Effect of Knowledge Level, Information Exposure, Family Support, and School Support on Adolescents' Readiness for the New Normal

Bilgi Düzeyi, Bilgiye Maruz Kalma, Aile Desteği ve Okul Desteğinin Ergenlerin Yeni Normale Hazır Olmalarına Etkisi

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ABSTRACT

Objectives: This study aimed to determine the readiness of Indonesian adolescents for the new normal era.

Materials and Methods: This quantitative, cross-sectional study identified 16,929 Indonesian adolescents specifically senior high school students from Jambi, Indonesia. The sample was taken by distributing questionnaire through Google Forms, and 406 students responded to the survey. Data were analyzed using univariate and bivariate analyses, followed by chi-square test.

Results: In this study, 52.7% of the respondents were not ready for the new normal, 61.8% had low knowledge level about Coronavirus disease-2019 (COVID-19), 85.5% received information about COVID-19, 50% received family support, and 51.2% received support from school to face the new normal era.

Conclusion: Results showed a relationship between knowledge level and family and school support; however, information exposure did not correlate with adolescents' readiness for the new normal era.

Keywords: COVID-19, SARS-CoV-2, adolescents, family support, new normal knowledge, readiness, school support

ÖZ

Amaç: Bu çalışma, Endonezyalı adölesanların yeni normal dönemle yüzleşmeye hazır olup olmadıklarını araştırmayı amaçlamaktadır.

Gereç ve Yöntem: Bu çalışma, kesitsel dizayn kullanılarak yapılan nicel bir çalışmadır. Çalışma popülasyonu, 16.929 kişiden oluşan Jambi, Endonezya'daki liseden Endonezyalı adölesanlardı. Örneklem, Google form aracılığıyla anket dağıtılarak alındı ve ankete toplam 406 yanıt elde edildi. Veriler, tek değişkenli ve iki değişkenli analiz kullanılarak değerlendirildi, ardından ki-kare istatistiksel testi ile desteklendi.

Bulgular: Ankete katılanların %52,7'si yeni normale hazır değildi, %61,8'i COVID-19 hakkında daha az bilgiye sahipti, %85,5'i COVID-19 hakkında bilgiye maruz kalmıştı, %50'si aileden destek aldı ve %51,2'si yeni normal dönemle yüzleşme konusunda okuldan destek almıştı.

Sonuç: Sonuçlar, bilgi düzeyi, aile ve okul desteği arasında ilişki olduğunu, ancak bilgiye maruz kalma değişkeninin adölesanların yeni normal döneme karşı hazırbulunuşlukları ile ilişkili olmadığını göstermiştir.

Anahtar Kelimeler: COVID-19, SARS-CoV-2, adölesanlar, aile desteği, yeni normal bilgi, hazırbulunuşluk, okul desteği

Introduction

The Coronavirus disease-2019 (COVID-19) is an infectious disease caused by Severe respiratory syndrome coronavirus-2 (SARS-CoV-2). SARS-CoV-2 is a new coronavirus and currently causes a new public health crisis worldwide.[1,2] Owing to the fast transmission process of COVID-19, the World Health Organization (WHO) announced COVID-19 as a public health emergency of international concern on January 30, 2020. Thailand became the first country outside China to report a case of COVID-19, followed by Japan, South Korea, and other countries. Indonesia reported its first case on March 2, 2020, and as of December 11, 2020, the Indonesian Health Ministry reported 605,243 confirmed cases with 18,511 deaths (case fatality rate, 5.1%) in over 34 provinces.[3]

The COVID-19 pandemic has affected several sectors, especially the education sector. Indonesia's central and regional governments have issued a temporary order to close all educational institutions, be it schools or universities. The

policy hopes to minimize the spread of COVID-19 in Indonesia.[4] As the Indonesian government has been closing educational institutions, more than 45.5 million Indonesian students were unable to attend face-to-face classes.

This pandemic has affected the psychological state of students, which led to psychological trauma and ineffective learning activity.[5] Psychological trauma is caused by several factors, such as anxiety to become infected or to infect others and presence of health symptoms that are misinterpreted as COVID-19 symptoms, which thus led to paranoia.[6] These kinds of psychological trauma indirectly affected the adolescents, decreasing their motivation to learn.

Most adolescents are aware of COVID-19, yet care less about it. Therefore, many adolescents tend to underestimate COVID-19. According to Green, three factors influenced the health behaviors of individuals, namely, predisposition, enabling factors, and reinforcing factors. These factors influence how people handle and perceive health problems, such as COVID-19.[7,8]

During the COVID-19 pandemic, the Indonesian government announced the start of a "new normal era" in which people can perform daily activities unrestricted as long as they observe health protocols. The term "new normal" is used in different contexts and generally indicates to something as previously unusual that becomes normal.[9] Oxford Dictionary also defined new normal as an era or status that was previously unfamiliar or atypical that became familiar and typical.[10]

The idea of implementing the "new normal" required people to rapidly respond and adapt to the alteration and new condition.[11] The increasing poverty rate in Indonesia becomes one of the reasons of the Indonesian government to issue the new normal to maintain economic growth and financial stability.[12-14] However, the level of public readiness, especially of adolescents, for the new normal era is still not known. Therefore, there is a need to measure the level of adolescents' readiness for the new normal era.

This study was conducted to determine how the variables from the factors mentioned by Green affect the level of adolescents' readiness for the new normal era. These variables include knowledge level, information exposure, family support, and school support.[7,8] Thus, this study focused on the adolescent population in Jambi. Of the 604,738 total populations of Jambi, 55,557 are adolescents aged 15-19 years. When divided according to gender, 27,295 are male and 28,095 are female adolescents.[15]

Materials and Methods

In this quantitative study with cross-sectional design, the conceptual framework was based on Green's theory. Health behavior is influenced by many factors, such as predisposition factors (knowledge, education, attitude, beliefs, values, and traditions), enabling factors (availability of health resource and facilities access), and reinforcing factors (family support and health support from health workers by providing health services).[7,8] However, this study did not examine all variables and

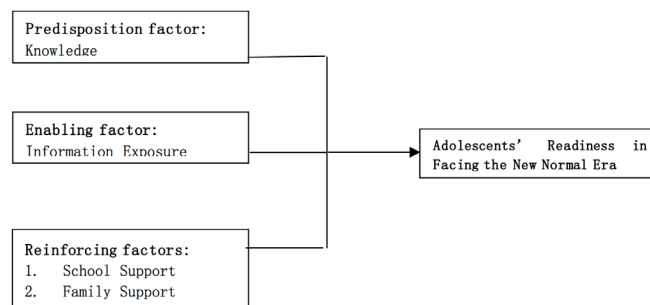merely focused on four variables as revealed in the conceptual framework below Figure 1.

Figure 1. Conceptual famework

This study was carried out to measure the occurrence of a phenomenon without intervention on the variables.[16] The study was performed in Jambi. Non-probability sampling by applying purposive sampling technique was employed for the selection of sample.

Inclusion and Exclusion Criteria

Eligible respondents were adolescents aged 13-19 years living in Jambi. The inclusions are: the participants must be secondary and high school students in Jambi, the participants must be able to answer the questions, the respondents who have willingness to be participants in this study. Whereas, the exclusions are: the participants who are not secondary and high school students in Jambi, the students who are unable to answer the questions, the students who do not have willingness to participate this study.

Sample Size and Population

The study enrolled junior and senior high school students, aged 13-19 years, in Jambi. In Indonesia, junior high school is the secondary school after primary school or elementary school, while senior high school is the next stage after secondary school or junior high school. It is also the educational stage before entering a college or university. The researchers provided the study questionnaires as Google Forms to all senior and junior high school students in Jambi. However, only 406 questionnaires were returned, and students (n=406) who completed these questionnaires were enrolled in the study.

Data Collection

Data collection was carried out between April and November 2020. The authors created the questionnaires and distributed them to candidate respondents through WhatsApp and other social media platforms. Five-page questionnaires were distributed, and 406 questionnaires were answered.

Study Tool and Questionnaire Content

Qualified respondents were asked to fill a structured, self-administered questionnaire through Google Forms. The questionnaire was formulated based on the aforementioned

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variables. The first page contained demographic details such as name and age. The second page contained a series of questions regarding knowledge level about COVID-19. The third page asked about information exposure, which examined where and how students obtained knowledge or information about COVID-19. The fourth and fifth pages asked about family support and school support, respectively. All five pages described students' readiness to the new normal era.

Scoring System

Since the questionnaire contained items about the aforementioned variables, the authors assigned different scoring systems to each page. The first page contained questions about knowledge level; 1 point was given to every correct answer and 0 to incorrect ones. Further, the second page was a survey on information received by the respondents. The third and fourth pages contained items on family support and school support, and items were answerable by yes or no. The fifth page contained assessment of adolescents' readiness for the new normal, and items had four alternative answers, including very frequently, frequently, rarely, and never regarding measures of preventing COVID-19.

Statistical Analysis

Statistical analysis was performed using IBM SPSS version 23.1. All authors carried out the data entry, and entered data were crosschecked and proofread by two investigators. Categorical variables were summarized into frequencies and percentages and compared using the chi-square test. Continuous variables were presented as standard deviation and means. The means of quantitative variables were compared using the independent t-test (Student's t-test). All tests are two-sided. A p value ≤0.05 was considered significant.

Ethical Clearance

This study was ethically authorized by the Penelitian Kesehatan health study (code LB.02.06/2/137/2020). The ethical clearance declared that this study was ethically appropriate in accordance to seven standards of WHO: 1) social values, 2) scientific values, 3) equitable assessment and benefit, 4) risks, 5) persuasion/ exploitation, 6) confidentiality and privacy, and 7) informed consent, referring to the 2016 CIOMS guidelines. The declaration of ethics covered the period from August 24, 2020, to August 24, 2021. Written informed consent was obtained from the respondents for the publication of this study. Participation was voluntary, and the respondents were informed that they could withdraw from the study at any time if they desired to do so without any penalty. Where convenient to the participant, Google Forms was used, and this online platform guaranteed participants' anonymity and confidentiality by keeping each submission completely untraceable. The researchers ensured the security of hard copies and assigned a code to each questionnaire.

Results

General Characteristic of Respondents

In this study, 625 questionnaires were distributed, with a response rate of 78.6%. All respondents (n=406) were adolescents aged 13-19 years (mean age, 15.85 years). There were 143 male respondents and 263 female respondents.

Effect of Knowledge Level on Adolescents' Readiness for the New Normal Era

The overview of adolescents' knowledge level about COVID-19 is shown in Table 1.

As shown in Table 1, the question on the mode of infection to COVID-19 was answered correctly by 402 (99%) respondents. Meanwhile, the question with the most incorrect answer was the item on who are susceptible to COVID-19, with 348 (85.7%) respondents.

Table 1. Distribution of adolescents' knowledge level about COVID-19 in Jambi (n=406)

| No | Questions | Distribution | | | |
| | | True | | False | |
		f	%	f	%
1	What are the causes of COVID-19?	292	71.9	114	28.1
2	What are the symptoms of COVID-19?	102	25.1	304	74.9
3	How humans can get infected with COVID-19?	402	99	4	1
4	Who are the most susceptible to COVID-19?	58	14.3	348	85.7
5	How long is the incubation period of COVID-19?	344	84.7	62	15.3
6	How to differentiate symptoms between COVID-19 and influenza?	258	63.5	148	36.5
7	Are there any vaccines available for COVID-19?	335	82.5	71	17.5
8	When is the recommended time to wash hands?	379	93.3	27	6.7
9	What activities should not be performed when you return home from outdoors?	251	61.8	155	38.2

COVID-19: Coronavirus disease-2019

Table 2. Relationship between adolescents' knowledge and readiness for the new normal era in Jambi (n=406)

| Knowledge level | Adolescents' readiness | | | | Total | | Chi-square | p |
| | Unready | | Ready | | | | | |
	f	%	F	%	f	%		
Low	121	48.2	130	51.8	251	100.0		
High	93	60	62	40	155	100.0	5.346	0.027
Total	214	52.7	192	47.3	406	100.0		

Data in Table 1 indicate that most of the respondents (n= 251, 61.8%) had low level of knowledge about COVID-19. Moreover, results of the relationship between knowledge and readiness for the new normal era were measured using chi-square analysis (Table 2).

The table shows a significant correlation between adolescents' knowledge and readiness for the new normal era (p=0.027).

Information's Exposure About COVID-19

Description of adolescents' information exposure about COVID-19 is shown in Figure 2 below. In this study, 364 (89.7%) respondents received information about COVID-19 through television. Moreover, results about information exposure regarding COVID-19 were divided into two categories, namely, exposed and non-exposed. Table 3 shows results of the analysis of information exposure and readiness to the new normal era in Jambi using chi-square analysis.

The data show no correlation between information exposure and adolescents' readiness for the new normal era (p=0.345).

Family support for adolescents in the new normal era in Jambi

Family plays a crucial role in providing education and in maintaining adolescents' knowledge and awareness regarding the COVID-19 pandemic. Data on family support is shown in Table 4.

As shown in the table, 404 (99.5%) respondents received support from families by receiving information about COVID-19. Moreover, 401 (98.8%) respondents were reminded of wearing mask before leaving house, 391 (96.1%) received advice on washing hands frequently, 386 (95.1%) were not allowed to do unimportant outdoor activities and to keep physical distance with other people, 372 (91.6%) were reminded to take a bath immediately after doing outdoor activities, 357 (87.9%) were given mask bought by family members, and 325 (80%) were always reminded to them bring hand sanitizer.

However, 102 (25.1%) respondents do not have a hand washing area. Based on family support, respondents were divided into two groups, namely, respondents with supportive family and those with unsupportive family. Table 5 presents data on the relationship between family support and adolescents' readiness for the new normal era using chi-square analysis.

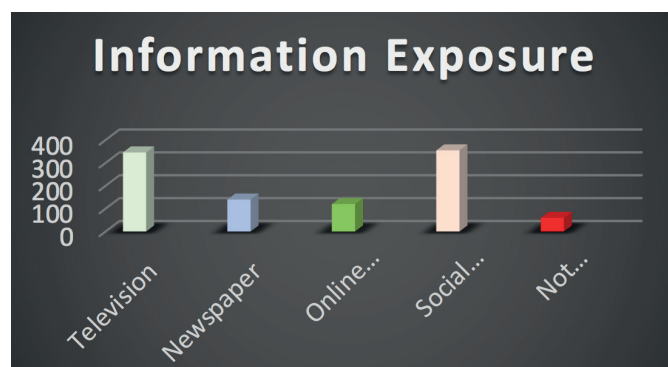The data show a correlation between family support and adolescents' readiness for the new normal in Jambi (p=0.000).

Figure 2. Distribution of information exposure about COVID-19 in Jambi (n=406)
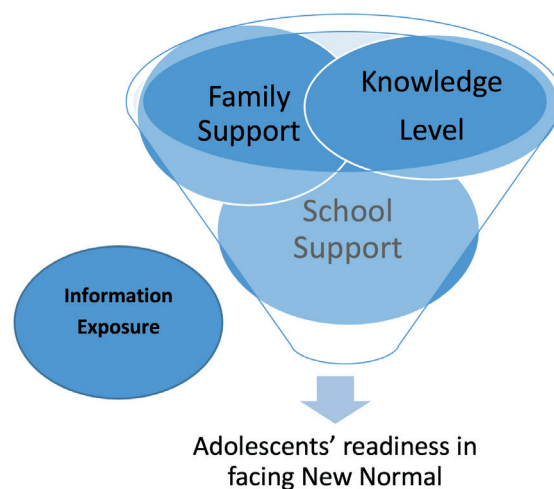COVID-19: Coronavirus disease-2019

Figure 3. Knowledge level, information exposure, family support, and school support in affecting adolescents' readiness facing the new normal

School Support for Adolescents in the New Normal Era in Jambi

The description of school support for adolescents in Jambi during the new normal era is shown in Table 6.

As shown in Table 6, 394 (97%) respondents received support from school by reminding students to wear mask. Thus, based on school support, respondents were classified into having a supportive or unsupportive school. Thus, in this study, 208 (51.2%) respondents received school support. Table 7 shows the relationship school support and adolescents' readiness for the new normal in Jambi measured using chi-square analysis.

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This table shows that school support is correlated with adolescents' readiness to the new normal era (p=0.002).

Discussion

This study found a significant relationship between adolescents' knowledge and readiness to the new normal era (p=0.027). Moreover, results indicated a correlation between adolescents' knowledge and readiness to the new normal era. Nevertheless, no correlation was found in the analysis of the relationship between information exposure and adolescents' readiness for the new normal era (p=0.345).

Furthermore, a correlation was found between family support and adolescents' readiness for the new normal in Jambi (p=0.000). Further, a correlation was found between school support and adolescents' readiness for the new normal era (p=0.002).

The results indicated a correlation between adolescents' knowledge level, family support, school support, and adolescents' readiness for the new normal era. Nevertheless, no correlation was found between adolescents' information exposure and readiness for the new normal in Jambi Figure 3.

Knowledge level plays an important role in making decisions and solving problems especially when dealing with health problems.[8] During the COVID-19 pandemic, physical restriction was enforced, and social media and television were considered the only sources of information and knowledge about COVID-19. Social media become the main source of public information in dealing with the current COVID-19 situation.[17-19]

Table 3. Relationship between information exposure and adolescents' readiness to the new normal era in Jambi (n=406)

Information Exposure	Adolescents' readiness				Total		Chi-square	p
	Unready		Ready					
	f	%	f	%	f	%		
Non-exposed	35	16.4	25	13	60	14.8		
Exposed	179	83.6	167	87	346	85.2	0.893	0.345
Total	214	52.7	192	47.3	406	100.0		

Table 4. Family support for adolescents for the new normal era in Jambi (n=406)

No	Questions	Distribution			
		Yes		No	
		f	%	f	%
1	Family members provided information about COVID-19	404	99.5	2	0.5
2	Family members allow doing outdoor activities	370	91.1	36	8.9
3	Family members always remind everyone to wear mask before leaving the house	401	98.8	5	1.2
4	Family members always provide advice on washing hands regularly	391	96.3	15	3.7
5	Family members forbid doing unimportant outdoor activities	386	95.1	20	4.9
6	Family members provide advice on maintaining social distance	386	95.1	20	4.9
7	Family members prepare a hand washing area outside the house	304	74.9	102	25.1
8	Family members remind everyone to take a bath when returning home after doing outdoor activities	372	91.6	34	8.4
9	Family members buy mask	357	87.9	49	12.1
10	Family members always everyone to bring a hand sanitizer	325	80	81	20

COVID-19: Coronavirus disease-2019

Table 5. Correlation between family support and adolescents' readiness for the new normal era in Jambi (n=406)

Family Support	Adolescents readiness				Total		Chi-square	p
	Unready		Ready					
	F	%	F	%	F	%		
Unsupportive	81	39.9	122	60.1	203	50.0	26.719	0.000
Supportive	133	65.5	70	34.5	203	50.0		
Total	214	52.7	192	47.3	406	100.0		

Table 6. Distribution of school support for adolescents in the new normal era in Jambi (n=406)

| No | Questions | Distribution | | | |
| | | Yes | | No | |
		f	%	f	%
1	School staffs/teachers provide information about COVID-19	387	95.3	19	4.7
2	School staffs/teachers prepare a decent handwashing area before students enter the school area	377	92.9	29	7.1
3	School staffs/teachers facilitate learning activity from home to prevent the rapid spread of COVID-19	336	82.8	70	17.2
4	School staffs/teachers always remind the students to stay at home and refrain from doing unimportant outdoor activities	376	92.6	30	7.4
5	School staffs/teachers always remind students to avoid large gatherings	377	92.9	29	7.1
6	School staffs/teachers always remind the students to wear mask	394	97	12	3
7	School staffs/teachers put up warning about COVID-19 in schools	344	84.7	62	15.3
8	School staffs/teachers supply hand sanitizer for students	271	66.7	135	33.3

COVID-19: Coronavirus disease-2019

Table 7. correlation between school support and adolescents' readiness for the new normal in jambi (n=406)

| School Support | Adolescents' readiness | | | | Total | | Chi-square | p |
| | Unready | | Ready | | | | | |
	F	%	F	%	f	%		
Unsupportive	89	44.9	109	55.1	198	48.7	9.336	0.002
Supportive	125	60.1	83	39.9	208	51.3		
Total	214	52.7	192	47.3	406	100.0		

Information given to the public about COVID-19 through social media and television was expected to increase awareness and knowledge about COVID-19; hence, the public could help in preventing the spread of COVID-19. However, in this study, 252 (61.8%) respondents have low knowledge level about COVID-19. This could affect the level of adolescents' readiness for the new normal era; in fact, a correlation was found between adolescents' knowledge and readiness (p=0.027). This result is consistent with that of Natalia et al.[20] who showed that adolescents with high knowledge level about COVID-19 will have high level of readiness for the new normal (p=0.006). Therefore, adolescents' awareness and knowledge level about COVID-19 should be improve to maintain readiness for COVID-19 and the new normal era.

Most information about COVID-19 spread through social media and television was well received by the adolescents, as 364 (85.2%) respondents received information about COVID-19. Nevertheless, the information received by the adolescents did not positively affect their readiness to the new normal era. The possible reason is the low awareness of the effect of COVID-19. Djalantie et al.[19] added people lacked perception about the effect of COVID-19 since substantial time was needed to process information about COVID-19 and to take serious protective actions.

During this pandemic, family support is also needed, especially by adolescents. Family support could be in a form of reminding adolescents in adhering to health protocols. However, adolescents engaged in online learning process also require support.[21] Results of this study showed that 203 (50%) adolescents in Jambi have supportive family, so half of the respondents were having an unsupportive family. Family support was also correlated with adolescents' readiness for the new normal (p=0.000). Natalia et al.[20] showed significant relationship between family support and adolescents' readiness (p=0.020) and implied that the higher the support, the higher the readiness for the new normal.[20]

In addition, school support such as from teachers and other staff to adolescents becomes one of the important sources of support during the COVID-19 pandemic. This pandemic undeniably made the education systems and learners rethink about education and learning process.[9] In this study, 208 (51.2%) adolescents received support from their schools. In addition, a correlation was noted between school support and adolescents' readiness (p=0.002).

Nevertheless, schools have provided good support by giving education and reminding students to prevent the spread of COVID-19. However, school should also support students engaged in online learning; hence, schools are expected to integrate technology in the learning process.[21]

Study Strength

This study assessed adolescents' readiness for the new normal due to COVID-19. This study attempted to examine four variables that might be influential to the adolescents' readiness for the new normal era, which included knowledge level, family and school support, and information exposure. Although most of the variables influenced adolescents' readiness, information exposure did not affect adolescents' readiness to the new normal.

Study Limitation

This study has several limitations to consider. Data were collected only from one province in Indonesia and merely focused on adolescents, especially senior high school students. Moreover, studied factors were only limited to some variables. Thus, future studies should examine other health behaviors that affect readiness for the new normal among individuals of different age groups.

Conclusion

In this study, 52.7% of the respondents were not ready for the new normal, 61.8% had low knowledge level about COVID-19, 85.5% were exposed to information about COVID-19, 50% received support from family, and 51.2% received support from school. These numbers indicate a correlation between knowledge level, family support, and school support and adolescents' readiness. Nonetheless, information exposure did not correlate with adolescents' readiness for the new normal era.

Ethics

Ethics Committee Approval: This study was ethically authorized by the Penelitian Kesehatan health study (code LB.02.06/2/137/2020).

Informed Consent: Written informed consent was obtained from the respondents for the publication of this study.

Peer-review: Internally peer-reviewed.

Authorship Contributions

Surgical and Medical Practices: L.A.S., A.G.W., E.S., I., I.M., Concept: L.A.S., A.G.W., E.S., Design: L.A.S., I.M., Data Collection or Processing: L.A.S., A.G.W., E.S., I.M., Analysis or Interpretation: L.A.S., I., I.M., Literature Search: L.A.S., I., I.M., Writing: L.A.S., I., I.M.

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