

# Youth participation in voluntary of the COVID-19 laboratory test in Indonesia

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## Abstract

Although the Indonesian Government has made policies to interrupt the COVID-19 chain transmission including to set a price for laboratory tests, the fact in Indonesia has not yet reached the laboratory test target. Seeing the current situation, raising public awareness to break the chain of transmission of COVID-19 plays important role. This study used the planned behavior theory to analyze qualitatively the public's intention and response voluntarily in COVID-19 laboratory test in Indonesia mainly among youth. In-depth interviews were conducted with 10 participants. The data was analyzed by using content analysis. Participants were not willing to do the COVID-19 lab test voluntarily to find out whether they were infected with COVID-19 or not because they felt that the COVID-19 lab test was too expensive so they decided that they would voluntarily do the test if it was free. It is recommended to the government to give education to the public that

one of ways to break the chain of COVID-19 transmission is the public have to contribute in doing a COVID-19 laboratory test voluntarily to carry out a minimum test as determined by WHO. Keywords : COVID-19, Youth response, Laboratory test, Planned behavior theory

## Introduction

COVID-19 is a public health problem that disrupts the entire global system (WHO, 2020a). The initial COVID-19 case is a zoonotic that infects the lungs and can transmit from human to human (Weiss & Murdoch, 2020). The first case in human was found in Wuhan, China, by infecting a large number (exponential) of humans (Gao et al., 2020; Zu et al., 2020). Common clinical symptoms lead to make a mistake in diagnosing so that transmission occurs very quickly (Gao et al., 2020). The accuracy of the diagnosis is very depend on the results of laboratory tests on whether the virus is detected in the sample (Lippi & Plebani, 2020).

To break the chain of COVID-19 transmission, various countries carry out policies related to case test such as laboratory test using the Polymerase Chain Reaction method and it is examined by rapid diagnostic tests. On March 23, 2020, South Korea conducted 583,971 tests, with 10, 702 of a positive result or about 1.8%. It can be seen that the country needs a high number of tests quickly, with the result expectation from a small proportion of positive tests which is less than 2% (Sucahya, 2020). WHO sets standards for adequate COVID-19 checks to break the chain of transmission of COVID-19, with a minimum of 1,000 samples per one million population in a country per week or equal to 1 person per 1,000 population in a country per week (WHO, 2020b).

On April 23, 2020, several countries in Southeast Asia indicated that the risk of the

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population contracting COVID-19 was close to 0% as shown by the State of Vietnam, which is 0.1% of the total population by carrying out COVID-19 laboratory tests totalling 206,253 tests. Vietnam is a country that has the smallest percentage of positive tests among other Southeast Asian countries. Apart from Vietnam, countries that have succeeded in achieving the COVID-19 laboratory test standards to break the chain of COVID-19 transmission set by WHO are Brunei Darussalam (27,770 tests / 1 million population), South Korea (11,390 tests / 1 million population), Thailand (2,043 tests / 1 million inhabitants). However, in the same month, Indonesia was the lowest country in terms of COVID-19 laboratory tests where the data showed only 204 tests / 1 million population with a reasonably high percentage number of positive tests, that is 14.0%. This may indicate that the number of cases is likely to be greater than those reported (Suahya, 2020).

The imbalance of the COVID-19 laboratory tests also occurs in every region in Indonesia. The benchmark for the detection of minimum cases examined in the laboratory has only been achieved by DKI Jakarta, West Sumatra, East Kalimantan and West Papua over the past three weeks. None of these provinces has a positive rate of less than 5% where it should have been at least less 5% of the samples were positive for COVID-19 in the past two weeks, assuming that the surveillance for suspected cases is comprehensive (WHO, 2020b).

The Indonesian Government has made policies related to the examination of COVID-19 cases such as laboratory test with the Polymerase Chain Reaction method and test through rapid diagnostic tests. The Indonesian Government has also made various other policies that have been carried out to improve the performance of the COVID-19 laboratory testing, it is by setting a price for laboratory test (Ministry of Health of the Republic of Indonesia RI, 2020c). The addition of 343 RT-PCR examination laboratories spread across 34 provinces in Indonesia (Ministry of Health of the Republic of Indonesia RI, 2020b) as well as rapid diagnostic test networks is also found in private laboratories and independent medical practices. Various efforts have been made by Indonesia but the number of COVID-19 laboratory tests in Indonesia has not reached the target yet.

Seeing the current conditions, in interrupting the chain of COVID-19 transmission, what is needed is not only the Government alertness but also public awareness and obedience to all elements (Arditama & Lestari, 2020). The addition of laboratories must be also in line with sufficient specimen input (Ministry of Health of the Republic of Indonesia RI, 2020a). However, the reality that is currently happening in Indonesia is that the community's involvement in voluntarily conducting laboratory test for COVID-19 is still low, this can be seen from the low number of samples that have been examined as described above. Thus, to improve the results of the COVID-19 laboratory examination, which aims to break the chain of COVID-19 transmission, it is necessary to have the attitude of the public to carry out COVID-19 test voluntarily.

## **Material and Method**

### **Study design**

This study used qualitative methods to analyze the intention and response of the public in voluntary COVID-19 laboratory test in Indonesia. Colaizzi's method of phenomenology focuses on the experiences and feelings of participants who can find common patterns rather than individual characteristics in the research subject. This scientific approach ensures the authenticity of the experiences gathered by the participants to comply with scientific standards. Qualitative research is considered relevant to answer why the phenomenon of inequality in COVID-19 laboratory tests can occur in Indonesia. This is based on the function of the qualitative design described in Tobing (2016), a qualitative research design is able to make researchers understand, explore, and uncover a fact of a sensitive phenomenon that can be obtained from the participant's answer.

The planned behaviour theory was used as a reference theory in writing this research. This theory is used because this theory explains that the perspective of trust that a person has can affect their specific behaviour to do something because the perspective of trust is built by various attributes, characteristics and qualities regarding specific information that can lead to a willingness to do something (Yuliana, 2004). Corsini (2002) adds that in Planned Behavior Theory, the

intention is also something that has a role in encouraging someone to do something. This means that a positive attitude goes hand in hand with the people's support around it and there is hope because there are no obstacles to behave, so person's intention to behave will be higher (Ajzen, 2005). Based on the planned behaviour theory, the variables studied in this study were the participants' attitudes towards voluntary COVID-19 laboratory test in Indonesia.

### **Study Area**

Medan is one of the largest cities in Indonesia, with a population of 1,886,052 residents in 2019 (BPS Medan City, 2020). In an effort to improve the degree of public health in Medan City in 2018 there were 77 Hospitals, 2 Special Hospitals, 39 Primary Health Care (Puskesmas), 1,390 Integrated Service Posts (Posyandu) (BPS Medan City, 2020). From the results of the 2018 National Socio-Economic Survey (Susenas), the average expenditure of Medan City residents reached Rp. 1,404,475 per capita per month (BPS, 2018).

### **Participants**

The research participants were as many as 10 people. The criteria for selecting participants in this study were selected participants who had previously conducted COVID-19 laboratory tests and participants who had never conducted COVID-19 laboratory tests. The number of participants who have done the COVID-19 laboratory test is 4 people and participants who have not done the COVID-19 laboratory test are 6 people. The age range of participants in this study was 20-22 years.

### **Data collection**

This qualitative research uses the in-depth interview method which aims to determine the Perceptions of the Medan City Community towards the COVID-19 Test in Indonesia by interacting more deeply through interviews. Based on considering the conditions of the COVID-19 pandemic, the interview process was carried out using voice notes through the Whatsapp

application. Before starting the interview, we asked the participants to agree to be interviewed. After getting approval, the interview was carried out via the Whatsapp voice note application. All information provided by the participants was recorded by the researcher in the verbatim form, which was obtained from the recorded voice notes.

### **Research Instruments**

The structured interview guide used in this study consisted of 3 themes. The first theme is a question about the identity of the people who are participants in this research. The second theme is a question about COVID-19 Test Participation. The public perception examined in this study is the public's view of voluntary COVID-19 laboratory test in Indonesia. The third theme of the questions is in the form of participant responses to the COVID-19 test and solutions that can be done if participants and the surrounding community are tested positive from the results of the COVID-19 laboratory tests that have been carried out and what support should be given to people who have been confirmed by COVID-19. All participants have agreed to the interview process and are willing to contribute to this research voluntarily.

### **Data analysis**

In-depth interviews using WhatsApp voice notes were conducted in this study. Participants' answers through WhatsApp voice notes can be played repeatedly and at any time because the Whatsapp voice notes are in the form of voice recordings. All answers are recorded in verbatim and processed with an interview matrix for analysis. Data analysis used in this study is to use analysis content to understand in-depth the responses given by participants to voluntary COVID-19 laboratory test in Indonesia. This is done because the participants give similar answers so that the researcher gives a specific code for these similar answers to calculate the percentage of the answers. No further interviews were deemed necessary because data saturation had been reached. This study has passed the ethical review from the Faculty of Medicine, Universitas Islam Sumatera Utara, Indonesia.

## Results

### Demographic characteristics of participants

**Table 1. Demographic characteristics of participants**

Participants	Gender	Occupation	Age
Participant 1	Male	Cooperative employee	21 years old
Participant 2	Female	Private employee	21 yearsold
Participant 3	Male	Universitty Student	21 years old
Participant 4	Female	University Student	21 years old
Participant 5	Male	University Student	21 years old
Participant 6	Female	University Student	22 years old
Participant 7	Male	Army	22 years old
Participant 8	Female	Housewife	21 years old
Participant 9	Female	University Student	21 years old
Participant 10	Female	University Student	20 years old

### Participants' Desire to do COVID-19 Lab Test voluntarily

Based on the results of the interview, several participants were willing to do the COVID-19 lab test voluntarily to find out whether they were infected with COVID-19 or not. However, besides, participants felt that the COVID-19 lab test was too expensive so that participants would volunteer to do the test if it did not cost any money or free.

"I want to do it (COVID-19 test) voluntarily because I want to know whether I have COVID-19 or not, and I want a test, especially if it (COVID-19 test) is free because if it (COVID-19 test) is not free, it (COVID-19 test) is expensive" (Participants 10, 21 years old).

However, most participants did not want to volunteer to do the COVID-19 lab test which was carried out voluntarily because they did not

believe in the COVID-19 test and felt that the rapid test had lower accuracy than the swab test.

"I do not want to because I do not believe in the accuracy of the test if it (COVID-19 test) has done voluntarily, and if it (COVID-19 test) is done voluntarily, the test that used is the rapid test. The rate of rapid testing is too low, while the swab test is expensive but has high accuracy. Lack of trust in medical personnel because not all medical personnel are genuinely professional, there are several human errors so that those who should have a negative test become positive, they feel that their body is in good condition and not in the environment of people affected by COVID-19" (Participants 6, 22 years old).

Most of the participants carried out the COVID-19 lab test for specific purposes, such as travelling outside the city, which required a COVID-19 certificate and preventing the spread of COVID-19. Also, participants want to do a COVID-19 lab test to apply for work.

"Yes, we will do a COVID-19 lab test if there is a goal such as going out of town (travel) there must be a COVID-19 certificate, want to apply for work or with a specific purpose and want to know whether there is COVID-19 disease or not so that families can avoid it. COVID-19 disease" (Participants 7, 22 years old).

### Knowledge of People Around Who Participate in Conducting Lab Test

Based on the results of the interview, participants know the people around them who participate in conducting lab tests. Participants agreed that the test for COVID-19 was carried out free of charge and as long as it did not lack in quality which aimed to help people with low economies.

"Yes, you know, the response is good, and you agree that while it (COVID-19 test) is free and not lacking in quality, it is given in full to the community and can help people with low economies, but provided that medical personnel must be truly professional" (Participant 3, 21 years old).

Nevertheless, some participants did not know the people around them who participated in conducting the COVID-19 lab test.

"I have not found the closest people or people near my residence to test for COVID-19"  
(Participant 4, 21 years old).

Based on the results of the interview, the solutions are given by participants so that people want to do the COVID-19 test in the form of providing counselling that aims to eliminate people's perceptions of bad things and aims to see to what extent COVID-19 has spread among the community, so they know what solutions which has to be done so that COVID-19 will end quickly.

"The solution is to provide counselling about the positive-negative impacts if the community takes the COVID-19 test, eliminates people's perceptions of bad things by providing insights first and when they understand, of course, they will take the test, and we can see. The extent to which the COVID-19 virus has spread among the public so that they can know what solutions are made so that COVID-19 will end soon"  
(Participant 4, 21 years old).

Participants are aware that the rapid test can be useful as a COVID-19 screening and participants also provide solutions such as providing free rapid test checks because currently rapid tests are considered to be very expensive, so many people cannot afford to pay for them.

"A free Rapid Test examination is urgently needed so that local people want to do a Rapid Test, and the problem is that when it (COVID-19 test) is held at the hospital, it (COVID-19 test) is expensive and not all people can afford it (COVID-19 test) " (Participant 8, 21 years old).

### **Participants' feelings when they take a COVID-19 test and read the results**

Based on the results of the interview, the feelings felt by the participants if they did the COVID-19 test and if the results were positive for COVID-19, the participants would feel shocked and would follow the health recommendations given to them. If they were stated negative, the participants would feel grateful because their immunity was good.

"If the result is positive, I will follow the recommendations of the health protocol as much as possible, but if the result is negative, I feel grateful because the body's immune system is strong and is around people who are not infected with COVID-19" (Participant 4, 22 years old).

Most of the participants showed a shocked response and did not expect to get a positive COVID-19 test without symptoms. Participants will follow the health advice given by the caring health worker. Participants will also evaluate themselves, and if they test positive for COVID-19, the participants will feel that they do a lot of daily activities without complying with health protocols.

"I will feel surprised, and evaluate myself because I have a lot of activities with people who do not follow health protocols and I also follow the recommendations that have been set if the results come out positive"  
(Participant 4, 22 years old).

However, some participants showed no response to positive results of COVID-19 without symptoms and asked for an explanation from health workers.

"I will ask for an explanation from the medical staff, I will accept the test results if the medical personnel's explanation is acceptable, but if the medical staff cannot explain, I cannot accept" (Participant 6, 21 years old).

### **Participants' Reactions When Friends Test and Are Stated Positive**

Based on the results of the interview, the participant's reaction if a friend tests and is tested positive, most of the participants will provide encouragement to their friends so that they are not psychologically disturbed and remain confident that they will recover. Apart from providing support, participants also stated that they would distance themselves from their friends who were positive for COVID-19. This is done in order to prevent the transmission of COVID-19.

"I will provide support, encouragement to my friends if they test positive for COVID-19"  
(Participant 4, 22 years old).

"My reaction is..shock also heard a cheerful friend, and then yes... I avoided it, avoided it... I stayed away. Of course, I stayed away ... because Covid is a contagious symptom, of course, I stayed away, there was no way I could approach it, right?" (Partisipan 1, 21 years old).

Participants give the solution if they get a positive COVID-19 test result, the participants will isolate and follow the instructions of the hospital and medical personnel. Then, if a friend or person around is tested positive for COVID-19, the participants will self-quarantine to prevent COVID-19 transmission.

"My solution is isolate myself, or I quarantine myself, and I certainly distance myself from those who are positive for COVID-19. My solution is ... if you test positive for the corona, I immediately seek treatment and ask for special treatment from the hospital that handles covid until I recover" (Partisipan 1, 21 years old).

Besides, participants also stated that if they had contact with people who tested positive for COVID-19, they should immediately carry out a rapid test.

"Hmmm, if I have been declared COVID-19 around me and have been in contact with several employees too hmmm the solution is I suggest doing a rapid test as well, and while waiting for the results of the rapid test hmm I suggest doing self-quarantine because we do not know the results are positive or negative. For ourselves but to avoid the spread of COVID-19 transmission, it would be better if we carry out self-quarantine "(Participant 2, 21 years)" (Partisipan 2, 21 years old).

In addition to self-isolation efforts, self-quarantine and conducting rapid tests, connections between community institutions are needed to respond to someone who has been confirmed as COVID-19 immediately. This is done so that someone who is confirmed by COVID-19 gets fast and precise treatment.

"Yes ... the solution ... in my opinion, the best thing is to immediately report to the parties in the neighbourhood, for example, the village

head, sub-district head, village head, then either call the medical team to the neighbourhood so that the person who is tested positive for COVID-19 to be carried out and carried out further test and carry out healing" (Partisipan 7, 22 Years old).

Based on the results of the interview, all participants provided enthusiastic support or moral support to friends or relatives who tested positive for COVID-19. Participants do not wish to stay away from the friend if the result is positive and suggest following the recommendations given by the doctor.

"First, moral support. Moral support is the most important thing so that they do not experience stress there, do not experience thoughts. His support is that we give him enthusiasm, motivation that all of this can be cured, never be afraid, the point is, do not let them feel like they are themselves, no one cares. However, we care about them, but through long-distance, we still give moral and inner spirit "(Participants 5, 21 Years)" (Partisipan 5, 21 years old).

## Discussion

A total of 4 participants did not want to do a COVID-19 lab test voluntarily on the grounds of wanting to know whether they had COVID-19 disease or not. Moreover, 6 participants had the desire to do the COVID-19 lab test voluntarily for different reasons. With the circulation of rapid diagnostic test kits for COVID-19 in Indonesia today, it does not solve the problem. However, it creates new anxiety among the public because one of the advantages of rapid testing is that it is fast and easy to do and an alternative screening. Quickly to list people who need further examination.

Overall, almost all participants wanted to do a COVID-19 lab test with a specific purpose, with the excuse of travelling out of town and wanting to apply for work. Meanwhile, 1 participant did not want to carry out a COVID-19 lab test with a specific purpose. A total of 7 participants knew that people around them participated in taking the COVID-19 test. Meanwhile, as many as 3 participants did not know that people around participated in taking the

COVID-19 test. The solution is to make people want to do a COVID-19 test by providing counselling to the public and providing a free Covid test. Care must be made available to all citizens, without exception, especially for vulnerable and marginalized groups. We see that the cost of the PCR rapid test and swab test in Indonesia is not affordable for most people. On the one hand, the poor who live in densely populated areas are the most vulnerable, but on the other hand, they also have the least access to testing (Hartati, 2020).

Participants agreed that if the test results were positive, they would follow the recommended health protocols, and if they were negative, they would feel grateful. Meanwhile, 1 participant stated that he felt normal when he took the COVID-19 test and read the results. Patients with COVID-19 can feel anxious or worry excessively because their privacy or identity is known to the public so that the sufferer of COVID-19 is isolated by their social environment. In this case, the patient's reaction can be dishonest if it comes into contact with a medical history, previous travel or contact with other COVID-19 sufferers. Also, other reactions include anxiety and worry about the results that will be obtained. The reaction of the community will also feel excessive concern for themselves and their families (Azizah, 2020).

Participants stated that they would be surprised if they tested positive without symptoms and would follow the set recommendations. Furthermore, 2 participants stated that they did not accept if the test results were positive without any symptoms. This asymptomatic case was recorded in the initial report regarding the COVID-19 outbreak. A study conducted on 72,314 COVID-19 patients in China reported that 1% of the total number of COVID-19 patients had no symptoms (Gao et al., 2020). In another study, it was also presented that out of 213 individuals who were confirmed positive for COVID-19 based on RT-PCR, 41 cases (19.2%) of them remained asymptomatic.

In general, it shows that 5 participants will distance themselves from their friends if they test positive for COVID-19. Meanwhile, as many as other participants stated that they would provide

support or encouragement to their friends if they tested positive, then 1 participant stated that they would carry out a rapid test, and 1 participant stated that they would carry out independent isolation at home, the other 1 stated that he was surprised if his friend tested positive for COVID-19. When someone is exposed to COVID-19, then other people will tend to give that person a negative stigma. The danger is, the patient internalizes the stigma of other people (Frost, 2011), that he is a bad person, the wrong person because he is infected with a disease.

The result will worsen the patient's psychological condition. Socially, stigma causes patients and families to experience isolation, rejection, and bullying from people around them through offline and online (social media). Stigma can also have an impact on the discriminatory behaviour of others. Preventing and stopping the stigma around us is not difficult if all parties are united in a commitment not to spread prejudice and hatred to certain groups related to COVID-19.

Participants stated the solution to be carried out if the test results were positive, namely self-quarantine and following the instructions of the hospital and medical personnel. Quarantine is carried out according to the criteria as attached. Quarantine is carried out since a person is declared a close contact for 14 days from the last contact with a probable case or confirmation of COVID-19. The quarantine can be stopped if, during the quarantine period, there are no symptoms (discarded).

Meanwhile, overall, all participants will provide support if they are positive for COVID-19, such as not leaving it, encouraging, motivating, optimistic to recover quickly and suggesting to follow doctor's recommendations. With this, support and emotional attention from the closest people, such as family, friends, neighbours, coworkers and so on, are certainly needed. Feelings of comfort and safety will arise in former COVID-19 patients. Providing social support to improve the ability of former COVID-19 patients can influence them in carrying out social functions in society. If society can act well and get rid of stigma and discrimination, of course, former COVID-19 patients will feel safe to live their lives (Azizah, 2020).

## Conclusion

From the results of the study, participants were willing to do the COVID-19 lab test voluntarily to find out whether they were infected with COVID-19 or not because participants felt that the COVID-19 lab test was too expensive so participants would voluntarily do the test if it did not cost money or free. In addition, participants conducted a COVID-19 lab test with the aim of travelling out of town requiring a COVID-19 certificate, applying for work, and preventing the spread of COVID-19.

It is recommended to the authorized Government to provide education and outreach to the public that one way to break the chain of COVID-19 transmission is to carry out a minimum test as determined by WHO, namely a minimum of 1,000 samples per one million population in a country per week or the same as 1 person per 1,000 population in a country per week and provides an example of a country that is starting to fight COVID-19 to the public successfully. Thus, it is hoped that the public will understand the importance of conducting a COVID-19 laboratory test so that people will volunteer to do the COVID-19 laboratory test.

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