

## **Public Obedience to Health Protocols during COVID-19 Pandemic in Indonesia: A Perspective from Health Belief Model Theory**

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### **ABSTRACT**

The COVID-19 pandemic is increasing sharply in Indonesia. As a consequence, COVID-19 health protocols are implemented by the Indonesian government. However, the number of confirmed positive individuals is still proliferating. One contributing factor is the people's low obedience rate. This paper aims to explain the causes of low public obedience to health protocols during the COVID-19 pandemic using Health Belief Model theory. The analysis results in five factors causing the low obedience rate. They are people perception of their potential to be infected with COVID-19; lack of understanding of the benefits of implementing health protocols; obstacles to access health facilities; lack of technical guidance from the government on how to act safely during the COVID-19 pandemic; and low trust in the government's ability to combat the spread of COVID-19 in Indonesia. Several suggestions were proposed as solutions to address the COVID-19 pandemic. First, the government should make health facilities more accessible. Second, the government should improve public information on the COVID-19 pandemic, including health protocols, using various media strategies. Third, the government's should be more consistent in choosing, producing, and enforcing public policies regarding the COVID-19 to minimise confusion in society.

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### **INTRODUCTION**

The COVID-19 pandemic is the ongoing global spread of coronavirus since late 2019. The increasing spread of the coronavirus, or sometimes referred to as COVID-19 worldwide, has impacted various life changes. First, in the economic aspect, The COVID-19 pandemic has caused an increase in product prices or inflation, a decrease in Indonesia's PMI (Purchasing Managers Index) Manufacturing, employee termination, and a decrease in imports (Yamali & Putri, 2020). Then in the education section, there was a significant change, where the learning

education was initially carried out in school, but since the pandemic is happening, it has been switched by using various kinds of mobile applications (Dewi, 2020). Then, in the tourism section, based on statistical data from the province of Bali, the number of foreign tourist arrivals during the COVID-19 pandemic had decreased by 56,89% (Paramita & Putra, 2020) RS-CoV-2 is a new type of coronavirus which causes coronavirus disease 2019 (Gorbalenya, et al., 2020). Before the COVID-19 outbreak, this virus was discovered on December 8<sup>th</sup>, 2019, in Wuhan, China, which reported a new type of disease on December 31<sup>st</sup>, 2019 (Harapan, et al., 2020). Thus, day by day, the increasing spread number of coronavirus 2019 diseases is increasing rapidly and then announced as a world pandemic.

The main suspicion that the SARS-CoV-2 virus spreads is through microdroplets that remain aloft in the air during exhalation or when someone is sneezing, coughing, or even just speaking between individuals (Kumar, Malviya, & Sharma, 2020) (Yan, et al., 2018) (Morawska & Milton, 2020). So we can conclude that the coronavirus can spread through the air (Lewis, 2020) either with large droplets or microdroplets (Morawska & Cao, 2020). Furthermore, these microdroplets can increase the chances of this virus living longer in the air (Doremalen, et al., 2020). Coronavirus could infect someone when they touch their face after contacting an exposed surface by a coronavirus (Singhal, 2020). The percentage of transmission of COVID-19 is high because someone who has symptoms or before the appearance of symptoms can transmit the virus to the other (Kumar & Dwivedi, 2020). In addition, there have been several cases where patients contracted the coronavirus but did not show any symptoms (Nishiura, et al., 2020). The symptoms usually appear three to seven days after someone infected by the virus, but the most symptoms appear on the fifth day (Cascella, Rajnik, Cuomo, Dulebohn, & Di Napoli, 2021). The symptoms usually show fever, cough, runny nose, sore throat, breathlessness (Subbarao & Mahanty, 2020) (Fadli, 2020). So far, the leading solution to cure someone infected by COVID-19 is based on appearance symptoms. According to WHO data on November 24, 2020, there were 58.712.326 confirmed cases in 220 countries, and a total of 1.388.528 was dead. Until November 24<sup>th</sup>, 2020, the Indonesian government has recorded 506.302 positive cases of COVID-19, 425.313 recovered patients, and 16.111 deaths in Indonesia (Komite Penanganan Covid-19 dan Pemulihan Ekonomi Nasional, 2020).

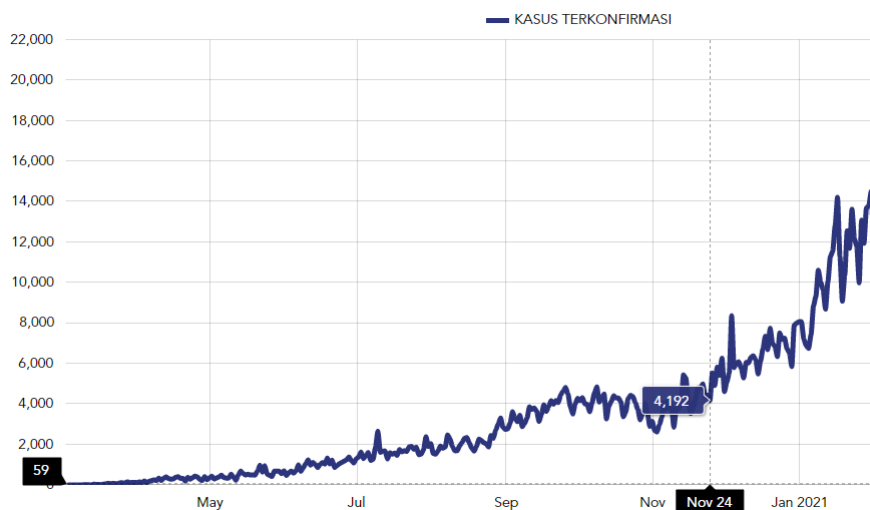


Chart 1: The Development of Confirmed Positive Cases Per-Day in Indonesia  
<https://covid19.go.id/peta-sebaran-covid19>

[source]

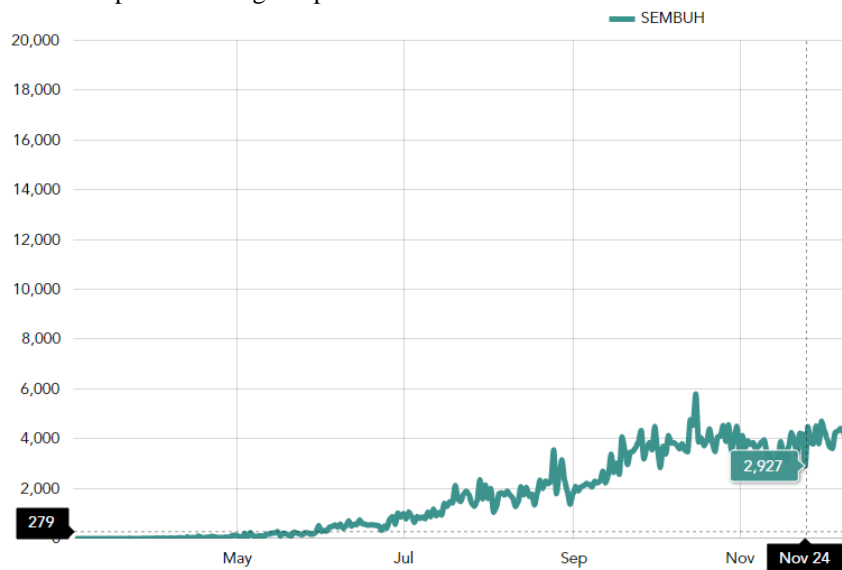


Chart 2: The Development of the Recovered Cases Per-Day in Indonesia  
<https://covid19.go.id/peta-sebaran-covid19> [source]

In order to control the spread of the virus and the number of positive COVID-19 patients in Indonesia, the government has made efforts such as quarantine and implementing *Pembatasan Sosial Berskala Besar (PSBB)* (Andriani, 2020). Several daily routine activities also have significant changes, such as worship, work, and study, from home. The government also continues to urge society to implement health protocols. The regulations about implementing the health protocols help to prevent the spread of COVID-19 in society (Saputro, Saputra, & Prasetyo, 2020). The health protocols include using the mask, washing hand or using hand sanitiser, maintaining a distance of about 1 meter to other people, avoiding crowds, consuming nutritious food, increasing body immune, paying attention to the vulnerable age group, managing comorbid disease, and also implementing health behaviours (Putri, 2020). However, the number that shows the spread of the coronavirus in Indonesia has not decreased. It even continues to increase. Therefore, COVID-19, which is increasingly endemic, cannot be wholly defeated yet despite various efforts that have been made (Komite Penanganan Covid-19 dan Pemulihan Ekonomi Nasional, 2020). Efforts to implementing the health protocols were also carried out to overcome the virus. However, in reality, after these various efforts have been implemented, but still had not succeeded in overcoming the virus (Karundeng & Naryoso, 2020). It may happen because of several factors. One of them is about the obedience of society towards the health protocols during the COVID-19 pandemic. Moreover, a new policy about new habit adaptation or what we often know as new normal has been out (Muhyiddin, 2020). Meanwhile, Coronavirus transmission continues to evolve, so the pandemic is getting worse.

The obedience of society towards health protocols is essential to control the pandemic. Besides, the health protocols also encourage society to be productive in a safe way. The cooperation of all parties is needed to build public awareness (Christiarini, et al., 2020). One of the indicators contributing to the high number of positive COVID-19 numbers in Indonesia is the low level of society's obedience towards health protocols. Many Indonesian people have not complied with the government's suggestion to control the COVID-19 pandemic (Buana, 2020). Based on

Pinasti's research, 52,3% of respondents did not wash their hands before eating. (Pinasti, 2020). Even though maintaining the hygiene of the hands can minimise the spread potential of the virus between 6% to 44%. (Chen, et al., 2020). Besides, using a mask to protect the face from the virus is helpful to control the spread of the COVID-19. (Cheng, et al., 2020).

However, based on data compiled by several survey institutions, the number of individuals that used masks was below 50% (Fathurrohman, 2020). It means that obedience in implementing health protocols is still low (Sari & Sholihah'Atiqoh, 2020). There are also other forms of non-obedience towards the health protocols. Such as a demonstration of closing McDonald's branch in Jakarta, a demonstration about omnibus law policy, a rapid increase of passengers in public transportation, and violations of health protocols by several celebrities and the country's political elite. There was a case of refusal of medical care. A patient who has confirmed positive tried to escape from the hospital. So it causes the appearance of #IndonesiaTerserah on social media as social criticism to the low obedience of the society towards government efforts and decisions in dealing with the COVID-19 pandemic (Yesicha & Irawanto, 2020).

The low level of society's obedience towards implementing the health protocols during the COVID-19 pandemic raises questions about the reasons behind the low obedience towards that policy. A depth understanding of the causes of low society obedience can help solve and implement policies to prevent the spread of COVID-19 in the future. Social psychology's view that low levels of society obedience towards COVID-19 health protocols can be an interesting topic.

## RESULTS AND DISCUSSION

### *Health Belief Model Theory*

In the 1950s, social psychologists developed the Health Belief Model. These experts are Rosenstock, Hochbaum, Stephen, Leventhal, and Becker (Rosenstock, 1974). The Health Belief Model is a theory that explains how individual perceptions and beliefs about health behaviour. These perceptions and beliefs will encourage individuals to implement the health behaviours in the context of prevention, treatment of a health problem, or the utilisation of health facilities—for example, the religious beliefs about food and the practice of cleanliness in daily activities. Furthermore, religious beliefs also affect the attitude and health behaviour of an individual.

The Health Belief Model is the first theory of health behaviour in the health sector. This theory is capable of describing preventive actions and individual's responses toward a disease. According to the Health Belief Model, individuals impressions on their vulnerability and effectiveness of treatment are the two determining factors for individual's to decide their health behaviour (Setiyaningsih, Tamtomo, & Suryani, 2016). So the Health Belief Model can be applied to estimate the health behaviour of an individual or group around adulthood in several diseases (Janz & Becker, 1984). Health Belief Model can also be interpreted as a model or theory about an individual's belief in determining their decision to implementing health behaviour or not (Conner & Norman, 2005).

According to the Health Belief Model theory, individual health behaviour can be affected by two factors: perceived threat and perceived benefits and barriers. Perceived threats consist of

perceived susceptibility, perceived seriousness, and cues to action. In addition, according to the Health Belief Model, self-efficacy also affects individual health behaviour (Rosenstock, Strecher, & Becker, 1988).

The first component, perceived susceptibility, is a belief about disease susceptibility. This belief is strongly affected by individual perceptions regarding the potential for health problems or disease. So those who believe that they can be infected with a disease will feel more threatened psychologically. And then, the second component is the perceived severity of seriousness. Perceived seriousness is about a person's belief in the severity or seriousness of a disease caused by certain behaviours. So, the more individual believes that a disease increasingly has a severe impact, they will feel more threatened or have greater motivation and enthusiasm to avoid these risks psychologically. Perceived seriousness includes contemplating to clinical worst effects of potential health problems and the worst impacts of daily social life.

The perceived benefits are the third component in the Health Belief Model that explains an individual's view about how many benefits and how significant changes they get after changing their behaviour. Humans will act based on the obtained benefits. Someone will take action or change their behaviour if the action is considered beneficial. For example, when a person already has confidence in their vulnerability to disease and the severe effects of the disease, they do not feel that this action will be beneficial or effective, so they will not be willing to do a series of treatments.

The fourth component of this theory is perceived barriers. Perceived barriers describe an obstacle that needs to face in the future if an individual decides to act or change a behaviour. Perceived barriers are also identical to the sacrifices that need to be made to take action or change the behaviour. The sacrifice is not about finances but also includes psychological aspects such as shame, anxiety, pain, and many more. The negative impacts that could inhibit the formation of health behaviours may also come from implementing the health procedure itself, such as side effects and health uncertainty.

Cues to action are the fifth component of the Health Belief Model. Cues to action can be affected by a view from a person about something that they genuinely believe and indicates them to take action. Several factors trigger an individual to take any action, such as residential environment, educational level, someone else or an event, etc. Instructions that influence an individual to act can come from inside or outside of the individual. Internal and external factors are self-confidence in their susceptibility to a disease, the severity level of a disease, the advantages or the disadvantages of taking action, and the obstacles face when choosing an action.

Self-efficacy is the last component that newly added after many years from the first of the Health Belief Model. Self-efficacy has been adapted from a concept by Albert Bandura about self-confidence. Self-confidence is the most crucial thing in the application of the Health Belief Model. Self-efficacy is an individual's view about their ability to do something. Generally, humans tend to be willing to do something new in their life if they feel able to do it. Therefore, when individuals feel that they are capable and want to change their health, they will take an action or change their health behaviour and vice versa.

In the beginning, the Health Belief Model theory was intended to understand the causes of low social awareness to do early medical check-ups or screening tuberculosis (Tuberculosis) (Rosenstock, 1974). Gradually, the Health Belief Model is often used to understand individual behaviour in society when responding to disease. Then, Rosenstock re-developed it to outline prevention strategies related to health and reactions to the treatment of patients with serious illnesses (Rosenstock, 1974). Alongside the development of the era and the progress of science and technology, this theory is often used to estimate the opportunities for various health-related behaviours now. Such as the use of Health Belief Models by The Community Pharmacists as a reference in communicating with patients during the COVID-19 Pandemic (Sheppard & Thomas, 2021), helping out the assessment process to find out the correct cervical cancer prevention (Mehraban, Namdar, & Naghizadeh, 2018), promoting cardiovascular disease prevention behaviour (Rahimi, Shojaei, Miyandashti, Aminiani, & Khazir, 2017), knowing the aspects that influence a person to prevent breast cancer (Darvishpour, Vajari, & Noroozi, 2018), and many more. So it can contribute to individuals and society changing a belief or re-managing existing beliefs by minimising or removing obstacles, regulating social pressure, and achieving several beliefs at once (Finfgeld, Wongvatunyu, Conn, Grando, & Russell, 2003). This theory is based on the idea that individual or group perceptions or beliefs about a disease and the facilities or strategies that influence behavioural responses to minimise and avoid the risk of disease appearance. This theory has formed based on cognitive research, which considered the process of individual decision-making in terms of health behaviour.

In addition, researchers in the United States began to discuss the strategies or steps considered the most effective for implementing the education and health approach. They are motivated to discuss and identify various factors that can predict an individual or group's decision to adopt a healthy behaviour. So the individual can implement healthy behaviour, the Health Belief Model has a focus on individual understanding of threats and evaluates the individual's health behaviour (Stretcher & Rosenstock, 1997).

#### ***Public Obedience to Health Protocols: Health Belief Model's Perspective***

Nowadays, the Health Belief Model theory had much developed rapidly, so this theory used to analyse various kinds of health behaviour for the long and short term. Moreover, many studies have utilised The Theory of Health Belief Model to analyse various health behaviours. Therefore, this theory will be used to analyse society's obedience toward health protocols during the COVID-19 pandemic.

First, about the COVID-19 pandemic phenomenon, many Indonesian people felt that the coronavirus would not be causing a severe disease as the beginning prediction. Hence, the Indonesian people thought the disease caused by the coronavirus was a punishment for Indonesia because of their nation's behaviour. So, society felt that they have a low potential to get infected by the virus or believe that they will not be infected by the virus (Agung, 2020). This, what we know as perceived susceptibility.

In obedience toward health protocols during this pandemic, the component of perceived seriousness can be used to explain the causes. The Indonesian people incline to believe that the coronavirus disease shares cause with common flu (Agung, 2020). The Indonesian people speculated that the virus-infected even them. They would feel flu, sore throat, etc. So, they think

that they will not die if the coronavirus infected them. The Indonesian people assume that they feel immune and safe even they eat in the street food place, which is actually unhygienic and potentially contains many viruses and bacteria.

Additionally, another cause is the perception that medical check-ups require a substantial amount of money. As a consequence, people incline to use their money for another necessity than go to medical check-ups. Moreover, the majority of Indonesian experienced a financial crisis. That is why the current condition is getting worse. From the explanation above, that is what we know as perceived benefits. The perceived benefits explain the reason behind the unobedience of the Indonesian people toward the health protocol because Indonesian do not know the benefits of implementing the health protocols. Many Indonesian people still wonder about the benefits of going to a doctor for a medical check-up. Unless they are unhealthy, they will not go to the doctor. At the beginning of the pandemic, the government issued a 14-days stay at home quarantine policy. This policy made many Indonesian concerned about their income. Those who do not have savings are getting worse with their condition, especially their food later. Therefore, when the government released the issue about quarantine at home a few months ago, the government should release another balance policy that could convince the Indonesian people if they obey the health protocols. They could reduce the spread of the coronavirus, so society would also benefit from being immediately free from the coronavirus.

This COVID-19 pandemic period is not easy for many people in society because of the various obstacles that we should be facing. These are assessed as perceived barriers, which require sacrifice to take action. For example, in the COVID-19 pandemic phenomenon, people need to sacrifice their financial constraints related to the cost they have to spend for masks, hand sanitiser, etc., to obey the health protocols. Alternatively, the comfort constraint; in this pandemic situation, society was advised to use a mask, so they will feel uncomfortable if they never used a mask before, and this could be the cause of the disobedience of the society toward the health protocols. In addition, another obstacle that appears is affected by gender, age, the individual's views of themselves, the capability of themselves to deal with the coronavirus disease, or the belief that they do not have the potential to be infected by the coronavirus because they feel that they have enough aspects of supporting their belief. Finally, the obstacle to obtaining appropriate health facilities is one of the causes of the low obedience of the society in implementing the health protocols during this COVID-19 pandemic.

The low obedience of the Indonesian people toward health protocols during the COVID-19 pandemic is caused by the belief that they are not susceptible to the virus. Some believe that the disease is non-threatening. Therefore, the Indonesian people do not know the benefits or purposes of implementing health protocols. In addition, the Indonesian people also feel constraint in implementing the health protocols because they need to make financial or other kinds of sacrifice. The above considerations affect their decision-making. They decide not to obey the health protocols, including not doing social distancing and not taking early medical check such as rapid test or going to the doctor when the symptoms appear. This is known as optimism bias, where they believe that they will not be affected by the coronavirus. It was assumed to happen because of the lack of government instruction in guiding society on acting during the pandemic. The Indonesian government had considered being less responsive in

dealing with the COVID-19 pandemic, including guiding society to act during the pandemic (Agustino, 2020).

As previously explained, the Health Belief Model theory has succeeded in explaining the causes of the low obedience of the society in implementing health protocols during the COVID-19 pandemic. Depends on the theory, it can be stated that the lacking knowledge of Indonesian people about their potential to be affected by the coronavirus, the severe impact of the coronavirus, the obtained benefits by implementing health protocols as the preventive action, and the lacking of signs or instruction that society should be taken. Besides that, society is also facing various obstacles in obtaining the health procedures to get the health facilities. The five components above cause a misperception of self-efficacy, or in other words, society does not believe that they can implement the health protocols to reduce the spread of the coronavirus in Indonesia. Self-efficacy can be formed well if society has a good view of their vulnerability to the coronavirus, the dangerous effect of coronavirus, the benefits of preventive action includes implementing health protocols and having the instruction to take every action and reduce the existing constraint.

## **CONCLUSION**

Health Belief Model theory is constructed on the concept that individuals or group perceptions and beliefs about disease and health facilities can minimise and avoid the risk of the disease. This theory has successfully analysed the causes of low society obedience to implementing health protocols during the COVID-19 pandemic with their six components. Low public obedience to the implementation of health protocols during the COVID-19 pandemic is affected by five factors—first, public perception of their potential to be infected of COVID-2019. Second, lack of understanding of the benefits of implementing health protocols. Third, the obstacles to access the health facilities. Fourth, lack of technical guidance from the government on how to act safely during the COVID-19 pandemic. Fifth, low trust in the government's ability to combat the spread of COVID-19 in Indonesia.

Low public obedience to COVID-19 health protocols comes from people perception of potential health problem that will affect them. Their perception of their body's susceptibility to some disease can affect their health behaviour in the future. In this case, preventive behaviour formed a disobedient society in implementing health protocols during the COVID-19 pandemic. First, individuals will decide to check their health condition as soon as possible if they believe that their action provides an advantage to minimise the potential for serious health problems. Next, the individual will regularly check their problematic health condition if they believe that they will get more benefits than all the obstacles.

The government can optimise various efforts and improve the strategy to increase public obedience to health protocols during the COVID-19 pandemic. First, the government should have health facilities more accessible to all people. Second, the government should improve public information on the COVID-19 pandemic, including health protocols, using various strategies and media. Therefore, public understanding of the COVID-19 pandemic and all procedures of COVID-19 health protocols will increase. Third, the government's consistency in



choosing and producing public policies regarding the COVID-19 pandemic must be enforced to minimise the confusion in society.

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