Implementation of new normal policies during the COVID-19 pandemic in Southeast Sulawesi, Indonesia

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Doi: https://dx.doi.org/10.36685/phi.v7i3.435
Received: 29 June 2021 | Revised: 12 August 2021 | Accepted: 1 September 2021

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Abstract

Background: The new normal policy during the COVID-19 pandemic needs public involvement. Efforts to reduce the number of COVID-19 cases require the public to understand the knowledge, attitudes, and behavior of COVID-19 prevention health protocols. In June 2020, the Indonesian government formulated a new normal policy or new habits in response to the COVID-19 pandemic. This policy was implemented to prevent the adverse effects of the COVID-19 pandemic. The new order of

Methods: This was descriptive research conducted in Muna District on June 2021 with 410 respondents. Data collection was carried out using a questionnaire and provided online through WhatsApp groups and social media using Google Forms.

Results: Most of the respondents answered knowing the cause of COVID-19 (82.4%), COVID-19 transmission (54.4%), prevention by using masks (81.0%), washing hands (83.9%), social distancing (86.8%), and cough etiquette (81.2%). People’s attitudes towards opinions about COVID-19 vary. Disagree with the statement that someone who buys products from China can contract COVID-19 (51.0%), agree on spraying disinfectants (37.6%), opinions that are uncertain eucalyptus, garlic, and sesame oils can prevent transmission of COVID-19 (52.4%), views that disagree COVID-19 is the same as the common cold (73.2%), respondents are uncertain that COVID-19 can be treated with antibiotics (42.9%), respondents answered "Uncertain" that the coronavirus would die at high temperatures (43.9%).

Conclusion: The people of Muna District have good knowledge, attitudes, and behavior about COVID-19. This finding can be used as a basis for better implementation of new normal policies in Indonesia.

Keywords: attitude; COVID-19; knowledge; new normal; practice; Indonesia

Background

The new normal policy during the COVID-19 pandemic does require community involvement. Efforts to reduce the number of COVID-19 cases need the public to understand the knowledge, attitudes, and behavior of COVID-19 prevention health protocols. In June 2020, the Indonesian government formulated a new normal policy or new habits in response to the COVID-19 pandemic. This policy was implemented to prevent the adverse effects of the COVID-19 pandemic. The new order of
normality requires people to continue their activities as usual but avoid the spread of COVID-19 by implementing hygiene procedures. It is recommended to use a mask, wash hands, obey cough etiquette, avoid contact with patients and keep a distance (Tosepu et al., 2021).

The management program that the Indonesian government has made is large-scale social restrictions (PSBB), and now it is a new habit or new normal (Muhyiddin, 2020). Management that must be implemented by the entire community in various orders is to use masks, not make physical contact, maintain a minimum distance of 2 meters, diligently wash hands with soap in running water, using one’s own equipment. The health protocol actions set by WHO and the Indonesian Ministry of Health will not work until the community is equipped with sound knowledge, attitudes, and skills in their implementation. Therefore, there is a need for socialization and efforts to promote health so that there are cognitive, affective, and community psychomotor changes in the prevention of COVID-19 (Utami et al., 2020).

The existence of government policies limits the distance of interaction, but not a few people seem to underestimate or consider this outbreak as a normal and harmless virus. The implementation of social distancing policies in each region becomes inappropriate, can be influenced by several factors, such as knowledge, environment, and local culture, because it is essential to increase public knowledge (Pratama & Hidayat, 2020).

The first Coronavirus case in Muna District was identified on April 19, 2020. As of May 17, 2020, the number of positive cases in Muna District is 8 (Pratiwi, 2020). The COVID-19 pandemic is an epidemic that changes the entire order of people’s lives worldwide or is called the new habit. People are required to live normally but are and should be willing to maintain mental health and safety. COVID-19 has severely impacted all sectors, from the economy, politics, health, social sector to the education sector (Paramita & Putra, 2020). It seems that the PSBB policy has not been able to control the number of COVID-19 cases. This can be seen from the number of COVID-19 cases, which continue to grow every day (Tosepu et al., 2020; Rahim et al., 2021).

The Indonesian government has implemented a new normal policy whose impact will significantly affect all sectors, from the economic sector to the education sector (Kariem, 2020; Irnaningsih et al., 2021). In the midst of the COVID-19 pandemic, of course, it is not allowed to carry out face-to-face activities or activities that can involve many people, but these activities can at least be implemented online through various available social media such as Zoom, Google Meet, Google classes, Instagram, Facebook and WhatsApp which is a medium that can be used to support online activities.

Coronavirus transmission has made several countries, especially Indonesia, implement new normal policies to prevent the spread of the coronavirus. The government continues to appeal to all Indonesians always to follow recommendations to contain the spread of COVID-19 (Mokodongan, 2021). To prevent the spread and transmission of the Coronavirus from spreading widely within the community, the government makes trigger policies to handle it. Policies made by governments are written, and some are not (Tuwu, 2020).

Methods

Study Design
This research employed descriptive research with a cross-sectional design aimed to assess the knowledge, attitudes, and practices of the people in the prevention of COVID-19. This research was conducted in Muna District from 9 to 13 June 2021.

Sample
The population in this study was the entire community in Muna District. The samples were taken randomly using a google form link distributed via WhatsApp to all people who met the inclusion criteria, namely the community from Muna District. The sample size is 410 people.

Instruments
Data were obtained using a questionnaire adapted from the results of research “The implementation of new normal policies during the COVID-19 pandemic in Kendari City, Southeast Sulawesi, Indonesia: Knowledge, attitudes, and practice” (Purnamasari & Raharyani, 2020), about knowledge, perception, and prevention behavior of COVID-19 and various explanatory variables (age, last education, occupation, gender). The questionnaire consisted of
22 valid items ($r > r_{table 0.30}$) with Cronbach’s Alpha value of 0.654.

Data Analysis
In analyzing the data, the SPSS version 16.0 application was used to view descriptive statistics to see the level of knowledge, perception, and behavior related to COVID-19 prevention.

Ethical Considerations
This study was ethically approved by the Health Research Ethics Commission, Faculty of Medicine, Halu Oleo University, Kendari, Indonesia.

Results
There were 410 respondents, consisting of men (37.3%) and women (62.7%). Almost half of the respondents are aged 21-30 years (68.5%), with the level of educations in Intermediate (63.9%) and in high (35.1%) (Table 1).

Most of the respondents answered that they knew the cause of COVID-19 (82.4%) and the transmission of COVID-19 (54.4%). However, there were respondents who answered "undecided" about the cause (12.7%) and transmission (20.0%) of COVID-19. Almost all respondents answered “yes” that they know about prevention by using masks (81.0%), washing hands (83.9%), social distancing (86.8%), and cough etiquette (81.2%) (Table 2).

Table 1 Characteristics of Respondents

| Characteristics                      | n   | %   |
|--------------------------------------|-----|-----|
| Gender                               |     |     |
| Men                                  | 153 | 37.3|
| Women                                | 257 | 62.7|
| Age (year)                           |     |     |
| <20                                   | 93  | 22.7|
| 21-30                                 | 281 | 68.5|
| >30                                   | 36  | 8.8 |
| Level of Education                   |     |     |
| Basic                                 | 4   | 1.0 |
| Intermediate                         | 262 | 63.9|
| High                                  | 144 | 35.1|
| Occupation                           |     |     |
| Student                              | 23  | 5.6 |
| College Student                      | 248 | 60.5|
| Civil Servant                        | 21  | 5.1 |
| Entrepreneur                         | 20  | 4.9 |
| Others                               | 98  | 23.9|

Table 2 Knowledge about COVID-19

| Knowledge about the transmission of COVID-19 | No | %   | Uncertain | %   | Yes | %   |
|---------------------------------------------|----|-----|-----------|-----|-----|-----|
| Causes of COVID-19                          | 20 | 4.9 | 52        | 12.7| 338 | 82.4|
| Transmission through droplets or close contact with patients | 105 | 25.6 | 82 | 20.0 | 223 | 54.4 |

Knowledge about COVID-19 prevention

| Using a mask                          | 27 | 6.6 | 51 | 12.4 | 332 | 81.0 |
| Washing hands regularly               | 27 | 6.6 | 39 | 9.5  | 344 | 83.9 |
| Social Distance                       | 16 | 3.9 | 38 | 9.3  | 356 | 86.8 |
| Cough etiquette                       | 39 | 9.5 | 38 | 9.3  | 333 | 81.2 |

Table 3 Attitude to Public Opinion Regarding COVID-19

| Public Opinion | Disagree | %   | Uncertain | %   | Agree | %   |
|----------------|----------|-----|-----------|-----|-------|-----|
| Buying products from China causes infection with COVID-19 | 209 | 51.0 | 140 | 34.1 | 61  | 14.9 |
| Spraying disinfectant on the body can prevent COVID-19 | 123 | 30.0 | 133 | 32.4 | 154 | 37.6 |
| Eucalyptus, garlic, and sesame oil can prevent COVID-19 infection | 141 | 34.4 | 215 | 52.4 | 54  | 13.2 |
| COVID-19 is the same as the common cold | 300 | 73.2 | 59 | 14.4 | 51  | 12.4 |
| COVID-19 can be treated with antibiotics | 126 | 30.7 | 176 | 42.9 | 108 | 26.3 |
| Coronavirus will die in high temperature | 93  | 22.7 | 180 | 43.9 | 137 | 33.4 |

People’s attitudes towards opinions about COVID-19 vary. The attitude towards the opinion that someone who buys products from China can contract COVID-19 is almost the same, with disagree (51.0%), undecided (34.1%), and agree (14.9%). Opinion responses about spraying disinfectants are almost
the same between agree (37.6%) and undecided (32.4%). Most of the respondents are disagreed (34.4%) and are uncertain (52.4%) of the opinion that eucalyptus, garlic, and sesame oil can prevent the transmission of COVID-19. More than half of respondents answered “disagree” (73.2%) that COVID-19 is the same as the common cold. Half of the respondents said they are uncertain that COVID-19 could be treated with antibiotics (42.9%). The majority of respondents answered "undecided" that the coronavirus would die at high temperatures (43.9%) (Table 3).

Table 4 Practices Regarding Self-Protection Efforts in Preventing COVID-19

| Practice                                                                 | No   | %   | Sometimes | n   | %   | Yes | n   | %   |
|-------------------------------------------------------------------------|------|-----|-----------|-----|-----|-----|-----|-----|
| Efforts to protect yourself against the spread of COVID-19              |      |     |           |     |     |     |     |     |
| Read news about COVID-19, how it is transmitted and how to prevent it  | 18   | 4.4 | 214       | 52.2| 178 | 43.4|     |     |
| Perform self-protection protocol                                       | 14   | 3.4 | 66        | 16.1| 330 | 80.5|     |     |
| Positive thinking                                                      | -    | -   | 53        | 12.9| 357 | 87.1|     |     |
| Doing activities at home to prevent the spread of COVID-19             | 19   | 4.6 | 82        | 20.0| 309 | 75.4|     |     |
| Try to limit contact and social distance                               | 29   | 7.1 | 101       | 24.6| 260 | 68.3|     |     |
| Efforts to protect one’s self against COVID-19 fake news              |      |     |           |     |     |     |     |     |
| Stop reading news from social media                                   | 31   | 7.6 | 66        | 16.1| 313 | 76.3|     |     |
| Just accept the news you get from social media                        | 69   | 16.8| 164       | 40.0| 177 | 43.2|     |     |
| Ask the sender for the original source                                | 105  | 25.6| 122       | 29.8| 183 | 44.6|     |     |
| Consider news only from official government and WHO sources          | 39   | 9.5 | 112       | 27.3| 259 | 63.2|     |     |
| Using information from various sources                                | 21   | 5.1 | 126       | 30.7| 263 | 64.1|     |     |

To protect oneself from the spread of COVID-19, most of the respondents answered that they still sometimes read information about COVID-19, both ways of transmission and prevention (52.2%). In addition, more than four-fifths of respondents responded that they had made efforts to protect themselves, such as implementing self-protection protocols (80.5%), positive thinking (87.1%), doing activities at home to prevent transmission of COVID-19 (75.4%), and tried to limit contact and social distance (68.3%) (Table 4).

People's behavior to avoid fake news about COVID-19 varies. More than half of the respondents answered “yes” to stop reading information on social media (76.3%) and only received news from social media (43.2%). There are 44.6% of respondents asking the source of the report to avoid fake news. Most of the respondents considered using news from the government or WHO (63.2%) and information from various sources (64.1%).

Discussion

Based on the research results, it was revealed that the people in Muna District had knowledge in a good category regarding the implementation of COVID-19 prevention. However, the implementation of COVID-19 prevention in the people of Muna District in terms of age has nothing to do with this, considering the unequal ratio between the ages of teenagers, adults, and the elderly. The respondent's age symbolizes the respondent's characteristics regarding the maturity of the person. It also indicates the level of knowledge or perspectives of the respondents. It is also said that age forms a demographic variable that affects a person's perception and knowledge. Older people have sufficient experience to possibly know more facts (Antari et al., 2020). In addition, considering that COVID-19 can befall anyone regardless of age, everyone needs to know how it was transmitted and prevent the 2019 coronavirus.

The results of this research also show that people in Muna District tend to have doubts about public opinion regarding the circulating COVID-19. One of the internal components that affect a person's level of knowledge in education. The higher a person's level of education, the more his knowledge increases (Purnamasari & Raharyani, 2020). A person's high level of education can make it easier to access information on a problem (Yanti et al., 2020). This is accompanied by the theory, according to
Notoatmodjo (Usman et al., 2020), that a person's level of education will affect thinking skills, where a person's thinking will describe the ability to capture information more rationally that is responsive to the level of education. One factor that influences education is external indications, namely news, society, culture, and the environment. Insights can be obtained not only from the level of education received but also from the information from the mass media, newspapers, tabloids, internet, and television. Motivation is even related to personal knowledge as expanding curiosity about various things and increasing curiosity stimulate people's motivation to create categorical attitudes.

This is in line with research results which show that respondents’ behavior in implementing COVID-19 prevention policies is in a good (Paramita & Putra, 2020) category, considering that respondents read information about COVID-19, apply self-protection protocols, positive thinking, carry out activities at home to prevent COVID-19 transmission, and trying to limit contact and social distancing. Protect ourselves by wearing a mask, washing hands, and doing social distancing as a precaution.

In addition, the research results show that people in Muna District prefer news sources related to COVID-19 from trusted sources. This is because respondents can receive news about COVID-19 from various public instruments, especially when the public has easy access. However, the information is sometimes inaccurate and incomplete. In the context of social media, the emergence of hoaxes in public is influenced by many factors, including the public's habit of consistently wanting to quickly share news, rushing to share news, such as telling stories about the information they receive without checking the truth first, the information came, or who was the first to make the news (Latupeirissa et al., 2021).

Especially during this pandemic, the media will always provide information about the dissemination and prevention of the 2019 Coronavirus disease. This research is in line with the research of (Paramita & Putra, 2020), where all research participants or respondents know that they know and have heard of information related to COVID-19. High public consumption of the media has an impact on media exposure that causes various interpretations of readers. Media exposure affects the formation of trust, even people's attitudes (Boer et al., 2020).

Conclusion

Based on the results of this research, it can be concluded that the people of Muna District have good knowledge, attitudes, and behavior about COVID-19. Therefore, this condition is a potential asset to implement the new normal policy during the COVID-19 pandemic period. However, continuing information and education is needed to increase knowledge & compliance, to change negative attitudes, and improve behavior.

Declaration of Conflicting Interest

The authors declare no conflict of interest

Funding

None

Author Contributions

Abas and Asma conceptualised and designed the study. Wa Zul and Irmawati analysed and interpreted the data, and wrote the initial and final draft of the article. Hayatun collected and organised that data, checked the final draft of the article

Author Biographies

All authors are students of the Department of Environmental Health, Faculty of Public Health, University of Halu Oleo, Indonesia.

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