.81) | (45.50) | (54.50) | (8.76) | (53.53) | (37.71) |

* Religion was not included; A, always; N, no; NS, not sure; NV, never; O, occasionally; Y, yes.
Table 5
Results of multiple binary logistic regression analysis on factors significantly associated with attitudes, religious perspectives, and practice toward COVID-19

| Variable                                                                 | OR (95% CI)       | P     |
|--------------------------------------------------------------------------|-------------------|-------|
| **Attitude and practice**                                                |                   |       |
| A1: not sure if physical distancing is able to cut the spread of SARS-CoV-2 (vs. yes) |                   |       |
| Gender (female vs. male)                                                 | 0.60 (0.36 – 0.99) | 0.047 |
| Occupation (government and administration related job vs. teacher)       | 0.20 (0.08 – 0.49) | 0.000 |
| Occupation (government and administration related job vs. student)       | 0.19 (0.06 – 0.58) | 0.003 |
| Occupation (government and administration related job vs. other)         | 0.35 (0.15 – 0.81) | 0.014 |
| A2: not feeling anxious if being infected with SARS-CoV-2 (vs. yes)     |                   |       |
| Gender (female vs. male)                                                 | 0.54 (0.36 – 0.81) | 0.003 |
| Major of education (medicine related science vs. social science and humanities) |                   |       |
| A2: not sure to feel anxious if being infected with SARS-CoV-2 (vs. yes) |                   |       |
| Last education (high school vs. associate degree)                       | 0.29 (0.09 – 0.88) | 0.029 |
| Last education (high school vs. undergraduate degree)                   | 0.26 (0.08 – 0.79) | 0.018 |
| Last education (high school vs. master degree)                         | 0.28 (0.10 – 0.80) | 0.017 |
| Place of current residence (city vs. rural)                             | 0.56 (0.41 – 0.78) | 0.001 |
| A3: large-scale social restriction need to be re-implemented (vs. no)    |                   |       |
| Gender (female vs. male)                                                 | 0.48 (0.30 – 0.78) | 0.003 |
| AP1: always performing COVID-19 prevention in a crowded place (vs. no)   |                   |       |
| Gender (female vs. male)                                                 | 0.30 (0.14 – 0.67) | 0.003 |
| AP1: always performing COVID-19 prevention in a crowded place (vs. occasionally) |                   |       |
| Gender (female vs. male)                                                 | 0.45 (0.28 – 0.72) | 0.001 |
| Place of current residence (city vs. rural)                             | 0.62 (0.39 – 0.99) | 0.044 |
| AP2: always performing COVID-19 prevention after traveling or working outside (vs. never) |                   |       |
| Gender (female vs. male)                                                 | 0.32 (0.12 – 0.84) | 0.020 |
| AP2: always performing COVID-19 prevention after traveling or working outside (vs. occasionally) |                   |       |
| Gender (female vs. male)                                                 | 0.43 (0.26 – 0.69) | 0.001 |
| **Religious perspective and practice**                                   |                   |       |
| R1: it is not possible to pray and gather during the pandemic (vs. yes)  |                   |       |
| Gender (female vs. male)                                                 | 2.41 (1.70 – 3.42) | 0.000 |
| Place of current residence (city vs. rural)                              | 1.84 (1.31 – 2.59) | 0.000 |
| R1: not sure whether it is possible to pray and gather during the pandemic (vs. yes) |                   |       |
| Gender (female vs. male)                                                 | 2.15 (1.61 – 2.86) | 0.000 |
| Major of education (medicine related science vs. science and technology) | 1.65 (1.00 – 2.73) | 0.049 |
| Place of current residence (city vs. rural)                              | 1.38 (1.05 – 1.82) | 0.020 |
| R2: the place of worship is not conducted COVID-19 prevention control correctly (vs. yes) |                   |       |
| Last education (high school vs. master degree)                          | 4.49 (1.11 – 18.20) | 0.035 |
| Occupation (government and administration related job vs. teacher)       | 0.26 (0.13 – 0.49) | 0.000 |
| Occupation (government and administration related job vs. other)         | 0.28 (0.14 – 0.55) | 0.000 |
| Place of current residence (city vs. rural)                              | 0.56 (0.39 – 0.82) | 0.003 |
| R2: not sure whether the place of worship conducted COVID-19 prevention control correctly (vs. yes) |                   |       |
| Last education (high school vs. undergraduate degree)                   | 0.31 (0.12 – 0.79) | 0.014 |
| Occupation (government and administration related job vs. teacher)       | 0.53 (0.29 – 0.97) | 0.039 |
| R3: social distancing in the place of worship make you feel safe from SARS-CoV-2 infection (vs. no) |                   |       |
| Occupation (government and administration related job vs. others)        | 0.26 (0.11 – 0.62) | 0.002 |
| RP1: not going to pray in the place of worship other than home (vs. yes)  |                   |       |
| Gender (female vs. male)                                                 | 5.88 (4.48 – 7.72) | 0.000 |
| Occupation (government and administration related job vs. health practitioners) | 2.78 (1.06 – 7.24) | 0.037 |
| Place of current residence (city vs. rural)                              | 1.54 (1.19 – 1.99) | 0.001 |
| RP2: never going to pray and gather in the place of worship during “new normal” (vs. always) |                   |       |
| Gender (female vs. male)                                                 | 13.75 (8.64 – 21.87) | 0.000 |
| Occupation (government and administration related job vs. teacher)       | 0.15 (0.03 – 0.65) | 0.012 |
| RP2: never going to pray and gather in the place of worship during “new normal” (vs. occasionally) |                   |       |
| Gender (female vs. male)                                                 | 4.52 (3.33 – 6.14) | 0.000 |
| Occupation (government and administration related job vs. health practitioners) | 2.74 (1.06 – 7.08) | 0.038 |
| Place of current residence (city vs. rural)                              | 2.11 (1.63 – 2.75) | 0.000 |
This information contained a brief introduction about the survey, voluntary nature of participation, declarations of anonymity and confidentiality, and the link of the online questionnaire. Persons who were of Indonesian nationality, aged 16 years or more, and willing to participate were directed to complete the survey.

2.2. Measures

The questionnaire consisted of three parts: demographics, attitudes and practices, and religious perspectives and practices. Demographic variables included age, gender, last education, major of education or current education, occupation, place of current residence (city vs. rural), and religion. Attitudes and practices toward COVID-19 were evaluated by questions A1 – A3 and AP1 – 2 (Table 1), while religious perspectives and practices were measured by questions R1 – R3 and RP1 – 2 (Table 1).

2.3. Statistical analysis

Frequencies of attitudes, religious perspectives, and practices were tabulated. Attitudes, religious perspectives, and practices of different persons according to demographic characteristics (excluding religion) were compared with the Chi-square test. The binary logistic regression method was used to identify factors associated with attitudes, religious perspectives, and practices. Data analyses were conducted with SPSS version 25 for Mac. A p-value of less than 0.05 (two-sided) was considered significant.

2.4. Ethical statement

This survey was approved by the Ethics Committee of Brawijaya University, Malang-Indonesia, with reference No. 062-KEP-UB-2020.

Funding

This survey did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors

Declaration of Competing Interest

None to declare.

Supplementary materials

Supplementary material associated with this article can be found, in the online version, at doi:10.1016/j.dib.2020.106277.

References

[1] SA Quadri, COVID-19 and religious congregations: implications for spread of novel pathogens, Int J Infect Dis 96 (2020) 219–221, doi:10.1016/j.ijid.2020.05.007.
[2] ZS Ulhaq, GV Soraya, Interleukin-6 as a potential biomarker of COVID-19 progression, Med Mal Infect 50 (4) (2020) 382–383, doi: 10.1016/j.medmal.2020.04.002.

[3] ZS Ulhaq, GV. Soraya, The prevalence of ophthalmic manifestations in COVID-19 and the diagnostic value of ocular tissue/ fluid, Graefes Arch Clin Exp Ophthalmol 258 (6) (2020) 1351–1352, doi: 10.1007/s00417-020-04695-8.

[4] GV Soraya, ZS. Ulhaq, Crucial laboratory parameters in COVID-19 diagnosis and prognosis: an updated meta-analysis, Med Clin (Engl Ed) 155 (4) (2020) 143–151, doi: 10.1016/j.medcle.2020.05.004.

[5] GV Soraya, ZS. Ulhaq, Interleukin-6 levels in children developing SARS-CoV-2 infection, Pediatr Neonatol 61 (3) (2020) 253–254, doi: 10.1016/j.pedneo.2020.04.007.

[6] ZS Ulhaq, GV. Soraya, Anti-IL-6 receptor antibody treatment for severe COVID-19 and the potential implication of IL-6 gene polymorphisms in novel coronavirus pneumonia [Tratamiento con anticuerpos anti-receptor de IL-6 para COVID-19 grave y la posible implicación de polimorfismos del gen IL-6 en la nueva neumonía por coronavirus], Med Clin (Barc) (2020), doi: 10.1016/j.medcli.2020.07.002.

[7] ZS Ulhaq, GV Soraya, FA Fauziah, Test ARN para SARS-CoV-2 positivos recurrentes en pacientes recuperados y dados de alta hospitalaria [recurrent positive SARS-CoV-2 RNA tests in recovered and discharged patients], Rev Clin Esp (2020), doi: 10.1016/j.rce.2020.06.012.

[8] G Correia, L Rodrigues, M Gameiro da Silva, T Gonçalves, Airborne route and bad use of ventilation systems as non-negligible factors in SARS-CoV-2 transmission, Med Hypotheses 141 (2020) 109781, doi: 10.1016/j.mehy.2020.109781.