



Knowledge, Attitude, and Practice on Muhammadiyah Members' Obedience Based on Regulation of COVID-19 Prevention

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Abstract

BACKGROUND: Community involvement in community organization is as Muhammadiyah in handling Coronavirus Disease 2019 (COVID-19) that is essential. Since the beginning of the emergence COVID-19 in Indonesia, Muhammadiyah had shown concern in tackling COVID-19.

AIM: This research analyzed the relationship between the knowledge, attitude, and behavior of Muhammadiyah members' compliance based on regulation on preventing the spread of COVID-19.

METHODS: This research used a cross-sectional design with 100 respondents from Muhammadiyah members in Surabaya. The respondents were selected through purposive sampling. The researchers distributed the questionnaires with Google form. The descriptive analysis determined each variable and the non-parametric Rank Spearman or Kendall's tau-b statistical SPSS test that analyzed the correlation between respondents' behavior and compliance.

RESULTS: The majority of Muhammadiyah residents in Surabaya have good knowledge, attitudes, practices, and obedience.

CONCLUSION: Community involvement in relation to handling COVID-19 that was very important, especially Muhammadiyah through its various instruments to carry out campaigns and efforts to prevent the spread of COVID-19 in the community.

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Introduction

The emergence of the SARS-CoV 2 pandemic is the biggest public health problem of this century (Ghimire *et al.*, 2020) [1]. Coronavirus Disease 2019 (COVID-19) first identified in Wuhan, China, in December 2019 (Khaled *et al.*, 2020) [2]. Viruses are transmitted from person to person through droplets that an infected person coughs or exhales and by touching a contaminated surface or object and then touching the eyes, nose, or mouth (Mechessa *et al.*, 2020) [3]. As of August 16, 2020, the disease is spreading rapidly globally and has reached around 215 countries, causing 21,294,845 confirmed cases and 761,779 deaths (WHO, 2020) [4]. In Indonesia, this virus was first announced in early March to have been infected. Data as of July 12, 2020, Indonesia, have ranked 26 with 75,699 people, total death of 3606, and a cure rate of 35,638, while 36,455 people are currently being treated. East Java Province has the highest number of cases, with 16,658 people with a death rate of 1240 and a cure rate of 6606, while 8522 were treated. Based on the map of the

distribution of East Java cases that Surabaya ranks first, totaling 7209 people with 610 deaths and 3477 recovery rates. (infocovid19.jatimprov.go.id, 2020) [5]

Many efforts are made by the Governments in the world to control the spread of the COVID-19 disease that is self-quarantining, hand washing with soap, avoiding close contact, staying at home, covering mouth and nose with bent elbows, and maintaining social distancing (Bodas and Peleg, 2020; WHO, 2020; Mechessa *et al.*, 2020) [3], [6], [7].

Public behavior toward COVID-19 plays a key role in determining the community's readiness to accept policies in behavior changes from health authorities. The importance of public education and community involvement in the outbreak response is vital to realize (Pascawati and Satoto, 2020; Li *et al.*, 2020) [8], [9].

In this case, community involvement is as Muhammadiyah in handling COVID-19 that is critical (Nurmandi *et al.*, 2020) [10]. Muhammadiyah is one of the largest religious reform organizations in Indonesia. Muhammadiyah organization is a socio-religious institution and a center for da'wah, schools, and other

essential agendas related to the ummah (Koda, 2017; Iswati *et al.*, 2018) [11], [12].

Since the beginning, Muhammadiyah has shown concern in overcoming COVID-19. Various policies were issued in response to this outbreak (1) Establishing a Muhammadiyah COVID-19 Command Center (MCCC), (2) Postponing congress activities, (3) Postponing national conferences, (4) Prohibiting learning activities or face-to-face lectures, (5) Creating programs in the Social and Economic Sector, and (6) Appealing to residents in the red zone to carry out Sunnah and fard worship at home (Ibtimes.id, 2020; Pimpinan Pusat Muhammadiyah, 2020) [13], [14].

The obedience of Muhammadiyah members to the appeal of the Muhammadiyah Central Board is essential. Therefore, the researchers can examine the description of behavior and the level of obedience of Muhammadiyah members.

Method

Study design and sampling technique

The research used a cross-sectional design with population that was Muhammadiyah members in Surabaya. It was on 1–30 September 2020. The inclusion criteria included Muhammadiyah members, cadres, and leaders, residing in Surabaya, aged ≥ 13 because the Muhammadiyah members from *Ikatan Pelajar Muhammadiyah* were still aged 13 and older, and able to understand Indonesian well. There were 100 respondents in this research that the respondents were selected through purposive sampling. The researchers distributed the questionnaires available in Google form at the right time.

Data collection technique

Data collection was carried out with the questionnaire that consisted of demographic and behavioral variables. Behavior consisted of knowledge, attitudes, and actions relevant to COVID-19. To measure knowledge on COVID-19, consisting of questions on the definition of COVID-19, signs and symptoms, modes of transmission, prevention, and management efforts. There were ten questions with the responses "true," "wrong," or "I do not know." The correct answer was given the number 1, while the wrong answer or do not know is given the number 0. For measuring the respondent's attitude to COVID-19, a questionnaire was made on a Likert scale. There were ten questions with the responses "strongly agree," "agree," "doubt," "disagree," and "strongly disagree." For measuring the actions of respondents, questions were asked related to preventive measures for COVID-19 transmission, such as wearing masks when leaving the house, obligatory prayers and

other Sunnah at home, always washing hands before and after carrying out activities, changing clothes after carrying out activities outside the home, not shaking hands with other people, going to public places, not touching eyes, nose, and mouth before washing hands and maintaining contact with other people who had colds and coughs. This questionnaire had tested the validity and reliability. During collecting data, the researchers collected the data through online with Google form.

Based on Table 1, it can be concluded that the correlation coefficient or calculated r-value was greater than the r table, meaning valid.

Table 1: Results of the research instrument validity test

Serial number	Questionnaire	Correlation coefficient	R table	Explanation
1	Knowledge	0.592–0.912	0,3338	Valid
2	Behavior	0.662–0.934	0,3338	Valid
3	Attitude	0.663–0.848	0,3338	Valid
4	Compliance	0.631–0.922	0,3338	Valid

Based on Table 2, it can be concluded that the Cronbach Alpha value or r count was greater than the r table, meaning that it was reliable.

Table 2: Instrument reliability test result

Serial number	Questionnaire	Cronbach's alpha	R table	Explanation
1	Knowledge	0.667	0.3338	Reliable
2	Behavior	0.934	0.3338	Reliable
3	Attitude	0.895	0.3338	Reliable
4	Compliance	0.926	0.3338	Reliable

Data management and analysis

The data were entered into Microsoft Excel 2013 and analyzed in SPSS version 21. Descriptive analysis was used to show demographic characteristics, knowledge, attitudes, and actions. The non-parametric Rank Spearman statistical test was applied to determine the relationship between behavior and adherence with $p = 0.05$ taken as the cutoff point for statistical significance.

Ethical considerations

This study's ethical feasibility test was obtained from the Health Research Ethics Committee in Muhammadiyah University of Surabaya with number No.034/KET/II.3/AU/F/2020.

Results

Demographic characteristics

Characteristics of respondents seen in terms of gender, age, latest education, and position in Muhammadiyah of Surabaya. By 100 respondents that were found that most of the respondents (61%) were male, (33%) were < 25 years old, (69%) had their latest bachelor education, and most (41%) ordinary members were involved in this research (Table 3).

Table 3: Demographic characteristics

Serial number	Respondent	Sum, n (%)
1	Sex	
	Male	61 (61)
	Female	39 (39)
2	Total	100 (100)
	Age	
	<25	33 (33)
	26-35	25 (25)
	36-45	20 (20)
	46-55	16 (16)
3	56-65	6 (6)
	Total	100 (100)
	Education	
	Senior high school	17 (17)
	Diploma	3 (3)
4	Undergraduate	69 (69)
	Graduate	11 (11)
	Total	100 (100)
	Position	
	Organization (Ortom)	27 (27)
Member	41 (41)	
Leader/administrator	32 (32)	
Total	100 (100)	

Knowledge assessment

Overall from the results of the distribution analysis, it was found that some respondents (64%) had good knowledge, (31%) had sufficient knowledge, and only (5%) had less knowledge. In the question item about knowledge, 59% of respondents answered incorrectly that COVID-19 did not attack the respiratory system. The majority of respondents answered correctly about the transmission, signs, and handling of COVID-19 (Table 4).

Table 4: Knowledge assessment

Serial number	Knowledge	True, n (%)	False, n (%)
1	COVID-19 is a contagious disease that does not attack the respiratory system	41 (41)	59 (59)
2	COVID-19 is not airborne	52 (52)	48 (48)
3	COVID-19 can be transmitted by not wearing a mask	96 (96)	4 (4)
4	COVID-19 transmission can occur because of keeping distance from people who are positive for COVID-19	97 (97)	3 (3)
5	Transmission of COVID-19 can occur through objects and surfaces contaminated by an infected person	92 (92)	8 (8)
6	Fever, feeling tired and dry cough are signs of COVID-19	95 (95)	5 (5)
7	Reactive Rapid test means positive for coronavirus	30 (30)	70 (70)
8	COVID-19 cannot heal on its own	41 (41)	59 (59)
9	People who confirm positive based on the PCR Swab test with no symptoms should be admitted to the hospital	39 (39)	61 (61)
10	People who are confirmed positive for COVID-19 with comorbidities (diabetes, asthma, and heart disease) should be treated at home	22 (22)	78 (78)

Attitudes assessment

Overall, the results of the distribution analysis showed that some respondents (71%) had a right attitude, (27%) had a good attitude, and only (2%) had a poor attitude. On the question item about attitude, 16% answered agree, and 4% strongly agreed that COVID-19 was a foreign-made disease. About 52% agreed, and

Table 5: Attitudes assessment

Serial number	Attitude	STS, n (%)	TS, n (%)	RR, n (%)	S, n (%)	SS, n (%)
1	I think the COVID-19 disease is a disease made by foreigners	25 (25)	36 (36)	19 (19)	16 (16)	4 (4)
2	I think COVID-19 can heal itself without needing to treat the symptoms	14 (14)	61 (61)	12 (12)	11 (11)	2 (2)
3	If I want to leave the house, I wear a mask and keep a distance of 1 m	5 (5)	1 (1)	1 (1)	46 (46)	47 (47)
4	In my opinion, a positive patient with COVID-19 cannot transmit the coronavirus to other people	39 (39)	40 (40)	1 (1)	19 (19)	1 (1)
5	To avoid spreading it to other people, I should not be in the crowd	1 (1)	2 (2)	1 (1)	58 (58)	38 (38)
6	I think regular exercise is an excellent preventative measure	1 (1)	0	0	52 (52)	45 (45)
7	I wash my hands after touching things and surfaces	0	3 (3)	0	52 (52)	45 (45)
8	It is better if I do not shake hands to avoid infection	27 (27)	68 (68)	3 (3)	2 (2)	0
9	In my opinion, being in public is not at risk of contracting the coronavirus	34 (34)	53 (53)	2 (2)	9 (9)	2 (2)
10	I think consuming enough food and sleep can increase your immunity	35 (35)	63 (63)	1 (1)	1 (1)	0

SST: Totally disagree, TS: Disagree, RR: Neither Agrees nor Disagree, S: Agree, SS: Strongly agree

45 strongly agreed to wash their hands after touching objects and objects. About 5% answered that they strongly disagreed that COVID-19 must use a mask and keep a distance of 1 m when leaving the house. Almost all respondents agreed that to avoid transmission to other people, I should not be in the crowd (Table 5).

Practices assessment

Overall, the results of the distribution analysis showed that most respondents (76%) had sufficient action, (19%) had good action, and only (5%) had insufficient action. In the question item about action, 99% answered using a mask when leaving the house. About 82% answered that they often go to a crowd. About 98% and 82% always wash their hands before and after carrying out activities and immediately change clothes after carrying out activities outside the home. Almost all respondents maintain contact distance with other people who had flu and cough (Table 6).

Table 6: Practices assessment

Serial number	Practices	Yes, n (%)	No, n (%)
1	Do you wear a mask when you go out?	99 (99)	1 (1)
2	Do you pray the obligatory prayers and other traditions at home?	84 (84)	16 (16)
3	Do you always wash your hands before and after carrying out activities?	98 (98)	2 (2)
4	Do you immediately change clothes after doing activities outside the home?	82 (82)	18 (18)
5	Do you shake hands with other people?	14 (14)	86 (86)
6	Do you often go to crowded places?	82 (82)	18 (18)
7	Don't you touch your eyes, nose, and mouth before washing your hands?	22 (22)	78 (78)
8	Do you keep in contact with other people who have colds and coughs?	97 (97)	3 (3)

Behavior assessment

Overall, the results of behavior (knowledge, attitude, and action) found that most respondents (76%) had good behavior, (22%) had acceptable behavior, and only (2%) had poor behavior (Table 7).

Table 7: Behavior assessment

Serial number	Behaviors	Quantity, n (%)	Mean	SD
1	Less	2 (2)	2.74	0.485
2	Moderate	22 (22)		
3	Good	76 (76)		
Total		100 (100)		

SD: Standard deviation.

Adherence assessment

Overall, the distribution analysis found that most respondents (72%) had good behavior, (23%)

were moderately obedient, and only (5%) were less obedient. In the question item about compliance, 45% answered that they did not always comply with information related to handling COVID-19 from the government. About 87% carried out all the appeals from Muhammadiyah regarding the prevention of COVID-19. About 92% of the obligatory prayers (*Rawatib*) at home according to Muhammadiyah's appeal (Table 8).

Table 8: Obedience

Serial number	Obedience	Yes, n (%)	No, n (%)
1	Have you never used a mask when going out of the house?	15 (15)	85 (85)
2	Do you pray compulsory (<i>Rawatib</i>) at home according to PPM's appeal?	92 (92)	2 (2)
3	Do you still perform tarawih prayers in the mosque?	12 (12)	88 (88)
4	Do you still perform Eid prayer in the field/ mosque?	12 (12)	88 (88)
5	Do you still perform Eid al-Adha prayers in the field/mosque?	19 (19)	81 (81)
6	Do you replace Friday prayers with midday prayers at home?	78 (78)	22 (22)
7	Do you always comply with information regarding handling COVID-19 from the government	56 (56)	44 (44)
8	Are you carrying out all the appeals from PP Muhammadiyah regarding the prevention of COVID-19?	87 (87)	13 (13)

Board of Muhammadiyah

Correlation between behavior and Muhammadiyah members' compliance on a PPM regulation about preventing COVID-19

Evaluation of the relationship between behavior and obedience of Muhammadiyah members based on the PPM circular letter regarding preventing the spread of COVID-19 was obtained by inferential analysis with a non-parametric Rank Spearman statistical test with a significance value of $p < 0.05$. The relationship between behavior and compliance of respondents is shown in Table 9.

Table 9: Correlation between behavior and Muhammadiyah members' compliance on a regulation of Board of Muhammadiyah about preventing COVID-19

Behavior	Compliance			Total	Significant	Koefisien
	Less, n (%)	Moderate, n (%)	Good, n (%)			
Less	2 (2)	0	0	2 (2)	0.000	0.619
Moderate	3 (3)	13 (13)	6 (6)	22 (22)		
Good	0	10 (10)	66 (66)	76 (76)		
Total	5 (5)	23 (23)	72 (72)	100 (100)		

Table 9 confirms a relationship between behavior and compliance with respondents with a significance value of $0.000 < 0.05$ and a coefficient value of 0.619 indicating a strong correlation.

Discussion

This research was the first research that conducted in Surabaya targeting Muhammadiyah residents about behavior and compliance to prevent the spread of COVID-19. When this proposal was submitted, Surabaya was in the status of the red zone with 7331 positive cases, as of July 15, 2020. In preparing the compliance questionnaire instrument, it was adjusted to regulation

from the Muhammadiyah Central Executive (PPM) that Sunnah and fardu worship should be carried out home in red zone areas. In other words, this research showed that the behavior and obedience of Muhammadiyah residents in Surabaya when was in the red zone.

This research stated that only (5%) respondents had less knowledge. For each question item, more than (92%) respondents stated that they knew about the transmission, signs, and handling of COVID-19. This result was higher than previous studies in the Mizan-Aman community in Southwest Ethiopia; only 85% knew about the main clinical symptoms of COVID-19, its transmission, and prevention (Mechessa *et al.*, 2020) [3]. Furthermore, this research also found that (71%) declared a good attitude in preventing COVID-19. About 97% agree and strongly agree to wash their hands after touching objects and objects. About 93% of respondents answered strongly agree and strongly agree that COVID-19 must wear a mask and keep a distance of 1 m when leaving the house. This figure was very high compared to a study conducted in the Lebanese community, where only 66.6% washed their hands regularly. Then 79.3 use masks if they go out of the house or to a crowd (Domiaty *et al.*, 2020) [15]. The results indicated that almost all respondents agree that to avoid transmission to other people, I should not be in the crowd.

Besides, the action obtained good results, even though only (19%) had good actions. On the question item, 99% answered using a mask when leaving the house. About 82% answered that they often go to a crowd. About 98% and 82% always wash their hands before and after carrying out activities and immediately change clothes after carrying out activities outside the home. Almost all respondents maintain contact distance with other people who had colds and coughs. It meant that the respondent's actions had been useful in efforts to prevent COVID-19.

Overall, out of 100 respondents, 76 respondents had good behavior. This figure was higher than the compliance rate of respondents of 72%. About 2% of respondents have less behavior, while 5% of respondents have obedience. Then, the number of behaviors is sufficient for 22 respondents, while compliance is 23% of respondents. The non-parametric Rank Spearman statistical test had a significance value of $p < 0.05$. It showed that respondents' behavior and compliance had a strong correlation, with a significance value of $0.000 < 0.005$ coefficient value of 0.619.

Past public health measures explained the need for social pressure and moral obligations to increase compliance (Webster *et al.*, 2020) [16]. Our research found that the obedience of Muhammadiyah members based on the established rules showed a high number of 72 obedient and 23% quite obedient while only 5% less obedient (Table 8). Besides, non-compliance with social distancing may be higher in the context of groups without social safety nets (Nivette *et al.*, 2021) [17].

Muhammadiyah was as one of the Islamic organizations in Indonesia that had a role to play in efforts to prevent COVID-19. Muhammadiyah emphasized

that citizens always to remain vigilant and efforts to overcome various problems of the COVID-19 pandemic, both health, social, and economical. Muhammadiyah even issued a rule so that its citizens should not pray at the mosque if they are in an unsafe place (red zone). It maintained distance and breaks the chain of spreading COVID-19 (Pimpinan Pusat Muhammadiyah, 2020) [14].

The high level of knowledge, attitudes, and practices can be related to the compliance of Muhammadiyah members based on the rules made and by the Muhammadiyah Central Leadership. This policy was continuously disseminated through various means and media. Thus, it can affect the behavior and compliance of Muhammadiyah members. The level of education indirectly also affected the excellent behavior of Muhammadiyah residents that in this research, 69% had a Bachelor's degree, and 11% had a Master's degree. It is possible that the respondents also had good prior knowledge about COVID-19, which was obtained from various media channels and sources, both internal to Muhammadiyah or others.

Limitations

Several potential limitations of this research should be considered. First, the number of samples is only 100 and used a purposive sampling technique. Thus, the sample here did not represent respondents or Muhammadiyah residents in Surabaya. Second, this research's design was cross-sectional that was not vital to see a strong correlation between behavior and compliance based on the PPM Muhammadiyah circular. Third, the questionnaire was distributed through Google form because of the limitation of direct contact with the respondent, thus triggering the usual presence.

Conclusions

This research explained that most of Muhammadiyah residents in Surabaya had good knowledge, attitudes and actions, and obedience. It showed that community involvement in handling COVID-19 was crucial, especially Muhammadiyah, through its various instruments to conduct campaigns and efforts to prevent the spread of COVID-19 in the community.

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