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Construction of Community Perceptions on Government Effort in Managing the Covid-19 Pandemic: A Covid Score-10 Approach

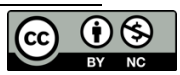
Irwan Soejanto[1], Intan Berlianty[2], Nur Prangawayu[3]

[1,2,3] Industrial Engineering Department, UPN "Veteran" Yogyakarta, Indonesia

Abstract

Countries around the world are still serious about dealing with the spread of COVID-19. No country in this world has been able to get out of the pandemic. The number of patients dying, recovering, and sick shows a graph increasing every day. To stop the spread of COVID-19, uniformity and support from the community are needed. The expected result of this research is to find out and construct knowledge, perceptions, and attitudes of the community towards the Covid-19 handling program that has been and will be carried out by the government. The research method uses a descriptive quantitative Covid-10 approach with an online survey method using a questionnaire provided in the form of a google form application. Data was collected by stratified random sampling and disseminated through the media with a sample of 1,191 respondents in the DIY Region. Most respondents (95.1%) support the government's efforts to change behavior in dealing with the pandemic. However, 42.1% of respondents feel that the government has made the right programs and policies.

Keywords: Covid-19, COVID-SCORE, Pandemic, Public Perception



INTRODUCTION

Covid-19, which has hit the whole world, cannot be predicted when it will end. Several studies conducted by research institutions around the world provide mixed estimates regarding the end of this COVID-19 pandemic. Covid-19 is actually increasing and spreading in various countries around the world. Data from Worldometers (2021) shows that the spread of COVID is still not under control. Including in Indonesia, the development of covid continues to increase. Many efforts have been made by the government of the Ministry of Health and the Covid-19 Task Force to continue to minimize the spread, in fact, they have not shown optimal results.

Novel Coronavirus 2019 which is more popularly known as COVID-19 has become a tremendous health phenomenon in today's world. This virus has spread to almost 213 countries in the world in a short time (Kannan et al., 2020)(Lin et al., 2021). WHO declares the spread of COVID-19 as a pandemic (Sohrabi et al., 2020). Meanwhile, in Indonesia, data obtained from the world meters website on August 10, 2021, showed that 3,430,300 people were confirmed positive for COVID-19.

To suppress the spread of this virus, the government continues to take various actions through measures such as lockdowns, Large-Scale Social Restrictions (PSBB), and the Enforcement of Restrictions on Community Activities (PPKM). In fact, it has not been able to suppress the rate of spread. The implementation of social distancing and physical distancing has not been fully adhered to and implemented by the community. Masses can still be seen in several locations. In addition, there are still people who are not recommended to use masks in any activities outside the home. This condition will have an impact on the spread of COVID-19 to be out of control (Berlianty et al., 2020). The government has tried to maximize the use of various media such as websites, television, radio, and other social media to provide education to the public regarding modes of transmission, methods of prevention, and other

Corresponding author:
intan_berlianty@upnyk.ac.id; di
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facts related to COVID-19 disease. The use of various media can affect people's perceptions of the risks from COVID-19.

One of the key elements that determine the end of this pandemic is the community's compliance with the programs carried out by the government and ultimately depends on factors such as trust in the government or some information provided by government sources. (Rusyani et al., 2021)(Agung, 2021). This has not been able to provide the public with a correct understanding of COVID-19 and observations. Understanding public perceptions of the government's efforts in dealing with the COVID-19 pandemic will be able to encourage harmonization. High trust in government programs will be an important supplement for relevant agencies in controlling the spread of this virus.

Close to covid 10 score in (White et al., 2021) (Lazarus et al., 2020a) will help the government to identify and correct weaknesses in key aspects of public perception, and track trends as the pandemic progresses. Thus, what can be used as a problem in the construction of public perceptions of the government's efforts in dealing with the COVID-19 pandemic in Indonesia. To explain this problem, the Covid Score-10 Approach is used to assess the level of public perception. The main purpose of this study is to reveal and analyze empirical data about the phenomenon of public compliance with government programs in dealing with covid and provide survey instruments that can be used to get important points in controlling the spread of covid-19 in Indonesia.

LITERATURE REVIEW

Public Perception

Humans are creatures, cannot live alone without interaction with other humans. This shows that human life and its environment, both the physical environment and the social environment. Since humans were born into the world, since then they have also become ancient humans and begin to relate to their environment. From that moment on, humans began to accept and carry out social interactions (Graf et al., 2017).

In human reality cannot be separated from perception. Each individual can make a perception depending on the way and the values he holds. People with a strong culture will have different perceptions from those who do not hold a culture of perception that is the result of the knowledge they have. Perception is based on the individual on what he sees and feels in everyday life, experiences, and knowledge gained in life (Fatmawati & Hendrayani, 2020; White et al., 2021). Perception is strongly influenced by feelings, intelligence, experiences received when describing the object to be assessed.

What is in the individual will affect him, this is called internal perception. Meanwhile, according to (Han et al., 2021) external perception, what affects the individual in the perception process is influenced by the environment in which the perception takes place. These internal and external perceptions interact with each other within the individual in forming personality. If a person always receives negative impulses, it will result in his perception also becoming a bad perception.

Including what happened to the community in assessing government programs in dealing with the COVID-19 pandemic. A good perception of the programs offered by the government will help reduce the spread of COVID-19.

Covid Score-10

The theory of covid score was first recognized by (Lazarus et al., 2020b) researchers at ISGlobal in 2020. This approach describes how to measure public perceptions of the government's pandemic control program efforts.

The Covid Score method provides an alternative to controlling the spread of the virus by taking into account aspects of government program support. There are 10 item indicators to measure how the public's perception of providing support to the government. The public gives an assessment based on their perception of each item based on the role of the government during the pandemic. The community only assesses the range of 1-5 on each question item. A value of 1 means "not responding" to the program

offered by the government. A score of 5 means "very supportive" (White et al., 2021). From the values that have been filled in by the community, then determine the COVID-SCORE value, namely by adding up the value of the items multiplied by 100. The standard deviation is calculated to assess the deviation of each city to produce the final public perception. Items to be assessed are arranged (Lazarus et al., 2020a) with the following inference:

1) In terms of handling and controlling the COVID-19 outbreak, the Government has Providing assistance to residents to survive the COVID-19 pandemic
2) In terms of handling and controlling the COVID-19 outbreak, the Government has Provide information clearly, on how to protect yourself from being exposed to COVID-19 without discriminating against SARA
3) In terms of handling and controlling the COVID-19 outbreak, the Government has Provide statistical information on the daily number of cases infected with COVID-19, the number of recoveries and deaths
4) In terms of handling and controlling the COVID-19 outbreak, the Government has Having Health Workers who are alert and strong in providing services to the community during the COVID-19 pandemic
5) In terms of handling and controlling the COVID-19 outbreak, the Government has Provide information related to Covid Test, and COVID-19 vaccination
6) In terms of handling and controlling the COVID-19 outbreak, the Government has Ensuring the community has access to health services when people have symptoms and are tested positive for COVID-19
7) In terms of handling and controlling the COVID-19 outbreak, the Government has Providing protection to the elderly as a vulnerable group during covid-19
8) In terms of handling and controlling the COVID-19 outbreak, the Government has Health workers and doctors have PPE as a means of protection from Covid-19
9) In terms of handling and controlling the COVID-19 outbreak, the Government has provide the right consultation to help people who are depressed and anxious due to the covid-19 pandemic
10) In terms of handling and controlling the COVID-19 outbreak, the Government has carry out international cooperation, especially with WHO in handling COVID-19.

Two Paired Hypothesis Test

This test is done by comparing one group with a hypothetical value, where the sample is randomly selected from the population and the mean tested is a normal distribution. This distribution is often used to compare the sample mean with the number that is most likely to be known. The hypothesis test of the average paired data or also called the paired sample t-test is a test used to test the average sample by comparing two dependent samples which in this case are the respondents' expectations and perceptions about a service. (Scott et al., 1973). The average test of the data used in this study is to find out between people's expectations and perceptions (Walpole et al., 2007) by using the following formula:

$$sd = \sqrt{\frac{\sum_{i=1}^{n} d^2 - \frac{(\sum_{i=1}^{n} d)^2}{n}}{n-1}}, i = 1,2,3....,n \quad (1)$$

The value of d is the difference between the expected value and the respondent's real value. The value of d is the average value of the difference between the respondent's expectation score and the respondent's reality score. While the SD value is the standard deviation of the difference between the respondent's expectation score and the respondent's reality score, and n is the number of respondents. The rejection area used in this test is $t_{count} \geq t_{table}$ with a significant level and degrees of freedom n-1 (Scott et al., 1973)

RESEARCH METHOD

The method used in this research design uses a quantitative research design. The research instrument is a survey with a questionnaire that enters the data collection field 2 times. The first questionnaire was conducted to understand the public's perception of the government in dealing with the COVID-19 pandemic, while the second round of questionnaires was conducted by randomly selecting from the people who filled out the first questionnaire. The time span between the distribution of the second questionnaire was 3 months after the distribution of the first questionnaire. This is done to find out whether people's perceptions have changed or are the same. Using a Likert scale with a range of 1-5, where a rating of 1 indicates strongly disagree to 5 (strongly agree). Construction of public perception of the government in dealing with COVID-19 by using the covid score research design. In this study, the questionnaire was prepared regarding the covid score-10 indicator contained in (Lazarus et al., 2020b) which explains the function of the assessment of the covid score instrument so that all implementation of the handling of the covid-19 pandemic can take place properly and receive support from the community.

Data collection was carried out boldly (online survey) which was accessed through various social media and emails between 4-7 May 2021. In the first stage of distributing the questionnaire, more than 1100 respondents were obtained. To find out if there are any changes to the answers that emerged due to the pandemic, such as the emergence of the Covid-19 variant so that an emergency PPKM was carried out, a second survey was carried out to the first stage participants. The Period 2 sample was collected over the time period 22-27 July 2021 with over 300 respondents returning the questionnaire. Cluster analysis was conducted to classify respondents into clusters based on their perceptions of the government's ways of dealing with the COVID-19 pandemic.

The research population is the Special Region of Yogyakarta community which was taken randomly based on stratified random sampling. This method in the sampling process divides the population into levels and the sample is selected randomly at each level (the average used to calculate population parameters. The population is N. Respondents selected are respondents who come from stratified results from the DIY region with an estimated proportion of 0.5 determine the amount due to the absence of previous information or research (Scheaffer, 2006). With a sample error rate of 5% so the number of samples required is:

$$n = \frac{N}{1+N*e^2} \quad (2)$$

where
n = Size of planned questionnaire spread
N = estimated population coverage
e = error estimate

Assuming the population that will take the sample is 400,000 DIY community people, then using equation 2. produces a minimum sample of 399 people taken from each village as much as 5%. In conducting the research, the sample obtained reached, 1,191 respondents.

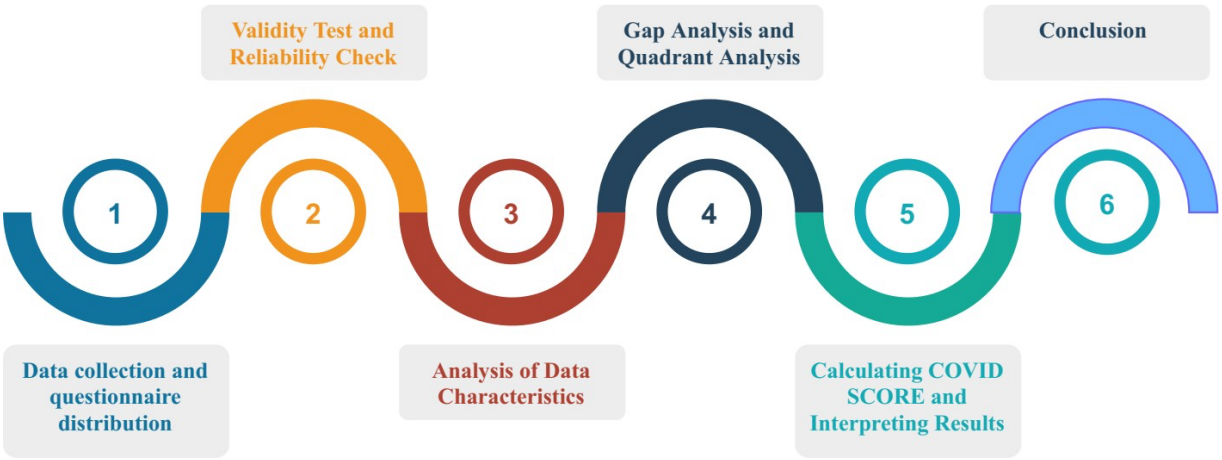

Figure 1. Research Stages

FINDING AND DISCUSSION

COVID-19 has spread almost all over the world. This virus is transmitted through the respiratory tract. This should be the main focus of the community, especially the behaviors that can cause the risk of contracting or even transmitting this disease. From the results of the study, it was found that as many as 95.1% of the public had received information about COVID-19. The government has massively provided understanding to the public through various media. Hope that the information can be received and well-received by all levels of society. This is evident from the high public perception in this study, namely the number of 72.3%.

From the results of data processing on the questionnaire that has been carried out, it can be seen that the public's perception of the government's efforts in tackling the spread of the coronavirus shows that the data sample is 1191 samples with 710 women and 412 men (see table 1). At the education level, 63% are university graduates. The average age of the respondents is 22-31. Of the total answers answered, 70.9% of them have never been infected with COVID-19. This shows that the spread of COVID-19 in DIY has not shown an alarming level. Most areas in DIY are at the yellow level, i.e. the level of distribution is not in an alarming condition (high).

As for accountability to the public regarding this pandemic, the Government always adds the latest data on the development of COVID-19 regarding the number of confirmed positives, patients who have died, and patients who have recovered. In addition, the information provided is also related to how to prevent and spread COVID-19, this is done in various ways and media. However, the public still thinks that what the government has done has not increased public confidence that it is true. As many as 42.1% of the community considered that they had not taken the right action in handling this pandemic. The indicator is to increase the number of people infected with COVID-19.

Table 1. Respondent Profile

Factors	Variables	First Study		Second Study	
		n	%	n	%
Gender (N_1=1132/N_2=461)					
	Male	415	36,66	162	35,14
	Female	710	62,72	298	64,64
	Others	7	0,62	1	0,22
Age (N_1=1197/N_2=461)					
	17-21	43	3,59	14	3,04
	22-31	517	43,19	98	21,26

	32-41	209	17,46	119	25,81
	42-51	198	16,54	89	19,31
	52-61	76	6,35	42	9,11
	62-71	23	1,92	18	3,90
	above 71	131	10,94	81	17,57
Education (N_1=1191/N_2=461)					
	High School	132	11,08	108	23,43
	Undergraduate	751	63,06	321	69,63
	Graduate	217	18,22	26	5,64
	Other Degree	91	7,64	6	1,30
Infected with Covid? (N_1=1191/N_2=461)					
	Yes	258	20,96	171	37,09
	No	933	79,04	290	62,91

Source : Own Data Processing Results,2021

The DIY community's perception of the government's efforts at 10 points of covid-score in overcoming the covid-19 pandemic does not show numbers that show the community supports the government's efforts in tackling the spread of covid-19 (table 2). The government's efforts to deal with the COVID-19 pandemic in the community's assessment are still considered unsatisfactory, this is indicated by the average value on all question items showing an average value of 3.6. The public's response to believing that the government's steps were successful in controlling the COVID-19 pandemic showed at least 6 out of 10 people who gave answers, believing that the government's efforts in handling the pandemic were on the right track. Respondents who had experienced a coronavirus infection (21% of the total respondents) indicated that the government's efforts in handling the covid-19 pandemic assessed 3 out of a maximum score of 5. While female respondents compared to male respondents agreed with the government's efforts.

CONCLUSION AND FURTHER RESEARCH

The public's view of health literacy communication conducted by the government regarding the risk of COVID-19 is already in the good category of 95.1%. Although 42.1% of the community consider the government to be less precise in handling the spread of COVID-19. This needs to be done by complying with the behavior of the community towards the given regulations, by prioritizing the behavior of preventing COVID-19 disease. The government also needs to develop preparedness to deal with the pandemic and strengthen the health system such as services, testing fees, and travel policies. The self-isolation strategy also needs comprehensive attention so that it can support the healing process of COVID-19 patients

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Table 2. Recapitulation of Calculation of Covid Score-10

Region	In terms of handling and controlling the COVID-19 outbreak, the Government has:										Standart Deviasi COVID SCORE-10
	Providing assistance to residents to survive the COVID-19 pandemic	Provide information clearly, on how to protect yourself from being exposed to COVID-19 without discriminating against SARA	Provide statistical information on the daily number of cases infected with COVID-19, the number of recoveries and deaths	Having Health Workers who are alert and strong in providing services to the community during the COVID-19 pandemic	Provide information related to Covid Test, and COVID-19 vaccination	Ensuring the community has access to health services when people have symptoms and are tested positive for COVID-19	Providing protection to the elderly as a vulnerable group during covid-19	Health workers and doctors have PPE as a means of protection from Covid-19	Provide the right consultation to help people who are depressed and anxious due to the COVID-19 pandemic	Carry out international cooperation, especially with WHO in handling COVID-19	
Banguntapan (*n=20)*	4,13	4,40	4,36	4,72	4,92	4,97	4,31	4,26	4,49	4,25	27,66
Bantul *(n=22)*	2,25	2,24	2,16	2,41	2,24	2,17	2,28	2,25	2,23	2,79	17,50
Berbah *(n=28)*	3,74	3,59	3,74	3,19	3,50	3,34	3,82	3,61	3,25	3,00	25,83
Cangkringan *(n=31)*	4,06	4,54	4,43	4,51	4,76	4,45	4,26	4,93	4,80	4,89	26,74
Danurejan *(n=17)*	4,04	4,13	4,48	4,54	4,40	4,65	4,12	4,12	4,34	4,43	19,90
Depok *(n=33)*	2,67	3,34	2,54	2,46	2,28	2,89	2,16	2,59	2,26	2,99	34,93
Galur *(n=19)*	3,40	3,31	3,61	3,49	3,71	3,70	3,61	3,99	3,25	4,00	24,34
Gamping *(n=17)*	4,02	4,27	4,18	4,80	4,97	4,26	4,67	4,99	4,61	4,42	32,22
Gedangsari (n=18)	2,02	2,46	2,28	2,38	2,75	2,65	2,72	2,07	2,39	2,30	23,86
Gedongtengen (n=30)	3,87	3,24	3,34	3,41	3,07	3,21	3,07	3,01	3,87	3,62	30,28
Godean n=32	4,06	4,82	4,30	4,26	4,61	4,56	4,71	4,99	4,23	4,90	30,12
Gondokusuman n=19	3,00	2,84	2,77	2,25	2,54	2,19	2,88	2,91	2,04	2,09	35,57
Gondomanan n=32	3,03	3,26	3,10	3,16	3,76	3,86	3,71	3,48	3,36	3,12	28,73
Imogiri n=18	4,89	4,25	4,29	4,85	4,65	4,66	4,90	4,63	4,59	4,77	21,64
Kalasan n=19	4,06	4,71	4,17	4,06	4,09	4,86	4,98	4,55	4,89	4,98	37,96
Karangmojo n=21	2,52	2,25	2,80	2,02	2,16	2,13	2,99	2,11	2,00	2,77	34,56
Kotagede n=32	3,00	2,59	3,81	2,06	2,36	2,76	2,64	2,57	2,69	2,60	43,51
Kraton n=25	3,21	3,90	3,37	3,31	3,24	3,21	3,03	3,19	3,96	3,88	32,75
Mantrijeron n=31	4,82	4,11	4,41	4,72	4,39	4,92	4,67	4,55	4,21	4,64	24,80
Mergangsan n=33	4,48	4,95	4,03	4,65	4,02	4,90	4,57	4,12	4,22	4,81	33,97
Mlati n=25	2,65	2,30	2,00	2,52	2,26	2,68	2,34	2,37	2,23	2,01	22,12
Moyudan n=26	3,82	3,09	3,24	3,51	3,38	3,93	3,50	3,73	3,96	3,07	31,33
Ngaglik n=33	4,02	4,33	4,35	4,93	4,70	4,89	4,61	4,41	4,69	4,31	27,30
Ngampilan n=21	4,74	4,88	4,73	4,06	4,94	4,49	4,49	4,75	4,95	4,06	31,34
Ngemplak n=33	2,99	2,00	2,60	2,80	2,30	2,29	2,22	2,37	2,63	2,90	30,75
Pajangan n=22	4,98	4,71	4,96	4,46	4,69	4,97	4,52	4,39	4,86	4,11	27,69
Pakem n=27	2,30	2,70	2,33	2,54	2,96	2,80	2,28	2,92	2,73	2,38	24,82
Pakualaman n=25	3,72	3,99	3,78	3,75	3,86	3,51	3,78	3,38	3,60	3,46	18,13
Patuk n=20	4,27	4,46	4,32	4,06	4,82	4,78	4,58	4,30	4,59	4,71	23,64
Pengasih n=31	4,38	4,90	4,99	4,23	4,49	4,55	4,06	4,89	4,75	4,21	31,02
Piyungan n=17	2,43	2,37	2,47	2,73	2,80	2,59	2,02	2,12	2,45	2,39	22,88
Pleret n=23	3,44	3,65	3,28	3,99	3,24	3,47	3,31	3,90	3,24	3,71	26,18
Prambanan n=24	4,17	4,70	4,70	4,83	4,75	4,07	4,86	4,59	4,13	4,68	28,80
Purwosari n=26	4,29	4,00	4,57	4,51	4,21	4,24	4,00	4,62	4,35	4,99	28,79
Sedayu n=25	2,01	2,93	2,66	2,36	2,14	2,54	2,56	2,95	2,33	2,07	31,64
Sewon n=31	2,50	2,57	2,57	2,32	2,79	2,95	2,75	2,70	2,18	2,65	21,45
Seyegan n=17	3,39	3,38	3,88	3,16	3,48	3,57	3,38	3,04	3,71	3,84	25,97
Sleman n=31	4,52	4,82	4,52	4,72	4,58	4,11	4,75	4,97	4,91	4,86	24,11
Temon n=26	4,31	4,84	4,90	4,13	4,75	4,43	4,85	4,89	4,47	4,71	25,92
Tempel n=27	2,36	2,00	2,52	2,22	2,60	2,56	3,00	2,99	2,54	2,05	32,46
Turi n=26	4,70	4,81	4,79	4,40	4,61	4,77	4,07	4,07	4,51	4,65	26,33
Umbulharjo n=21	2,43	2,88	2,03	2,07	2,06	2,41	2,14	2,14	2,27	2,09	24,94
Wates n=31	3,78	3,66	3,03	3,36	3,09	3,06	3,61	3,32	3,72	3,77	28,91
Wirobrajan n=32	4,83	4,90	4,98	4,88	4,58	4,58	4,95	4,37	4,67	4,12	26,52
Wonosari n=26	4,02	4,40	4,77	4,67	4,55	4,88	4,53	4,24	4,27	4,07	27,56
Average score per item	3,62	3,72	3,70	3,63	3,68	3,74	3,69	3,70	3,68	3,69	3,44

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