

Results:

As a total of 214 respondents, panic buying was lower (2.28 ± 0.79 on a 5-scale) except for perceived risk (5.91 ± 2.13 on a 10-scale). No difference between medical and nonmedical staff in panic buying ($p = 0.619$) and perceived risk ($p = 0.477$) and the domicile of respondents (Java VS nonjava) in panic buying ($p = 0.810$) and perceived risk ($p = 0.101$). Younger age, working in a medical field and living in Java are associated with higher perceived risk in the linear model whereas panic buying is solely affected by knowledge ($\beta -1.459$, $p < 0.001$). The respondents agreed that scarcity of single-use components (mean 4.32 out of 5) such as masker and goods inflation particularly groceries (mean 4.31 out of 5) will appear soon

Conclusions:

It is important to disseminate the correct information to the public to reduce panic buying. Collaborative action between the government and medical staff should be done particularly in Java as the first locus of CoVid 19 in Indonesia.

Key messages:

- Knowledge regarding corona virus affects the Panic Buying. An intervention to disseminate the correct information should be done.
- To reduce the perceived risk, a rigorous action should be done in Java and a collaborative work between the government and medical staffs should be established.

48 hours public response to Corona epidemic status in Indonesia. Perceived risk and panic buying

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Background:

President of Indonesia, Joko Widodo has announced two confirmed CoVid-19 cases who live in Depok, West Java, on Monday, March 2nd, 2020. A rapid assessment of public response toward the new status was conducted, focusing on perceived risk and panic buying.

Methodology:

A cross-sectional survey was conducted within 48 hours after the announcement through an online questionnaire. A demographic data including, sex, age, education, occupation (medical vs nonmedical), income, health insurance, island domicile (Java vs non-Java), mobility, history of contact with a foreigner, and history of overseas travel within a month. Knowledge regarding Covid 19 was determined by the average score of 38 5-Likert scale questions (5 indicates better knowledge). Perceived risk was measured with a 10-scale question, and panic buying was assessed through an average score of 6 5-Likert scale questions (5 indicates panic buying). Mann-Whitney and Linear regression were performed to identify the associated factors.