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PUBLIC ACCEPTANCE ON THE ADOPTION OF NEW NORMAL REGULATIONS IN INDONESIA

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Abstract. *Indonesia has implemented the emergency handling-policy of COVID-19 since early March 2020, followed by applying the regional quarantine-policy of Large-Scale Social Restrictions (Pembatasan Sosial Berskala Besar/PSBB) starting from April 10, 2020, in Jakarta. Subsequently, the policy is also adopted by several satellite cities, provinces, districts, and/or cities where the number of infected individuals by COVID-19 increases. The objective of the research is to measure the public acceptance of the adoption of the New Normal regulations in Indonesia. All the participants have received information about the New Normal rules that describes the needs of the regulations. Their opinions in these regards are gathered by using a questionnaire and analyzed. Specific attention is given to opinions regarding the crowd-size limitation and the responses are factored according to the participants' gender and age. This particular rule has received mixed responses. The research concludes that in general, the Indonesian public accepts and adheres to the New Normal regulations.*
Keywords: COVID-19, Public acceptance, Social restriction, New Normal

1. **Introduction.** In early 2020, the world faced a great challenge with the emergence of the COVID-19 epidemic. The virus that was initially found in Wuhan, China in December 2019, quickly spreads throughout China and other countries, devastating the world economy, social life, business activities, education, and others. As of June 2, 2020, global data showed 6 140 934 confirmed cases and 373 548 casualties from 216 countries. Indonesia, one of the biggest countries in South Asia, reported 27 549 confirmed cases and 1 663 casualties from 34 provinces.

Though the virus had spread to all countries and caused thousands of casualties, economic downturn, and other consequences to human activities and lives, none of the world's institutions (neither government, private sectors, universities, world bank as well as IMF) had any effective solution to stop the virus perfectly and to minimize the impact to the economy. Nevertheless, the economic outlook for 2020 was still predicted using normal assumptions [1]. To reduce the fatality rate, the Indonesia government implemented the emergency handling-policy of COVID-19 in early March 2020, followed by applying the regional quarantine-policy of Large-Scale Social Restrictions (Pembatasan Sosial Berskala Besar/PSBB) starting from April 10, 2020, in Jakarta, followed by several satellite cities, provinces, districts and/or cities that indicate a significant increase of COVID-19 cases. Since the PSBB policy was not carried out simultaneously throughout the nation, the virus' impacts on the socio-economic aspect are still felt throughout Indonesia's provinces.

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After three months of the emergency response and PSBB, the Indonesian government began to explore the application of the New Normal policy and loosening PSBB [1].

[1] explained that various studies in countries that successfully handled the COVID-19 pandemic suggested some prerequisites for the public to be productive but guaranteed safety from COVID-19 hazards, namely,

- the use of data as a basis for decision making for adjusting PSBB;
- the PSBB adjustments should be done in stages by considering the real-time conditions;
- the application of strict health protocols; and
- a review of the implementation of PSBB with the possibility of re-implementing PSBB with a strictly enforced deterrent if the public is not disciplined in doing their activities.

As a response to the pandemic, the World Health Organization (WHO) [2] establishes a set of basic protection measures including washing hands frequently, avoiding touching the face, maintaining physical distance from others, and wearing a cloth mask when going out and to work. The city of Wuhan has also implemented WHO recommendations by expanding school closure, implementing physical distancing at work, and even extending the Chinese New Year holiday so that people stay away from the workplace [3]. Since the COVID-19 outbreak, the use of face mask has also become a common practice in China and other Asian countries, such as South Korea and Japan [4]. In the absence of pharmaceutical interventions, the only strategy against COVID-19 is to reduce contact between vulnerable and infectious people [5].

In the education sector, we witness increasing adoption of distance learning and several institutions promised an execution without degradation in the learning quality [6]. Indonesian Minister of Education and Culture, Nadiem Makarim, on Tuesday, March 24, 2020, issued Circular No. 4 of 2020 concerning the Implementation of Education Policy in the Emergency Period of Corona Virus Spread [7]. [8] said that the Centers for Disease Control and Prevention recommended avoiding any gatherings with more than 10 people.

In the business sector, [9] explained that during a crisis with an unfamiliar and uncertain situation, a wide range of actions might be executed, not only temporarily, but also adjusting to the ongoing business practices. According to [10], many people had remained in their homes to avoid the virus. Many businesses were closed, and many people were working remotely, and we also see from February 2020 to May 2020 more than one-third of the United States employees worked from home.

In this work, we would like to offer the view of the public regarding the New Normal policies. We start with the definition of reactance which is defined as "an unpleasant motivational arousal that emerges when people experience a threat to or loss of their free behaviors" [11]. The behavior can be observed when a person behaves on the contrary to authority suggestions as a response to a perceived threat to freedom. According to [12], public acceptance was used as a reference for judgment, and evaluation of the policy is in place. Acceptance was expected to be strongly affected by policy preferences but also affected by other factors such as the processes leading to the established policy. Based on the statement above, our study aims to measure the public acceptance of the adoption of New Normal regulations in Indonesia, which can be used as a reference for the development of a future policy.

The remainder of this paper is organized as follows. In Section 2, we briefly describe the research method. In Section 3, we present the research findings statistically and discuss their implications. Finally, we conclude the research with Section 4, which summarizes the findings and provides a recommendation for future work.

2. **Research Methods.** The WHO has issued several directions to prevent COVID-19 transmission. The COVID-19 is a new type of disease that has the most damaging effects

globally and causes confusion, anxiety, and fear among the public [13]. The COVID-19 is an infectious disease caused by the most recently discovered coronavirus. This new virus and disease were unknown before its outbreak in Wuhan, China, in December 2019. The COVID-19 is now a pandemic affecting many countries globally [14]. According to [15], New Normal with mitigation is a guideline to reduce or minimize impacts of the virus to the community. The author also suggested as the New Normal condition, everyone must use a face mask, bring hand sanitizer, wash their hands with soap, and maintain physical restriction.

In this study, we question participants affected by the New Normal policy their opinions. We use an online questionnaire and distribute it as a link in WhatsApp platform to reach nearly 200 individuals living in Jakarta, Banten, West Java, Central Java, East Java, Yogyakarta, Riau, and South Sumatera.

The questionnaire has two parts. The first part requests the respondents' socio-demographic data including gender, age, residence, education level, and a range of the salary. The second part asks them opinions about a set of New Normal policies they have endured. In the second part, the potential responses are structured as Strongly Disagree (SD), Disagree (D), Neutral (N), Agree (A), and Strongly Agree (SA). In the data analysis, those options are assigned to scores 1 to 5, respectively.

3. **Results and Discussion.** The data are obtained from Indonesian citizens by a convenience sample of 193 individuals. 59.59% of the respondents are men and 40.41% are women. Most respondents, as much as 35.23%, are within the 24-30 years old age-group. The majority hold a bachelor degree, are the resident of Jakarta, and have a monthly income within the range of 3 million to 10 million Indonesian Rupiah. Table 1 presents the respondents' socio-demographic distribution.

Besides Jakarta, many participants live in West Java and Banten. According to the Indonesia Central Statistics Agency (Biro Pusat Statistik, BPS), the five most populated regions are Jakarta, West Java, Yogyakarta, Banten, and Central Java [16]. Thus, the sampling distribution agrees well with the census.

The first new-normal-related policies we discuss are the crowd-size limitation and the related participants' responses. The policy is the most debatable among others in their perspective. The distributions of the responses are shown in Figures 1 and 2, and also in Table 2. The distribution is also factored by the participants' age and gender. As much as 53.4% respondents strongly agree with the crowd-size limitation and 37.8% agree. Less than 10% are neutral or disagree. In almost all age-groups, the respondents strongly agree with the policy, except in the age-group of 31-40 years old. From the gender perspective, the portion of participants that do not show agreement with the policy is about 4% for females and about 12% for males.

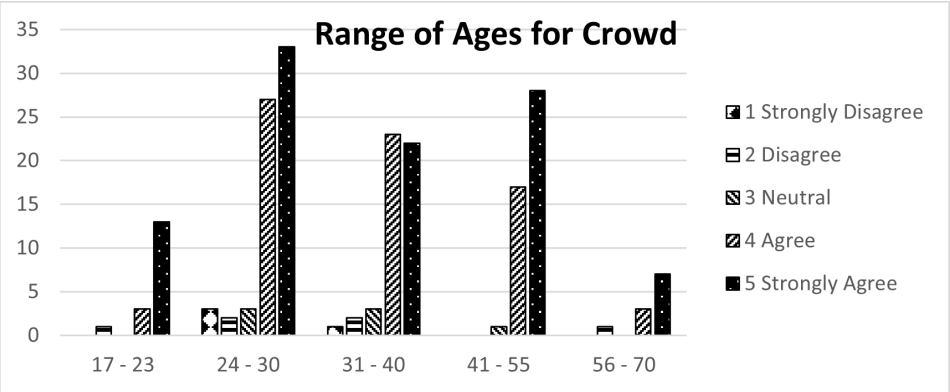

FIGURE 1. The distribution of the opinions of the respondents regarding the crowd-limitation policy factored by age

TABLE 1. The demographic attributes of the respondents

	Frequency	Proportion (%)	Cumulative (%)
Gender			
Male	115	59.59	59.59
Female	78	40.41	100.00
Age (year)			
17-23	17	8.81	8.81
24-30	68	35.23	44.04
31-40	51	26.42	70.46
41-55	46	23.84	94.30
56-70	11	5.70	100.00
Domicile			
Jakarta	112	58.03	58.03
West Java	36	18.65	76.68
Banten	31	16.06	92.74
Riau	10	5.18	97.92
Central Java	1	0.52	98.44
South Sumatera	1	0.52	98.96
Yogyakarta	1	0.52	99.48
East Java	1	0.52	100.00
Monthly income (million Rupiah)			
< 3	23	11.92	11.92
3-10	77	39.9	51.82
11-20	53	27.46	79.28
> 20	40	20.72	100.00
Education level			
Primary School	1	0.52	0.52
Middle High School	2	1.04	1.56
Senior High School	21	10.88	12.44
Bachelor's Degree	140	72.54	84.98
Master's Degree	29	15.02	100.00

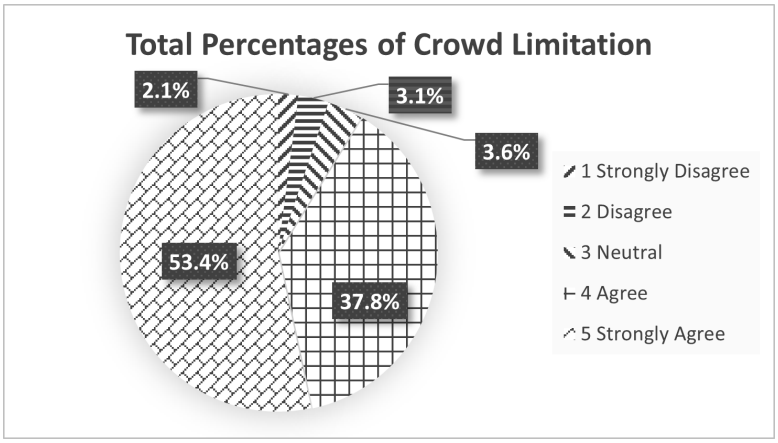

FIGURE 2. The distribution of the opinions of the respondents regarding the crowd-limitation policy

TABLE 2. Cross tabulation of gender and ages, and the respondent opinion regarding the crowd limitation. SD = Strongly Disagree, D = Disagree, N = Neutral, A = Agree, and SA = Strongly Agree.

Gender/Age (year)	SD	D	N	A	SA	Total
Female						
17-23		1		1	9	11
24-30			1	13	19	33
31-40				6	8	14
41-55				5	12	17
56-70		1			2	3
Male						
17-23				2	4	6
24-30	3	2	2	14	14	35
31-40	1	2	3	17	14	37
41-55			1	12	16	29
56-70				3	5	8
Grand total	4	6	7	73	103	193

Next, we turn the discussion to the aspect of the face mask. The respondents' opinions are distributed as shown by Figures 3 and 4, and Table 3. The public agreement about the policy is about 92% and only about 8% does not agree or neutral with the policy. If we compare with the previous policy, the face mask policy is slightly agreeable by the participants. However, the face mask policy becomes interesting when we look at it from the gender perspective. No woman disagrees with the face mask policy. As for men, the portion that does not agree is as much as that who do not agree with the crowd-size limitation.

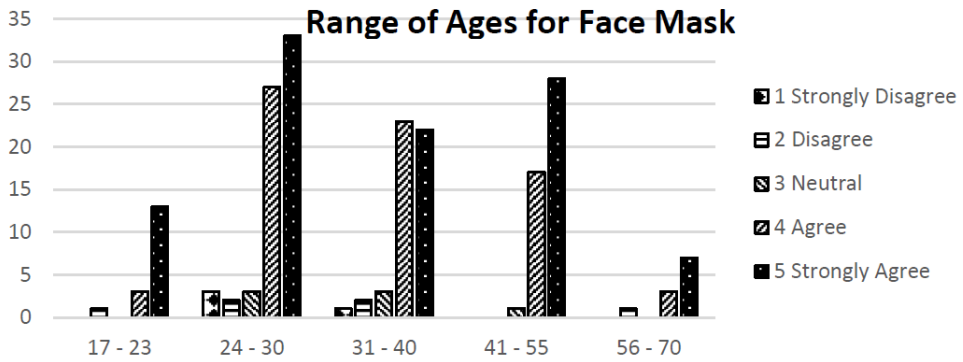

FIGURE 3. The distribution of the opinions of the respondents regarding the face-mask policy factored by age

Finally, we summarize the central tendency of the participants concerning the five New Normal policies. We note that a score of three denotes a neutral stand between disagreeing and agreeing. The results are tabulated in Table 4. We conclude that the participants generally agree with the New Normal policy and hand washing is the most widely accepted policy.

A similar study conducted by [17] found that about 12.9% of the participants in the US did not consider the COVID-19 to be a serious threat and ignored the New Normal policy. As for the Indonesian who participated in this research, only about 5.2% have disagreed with the New Normal policy.

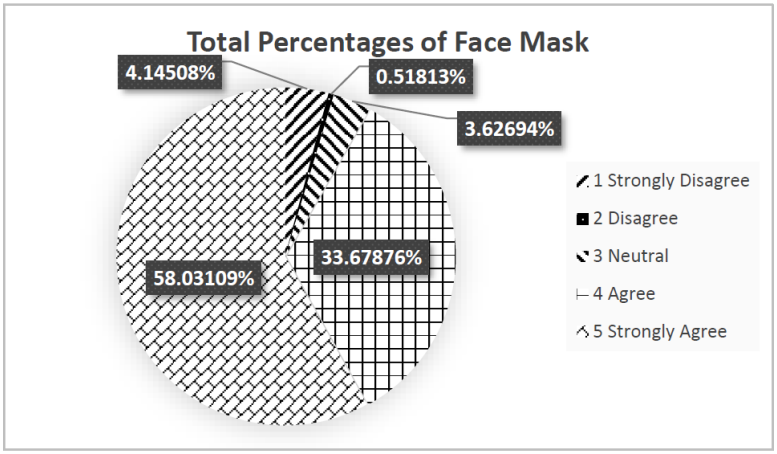

FIGURE 4. The distribution of the opinions of the respondents regarding the face-mask policy

TABLE 3. Cross tabulation of gender and ages, and the respondent opinion regarding the face mask. SD = Strongly Disagree, D = Disagree, N = Neutral, A = Agree, and SA = Strongly Agree.

Gender/Age (year)	SD	D	N	A	SA	Total
Female						
17-23				4	7	11
24-30				9	24	33
31-40			1	4	10	14
41-55				3	13	17
56-70					3	3
Male						
17-23				3	3	6
24-30	5	1	2	12	15	35
31-40	3		4	18	12	37
41-55				9	20	29
56-70				3	5	8
Grand total	8	1	7	65	112	193

TABLE 4. Total average score of opinions in all adoption of New Normal policy

New Normal policy	Average score
Face mask	4.41
Physical distancing	4.40
Virtual conference	4.37
Crowd limitation	4.37
Hand washing	4.68

4. **Conclusion.** This research shows that only a small portion of the respondents (5.2%) disagree with the adoption of the New Normal rules. This research also finds that 53% of Indonesian people strongly agreed with the New Normal adoption and they are all mostly concerned about the COVID-19 outbreak. This is commensurate with the findings of [17]. As much as 53% respondents are aware and concern to break the chain of transmission of COVID-19 in Indonesia. To avoid the higher disagreement of the social restriction rules, the regulations must be socialized well to the community and describe any advantage of the rule in COVID-19 pandemic time.

For further research, it is recommended to explore any social restriction to economic impact and how to minimize its impact on community health security, stress, and financial condition.

REFERENCES

[1] M. Muhyiddin, COVID-19, new normal, and development planning in Indonesia, *The Indonesian Journal of Development Plannning*, vol.4, no.2, pp.240-252, 2020.

[2] WHO, *Who Question & Answers*, 2020, https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/q-a-coronaviruses, Downloaded in January 2021.

[3] K. Prem, Y. Liu, T. W. Russell, A. J. Kucharski, R. M. Eggo, N. Davies, S. Flasche, S. Clifford, C. A. Pearson, J. D. Munday et al., The effect of control strategies to reduce social mixing on outcomes of the COVID-19 epidemic in Wuhan, China: A modelling study, *The Lancet Public Health*, vol.5, no.5, pp.261-270, 2020.

[4] S. Feng, C. Shen, N. Xia, W. Song, M. Fan and B. J. Cowling, Rational use of face masks in the COVID-19 pandemic, *The Lancet Respiratory Medicine*, vol.8, no.5, pp.434-436, 2020.

[5] J. A. Lewnard and N. C. Lo, Scientific and ethical basis for social-distancing interventions against COVID-19, *The Lancet Infectious Diseases*, vol.20, no.6, pp.631-633, 2020.

[6] M. M. S. de Oliveira, A. S. T. Penedo and V. S. Pereira, Distance education: Advantages and disadvantages of the point of view of education and society, *Dialogia*, no.29, pp.139-152, 2018.

[7] Minister of Education, *Minister of Education and Culture of the Republic of Indonesia Circular No. 4 of 2020*, 2020, https://pusdiklat.kemdikbud.go.id/surat-edaran-mendikbud-no-4-tahun-2020-tentang-pelaksanaan-kebijakan-pendidikan-dalam-masa-darurat-penyebaran-corona-virus-disease-covid-1-9/, Accessed in July 2020.

[8] R. C. Chick, G. T. Clifton, K. M. Peace, B. W. Propper, D. F. Hale, A. A. Alseidi and T. J. Vreeland, Using technology to maintain the education of residents during the COVID-19 pandemic, *Journal of Surgical Education*, 2020.

[9] G. D'Auria and A. De Smet, Leadership in a crisis: Responding to the coronavirus outbreak and future challenges, *Psychology*, vol.22, no.2, pp.273-287, 1994.

[10] E. Brynjolfsson, J. J. Horton, A. Ozimek, D. Rock, G. Sharma and H.-Y. TuYe, *COVID-19 and Remote Work: An Early Look at US Data*, National Bureau of Economic Research Tech. Rep., 2020.

[11] C. Steindl, E. Jonas, S. Sittenthaler, E. Traut-Mattausch and J. Greenberg, Understanding psychological reactance, *Zeitschrift für Psychologie*, 2015.

[12] L. M. PytlikZillig, M. J. Hutchens, P. Muhlberger, F. J. Gonzalez and A. J. Tomkins, Deliberative public engagement with science: An empirical investigation, in *SpringerBriefs in Psychology*, 2018.

[13] D. Roy, S. Tripathy, S. K. Kar, N. Sharma, S. K. Verma and V. Kaushal, Study of knowledge, attitude, anxiety & perceived mental healthcare need in Indian population during COVID-19 pandemic, *Asian Journal of Psychiatry*, 2020.

[14] World Health Organization, *WHO Situation Report – 11*, 2020, https://www.who.int/docs/default-source/searo/indonesia/covid19/who-situation-report-11.pdf?sfvrsn=a5ee6cc2_2, Accessed on July 13, 2020.

[15] A. Pragholapati, *New Normal Indonesia after COVID-19 Pandemic*, 2020, https://psyarxiv.com/7snqb/, Downloaded in January 2021.

[16] Biro Pusat Statistik, *Growth and Distribution of Indonesia's Population Results of the 2010 Population Census*, 2010, https://www.bps.go.id/publication/2011/05/23/35c86fd4076ef657ef89125d/pertumbuhan-dan-persebaran-penduduk-indonesia-hasil-sensus-penduduk-2010.html, Downloaded in January 2021.

[17] M. S. Wolf, M. Serper, L. Opsasnick, R. M. O'Conor, L. M. Curtis, J. Y. Benavente, G. Wismer, S. Batio, M. Eifler, P. Zheng et al., Awareness, attitudes, and actions related to COVID-19 among adults with chronic conditions at the onset of the U.S. outbreak, *Annals of Internal Medicine*, vol.173, no.2, pp.100-109, https://doi.org/10.7326/M20-1239, 2020.