

Level of Community Compliance About Health Protocols and Influencing Factors in Panceran Hamlet, Ngancar Village Kediri Regency

Dian Fery Handrianti¹, Novita Anggraeni²

Institut Ilmu Kesehatan STRADA Indonesia

*Corresponding Author : dianfery@gmail.com

ABSTRACT

The spread of the Covid-19 virus has been increasing lately. The high rate of transmission has made every country appeal to the public to reduce activities outside the home. We hope that by implementing health protocols during the Covid-19 pandemic according to the government's recommendations, we can help stop the spread of various kinds of bacteria or viruses, including the Covid-19 Virus. However, until now there are still many people who still do not comply with health protocols properly. The factors that influence compliance include knowledge, attitudes, support and self-motivation. The purpose of this study was to analyze the factors that influence community compliance with health protocols in Panceran Hamlet, Ngancar District, Kediri Regency. The research method used in this study is a quantitative method. This study used a cross-sectional design. The population in this study was the community of Panceran hamlet, Ngancar village with a sample of 50 respondents. The statistical test used for data analysis in this study was a simple linear regression test with a degree of confidence = 0.05. The results showed that there was an influence of the knowledge factor with the level of community compliance with health protocols of 60% with a t-count value of 8.483. The influence of self-motivation factors with the level of community compliance with health protocols is 89.5% with a t-count value of 20.249. The influence of family support factors on the level of community compliance with health protocols is 68.9% with a t-count value of 10.306. The influence of the attitude factor with the level of community compliance with health protocols is 92.5% with a t-count value of 24,268. Thus it can be concluded that knowledge, self-motivation, family support and character are factors that have an influence on a person's level of compliance.

Keywords : Factors causing compliance, Health protocol, Obedience

INTRODUCTION

Currently the world is in shock by the outbreak of a virus known as Corona virus disease in 2019 or familiarly called Covid-19. Covid-19 is an infectious disease caused by the corona virus, which baru-baru ini ditemukan karena sebelumnya tidak diketahui. Keberadaan virus ini diketahui setelah wabah dimulai di Wuhan, China, in December 2019 (WHO, 2020). Covid-19 has now become a pandemic that affects many countries globally.

Quoted from the journal (Sri Harini, 2020) that in early 2020, the world was rocked by the emergence of the corona virus (COVID-19) in Wuhan City, Hubei Province, China. COVID-19 is a new type of virus that is transmitted from bats to humans causing upper respiratory infections such as Middle East Respiratory Syndrome (MERS-CoV) and Severe Acute Respiratory Syndrome (SARSCoV). Clinical manifestations of COVID-19 usually appear within 2 days to 14 days after exposure to common signs and symptoms of infection including acute respiratory distress such as fever, cough, and shortness of breath. Severe cases can lead to acute pneumonia, respiratory syndrome, kidney failure, and even

death. On December 31, 2019, WHO China Country Office reported a case of pneumonia of unknown etiology in Wuhan City, Hubei Province, China. On January 7, 2020, China identified pneumonia of unknown etiology as a new type of coronavirus (COVID-19). The increase in the number of COVID-19 cases has occurred quite quickly and has spread to almost 208 countries in the world.

As of 7 April 2020, based on data from Worldometers, as of 15.30 WIB, 7 April 2020, the total number of positive COVID-19 cases in the world has reached 1,379,175 patients. A total of 78,223 coronae positive patients worldwide have died and 294,149 people have recovered from COVID-19 disease. In addition, when referring to data from CSSE Johns Hopkins University, as of 15.30 WIB, 6 April 2020, the total number of positive COVID-19 cases in the world was recorded at 1,277,962 patients with 69,527 COVID-19 patients having died and 264,048 people having recovered. The highest number of positive COVID-19 cases in the world are in the United States, Spain, Italy, Germany and France. While the most deaths occurred in Italy, Spain, and France.

Data from the Ministry of Health (2020), as of November 29, 2020, the Task Force for Handling Covid-19 recorded an increase in positive cases of Corona virus infection as many as 6,267 people. This is a new record for the addition of daily Covid-19 cases in Indonesia with a total of 534,266 cases. On the same day, the daily addition of dead patients jumped to 169 people.

Based on data from the East Java Response Covid-19 website, on February 28, 2021, the addition of new cases of the Corona virus reached 324 patients. In fact, on February 27, 2021, the addition of new cases reached 445 people or higher than February 28, 2021. On February 26, the addition of new cases reached 541 cases, while on February 25, positive Covid-19 patients increased by 556 people.

As of February 28, the total number of Covid-19 cases in East Java reached 129,459 people. Of that number, 116,708 people have recovered or equal to 90.15 percent, and 9,117 people have died or equivalent to 7.04 percent, and 3,634 people are currently still being treated. Until now, there are no red zones or zones with a high risk of Covid-19 in East Java. However, all cities/regencies are still in the orange zone or moderate risk, which means East Java is not completely free from Covid-19.

Quoted from the Kediri Regency Covid-19 statistical data (March, 2021), there are 3,350 suspected case data, 170 probable cases and confirmed cases with details of 384 deaths, 3,588 recovered, and 111 active/treated people. Where 2 people who entered the data died were residents of Panceran hamlet, Ngancar village. Seeing the development of data updates on COVID-19 cases, which until now have not been completely resolved, the government continues to issue policies or regulations to prevent the increase in the number of cases, namely in the form of a health protocol for handling Covid-19 (Ministry of Foreign Affairs, 2020).

According to the Indonesian Ministry of Health (2020), the government has issued health protocols for handling Covid-19, including health protocols, borders, communications, education areas, and public and transportation areas, including policies in the form of implementing Large-Scale Social Restrictions (PSBB) in several areas. areas in Indonesia.

According to the Regulation of the Minister of Health of the Republic of Indonesia Number 9 of 2020 concerning Guidelines for Large-Scale Social Restrictions in the Context of Accelerating the Handling of Covid-19, PSBB is defined as restrictions on certain activities of residents in an area that may be infected with Covid-19 to prevent the spread of Covid-19.

Through this policy, the government invites the public to comply with the directives and regulations that have been issued to work together to break the spread of

Covid-19 (Wahyudi, 2020). Community compliance can be seen when they can accept and then try to comply with and follow the directives and regulations of the government. This is in line with the statement According to Notoatmodjo (2003) compliance is one of the health care behaviors, namely one's efforts to maintain health or maintain health so as not to get sick and healing efforts when sick. Individuals can be said to be obedient to other people's orders or rules, namely when individuals have three dimensions of compliance related to obedient attitudes and behavior, namely trusting, accepting and carrying out the given rules.

The phenomenon that occurs in the field today is that there are still many people who are less concerned with the rules and policies made by the government. According to Krisna (2020) as long as the PSBB is in effect, not a few residents have violated. Including in the hamlet of Panceran, Ngancar village, where the people still don't obey wearing masks when they leave the house, they still like to do activities in groups, both men who do night patrols and women who do vegetable shopping in the morning. In addition, people do not know how to wash their hands properly, so people rarely wash their hands after doing activities outside the home.

METHODS

This study uses quantitative methods. This study used a cross-sectional design, where researchers analyzed the factors that influence community compliance with health protocols in Panceran hamlet, Ngancar village, Ngancar district, Kediri district. This research was carried out in the Panceran hamlet, Ngancar village, Kediri Regency in May 2021. The population in this study was the Panceran hamlet community, Ngancar Village, Kediri Regency. The number of samples in this study were 50 respondents. The sampling method was carried out by non-probability sampling using the purposive sampling method, which was based on a certain consideration made by the researcher himself, based on the characteristics or characteristics of the population that were previously known.

RESULTS

Table. 1. Distribution of Respondents Based on Characteristics in Panceran Hamlet, Ngancar Village, Kediri Regency

| Characteristic n (%) | n | (%) |
|----------------------|----|-----|
| Gender | | |
| Male | 22 | 44 |
| Female | 28 | 56 |
| Age | | |
| 15-25 | 6 | 12 |
| 26-55 | 39 | 78 |
| >55 | 5 | 10 |
| Education | | |
| SD | 3 | 6 |
| SMP | 7 | 14 |
| SMA | 26 | 52 |
| D3 | 5 | 10 |
| S1 | 9 | 18 |
| Work | | |
| IRT | 3 | 6 |
| farmer | 6 | 12 |
| Teacher | 3 | 6 |

| | | |
|---------------|----|----|
| Private | 11 | 22 |
| entrepreneur | 21 | 42 |
| civil servant | 6 | 12 |

Variable characteristics

1. Independent Variable

a. Knowledge Variable

Table. 2. Knowledge of covid 19 and public health protocols in Panceran Hamlet, Ngancar Village, Kediri Regency

| Category | n | (%) |
|-----------|----|-----|
| Tall | 31 | 62 |
| Currently | 17 | 34 |
| Low | 2 | 4 |

From the table data above, it can be seen that of the 50 research respondents who have a high knowledge category about covid 19 and health protocols as many as 31 respondents (62%), the medium knowledge category is 17 respondents (34%) and the low knowledge category is 2 respondents (4%).

b. Self Motivation Variable

Table. 3. Self-motivation to comply with the health protocol for the people of Panceran Hamlet, Ngancar Village, Kediri Regency

| Category | n | (%) |
|-----------|----|-----|
| Tall | 32 | 64 |
| Currently | 2 | 4 |
| Low | 16 | 32 |

From the data table above, it can be seen that of the 50 research respondents who had a high self-motivation category to comply with health protocols as many as 32 respondents (64%), the category of moderate self-motivation was 2 respondents (4%) and the category of low self-motivation was 16 respondents (32%).

c. Family Support Variable

Table. 4. Family support to comply with health protocols for the people of Panceran Hamlet, Ngancar Village, Kediri Regency

| Category | n | (%) |
|-----------|----|-----|
| Tall | 32 | 64 |
| Currently | 8 | 16 |
| Low | 10 | 20 |

From the table data above, it can be seen that of the 50 research respondents who have a high category of family support to comply with health protocols as many as 32 respondents (64%), the category of moderate family support is 8 respondents (16%) and the category of low family support is 10 respondents (20%).

d. Attitude Variable

Table. 5. Attitude to comply with health protocols for the people of Panceran Hamlet, Ngancar Village, Kediri Regency

| Category | n | (%) |
|-----------|----|-----|
| Tall | 31 | 62 |
| Currently | 3 | 6 |
| Low | 16 | 32 |

From the table data above, it can be seen that of the 50 research respondents who have a high attitude category to comply with health protocols as many as 31 respondents (62%), 3 respondents in the medium attitude category (6%) and 16 respondents in the low attitude category (32%).

2. Dependent Variable

Compliance Variables

Table. 6. Compliance with health protocols for the people of Panceran Hamlet, Ngancar Village, Kediri Regency

| Category | n | (%) |
|-----------|----|-----|
| Tall | 29 | 58 |
| Currently | 14 | 28 |
| Low | 7 | 14 |

From the data table above, it can be seen that of the 50 research respondents who had a high compliance category to comply with health protocols as many as 29 respondents (58%), the category of moderate compliance was 14 respondents (28%) and the category of low compliance was 7 respondents (14%).

DISCUSSION

This study aims to examine and analyze the level of community compliance with health protocols and the influencing factors in Panceran Hamlet, Ngancar Village, Kediri Regency. From the analysis described above, the following is a discussion of this research:

a. Compliance level

This study was conducted on 50 respondents, where the results obtained were 29 respondents with a high level of adherence to health protocols (58%), the category of moderate compliance was 14 respondents (28%) and the category of low compliance was 7 respondents (14%).

b. Effect of knowledge on compliance

The results of hypothesis testing regarding the effect of knowledge on community compliance with health protocols ($r = 0.775$; $\text{sig} < 0.05$). By looking at the hypothesis test, it can be concluded that knowledge is one of the factors that influence the level of community compliance with health protocols.

Knowledge is a variety of symptoms that are encountered and obtained by humans through the observation of reason. Knowledge arises when a person uses his mind to recognize certain objects or events that have never been seen or felt before.

Knowledge is information that has been combined with understanding and potential for action; that sticks in someone's mind. In general, knowledge has a predictive ability to something as a result of recognizing a pattern. While information and data have the ability to inform or even cause confusion, knowledge has the ability

to direct action. This is what is called the potential to act.

Types of Knowledge are divided as follows:

1. Implicit Knowledge

Implicit knowledge is knowledge that is still embedded in the form of one's experience and contains factors that are not real such as personal beliefs, perspectives, and principles. Implicit knowledge often contains unconscious habits and culture.

2. Explicit Knowledge

Explicit knowledge is knowledge that has been documented or stored in a tangible form in the form of media or the like.

Public knowledge about covid 19 and health protocols is obtained by the public from electronic media such as television, radio, cellphones. In addition, the community also gains knowledge from reading newspapers, information from village officials who urge them to comply with health protocols, etc.

1. The effect of self-motivation on compliance

The results of hypothesis testing regarding the effect of self-motivation on community compliance with health protocols ($r = 0.946$; $\text{sig} < 0.05$). By looking at the hypothesis test, it can be concluded that self-motivation is one of the factors that influence the level of community compliance with health protocols.

Some people motivate themselves to continue to comply with health protocols because they don't want to be infected with covid 19 which is considered a deadly disease, especially if someone has a previous congenital disease. In addition, self-motivation arises from a person because they do not want their loved ones to get sick, especially for respondents who still have small children.

2. The effect of family support on compliance

The results of hypothesis testing regarding the effect of family support on community compliance with health protocols ($r = 0.830$; $\text{sig} < 0.05$). By looking at the hypothesis test, it can be concluded that family support is one of the factors that influence the level of community compliance with health protocols.

Family support is an effort made by including family participation. Most of those in the community today are very supportive so that the families around them are healthy as much as possible while still adhering to health protocols, but on the other hand, the private community itself is sometimes reluctant to listen to the words of their own family.

3. The effect of attitude on compliance

The results of hypothesis testing regarding the effect of attitudes on community compliance with health protocols ($r = 0.962$; $\text{sig} < 0.05$). By looking at the hypothesis test, it can be concluded that attitude is one of the factors that influence the level of community compliance with health protocols.

Attitude is the reaction or response of a person who is still closed to a stimulus or object. In other words, it can be said that attitude is a person's response or perception of what he knows. Where a person's attitude determines their own behavior, where from the results of this study it can also be seen that the factor that most influences compliance is attitude.

CONCLUSION

From the data analysis that has been carried out in research on "The level of community compliance with health protocols and influencing factors" in Panceran Hamlet, Ngancar Village, Kediri Regency, the following conclusions can be drawn:

1. The influence of the knowledge factor with the level of community compliance with health protocols is 60%
2. The influence of self-motivation factors with the level of community compliance with health protocols is 89.5%
3. The influence of family support factors on the level of community compliance with health protocols is 68.9%
4. The influence of the attitude factor with the level of community compliance with health protocols is 92.5%
5. The factor that most influences community compliance with health protocols in Panceran Hamlet, Ngancar Village, Ngancar District, Kediri Regency is the attitude factor, which is 92.5%

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