**Author response to Editors’ Comment**

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| **No.** | **Editors’ / reviewers’ comment** | **Response to comment** | **Lines** |
|  | There are many studies on healthcare workers, please explain what makes this research different from the others? | Currently the use of mobile based surveys is growing and is an opportunity that can be utilized for research. The existence of technology support and adequate mobile-based infrastructure is something positive that must be utilized. The use of survey mobile vases has great potential to support data collection in the health sector, including surveys on COVID-19. To date, there has been no research on the knowledge, attitudes, and prevention practice of healthcare workers in Indonesia related to COVID-19. | 59-64 |
|  | Referensi tidak perlu menggunakan tanda kurung. Tulis angka setelah tanda titik. Silakan perbaiki keseluruhan. | Penggunaan tanda kurung merupakan saran dari Jurnal Kesmas pada perbaikan sebelumnya. Perbaikan saat ini telah dikembalikan tanpa tanda kurung. Telah diperbaiki keseluruhannya. | 35, 37, 38, dan seterusnya |
|  | … and tracing affected communities. | … and contact tracing. | 46 |
|  | How to calculate the sample? | The sample size is calculated using the proportion estimation formula at a 95% confidence interval, with an estimated proportion of healthcare workers with prevention practices COVID-19 at 60% and a precision of 6%, the minimum sample required is 257 respondents. | 75-78 |
|  | How to screen eligible people?Which group? Who is in the group? Explain in detail.How do researchers ask respondents to fill out a questionnaire? How do respondents fill out the questionnaire? | The questionnaire link containing the invitation to participate in the online survey and eligibility criteria was sent randomly via a WhatsApp group of healthcare workers. WhatsApp groups of healthcare workers include groups of medicine, nursing, midwifery, public health, nutrition, and laboratory assistants. WhatsApp message delivery contains an explanation of the survey and informed consent as well as the respondent's eligibility criteria (who provided health services during the COVID-19 pandemic). If potential respondents agree, they can click on the questionnaire link available on the KoboToolbox platform. In the questionnaire on the KoboTollbox platform, informed consent and eligibility criteria is asked again, if the respondent agrees, a list of questions will appear that must be filled in by the respondents. | 85-93 |
|  | Mohon bedakan antara pengumpulan data, analisis data, pengolahan data. Buat sub-bab. | Already added in the method section, sub-tittle ofData Management, Validity and Reliability Questionnaire, and Data Analysis | 94, 118, 133 |
|  | Validity questionnaire: Please also explain what are the strength | This survey questionnaire has the advantage that it valid and reliable and adopts the Indonesian context.  | 123-124 |
|  | Yang mana yang di-ajust? | There are several questions that were added according to Indonesian conditions, including knowledge and prevention practice of COVID-19 by referring to the COVID-19 Prevention and Control Guidelines published by the Ministry of Health of the Republic of Indonesia. | 119-123 |
|  | Result: Please explain in what form the data will be displayed in? | The results will be presented in the form of tables and narratives. Starting from the description of the respondent's characteristics, knowledge, attitudes, anxiety, and COVID-19 prevention practices, then followed by factors associated with COVID-19 prevention practices. | 142-144 |
|  | Demographic Characteristics: Mohon tidak mengulang isi tabel. | Sudah menyesuaikan.A total of 254 healthcare workers participated in the survey. Respondents were scattered throughout Indonesia, namely Java Island (40.6%), Sulawesi Island (30.7%), Sumatra Island (19.7%), and Kalimantan Island (9.1%). Most of the respondents were 21–30 years old (44.9%) had an income of IDR 2.5–5.0 million per month (42.1%). There were more female respondents (83%) than male respondents. Respondents with a diploma education level constituted the largest proportion (47.6%). Most of the respondents worked as midwives (52.4%). | 146-151 |
|  | Knowledge: It has not been explained in the method regarding this 'correct answer'.  | Already explained in the method section.The respondents’ knowledge of COVID-19 consisted of 18 questions (true or false) about symptoms, transmission, prevention, and control of COVID-19. Correct answers were given a score of 1, and incorrect answers were given a score of 0. | 99-101 |
|  | Anxiety: There is no explanation about 'anxiety' before, and only knowledge, attitudes, behavior are explained from the start. Please explain this in the introduction and method. | Already explained in the method section.The respondents’ anxiety about COVID-19 consisted of 4 questions about anxiety of family members and respondents’ own health. Answers ranging from 1 (not at all anxious) to 100 (very anxious). An anxiety score of 80 or less was categorized as low anxiety, and a score of 81 or more was categorized as high anxiety | 109-112 |
|  | Prevention practices: Menggunakan istilah behavior/practices? Mohon konsisten dalam penulisan. | Sudah dibuat konsisten menggunakan istilah yang sama sesuai dengan judul yaitu “prevention practices”  | 17, 18, 21, 65, 66, dan seterusnya |
|  | Table 5…Is the title right? Pencegahan terhadap COVID-19 berpengaruh terhadap karakteristik demografi? Atau karakteristik demografi berpengaruh terhadap pencegahan COVID-19? | Sudah diperbaiki.The relationship between knowledge, attitudes, anxiety, and demographic characteristics with COVID-19 prevention practices | 212 |
|  | One paragraph consists of at least 3 sentences | Already combined with another paragraph. | 220-226 |
|  | Sub-tittle: It has not been explained about the “determinants” | Already changed with “factors associated” | 242-243 |
|  | Discussion: After comparing with other research whether in line or not, please give the author's opinion. | This can be one explanation that many health workers have contracted COVID-19 because of their poor COVID-19 prevention practices. Our findings show that most healthcare workers in Indonesia have a good knowledge of and positive attitudes toward fighting COVID-19, but the practices of preventing COVID-19 are still not good. So that harder efforts are needed to improve Covid-19 prevention practices among health workers, it is not enough just to increase knowledge and attitudes, but more importantly to provide punishment for health workers who do not comply with COVID-19 prevention practices. | 275-282 |
|  | Is this the opinion of the researcher, or are there references used?What is the proof? | Our finding shows that proper preventive practices among Indonesian healthcare workers are still lacking, the use of hand sanitizers and masks is still very low (mean score 35.0 and 39.4). At the beginning of the pandemic, there was a scarcity of masks and hand sanitize due to high demand and limited production capacity. A measure to manage the scarcity of face mask for use by healthcare workers by WHO was the recommendation that only COVID-19 patients with respiratory symptoms or COVID-19 caregivers should use face mask. | 283-284And288-291 |
|  | What's the next suggestion? | In the highly dynamic COVID-19 pandemic situation, it is very important to update the knowledge and attitudes of healthcare workers so that they can carry out better prevention practices. | 310-312 |
|  | Which results? | This study indicate that healthcare workers in Indonesia had good knowledge (67%) and positive attitudes (69.3%) about COVID-19, but their prevention practices were lacking (46.5%), there were gaps in speciﬁc aspects of knowledge and practice that warrant attention.  | 313-315 |
|  | Contradiction with statements regarding positive attitudes. | Removed the contradiction statement.The important finding of this study is that healthcare workers which have good knowledge and positive attitudes regarding COVID-19, tend to implemented good prevention practice COVID-19 in health services and their daily life. | 331-333 |
|  | Based on what? Program? Please add a reference. | Based on the important finding, this study recommends that public health education be continuously improved, with a focus on groups of healthcare workers with a lack of knowledge, attitudes, and practices. It is necessary to involve professional organizations of health workers to oblige all health workers to practice covid-19 prevention, to carry out information dissemination, conduct online workshops on a regular basis, provide websites related to COVID-19 prevention practices, and distribute regular messages and educational videos on COVID-19 prevention practices through social media to maintain the good knowledge and attitude of healthcare workers | 340-347 |
|  | Does this survey have strength and weakness? | STRENGTH AND LIMITATIONSThe strength of this survey is use of a mobile based that is an opportunity that can be utilized for research including data collection in the health sector and surveys on COVID-19. The existence of technology is support and adequate mobile-based infrastructure is something positive that had been utilized in this survey. The research questionnaire was adopted from previous research and the results of the Cronbach’s alpha test and item-total correlation found that the questionnaire was valid and reliable. The results of this study can be initial information about knowledge, attitudes, and practices for healthcare workers during the COVID-19 pandemic. These results can be utilized in effective risk communication and education on COVID-19 epidemic control. | 350-359 |
|  | Limitation: Is this sample lacking? Please explain the sample calculation in the method.  | The sample size is calculated using the proportion estimation formula at a 95% confidence interval, with an estimated proportion of healthcare workers with prevention practices COVID-19 at 60% and a precision of 6%, the minimum sample required is 257 respondents. | 75-78 |
|  | Which caution?If the sample is not enough, how to solve it? | Therefore, the generalization of the results of this study must be carried out with caution because it could not describe the whole healthcare workers in Indonesia especially subgroup of doctors. It is recommended that future studies should focus on each healthcare workers, for example the doctor’s population only or the nurse’s population only, in order to provide better and more representative results. | 367-371 |
|  | Sebaiknya bagaimana? Whatsapp group yang mana? Adakah usulan untuk tidak di whatsapp group atau whatsapp personal? |  It is recommended that future studies not only to use WhatsApp groups, but can be combined with other social media such as Telegram, Facebook, Twitter, Instagram, and e-mail. | 375-377 |
|  | Conclusion: Mohon focus apa findingsnya  | The healthcare workers which have good knowledge and positive attitudes regarding COVID-19, tend to implemented good prevention practices COVID-19 in health services and their daily life. | 385-387 |
|  | Berikan rekomendasi berdasarkan diskusi di atas yang sudah ditambahkan referensinya. Why periodic online workshops? Though there are many other methods. | It recommends that public health education be continuously improved, with a focus on groups of healthcare workers with a lack of knowledge, attitudes, and practices. It necessary to involve professional organizations of health workers to oblige all healthcare workers to practice covid-19 prevention, to carry out information dissemination, conduct online workshops on a regular basis, provide websites related to COVID-19 prevention practices, and distribute regular messages and educational videos on COVID-19 prevention practices through social media to maintain the good knowledge, attitude, and practices of healthcare workers. | 388-394 |
|  | Reference:Please provide the URL/link each reference | Each reference already has URL.  | 419-498 |