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Public Knowledge about COVID-19 and Its Impact on the Psychic Condition of Indonesian Society

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Abstract: The research goals are to determine how Indonesian people know about COVID-19 and the impact the community has felt due to the current COVID-19 pandemic. This study uses a survey method using a research instrument in a questionnaire distributed to Indonesian society through social media. 96% of respondents had the right level of knowledge about COVID-19, regarding the origin of the disease, the symptoms they felt, the mode of transmission, and how to prevent the Corona Virus. Moreover, more than 80% of respondents stated that they felt the impact of COVID-19 so much that it affected the respondents' daily activities. More than 80% of Indonesian people already have a good knowledge regarding COVID-19, and the community's psychological condition is very disturbed due to the impact caused by the current COVID-19 pandemic. The novelty of this study is the first article in Indonesia, which reports about knowledge of COVID-19 and its impact on the psychic condition of Indonesian society.

Keywords: COVID-19, knowledge, impact, Indonesia, prevention.

关于 新冠肺炎的公众知识及其对印度尼西亚社会心理状况的影响

摘要: 研究目标是确定印度尼西亚人如何了解新冠肺炎以及社区因当前的新冠肺炎大流行而感受到的影响。 本研究在通过社交媒体向印度尼西亚社会分发的问卷中使用使用研究工具的调查方法。 96% 的受访者对新冠肺炎有正确的了解，包括疾病的起源、他们感受到的症状、传播方式以及如何预防冠状病毒。 此外，超过 80% 的受访者表示，他们感受到了新冠肺炎的影响，以至于影响了受访者的日常活动。 超过 80% 的印尼人已经对新冠肺炎有了很好的了解，由于当前新冠肺炎大流行造成的影响，社区的心理状况非常不安。 这项研究的新颖之处是印度尼西亚的第一篇文章，它报道了新冠肺炎的知识及其对印度尼西亚社会心理状况的影响。

关键词：新冠肺炎，知识，影响，印度尼西亚，预防。

1. Introduction

A virus is an organism of tiny size and cannot be seen by the ear's eye. The world is being viewed with the pandemic and opinion caused by Virus the coronas virus. Nowadays, the case is increasing and how many people have been done by the government, trying to get

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the country to prevent more success. So far, the number of cases reached 4.64 on May 17, 2020, with an average recovery percentage of 1.69 people, but the patient has missed 312 thousand people. In Indonesia, its case increases smoothly on May 17, 2020, achieved 17025 points by recovery 1,089, and 3,911 instances lose with more than 200 patients [1].

Therefore, in the Virus prevention framework, the government is doing all the ways to reduce the rate of virus growth regarding the detailed definition, such as physical distancing, play, play, playing games, and playing games. So the social interaction should be reduced to prevent the occurrence of a new case.

1.1. The Origin and the Spread of COVID-19

At the end of December 2019, some people were sent to the hospital diagnosed with early pneumonia of unknown etiology. These propositions are economically related to the wholesale market, and the animals are great in Wuhan, Hubei province, China [4]. The report initially saw the emergence of this Corona virus prototype, which raised the estimates of the general re-production for the 2019 Coronavirus (COVID-19, which was released in February 2020) [19]. The chronology of the COVID-19 infection is as follows. The first case took place in December 2019. From December 18, 2019, to December 29, 2019, most views were displayed at home very quickly, but they always went wrong.

On January 2, 2020, 41 patients identified a COVID index based on a configurable dashboard. These positions are thought to be infected in the same home, perhaps because of the nosocomial infection. It was found that the COVID-19 was not the one that was distributed by one position to many others, but it tends to spread because most of the rumors have different types of displays. Apart from that, only the same opinion or viewers likely to be detected are not detected.

On January 22, 2020, a total of 571 cases of Coronavirys in 2019 (COVID-19) were exported in 25 provinces [20]. National Health Committee China reported the first 17 deaths on 22nd 2020. Further reports on January 24, 2020, expect cumulative content in China to be 5502 cases.

On January 30, 2020, 7734 have been confirmed in China, and 90 other cases have also been reported from all of the countries, i.e., Taiwan, Thailand, Vietnam, Malaysia, Nepal, Sri Lanka, Cambodia, Japan, Singapore, Republic of Korea, UEA, United States of America, Philippines, India, Australia, Canada, Finland, France, and German. The case percentage was calculated to 2.2% (170/7824) [3]. The first case of the COVID-19 infection confirmed in the US often refers to the description, identification, viewed, and according to this management case. This includes the initial exposure to presentation and develops into pneumonia on the 9th day of the week [12]. Furthermore, the topic for the first batch of COVID-19 from person to person was posted on OSS on January 30, 2020 [12].

1.2. Symptoms

An infection with the COVID-19 disease appeared after being published for about 5,2 days(Li et al., 2020). The occurrence period of the COVID-19 case did not last between 6 to 41 days, with a median of 14 days. This period depends on the patient's age and the patient's immunity system status. It can be shorter among patients who are > 70 years old than those under 70 years. The common cause of COVID-19 is fever, cough, fatigue, others, i.e., excess phlegm, bleeding cough, diarrhea, blown, and low lymphocytes [17].

Clinique images that can be viewed from the CT results while being considered as pneumonia. However, abnormal features like the RNA, disturbance syndrome, acute injury, and information can lead to death [8]. It is important to note that there is a similarity in the symptoms between COVID-19 and the previous coronary betel virus, such as dry. On the other hand, turbidity can be seen on the CT scan of the chest. However, COVID-19 features some unique clingier features that include a trending attack that appears to be shown with a soft, smooth throat. Some cases report an infiltrating in the lobe based on the chest radiography results, which is likely to be related to the current conditions [11].

Other causes that can differ from the opinion that is infected with COVID-19 will cause distortion symptoms to seem referred with a lower patient percentage of Mers-CoV-CoV or SARS that underwent the exciting GI pressure between them. Because of that, it is essential to put a finger and a set of descriptions to ensure that there is disruption indigestion. By methods development to identify various storage modes such as feces and urinal, devices must develop a strategy to maintain control of the disease.

Problems about COVID-19 were recorded with a general opinion and a high degree of death, especially in China. On January 22, 2020, the National Health Commission of China reported its 17 death. On January 25, 2020, the death case increased to 56 deaths. The mortality percentage in the 2684 cases COVID-19 was posted was about 2.84% on January 25, 2020, and the average death age is 75 (about 48-49) years [7]. The primary pathogenesis of COVID-19 is broke the growth system, the opinion of which is the weight of pneumonia, and the RNA, which combined with the cloudiness presence in the X-ray results, and injury to follow [8]. It shows higher leukosis levels, higher findings, abnormal findings, and increased cytokine proinflamasi plasma.

2. Materials and Methods

In this study, research was carried out using a cross-sectional study with a prospective questionnaire. This selection is made using a semi-open access method

(questionnaire) where experts have given the options. However, the research object is still allowed to offer several views according to their understanding, with the way of distributing a questionnaire in social media, i.e., whatsapp group, Facebook, twitter, dan instagram. The study was carried out for 1 (one) month with the number of the proposal from this event is ± 800 people, but only around 100 patients filled up the form and sent it back, and 95 patients fulfilled the inclusion criteria. Use the convenience sampling technique that takes all the items that make up these inclusive criteria.

All people who used social media and filled out questionnaires during the study are one month and age ≥ 18 years old. Exclusion: People who did not fill out questionnaires during the study in that one month, and patients with age < 18 years old. Managing data that has been obtained will be accomplished by using the calculation (score) by predefined definition. A questionnaire was made using 31 questions about knowledge and eight questions about the impact of COVID-19. Of the 31 questions, the researcher divided them into four parts, with different values distributions. The first part was about fundamental questions regarding COVID-19, consisting of four questions, with each question having a value of 25 points.

The second part contains questions about the transmission of the COVID-19 Virus containing five questions, with each question worth 20 points. The third part includes inquiries related to the symptoms of COVID-19, which consists of 10 statements, and each correct answer has 20 points. The last part contains information about preventing COVID-19, composed of 12 views, each getting 30 points.

The total points from the four questions related to knowledge about COVID-19 are 760 points. From a total of 760 points, the researcher determined that the respondent had a good enough understanding of the respondent got a value of 70% of the total score or at 532 points, and it is not good enough in knowing about COVID-19 if the points obtained are less than 70% or less than 532.

Before conducting the research, ethical approval was received, as shown in figure 1. The Faculty of Health issued that Letter, Esa Unggul University with 0322-20.302/DPKE-KEP/FINAL-EA/UEU/IX/2020.

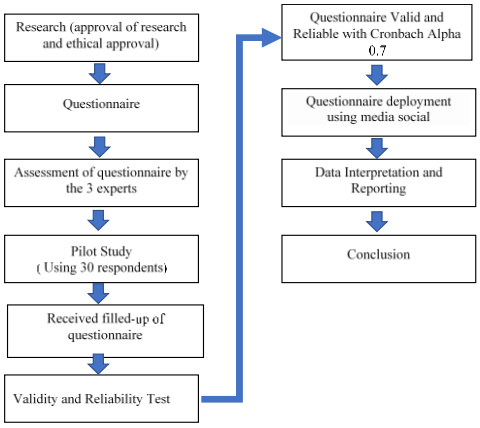


Fig. 1 Research flow

Validity and reliability tests were carried out by taking 30 respondents randomly, and data processing was carried out using SPSS software. The final result considered from this validity and reliability test is the Cronbach alpha value, which is valid. The reliability is good if the Cronbach alpha value is > 0.6 [22]. The following are the results of the validity and reliability tests:

Table 1 Cronbach's alpha test

Cronbach's Alpha	N of Items
0.704	30

All reliability exceeding the recommended 0.70 criterion is considered acceptable [22]. Based on the test results above, it can be seen that the Cronbach alpha value is 0.704, so it can be said that the questionnaire is valid and has good reliability.

3. Results

3.1. Respondents' Sociodemography

The number of respondents to this research are 100 people who have fulfilled the form which has distributed a questionnaire in social media, i.e., whatsapp, twitter, dan instagram. Only 95 people entered into inclusion, and five other people were excluded in this research because they did not fulfill the inclusion criteria.

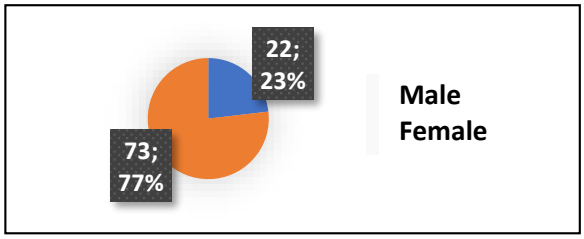


Fig. 2 Prevalence of participants based on gender

Based on Figure 2, among 95 respondents, 22.23% or 22 respondents are male, and 73.77% or 73 are female. Based on India's research about knowledge of the general performance of COVID-19 was 51.2% of the 662 respondents are male, and the rest are female who had a complete version [13].

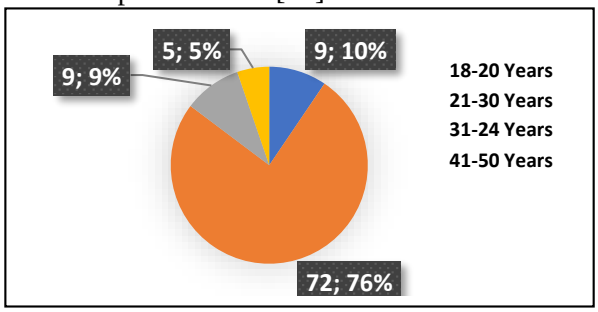


Fig. 3 Prevalence of participants based on age

Based on Figure 3, nine people aged 18-20 years, 72 people aged 21-30 years, nine people aged 31-40 years,

and five people aged 41-50 years. Other research participants performed at the average age of the respondent who was 8-29 years old [13]

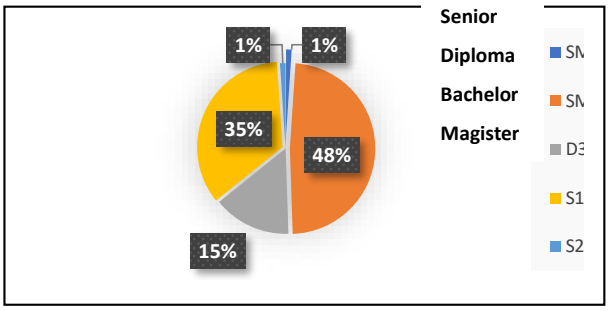


Fig. 4 Prevalence of participants based on education

Based on Figure 4, 1 person was in Junior High School, 46 people were in Senior High School, 14 people were in diploma (D3), 33 people were bachelor's degrees (S1), and one respondent was magister degree (S2). In India, a study related to the knowledge about COVID-19 with a total number of respondents, about 662 people, found that the lowest opinion level of respondents is equal to the school's base and more than 90% of the respondents have bachelor and higher [13].

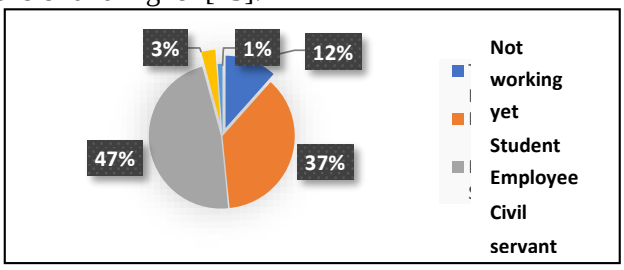


Fig. 5 Prevalence of participants based on occupation

Based on Figure 5, the respondent's occupation was obtained as follows, 11 people were not working yet, 35 people as students, 45 people as an employee, three people as a civil servant, and one person as freelancer.

Based on the social data related to the respondent's occupational status, other research groups were associated with the current management of the COVID-19 at Egypt with the number of respondents as 559 people and categorize the employment. It was obtained that as many as 79 people had a salary < 2000 EGP (Egypt Pound), 246 people had 2000 - <5000 EGP, 89 people with 5000 - <8000 EGP, 44 people with 8000 - <10,000 EGP, and 101 people with salary ≥10,000 EGH [2]. With a stay value of 1, EGP is equivalent to 913.88 IDR.

3.2. Respondents' Response Results for COVD-19

At first glance, the respondent's response to the COVID-19 respondent was given the statement, “did you know what is COVID-19?” Furthermore, we found the following results:

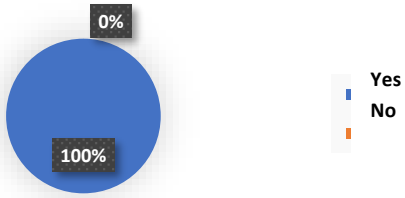


Fig. 6 Prevalence of participants who knew COVID-19

Based on Figure 6, 95 respondents said that they knew what COVID-19 was. They know its whereabouts, with 95 respondents saying they knew about COVID-19 could not be returned even though all respondents had a short description of the COVID-19 as far as the respondent's appearance was based on it.

In other research on the general understanding of COVID-19, which was carried out in Indonesia, 43 respondents from 62 respondents had a good overview of COVID-19, and 19 out of 62 respondents less often know the information about COVID-19 [14.

3.3. Respondents' Knowledge of COVID-19 Causes

At the second point, the respondent was given the question, “what do you think caused the COVID-19?” In this opinion, the respondent was given two choices: the microorganisms that had the most important things. Furthermore, we found the following results:

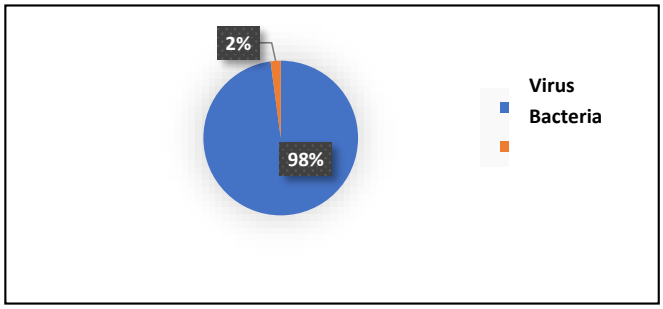


Fig. 7 Prevalence of participants who knew the microorganism of COVID-19

Based on Figure 7, it can be noted that as many as 93 people knew that the COVID-19 was released by a virus called Coronavirus, and two other people still did not know the cause of the COVID-19 because two respondents noted a less accurate statement that COVID-19 as part of the bacteria.

COVID-19 was referred to as one member of the coronas virus family, which was finally called SARS-CoV-2. The Virus is very contagious and is currently known as the version that causes Corona Virus Disease (COVID-19) [15].

3.4. Respondents' Knowledge about the Origins of COVID-19

The respondent was told about the original country that is the primary source of the COVID-19 spread.

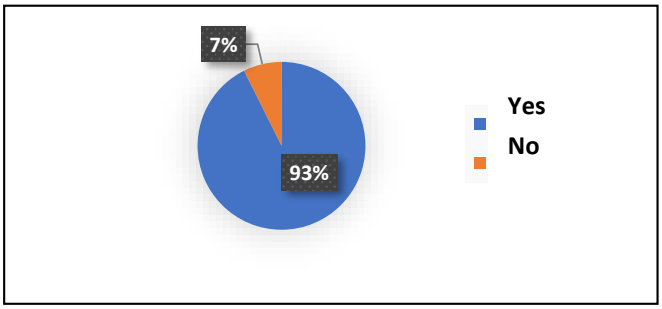


Fig. 8 Prevalence of participants who knew the origins of COVID-19

From Figure 8, it can be known that 88 respondents know the original countries that were the primary source COVID-19 becoming an image in the entire world; 88 respondents asked Wuhan, China. Whereas seven respondents said they did not know the original country, which is the primary source of coronas virus distribution, the respondent was not supposed to fill in the column asking about that country name as the COVID-19 first spread.

In December 2019, there was a negative opinion, which is very well known as novel Coronavirus Infected Pneumonia (NCIP) in Hubei Wuhan, China [9]. This disease has spread quickly from Wuhan to other regions. By January 31, 2020, a total of 9692 NCIP cases in China have been confirmed. Internationally, the issue has been exported by 24 countries and five continents [18]. On January 3, 2020, the novel of Coronavirus (2019-nCoV) was identified in *lavage bronchoalveolar* liquid from a patient in Wuhan and was recognized as a reason for NCIP [21].

3.5. Respondents' Knowledge of Animals, Which Are the Primary Source of COVID-19

In this case, the respondent was asked about the respondent's management of the coronavirus source; the respondent was asked to know the start of the animal.

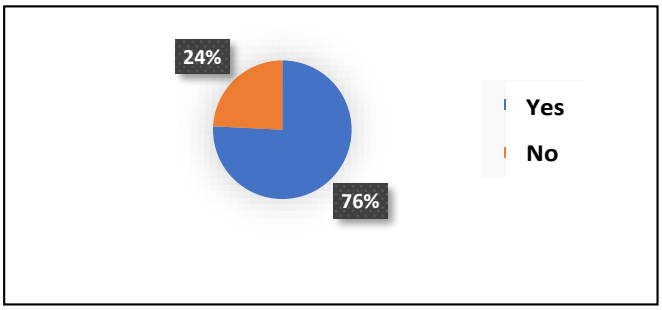


Fig. 9 Prevalence of participants who knew the animals sourced of COVID-19 virus

From Figure 9, as much as 76% or 72 respondents said they know the animal that is the source of coronavirus growth. It spreads to humans, most of them offer an animal that transmits the corona Virus to humans, and as many as 23 people said that they do not know yet what animal is the primary source of the coronavirus.

Coronavirus Study Group of the International Committee on Virus Taxonomy ended up defining him as Severe Respiriratory Syndrome Corona-Virus 2 (SARS-CoV-2) based on [5]. Furthermore, the WHO received the coronary Virus's performance as Coronavirus Disease 2019 (COVID-19).

Based on this current data, an external animal is said to be the host of the COVID-19 and may have been transmitted to the human from other wild animals produced in the seafood, but subsequent distribution through in man to man transmission [10].

3.6. Respondents' Management of the COVID-19 Spread

Most of these have five thoughts related to the Coronas Virus' image display, and there are no answers that can be respected but otherwise (yes, no, do not know). With the following details:

Table 2 Virus transmission

Question	Responden Answer		
	Yes	No	Don't Know
Are the virus transmitted through blood transfusions?	41	40	19
Are virus transmitted through the air?	64	29	7
Are the virus spread by contact with contaminated objects?	96	2	2
Are the virus transmitted through sexual activity?	40	32	28
Are the virus transmitted through direct contact with someone with COVID-19?	99	0	1

38	38	19
61	27	7
92	1	2
38	30	27
94	0	1

Based on table number 2, it can be seen that 38 people agreed that the coronavirus could transmit by blood transfusions, 38 people not at all, and 19 people did not know. In the second statement, 61 people agree that viruses can communicate through the air. Twenty-seven people said Virus did not pass through. Instead, seven people were overlooked. Regarding the object exposed by the Virus, 92 people agree that the Virus can be transmitted if it touches the object that contains the Virus, one people miss out, and two others said do not know. Most of the 38 respondents said that the coronavirus could transmit via a sexual relationship, 30 people did not agree, and 27 respondents did not contact yet. Most people said that the coronavirus could be transferred if they directly reached a patient with positive COVID-19.

The research carried out at Egypt generated data that was 536 people from 559 people who said that the coronas virus spreads through the droplets and 531 people who say the Virus can spread through the touch of objects that are touched by the Virus [2].

3.7. Respondents' Knowledge of the COVID-19 Symptoms

These respondents were given ten symptoms related to the COVID-19 phenomenon and were given three answers, “Yes” means an agreement, “No” means disagree, and “Do not Know” The respondents did not

know about the phenomenon, including the COVID-19 or not. Following were the results:

Table 3 COVID-19 symptoms

Symptoms	Responden Answer		
	Yes	No	Don't Know
Cough	98	1	1
Cold/Flu	77	18	5
Fever	98	2	0
Out of Breath	98	0	2
Weakness	79	12	9
Headache and Dizzy	77	11	12
Nausea and Vomitting	50	36	14
Diarrhea	51	34	15
Sore Throat	93	2	5
Red Eye	24	49	27

93	1	1
73	17	5
94	1	0
93	0	2
76	11	8
72	11	12
48	33	14
47	33	15
88	2	5
23	45	27

From Table 3, it can be described, 93 respondents answered the symptoms like cough and out of breath, 94 respondents agreed that fever is one of the most symptoms of COVID-19, 73 respondents agreed on the cold/flu, 72 respondents said dizziness is also a problem with the COVID-19 issue, 76 respondents agreed that weakness has also been symptom as the COVID-19 case, 48 people who nausea and puke were COVID-19 phenomena, 47 people agree that diarrhea is one of COVID-19 sign, 88 people agree that sore throat as one of COVID-19 symptom COVID-19 also 23 respondents agreed that eyes turned red was an error during the COVID-19 case. Furthermore, some of the respondents also offered nothing and no doubt about some of the disorders.

Based on China's research, as many as 138 patients are used as objects in the patient sensed. Of 138 patients, 136 patients had fever syndrome, 96 patients had the limp syndrome, 82 patients had cough syndrome, 24 patients had a sore throat, 14 patients had diarrhea syndrome, 14 patients had nausea syndrome, three patients had the puke syndrome, 22 patients have a headache and a bit of an accident [16]. For cases of death in the COVID-19 patient, it is known as 1099 cases of COVID-19, an amount of 0.8% or 800 times the incidence rate is high [6]. Other researchers told of 161 percentages of 50 percent, or about 31% had the severe syndrome.

3.8. Respondents' Knowledge of the COVID-19 Prevention

"What is the most recent respondent's management of COVID-19" had 12 questions regarding the prevention to prevent the spread of coronavirus, respondents gave three answers, "Yes" means an agreement, "No" means disagree, and "Do not Know" The respondents did not know about the spread of corona Virus. The following are the results:

Table 4 Prevention for COVID-19

Act of Prevention	Responden Answer		
	Yes	No	Don't Know
Stay at home	96	2	2
Wash your hand properly	100	0	0
Keep the distance away 1,5 meters	99	1	0
Using the mask	100	0	0
Doing an ethics of cough and sneezing	98	1	1
Avoiding direct contact with an object around	93	4	3
Reduce direct contact with other people	98	1	1
Clean clothes regularly	96	2	2
Do Regular exercise	95	4	1
Consuming vitamins and immunomodulator	100	0	0
Consuming fruit and vegetable	95	4	1
Avoid raw foods	90	4	6

91	2	2
95	0	0
95	0	0
95	0	0
94	0	1
88	4	3
93	1	1
91	2	2
90	4	1
95	0	0
91	3	1
86	3	6

Based on table number 4, it was found that most of the respondents see the way to prevention it correctly. It can help prevent the variation of viruses so that it can increase the case of a crash.

The following data are ways of preventing that described as follow:

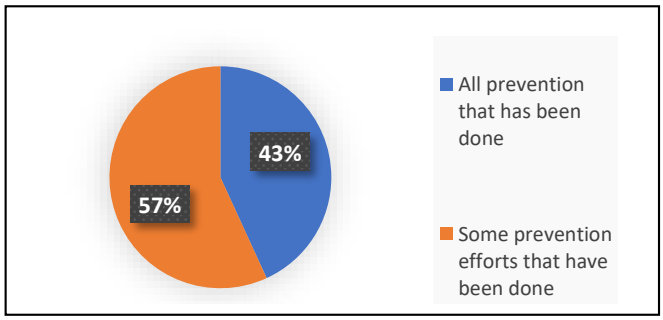


Fig. 10 Prevalence of participants who have followed the COVID-19 prevention

Based on Figure 10, as many as 43% of respondents, or at least 41 people, have done all the COVID-19 prevention, and 57% or at least 54 respondents, even doing some prevention to prevent the Viruses distribution occurrence, does not seem to be overturned.

The research conducted at Egypt regarding the people understanding of COVID-19 with the respondents as many as 559 people produced the result that most of the respondents were able to wash their

hands frequently, keep a distance from another person, use the mask in a public place, avoid touch eyes, nose and the mouth of all these efforts can be done to prevent the occurrence of virus growth [2].

3.8.1 Result of Respondent Knowledge

Based on the respondent's response opinion to COVID-19 has already had the values determined based on what is true or false, the results of respondents were rejected by measuring whether the respondent had most of the controls regarding COVID-19.

From 31 questions, it was estimated that the total COVID-19 value was 760 points. From 760 points, the researcher determined that the respondent had good enough knowledge if the respondent got a deal of 70% of the total score or about 532 points. and it is not good enough in knowing about Covid-19 if the points obtained are less than 70% or less than 532

The results obtained were from 95 respondents. Four respondents got <532 (4.21%). Moreover, 95.79% of respondents managed to get ≥532 opinions, which indicates that 91 respondents have had sufficient knowledge of COVID-19. The average respondent's presentation was 651.85 points.

Among 95 respondents, more than 80% of respondents had the best knowledge of COVID-19, and it is good enough to know how bad it is that the COVID-19 can become a place to reduce the frequency of virus spread and decrease corona's positivity case in Indonesia.

Table 5 Correlation between sociodemography and knowledge of COVID-19

Sociodemography	Knowledge		Total	P Value*
	Good Knowledge	Don't know well yet		
Gender				
Male	21 (22.11%)	1 (1,05%)	22 (23.16%)	1.000
Female	70 (73.68%)	3 (3.16%)	73 (76.84%)	
Total	91 (95.79%)	4 (9.21%)	95	
Age				
18-20 years	9 (9.47%)	0	9 (9.47%)	0.231
21-30 years	69 (72.63%)	3 (3.16%)	72 (75.79%)	
31-40 years	9 (9.47%)	0	9 (9.47%)	
41-50 years	4 (9.21%)	1 (1,05%)	5 (5.26%)	
Total	91 (95.79%)	4 (9.21%)	95	
Last Education				
Junior High School	1 (1,05%)	0	1 (1,05%)	0.847
Senior High School	45 (47.37%)	1 (1,05%)	46 (48.42%)	
Diploma 3	13 (13.68%)	1 (1,05%)	14 (14.74%)	
Bachelor	31 (32.63%)	2 (2.11%)	33 (34.74%)	
Magister	1 (1.05%)	0	1 (1,05%)	
Total	91 (95.79%)	4 (9.21%)	95	
Occupation				
No work	45 (47.37%)	1 (1,05%)	46 (48.42%)	0.288
Work	46 (48.42%)	3 (3.16%)	49 (51.58%)	
Total	91 (95.79%)	4 (9.21%)	95	

From table number 5, the Chi-square test to see the socio-demographic relationship with acknowledging can be seen even *Asymptotic Significance* with P-value > 0.05, so it can be concluded that no connection between social demography with a high level of understanding about the realities of COVID-19.

Other research related to the average score about the COVID-19, which was performed at Egypt, resulted in an exhilarating average score. There was a difference between the participants and the women without any differences that were relatively stable regularly. On the other hand, there are very static differences between the average scores of the group age ($p < 0.001$). There is the perception relatively lower than respondents aged 50 by the age of 50 < 60 years compared to groups of younger generations who are younger. Also, city residents have a high level of value for the people who live in rural areas. Evaluation of average figures was significantly related to the opinion level as well as monthly salary ($p < 0.001$) [2].

All the questions that were made to the questionnaire were 39, with the last eight questions. It is about the impact that respondents felt, and the total questionnaire is 1000 points with an approximate value plan of 760 points of respondents' knowledge. The maximal value is 240 points about a perceivable thing.

4. What Was the Respondent's Opinion about the Effect of COVID-19

At last, the researcher asked 95 respondents if what the respondent felt about COVID-19 in Indonesia. Respondents at 8 expressed their opinion about the results they felt. Respondents were asked to choose what they felt about and what the respondents were most likely to achieve.

From 8 respondents who felt what they thought, 95 respondents had selected what they felt and had done with an end of success.

1) The first category with a value of 0 was 4.21% of respondents or four respondents who said that the COVID-19 did not affect their activities regardless.

2) With a value of 30 points, the second category got 10.53% of respondents or ten respondents who felt one way from the COVID-19.

3) The third category with a 31-120 score rating of 45.26% or 43 respondents felt 2-4 what the COVID-19 achieved, and their high yield was good.

4) The four categories with a score of 121-240 views at 38 respondents or 40% of the total number of respondents felt the effect of COVID-19, making a concern cause this pandemic.

Apart from the respondents' analysis results in the two respondents to determine the income categories, the researcher will have a detailed plan about getting on the COVID-19 based on the number of respondents who felt the way it was. Following is the list:

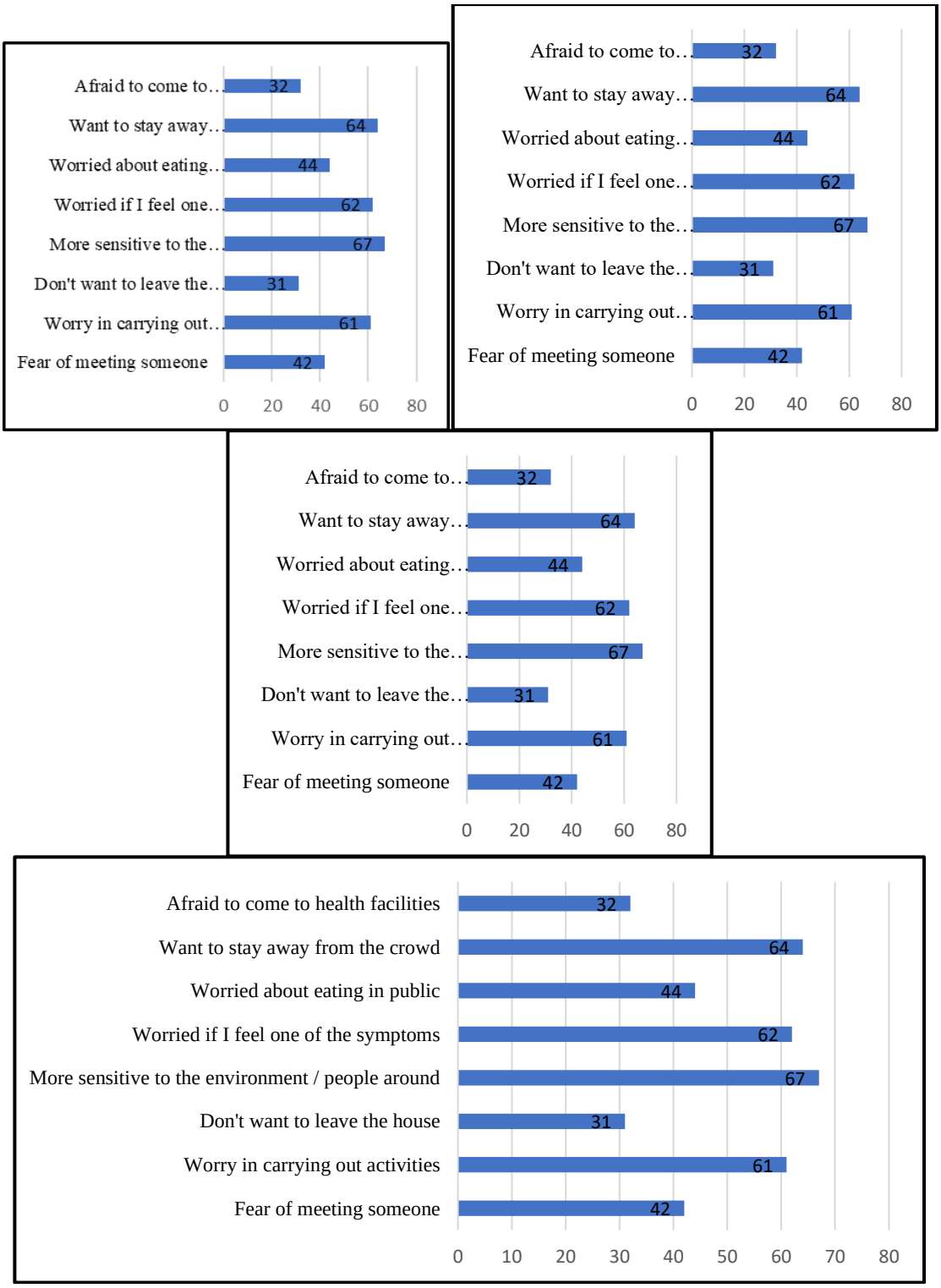


Fig. 11 Distribution of participants based on what they feel with COVID-19 situation

From Figure 11, it can be seen what happens to participants with the COVID-19 situation. As many as 32 respondents were afraid to come to the health facilitation, 64 respondents felt anxious to maintain peace, 44 respondents felt anxious to view the public place, 62 respondents felt worried if they feel on of the symptom, 67 respondents were more sensitive to the environment or the affected person, 31 the respondent was afraid to leave home, 61 the respondent was worried about all activity, and 42 respondents felt worried to meet someone. Also, it can be seen that if you want to enjoy comfort, it seems that something is wrong when a phenomenon is generated. It is more sensitive to the environment also worries in denying the activity which many respondents have chosen, with the number of respondents who felt that the score was > 60%. With the minimum result, that respondent did not leave the house, which is only 31%. It is because in COVID-19 condition, where schools' whole activity also works must be a pause. With this kind of today's action, the people must meet the needs to be asked more than they usually should. They still need activities out of the house to meet their daily needs and use health protocols, as the government said because it

can be showed from the respondent's description of the prevention outcomes of COVID-19 is quite good.

Other research conducted at Egypt is related to the public opinion about COVID-19 compared to COVD 19 as a total of 559 agree that it is dangerous, 486 respondents were worried about the possibility of themselves and their family being infected with the coronavirus. In this opinion, 127 respondents, because the infection of variants is very closely related to the general status of infected people, will destroy the person simultaneously [2].

5. Conclusion

Based on the result above, 95 respondents answer the received questions in the questionnaire about COVID-19, i.e., disease resource, disease origin, how to solve it, how it can be the transmission. Also, its symptoms and it can know that from 95 respondents, 95.79% of respondents or about 91 people have a high level of exposure related to COVID-19. About 4.21% of respondents or four people had sufficient knowledge of COVID-19.

Most of the people that the masses have accomplished can be achieved at least 41% of the respondents have done all prevention like standing at home, washing hands, holding drapes, using a mask, doing ethics and cleaning, cough, reduce direct contact with other people, routinely consume vitamins, as well as avoiding a raw food. Moreover, at least 57% of respondents have not done all of this but have done most of the amount of prevention to help the COVID-19 insist on positivity.

About the impact that people felt about COVID-19, as many as 32 respondents were afraid to come to the health facilitation, 64 respondents felt anxious to maintain peace, 44 respondents felt anxious to view the public place, 62 respondents felt worried if they feel on of the symptom, 67 respondents were more sensitive to the environment or the affected person, 31 the respondent was afraid to leave home, 61 the respondent was worried about all activity, and 42 respondents felt afraid to meet someone. It can be seen that if you want to enjoy comfort, it seems that something is wrong when a phenomenon is generated, it is more sensitive to the environment also worries in denying the activity which many respondents have chosen, with the number of respondents who felt that the score was > 60%. With the minimum result, that respondent did not leave the house, which is only 31%. It is because in COVID-19 condition, where schools' whole activity also works must be a pause. With this kind of today's action, the people must meet the needs to be asked more than they usually should. As the government said, they still need activities out of the house to meet their daily needs and use health protocols because the respondent's description shows that the prevention outcomes of COVID-19 are quite good.

Then based on the perceived results that were categorized as 4.21% of respondents or four respondents, they said that it did not affect their life, 10.53% of respondents or all ten respondents felt that one could get from COVID-19, 45.26% or 43 respondents felt 2-4 what the COVID-19 achieved, and their high yield was good, and 38 respondents or 40% of the total number of respondents felt the effect of COVID-19, so it make a concern cause this pandemic.

Good perception about COVID-19 is a thing that can help prevent the Virus from spread in Indonesia. This is what people know about COVID-19, so they will be more careful when doing their activity and always keep track of what they say about how to decrease the number of COVID-19 infections.

This study uses a survey method using a research instrument in a social media questionnaire distributed to Indonesian society. The covid-19 pandemic is included in the new case in the world, including Indonesia. We can see many sectors and aspects are influenced due to this pandemic, including social and psychic conditions of society. In early cases, many people did not become aware of this disease. They did not know what Covid 19 was. They thought it was a common flu and did not need any special treatment. However, this disease is dangerous. Some People have experience severe illness due to this infection, and almost every day, mortality cases are announced in every country. The spreading of covid-19 was too fast among the society. This situation has an impact on psychology society. Therefore, it is essential to explore the knowledge of Covid-19 and its implications to the psychic state to contribute what we can do to increase the knowledge and minimize the impact on the psychic condition. This article is vulnerable to understanding the readers about the effects of this pandemic on psychic conditions. The novelty of this study is the first article in Indonesia, which reports about knowledge of Covid-19 and its impact on the psychic state of Indonesian society.

The limitation of this study is the relatively short research time, and many people did not send back the filled form of the questionnaire.

6. The Benefit of This Study

1) For the Community

In order to assist the Indonesian government in reducing the positive number of COVID-19 in Indonesia, it is highly recommended for the public to be more aware of information related to COVID-19, be able to distinguish between true and false news related to COVID-19, and always obey the existing social rules set by the government. It can help the government to get maximum results in facing this pandemic Covid-19.

2) For Further Researchers

For further researchers, it is hoped that they can carry out more profound research related to people's

understanding of COVID-19 and research more deeply associated with COVID-19 and its relationship with the psychological condition of the community.

7. Ethical Approval

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