Conference Paper

Disobeying Government Rules: A Descriptive Study of Intention to Apply Health Protocol During Covid-19

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Abstract

This study aims to determine the public's intention to apply health protocols during the Covid-19 pandemic. data collection is done by distributing the scale online. The scale is based on Ajzen's Theory of Planned Behaviour with a reliability coefficient of 0.061-0.662. The number of research subjects was 508 people with the result that 60% of the research subjects intended to apply the health protocol. The aspect with the highest correlation was perceived behavioural control (0.652), then subjective norms (0.579), and the lowest correlation was attitude (0.482). To change individual behaviour, education on disease and empowerment is needed so that people can evaluate their perceived behavioural control. Knowledge is important to influence rational decision making of choosing healthy behaviour

Keywords: intention, obey, theory of planned behaviour, covid-19

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1. Introduction

Coronavirus disease (COVID-19) is an infectious disease caused by the newly discovered coronavirus. Currently Covid-19 is a pandemic that has hit more than 220 countries in the world ("Coronavirus COVID-19 (2019-NCoV)," 2020). The transmission of this disease is the same as influenza, the coronavirus can be passed from person to person, usually after close contact with an infected patient, for example, in a household work or health care center (WHO, 2020).

To reduce it, preventive measures are taken because there is no antiviral vaccine that can cope with this disease. WHO recommends standard preventive measures to reduce exposure and transmission of various diseases including maintaining basic hand and respiratory hygiene, and safe food practices and avoiding close contact, if possible, with anyone showing symptoms of respiratory illness such as coughing and sneezing

(WHO, 2020). In order to suppress the spread of Covid-19 in Indonesia, the President and several Ministries have issued Presidential Decrees and Government regulations. For example, Presidential Decree 11 of 2020 concerning the Determination of Public Health Emergency for Corona Virus Disease 2019 (Covid-19) and PP 21 of 2020 concerning Large-Scale Social Restrictions stipulated by the Minister of Health (Indonesia.go.id, 2020)

In addition to issuing regulations, The government has carried out monitoring by assigning the police, regional guardians to supervise, reprimand and impose sanctions on individuals or business entities who violate the program. On the other hand, based on observations by the research team, very many violations have occurred. Many people still gather at coffee shops, open the bodies identified by Covid 19 to be washed, do not keep their distance and do not wear masks. This then had an impact on a massive increase in positive individuals for Covid 19 in several regions in Indonesia during March 2020.

Why people do not apply the health protocol recommended by the government? a survey conducted by BPS (Badan Pusat Statistik [Central Statistics Agency]) showed that 55% of subjects did not comply with health protocols because there was no law applied, then 39% answered because there were no cases of Covid-19 that occurred nearby, 21% because they follow other people, 33% do not like it because they are holding back their work and 19% because there were no examples from officials and authorities (bps.go.id, 2020). In conclusion, they did not comply with the implementation of the health protocol because they did not like it, they followed others who did not implemented health protocol and because there was no punishment.

Explanation of this behavior can use the Theory of Planned Behavior. Theory of Planned Behavior is a theory from Icek Ajzen which designed to predict and describe human actions in a particular context (Ajzen, 1991). One's behavior predicted from their intention. Behavioral intention represents a person's motivation in the sense of her/his conscious plan, decision, or self-instruction to exert effort to perform the target behavior. It was devepment from Theory of Reasoned Action (TRA) which added behavioral control as an additional determinant of intentions and behavior.

Ajzen (Ajzen, 2012) argues that the intention is cognitive representation of a person's readiness to carry out certain behaviors and is seen as the closest antecedent to behavior. This theory describes the emergence of behaviors resulting from the intention foresaw by behavioral attitudes, social norms, and perceived behavioral control; together with perceived behavioral control, can account for a considerable proportion of variance in behavior. First construct of intention is Attitudes, positive or negative appraisal of the

success of a particular behavior. Attitude toward behavior is a belief about the outcome of a particular behavior and a positive or negative evaluation of a behavior (whether they think the action will have positive or negative consequences)(Ajzen, 2012).The second component is subjective norms, perception of a person's social pressure and last component is perceived behavioral regulation, perception of a person's trust in the ability to perform a behavior (Glanz, Rimer, & Viswanath, 2008). It's a condition when a person perceives whether another person or environment that is significant to he/she will approve or reject their certain behavior (Ajzen, 2012). And the last component is perceived behavioral control which defined as individual beliefs in controlling certain behaviors and estimates of the ease or difficulty of displaying these behaviors. The three antecedents can predict an individual's intention, where the intention is assumed to be an individual's motivation to perform a behavior, an indication of how much the individual wants to perform a behavior (Ajzen, 1991).

Studies on the theory of reasoned action related to pandemics were mostly carried out during the Avian Flu (H5N1) and Swine Flu (H1N1) pandemics. Research conducted is often associated with the intention to vaccinate (Agarwal, 2014; Lau et al., 2010) willingness to self-report (Chan et al., 2015) taking preventive action (Ho, Peh, & Soh, 2013; Liao, Cowling, Lam, Ng, & Fielding, 2010) and analysis of risk factors (de Zwart et al., 2007; Prati, Pietrantoni, & Zani, 2011).

2. Methods

This research method uses a survey method with a descriptive approach.

2.1. Subject

The questionnaire was open for four days from 19 March to 23 March 2020, the number of participants who participated was 508 people. There were 159 male research participants. Distribution based on education was like this: 4% doctors, 21% masters, 60% undergraduates, and 14% high school graduates. The number of female research subjects was 359. Distribution based on education was like this: 1% doctor, 14% master, 66% undergraduate, and 17% high school graduates.

Subjects who participated in this study were 508 people. By the table 2 was found the majority subject who complete the scale was in age range 18-25 year old with 53.5%. the second most is in the age range of 26-32 year old with 25%. The remaining

TABLE 1: Distribution of Subject by Age.

Age	Frequency	Percent
12 - 17 yo	2	0.394
18 - 25 yo	272	53.543
26 - 32 yo	127	25.000
33 - 39 yo	40	7.874
40 - 47 yo	21	4.134
48 - 55 yo	15	2.953
56 - 62 yo	29	5.709
63 - 70 yo	2	0.394
Total	508	100.000

21.5% of subjects were spread over the ages of 12-17 year old, 33 - 39 year old, 40-47 year old, 48-55 year old, 56-62 year old, and 63-70 year old.

2.2. Instrument

The instrument used in this study was the intention to applying health protocol scale which was developed from the theory of planned behavior (Ajzen, 1991). It consists of 3 aspects, attitude, subjective norm and perceived behavioral control, which is made into 12 statements. Participants were asked to put the preference tendency in the statement in 1-4 ranges of choice likert scale (strongly disagree-strongly agree). The reliability of the scale was made using Cronbach's alpha coefficient with an intermediate range values of 0.061-0.662.

TABLE 2: Reliability Statistics of All Construct

Construct	Cronbach's
Attitude	0.061
Subjective Norm	0.596
Perceived Behavioral Control	0.662

2.3. Procedure

This research was conduct by online using google form (forms.google.com). the scale is distributed via social media WhatsApp to the psychology professional group, student groups, workers' groups, family groups and the Indonesian state civil service group. Participants were found incidentally. In this study, participants were asked to fill in voluntarily, not given prizes. Data was analyzed using JASP for windows. The data was not normally distribute so a non-parametric was used.

3. Result and Discussion

3.1. Result

TABLE 3: descriptive of Intention.

	Intention
Valid	508
Missing	0
Mean	33.356
Median	33.000
Std. Deviation	3.491
Minimum	23.000
Maximum	44.000

The minimum score for intention is 23 and the maximum score is 44. The mean of data is 33.356 and the median is 33, it means the data is symmetric. The standard deviation is 3.491, show that the variance of data is clustered around the mean. Based on the data above, the researcher made the classification of the subject into 2, intending and not intending. Classifications are calculated using means for the cuttoff the classification. Values that are greater than the mean are included in the intending category and those that have a value less than the mean are included in the category of unintending. Based on table 4 was found that 205 people (40%) were unintended to apply the Health protocol and 304 (60%) people with the intention to apply the Health protocol.

TABLE 4: Intention Classification

Cutoff line		Cathegorization	Number of subject
x ≥ Mean	x ≥ 33	Intending	204
x < Mean	x < 33	Unintending	304
	Total		508

The correlation between constructs shown in Table 5. It appears that intention is correlated with all constructs. The strongest correlation is shown by Perceive behavior (0.652), and the least shown by attitude (0.482). Eventhought all the construct have high p-value (<.001), however, all correlations are only score in the middle range in terms of effectiveness.

3.2. Discussion

Many previous studies have proven that the theory of reasoned action can predict individual behavior towards health behavior (Sheeran & Orbell, 2000). This theory

TABLE 5: Correlations among the Constructs.

Variable		Intention	Attitude	Perceive Behavior	Social Norm
1. Intention	Spearman's rho	—			
	p-value	—			
2. Attitude	Spearman's rho	0.482	—		
	p-value	< .001	—		
3. Perceive Behavior	Spearman's rho	0.652	0.067	—	
	p-value	< .001	0.133	—	
4. Subjectivel Norm	Spearman's rho	0.579	0.133	-0.037	—
	p-value	< .001	0.003	0.411	—

could explain obesity prevention (Andrews, Silk, & Eneli, 2010; Bittner Fagan, Diamond, Myers, & Gill, 2008; Mazloomy-Mahmoodabad, Navabi, Ahmadi, & Askarishahi, 2017), Attendance for Cervical Cancer Screening (Abamecha, Tena, & Kiros, 2019; Sheeran & Orbell, 2000), Healthy eating (Verplanken & Faes, 1999), get vaccination behavior (Agarwal, 2014; Gagnon & Godin, 2000; Hertweck et al., 2013; Lau et al., 2010; Liao et al., 2010; Yang, 2015) and many others.

Results found that 60% of subjects intended to implement the Health protocol and 40% did not intend to implement the Health protocol. The corelation between constructs showed the biggest correlation in shaping one's intention is perceived behavior, then subjective norms. Attitude has the smallest correlation of all constructs. This finding is in accordance with the findings in Abamecha, Tena, & Kiros (2019) research, in that study it was found that intention was most influenced by perceived behavioral control and then subjective norm. Perceptions of behavioral control can change depending on the situation and the type of behavior to be performed. The control center is concerned with individual beliefs about the success of doing everything, whether it depends on their own efforts or other factors outside of themselves (Ramdhani, 2016). It determined by individual beliefs about the availability of resources in the form of tools, compatibility, competence, and opportunities (control belief strength) that support or hinder the behavior to be predicted and the role of these resources (power of control factor) in realizing that behavior. During the pandemic, the Indonesian government was very aggressive in providing information regarding the spread and prevention of the Covid-19 disease. This affects the public's belief that Covid-19 can be prevented from being transmitted.

The second aspect that has a high correlation is subjective norm. Subjective norms are individual perceptions of the expectations of those who are influential in their lives

(significant others) regarding the doing or not doing certain behaviors (Ramdhani, 2016). According to research conducted by Park (Park, 2000) found that the members of the collective culture tends to high value in subjective norm. As the results of a survey conducted by BPS stated that people were reluctant to apply health protocols because there were no examples from government officials to implement it. Besides that, there are still many religious leaders who think that illness, life and death are determined by God, not because they make efforts such as implementing health protocols.

To change individual behavior, education on disease and empowerment is needed so that people can evaluate their perceived behavioral control. Knowledge is important to influence rational decision making of choosing healthy behavior (Abamecha et al., 2019)

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