

FACTORS RELATED TO COMMUNITY COMPLIANCE IN IMPLEMENTING HEALTH PROTOCOLS IN RW 05 SETIAMEKAR VILLAGE, TAMBUN SELATAN SUB-DISTRICT DURING COVID-19 PANDEMIC

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ABSTRACT

Health protocols is imperative to prevent the exposure of corona viruses and its variants. The implementation of health protocols such as washing hands can reduce the risk of COVID-19 transmission by around 35%, using an ordinary mask can reduce the risk by around 45%, meanwhile using a medical mask can reduce the risk by around 70%, keeping a distance of at least 1 meter with other people can reduce the risk of contracting COVID-19 by around 85%. This research aims to obtain factors related to community compliance in implementing health protocols in RW 05 Setiamekar Village, Tambun Selatan Sub-District During the Covid-19 Pandemic. This research used a survey with a cross-sectional approach. The determination of sample was accidental sampling and 100 respondents participated in the survey. The percentage of community compliance in implementing health protocols was 50%. There was no significant relationship between gender, age, work, education, experience of exposure to COVID-19, and knowledge of community compliance in implementing health protocols ($p > 0.05$). The low level of public knowledge regarding health protocols needs more attention. Although the community has been exposed to Covid-19, they were lack of awareness in implementing health protocols.

Keywords: *Compliance, Health protocols, Covid-19*

INTRODUCTION

Indonesia is a country that is vulnerable to the threat of Covid-19. Several factors driving the transmission of Covid-19 could increase sharply including a large population and concentration in densely populated areas, a high number of pneumonia sufferers, high mobility of citizens, and low awareness of clean living.¹ Based on data from WHO, the number of cases of Covid-19 worldwide on January 14 2022 there were 318,648,834 confirmed cases with 5,518,343 deaths. Indonesia has 4,269,740 confirmed cases with 144,163 deaths due to Covid -19.² This figure will continue to increase considering that the pandemic has not ended until now.

Like most viruses that attack the respiratory tract, SARS-CoV-2 is transmitted via the respiratory route. Transmission by droplets or aerosols is the main recognized route.³ Researchers report that the use of masks can protect the wearer from various infections or the possibility of transmitting infections.⁴ Health protocols are essential to prevent exposure to Covid-19 and its variants. Implementation of health protocols such as washing hands with soap and running water, wearing masks and maintaining a distance of at least 1 meter from other people can reduce the risk of contracting Covid -19. ^{5,6} The Indonesian government itself has urged people to comply with health protocols when leaving the house. The Covid-19 Handling Task Force which was formed by the Government as the frontline in dealing with Covid-19 continues to urge all people to reduce the risk of transmission of COVID-19 by staying at home, wearing masks, frequently washing hands with soap and running water, maintaining physical distance, and avoid touching face, eyes, nose and mouth.⁷

A study by Saputro, et al. found data that most people have implemented health protocols such as maintaining distance, wearing masks, and applying coughing and sneezing ethics properly. However, the implementation of washing hands with running water or using hand sanitizers is still not implemented properly, as much as 52.3% of people do not wash their hands before eating and 56.9% of people when traveling.⁸ Another study conducted by Istiari showed that the compliance of the people of the Special Region of Yogyakarta in implementing health protocols is quite good with the results that 96% of the people are in the obedient category of implementing 4 M, namely wearing masks, washing hands, keeping their distance, and increasing endurance.⁹

The observations on 10 residents in RW 05 Setiamekar Village showed that 6 out of 10 residents were apparently still ignorant of health protocols, even though health protocols have been proven to reduce the risk of exposure to COVID-19. Therefore, the authors are interested in conducting further studies regarding community compliance in implementing health protocols.

RESEARCH METHODS

This type of research uses a cross sectional design. The sample in this study were residents of RW 05 Setiamekar Village, South Tambun District, Bekasi Regency, West Java Province, aged 17-65 years and able to communicate well. The sampling technique used in this study was non-random sampling, namely the incidental sampling method. The instrument used is a self-administered questionnaire, which was distributed to 100 respondents. The analysis used in this study was bivariate analysis using the chi-square test via SPSS ver.23.

RESULTS AND DISCUSSION

According to table 1, the demographic data of respondents in RW 05 Setiamekar Village, Tambun Selatan District shows that there are 53% female respondents, slightly more than male respondents (47%). According to health profile statistics for Bekasi Regency, the male population is greater than the female population. The male population was 1,070,038 people and the female population was 558,193 people.¹⁰ The large number of female respondents in this study was due to data collection during working hours, so that many male respondents did not participate in the study. Then, the majority of respondents were over 35 years old (73%). Meanwhile, respondents aged 17-35 years were 37%. Respondents who have a job slightly more than respondents who do not have a job. This can be seen from the number of respondents who have a job (51%) while the number of respondents who do not have a job is (49%). These results are in accordance with data from the Central Bureau of Statistics for Bekasi Regency which shows that the population of Bekasi Regency has more jobs (1,628,231 people) than the unemployed population (212,435 people; 61%), more than respondents with high school education or above (39%). This data is not consistent with data from the Central Bureau of Statistics for Bekasi Regency which shows that there are 680,232 people with education below high school, while 1,160,434 people have more than high school education.¹⁰ This is because people with more than high school education are being work or other activities outside the home. The majority of respondents had never been exposed to COVID-19 (83%). This is in accordance with data from the Bekasi Regency Information and Coordination Centre website which shows that there are 84,330 confirmed cases of COVID-19 in Bekasi Regency out of the total population of Bekasi Regency which is 3,113,017 people.^{10,11} Respondents with good knowledge of health protocols was 68 people and 32 people who had sufficient knowledge. Respondent compliance in implementing health protocols was divided into 50 people who had good compliance and 50 people who had poor compliance.

Table 1. Demographic characteristic of Respondents in RW 05 Setiamekar Village, Tambun Selatan Sub-districts

No.	Variable	N	%
1	Gender		
	- Male	47	47%
	-Female	53	53%
2	Age		
	17 – 35 year old	27	27%
	36 – 65 year old	73	73%
3	Occupational Status		
	- active worker	51	51%
	- unemployed/retired	49	49%
4	Education Level		
	- < Senior High School	61	61%
	- ≥ Senior High School	39	39%
5	Past Covid-19 infection		
	- Yes	17	17%
	- No	83	83%
6	Knowledge related to health protocols		
	- Good	68	68%
	- Sufficient	32	32%
7	Compliant to Health Protocols		
	- Good	50	50%
	- Sufficient	50	50%

Based on gender, it can be seen that the female gender is better in terms of adherence to implementing health protocols (54.7%) compared to male respondents (44.7%). After the data was analyzed, a P-value = 0.423 was obtained which indicated that there was no relationship between gender and compliance with health protocols. This statement is in line with research conducted by Dessy and Ella Nurlaela Hadi which stated that gender does not affect compliance in implementing health protocols.¹² Based on existing theory, it explains that regardless of a person's gender, if they are still productive, educated, or experienced, have a high level of behavior.¹³ These results were obtained because many respondents only did activities around the house and did not consider it necessary to comply with health protocols.

Based on age, it can be seen that those aged 17-35 years are better in terms of adherence to carrying out health protocols (51.9%) compared to respondents aged over 35 years (49.3%). Then for the P-value = 1.0 which means there is no relationship between age and adherence to implementing health protocols. This result is in line with a study conducted by Andina Bunga Syafel and Anissatul Fatimah which stated that there was no significant relationship between age and adherence to implementing health protocols.¹⁴ A person's age affects his comprehension and mindset, as a person's age increases, his comprehension and mindset will develop.¹⁵

Table 2. The correlation between Characteristic of Respondents and Compliance in Implementing Health Protocols

Variable	Compliance				Total		p-value
	Yes		No		n	%	
	n	%	N	%			
Gender							
Male	21	44,7	26	55,3	47	100	0,423
Female	29	54,7	24	45,3	53	100	
Age							
17 - 35 y.o	14	51,9	13	48,1	27	100	1
36 – 65 y.o	36	49,3	37	50,7	73	100	
Working status							
Yes	22	43,1	29	56,9	51	100	0,230
No	28	57,1	21	42,9	49	100	
Education							
< Senior High School	33	54,1%	28	45,9%	61	100	0,412
≥ Senior High School	17	43,6%	22	56,4%	39	100	
Past Covid-19 infection							
Yes	10	58,8	7	41,2	17	100	0,594
No	40	48,2	43	51,8	83	100	
Knowledge							
Good	38	55,9	30	44,1	68	100	0,133
Sufficient	12	37,5	20	62,5	32	100	

Based on work, it can be seen that those who do not work are better in terms of compliance (57.1%) than respondents who work (43.1%). Chi Square analysis shows P-value = 0.230 which means there is no relationship between work and adherence to implementing health protocols. This is in line with the results of research by Anggun Wulandari et al which showed that there is no relationship between employment status and adherence to implementing health protocols.¹⁶ Work limits the gap between health information and practice which motivates a person to obtain information and do something to avoid health problems.¹⁷

Based on education level, respondents with less than high school education had better compliance (54.1%) compared to respondents with high school education or above (43.6%). The results of the analysis stated that P-value = 0.412 which means there is no relationship between education level and adherence to implementing health protocols. This statement is not in line with research conducted by Wahyuni which states that there is a relationship between education level and adherence.¹⁸ The level of education can affect a person's ability and knowledge in implementing healthy living behaviors. The higher the level of education, the higher a person's ability to maintain a healthy lifestyle.¹⁹

Based on the experience of being exposed to Covid -19, those who had been exposed showed better adherence (58.8%) compared to respondents who had never been exposed to Covid -19 (48.2%). Analysis with Chi Square shows the results of P-value = 0.594 which indicates that there is no relationship between exposure experience and adherence to implementing health protocols. These results are like this because the data collection process was carried out, the government revoked the regulation on wearing masks outdoors. This made the majority of respondents think that the pandemic was over, so many started ignoring health protocols even though they had experienced severe symptoms of COVID-19.

Based on knowledge about Covid -19 with adherence to implementing health protocols, results were obtained with respondents with good knowledge category having better compliance than respondents with sufficient knowledge category. The results of the Chi Square analysis show P-value = 0.133, which means there is no relationship between knowledge and compliance with health protocols. This result is not in line with research conducted by Nugroho et al which said that there is a relationship between knowledge and adherence to implementing health protocols.²⁰ A person's actions towards health problems will basically be influenced by one's knowledge of these problems.²¹

CONCLUSION

Based on the demographic characteristics of the people in RW 05 Setiamekar Village, the most gender is female (53%), late adults (36-65 years) (73%) and active worker (51%). The majority of respondents have a low educational background (61%). Based on the experience of being exposed to COVID-19, the most results were obtained, namely 83 people (83%) who had never been exposed to COVID-19. The results obtained showed that 68 people (68%) had good knowledge. The level of compliance is more than the number of respondents who have good and poor compliance, namely 50 people (50%). There is no relationship between gender, age, working status, educational level, and knowledge related to health protocol and community compliance in implementing health protocols in the COVID-19 pandemic.

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