Makassar Citizens' Attitude Towards the Pandemic COVID-19 and Health Workers

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ABSTRACT

The COVID-19 pandemic has shacked every aspect of life in every country. The increased number of deaths, rapid mass tests, and national/regional quarantine, also accompanied by misinformation, have worried everyone. This study surveyed the Makassar citizen's attitude towards the COVID-19 information and refusal of health workers. The data were obtained from 1000 respondents spread across 50 sub-districts in Makassar. The respondents were at least 17 years old or were already married. The study found that more than 36.2% of respondents refused health workers due to misinformation, particularly from female respondents aged 41-60, who were unemployed, college students, or homemakers.

Keywords: Attitudes; COVID-19; health workers; information

1. INTRODUCTION

In December 2019, in Hubei, Wuhan, China, the number of cases of pneumonia began to spread. Further identification results revealed the existence of the latest coronavirus (2019-nCoV) or also known as *severe acute respiratory syndrome* Corona Virus 2 (SARS-CoV-2) [1]. This virus was then spread globally, becoming a pandemic, infecting almost all countries around the globe. World Health Organization (WHO) reported that as of August 12, 2020, the cases of COVID-19 in the world reached 20,592,462, with 747,224 deaths and 13,503,836 declared cured. At that time, the COVID-19 cases in Indonesia on August 12, 2020, had infected 130,718 people, and there were 5,903 deaths cases, and 85,798 were cured. At the time, this number listed Indonesia in 23rd place with the highest number of cases and deaths worldwide.

The period from being infected with COVID-19 symptoms to death ranged from 6 to 41 days, with a median of 14 days. This period depends on the patient's age and immune system. It would be shorter for patients over 70 years compared to those under 70. The most common symptoms for those infected by COVID-19 are fever, cough, and fatigue, while other symptoms include sputum production, headache, hemoptysis, diarrhea, dyspnea, and lymphopenia. The severity of the clinical picture appears to correlate with age (>70 years), comorbidities such as diabetes, chronic obstructive pulmonary disease (COPD), hypertension, obesity, and sex [2] [3].

Various preventive measures were taken to stop the virus, namely: (1) wearing a mask; (2) covering the mouth when coughing and sneezing with a tissue; (3) washing hands regularly with soap or disinfecting with a hand sanitizer that contains at least 60% alcohol; (4) avoid contact with infected people; (5) maintaining distance; and (6) refrain from touching the eyes, nose, and mouth with unwashed hands [2].

With more and more people in many countries around the world infected by COVID-19, it has influenced many aspects of life, for example, economic, political, social, health, education, and so on. This challenge is directly or indirectly related to the information obtained. Timely information and the right audience can solve or mitigate some challenges. According to [4], several types of information emerged and were published during the pandemic: valid information, entertaining information, confusing information, misinformation, disinformation, shocking information, contradictory information, doubtful information (not trusted), progressive information, and confidential information.

Accurate information about COVID-19 is of concern; in contrast, rumors and confusion or hoaxes

are still causing a riot in the community [5]. The spread of misinformation is known to disrupt trust in society. Misinformation will create a public health information crisis related to COVID-19 19 [6]. According to [7], living in the digital era and almost all of the time spent at home during the pandemic made people actively communicate virtually (in digital space). They are starting from updated information about the current development of COVID-19 to other mild to serious corona information from around the world. Part of them is a narrative of speculation and conspiracy narratives that are not yet true. Rahadi [8] said that the problem arising from social media users is that hoaxes spread quickly. The spread, without being corrected or sorted out, will ultimately impact the law, and it could split the public. Hoaxes create public opinion, lead public opinion, and form perceptions.

Several issues related to COVID-19 include medical personnel manipulating the cause of death and taking advantage during the pandemic. Many online media report such cases. For instance, as reported by Kompas [9], a National news media in Indonesia, the forced taking of the dead bodies of the *patient under surveillance* by their family has occurred several times in the referred hospitals in Makassar. The patient's family believes that the patient is not infected with the virus but with another disease. Such a situation has resulted in citizens distrusting medical personnel at the hospital. Many citizens in Indonesia also refuse to carry out rapid tests.

Another National media, Liputan 6, reported three cases of refusal of the rapid test [10]. The provinces that refused to carry out the rapid test were Ambon, NTT, and Makassar. Three factors have led to refusing the rapid test, namely: (1) it is easy for residents to be consumed by hoax news; (2) lack of socialization of media personnel to the public; and (3) lack of trust from citizens in medical personnel. Based on the above problems, a good and trustworthy source of information from the public is indeed very important for health workers. This negative attitude can lead to inadequate efforts to prevent the spread of COVID-19, so the cases will continue to grow.

Makassar City in 2019 had a population of approximately 3,053,354 people spread over 16 sub-districts (see table 1). The city is currently inhabited by various ethnic groups, the most significant of which are Makassar, Bugis, Toraja, Mandar, Buton, Javanese, and Chinese (Provinsi Sulawesi Selatan, 2020).

Table 1: Statistics on the population of Makassar City in 2019

No	Districts	Population 2019		Total
		Male	**Female**	
1	Mariso	30,609	29,890	60,499
2	Mamajang	30,129	31,323	61,452
3	Tamalate	102,128	103,413	205,541
4	Rappocini	82,162	87,959	17,0121
5	Makassar	42,553	42,962	85,515
6	Ujung Pandang	13,716	15,338	29,054
7	Wajo	15,470	15,983	31,453
8	Bontoala	27,886	29,311	57,197
9	Ujung Tanah	18,037	17,497	35,534
10	Sangkarang	7,239	7,292	14,531
11	Tallo	70,303	70,027	140,330
12	Panakukkang	73,971	75,693	149,664
13	Manggala	75,094	74,393	149,487
14	Biringkanaya	110,138	110,318	220,456
15	Tamalanrea	56,533	59,310	115,843
16	Makassar	755,968	770,709	1,526,677
	TOTAL	**1,511,936**	**1,541,418**	**3,053,354**

(Source: Central Bureau of Statistics of Makassar City, 2019)
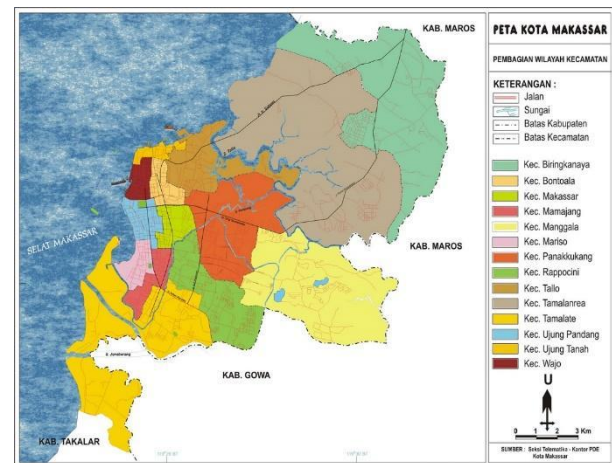
Figure 1: Map of Makassar City

(Source: http://usahaarasy.blogspot.com/2012/02/makassar-dalam-peta.html). Note: One new sub-district that is not shown on the map is Sangkarang Island.

Based on what has been described briefly above, this research will attempt to figure out; 1) how is the attitude of Makassars' citizens towards health workers, 2) the citizens are worried about COVID-19, 3) which information the citizens were mostly trusted .and 4) if the citizens got information about COVID-19, how the attitude?

2.   LITERATURE REVIEW

Attitude Forms

Attitude according to Mulyatiningsih [11] is a person's tendency to act or behave. It may be positive or negative. If someone has a positive tendency towards an object, he/she will be ready to help, pay attention, do something good, and accept something well. In contrast, someone with a negative attitude toward an object will criticize, reject, and dislike the object. According to Suharyat [12], attitude is the result of a person's socialization process and interaction with their environment, which is a manifestation of one's thoughts, feelings, and assessment of objects, which are based on knowledge, understanding, and opinions, beliefs, and ideas about an object, resulting in a tendency to act on an object. Setiyanto [13], from an economic view of point, expresses attitudes that are formed or acquired during the person's development concerning a particular object.

Attitude is a complex construction consisting of three dimensions; cognitive, affective, and conative. Cognitive is related to knowledge, views, beliefs, and things related to how people perceive objects of attitude. Affective is related to feeling happy or displeased with an object of attitude. Conative is related to the tendency to behave towards the object of attitude [14].

Attitude is a person's internal reaction influenced by various factors, for instance, personal experiences, cultures, other people considered necessary, religion, and emotional factors [15]. Attitude will be more easily formed when personal experiences occur in situations that involve emotional factors, especially if the stimulus comes from other influenced people [16]. Culture also influences a person's attitude [17].

Besides, mass media as a source of information have also influenced people's opinions and beliefs. The message conveyed contains suggestions that can direct someone's opinion. The existence of new information about something provides a new cognitive basis for forming attitudes [18].

From the description above, one of the causes that can shape a person's attitude towards an object is information, whether it is a positive or negative attitude. This study will measure the attitudes of the people of Makassar city towards the information they get through mass media about COVID-19 and health workers.

Information Resources

Information is data that is processed into an informative form, more functional and more meaningful for those who receive it [19] [20], which contains records of the observed phenomena or decisions made (Estabrook in Yusup [21]). Several types of information, according to Prehanto (2020), consist of (1) complete information, the master of information that is informed with under warrant and no need for further explanation; (2) substitutional information, which has a concept that is used in some information and substitutional terms; (3) philosophic information, the concept of information that links knowledge and policy; (4) personal information, has a relationship between feelings and human information and is very dependent on the presentation or the person who conveys the information; (5) objective information, focused on certain logical information; and (6) cultural information, emphasized on the cultural dimension.

Kosasih [22] stated that types of information include: (1) information based on functions that increase knowledge and teach readers (educational information); (2) information based on the presentation format in the form of photos, caricatures, paintings, abstracts, and written text; (3) information based on the location of the event, either information within the country or information from abroad; and (4) information based on existing fields of life, for example, education, sports, music, literature, culture and science, and technology.

3. METHODS

This study surveyed 1,000 respondents selected by using multistage random sampling. The respondents' age was 17 years and over or already married. The questionnaires were spread across all Makassar City sub-districts except the Sangkarang islands. The data were obtained through interviews with the help of a questionnaire instrument containing closed questions that were asked face-to-face. There were 50 surveyors involved. The data were analyzed using descriptive statistics. The sampling technique was carried out by multistage random sampling.

In this study, the researchers conducted stratified randomization. PSU (Primary Sampling Unit) In this survey, the stratification has randomly drawn sub-districts (stratified random sampling) as many as 50 sub-districts, as shown in the figure below. The stratification used is the number of populations per district. The districts with large population numbers will get a large number of samples.
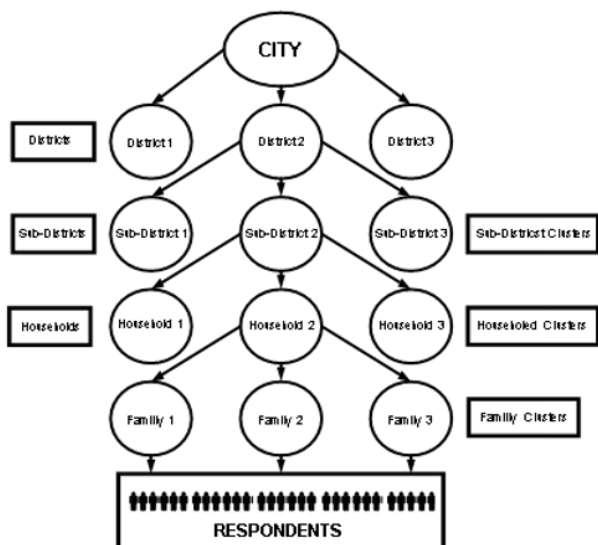
Figure 2: The multistage random sampling flows.

The unit of analysis in this survey is the households. In each sub-district, five households were taken randomly, and four families were randomly taken for each household (the head of the family). The interviewer then went to 20 families who had been taken randomly. For each family, one respondent was taken to be interviewed. The selection of 1 respondent in each family was carried out by final randomization using a Kish Grid random card so that a total of 1,000 respondents can be seen in the figure below.
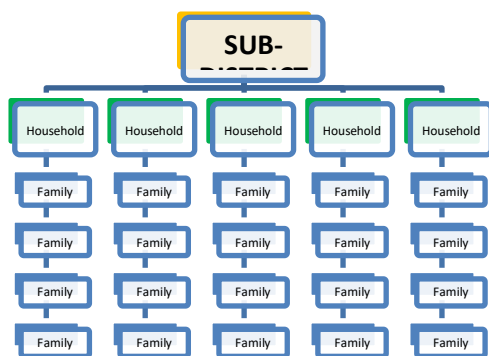

Figure 3: Kish Grid random cards

4.   RESULTS AND DISCUSSIONS

4.1. Respondent Demographics

Table 2: Respondents by gender

Gender	%
Males	50%
Females	50%
Total	**100%**

Table 3: Respondents by ages

Ages	%
17 - 25 years	16.2%
26 - 40 years	32.3%
41 - 60 years	40.9%
Over 61 years	10.6%
Total	**100.0%**

Table 4: Respondents by the level of education

Level of education	%
Never attended school	3.9%
Primary School	15.4%
Secondary School	14.0%
High School	43.4%
Diploma/Bachelor	21.2%
Master degree	2.1%
Total	**100.0%**

Table 5: Respondents by occupation

Occupation	%
Own/home business	17.5%
Employees with a monthly salary (government or private)	23.7%
Employees with daily wages (freelancers, etc.)	17.3%
Unemployment/College students/Housewives	41.5%
Total	**100.0%**

4.2. Citizens' Attitude toward Health Workers

In general, of the total respondents, the table below shows the attitude of Makassar citizens toward health workers during the COVID-19 pandemic.

Table 6: The Makassar citizens' attitude

Attitudes	%
Very Refusing	8,9%
Refuse	27,3%
Uncertain	20,6%

Accept	39,5%
Very accepting	3,7%
Total	**100,0 %**

High School	41.4%
Diploma/Bachelor	17.2%
Master degree	0.4%
Total	**100.0 %**

In more detail, the tables below show the percentage of citizens' refusal of health workers based on gender, age, education level, and occupation, as well as the trusted source of information.

Table 7: Refusal of health workers based on respondents' gender

Gender	%
Males	49.5%
Females	50.5%
Total	**100.0%**

Table 8: Refusal of health workers based on respondents' ages

Ages	%
17 - 25 years	15.0%
26 - 40 years	33.0%
41 - 60 years	43.2%
Over 61 years	8.8%
Total	**100.0 %**

Table 9: Refusal of health workers based on respondents' level of education

Level of education	%
Never attended school	5.5%
Primary School	19.8%
Secondary School	15.8%

Table 10: Refusal of health workers based on respondents' occupation

Occupation	%
Own/home business	22.0%
Employees with a monthly salary (government or private)	16.6%
Employees with daily wages (freelancers, etc.)	20.1%
Unemployment/College students/Housewives	41.4%
Total	**100.0 %**

Table 11: Refusal of health workers based on the most trusted source of information

The most trusted source of information	%
Government officials	13.9%
Internet/social media	19.4%
Health workers	8.1%
Neighbors/family	9.5%
TV/Radio	48.4%
No one is trusted	0.7%
Total	**100.0%**

It can be seen from table 12 that the higher the education, the more accepting health workers, and conversely, the lower the education, the more rejecting health workers.

Table 12: The attitudes of respondents towards health workers based on the level of education

Level of education	Accepting	Refuse	Uncertain	Very accepting	Very refusing	Total
Never attended school	23.1%	**38.5%**	10.3%	0.0%	**28.2%**	100.0%
Primary School	31.2%	35.1%	**19.5%**	2.6%	11.7%	100.0%

Secondary School	35.0%	30.7%	20.7%	4.3%	9.3%	100.0%
High School	41.5%	26.0%	20.0%	3.2%	9.2%	100.0%
Diploma/Bachelor	45.3%	22.2%	25.0%	4.7%	2.8%	100.0%
Master degree	**61.9%**	4.8%	14.3%	**14.3%**	4.8%	100.0%

4.3. Attitudes of Respondents toward the Health Workers Based on Reliable Information

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Table 13 shows the attitude of residents towards health workers based on reliable information. Residents who trust government officials, health workers, and television have a better acceptance of health workers. In contrast, those who trust information from their neighbors and family are more likely to reject health workers.

Table 13: The attitudes of respondents towards the health workers based on reliable information

The most trusted information sources	Accepting	Refuse	Uncertain	Very accepting	Very refusing	Total
Government officials	43.6%	21.2%	**24.0%**	3.4%	7.8%	100.0%
Internet/social media	37.3%	31.4%	21.3%	4.7%	5.3%	100.0%
Health workers	**53.4%**	16.5%	18.8%	**6.0%**	5.3%	100.0%
Neighbors/Family	22.2%	**41.3%**	15.9%	1.6%	**19.0%**	100.0%
TV/Radio	37.2%	29.1%	20.3%	3.1%	10.4%	100.0%
No one is trusted	0.0%	100.0%	0.0%	0.0%	0.0%	100.0%

The number of COVID-19 cases is still increasing. Community refusal of health workers in several areas in Makassar continues when this study is going. This rejection is still happening even though the government and security forces have made some educational efforts. Based on the study's results, it is known that 8.9% of the people strongly reject, 27.3% reject, and 20.6% are uncertain. 27.3% of respondents who refuse health workers are females, aged 41-60 years, unemployed/college students/housewife category. It is also known that the most trusted information comes from TV or Radio. Based on the level of education, it seems that the higher the level of education, the more accepting the citizens are toward health workers' actions. In contrast, the lower level of education indicates that more citizens reject health workers.

The level is reinforced by additional information through interviews that the citizens reject volunteers/surveyors because they consider them part of the health worker. People are afraid of rapid testing because (1) they are unsure and do not believe the test results are correct; (2) they fear that if the result is positive, then they are isolated and ostracized; (3) the results of the rapid tests are considered inefficient/inaccurate and not related to the coronavirus; (4) fear of catching COVID-19 from health facilities and personnel; and (5) fear of rapid results because many of the results are manipulated.

Several types of information appear and are published during a pandemic, as mentioned by Ashrafi-rizi & Z. Kazempour (2020). Information that is heard or received by the citizens influences the attitude or behavior of the recipient in making decisions. According to Feldman in Kusuma [23], the source of information plays a vital role in determining the attitude or decision to act.

Many media can be used to obtain information, such as mass media, either printed or online, such as newspapers or magazines, or electronic media, such as television and radio. The advancement of technology will provide various kinds of mass media that can influence society about innovations and significantly influence opinions and beliefs. Rahmawati [24] agrees that the source of information plays an essential role in determining the attitude or decision to act. Media like

the internet and opinion leaders for rural areas are considered adequate to create social consensus. In general, the media function as a source of information, a source of education, and a source of entertainment.

Hidayati [25] said that individuals need a variety of information, both for daily life and for planning their life and the future. This information can be obtained from various sources, from oral media through individuals, written and visual media, whether formal, non-formal, or informal sources to electronic media. From the research findings, it is said that TV/radio is the public's most trusted source of information. According to Kurniadi [26], television is the most influential medium in human life. Agreeing with that, Muaffiq [27] said that television is one of the receiving devices for information sources most often used by the public to date and the most reliable [28]. Its broadcasts become the subject of public discussion and measure how broad and up-to-date a person's insight is. Apart from TV/radio, based on the survey that government officials and the internet/social media are also widely trusted information by the citizens. Kurnia [29] said that the increasing need for information makes everyone move quickly to get information from various sources.

According to Noor [30] that the ease of sharing information via social media and the internet, on the other hand, can help anyone to receive, provide, or pass information. However, as a result, there was an explosion of information, including more useless information known as hoaxes rather than beneficial.

The magnitude of the danger posed by the spread of hoax news makes it necessary to filter information, and the aim is that people do not easily make decisions from the news received, and it is not easy to re-spread the news received. Juliswara [31] said that people, as consumers of information, sometimes cannot distinguish between true and false information or hoaxes. Conversations on social media have the potential to construct a public understanding of something in people's lives. Noise on social media can impact real life because social media also forms a construction of meaning about our social assumptions, leading to blasphemy and hatred. Something like that happened in Makassar City.

Based on the interview (June 2020) with one of the respondents, it was found that many sources provoke the health workers, causing doubts or uncertainty about health workers. The public thought that the health workers had manipulated the results of the rapid COVID-19 test. It is due to the wrong decision on the information they receive. The public's speculative way of thinking can be justified by hoaxes to challenge each other, even the health workers are suspected. Besides,

distrust towards health workers is also considered to originate from hoax information often consumed by citizens who are not selective in choosing information.

Meanwhile, to improve conditions and to grow a sense of trust in health workers, the public remains optimistic. It equates to the perception of the importance of maintaining health even though some residents still refuse the rapid test. One of the reasons was that they did not believe in the coronavirus. Most of these residents claimed to be healthy and did not contract COVID-19.

According to Budiman [32], spreading fake news might form public opinion that leads to upheaval in society, the uncertainty of information, and mass fear. Public opinion circulating within the community will become "wilder" when there is a polemic of opinion based on each of the people's points of view. Public opinion that is not conducive needs to be anticipated through consistent and systematic activities, at least by the government, which often becomes the news source. News based on facts needs to be strengthened by the government. The various communication channels must be filled with accurate, heavy, and actual data and facts, and one voice in conveying information or responding to any existing phenomena, so it is essential to select the information received to ensure that misunderstandings do not occur.

Health workers have an essential role in stopping the chain of transmission of COVID-19. The fundamental role and work of health workers from various types of professions as the vanguard in efforts to deal with COVID-19 are very crucial and needed to accelerate to overcome this pandemic (KMK, 2020). This critical role also puts them at risk of infection, long working hours, psychological stress, fatigue, stigma, and physical and psychological violence. (WHO, Interim guidance, 2020). So, the distrust that attacks the public towards health workers is a considerable risk that health workers must experience, especially nowadays, where most of the time, many activities are done at home, which makes there are no obstacles in the availability of information. According to Kahfi (2006), the availability of existing information will increase humans' ease of sending, receiving, processing, and storing information more quickly and accurately. With the existing conveniences, information can influence the attitudes of others.

Based on the study results, the people's attitudes mainly shown to the information heard and read are by trying to figure out the news source. Siregar [34], Sirajuddin [35], and Noor (2018) said that the public must be intelligent, selective, and critical in receiving any information. Everyone must look for evidence related to current issues to avoid a priori attitudes that

lead to blasphemy and unilateral judgment. Selecting the information received is done so that everyone does not rush to accuse others of something false. Hence, information literacy, digital literacy, or media literacy is essential for every citizen of Makassar to be able to sort, select, assess, and use the information received. It also encouraged me to study or analyze by asking someone who understands better and, of course, someone who can be trusted.

5. CONCLUSION

The study found that 36.2% of respondents refused health workers due to misinformation, particularly from female respondents aged 41–60, most of whom were unemployed, college students, or homemakers. The higher the education, the more difficult it is to be affected by hoax information. The media impacts one's judgment, where TV and radio are the sources of the most reliable information.

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