



**EXPLORATION OF VILLAGE COMMUNITY FIGURES' HEALTH BELIEFS
TOWARDS COVID-19**

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ABSTRACT

COVID-19 is a global pandemic that threatens everyone's health. The increase in confirmed COVID-19 cases continues to occur, including in Aceh Besar Regency. Public health intervention efforts have proven effective in reducing the incidence of COVID-19 and community leaders can be involved in these public health intervention efforts. Public health interventions are expected to cause changes in health behavior, but these behavioral changes require health beliefs. This study is a qualitative study with an exploratory approach to determine the beliefs of community leaders towards COVID-19. The number of informants in this study was 8 community leaders who were selected by purposive sampling. Data collection was carried out by conducting in-depth interviews. Data analysis in this study was carried out before entering the field, while in the field and after finishing in the field. The results of the interviews showed that the health beliefs of community leaders towards COVID-19 were influenced by the sources of information obtained, beliefs about COVID-19, the attitudes of community leaders towards people around them who were infected with COVID-19 and knowledge about the dangerous impacts of COVID-19. Good knowledge will increase the trust of community leaders and improve the attitudes of community leaders to participate in the COVID-19 vaccination which is one of the preventions of COVID-19. Community leaders are also involved in helping health workers provide information about efforts to prevent and handle COVID-19. It is hoped that community leaders will play an active role in efforts to prevent and handle COVID-19 by increasing knowledge and attitudes about COVID-19 which can be obtained through online and print information media. In addition, community leaders are expected to work together with health workers in preventing COVID-19.

Keywords: community leaders; prevention and handling of covid-19; trust

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INTRODUCTION

Entering 2020, the world was shocked by the outbreak of a new virus that had never been identified before in humans (Ministry of Health of the Republic of Indonesia, 2020). This outbreak began in Wuhan City in Central China in late December 2019 and is known as the 2019 novel coronavirus (2019-nCoV). Since February 11, 2020, the outbreak has been known by its new name, namely Coronavirus Disease or also called corona virus disease (COVID-19), because the virus that causes it is genetically from the same family as the corona virus that caused the SARS outbreak in 2003. This new type of coronavirus is called Severe Acute Respiratory Syndrome Coronavirus-2 (SARS-CoV-2) (WHO, 2020). The transmission rate of this virus is known to be high and has spread globally. The first country outside China to report being infected with this outbreak was Thailand, on January 13, 2020. Followed by Japan and South Korea and then continued to spread to most other countries around the world including Indonesia (WHO, 2020). As of January 30, 2023, the number of confirmed cases globally has reached 752.5 million cases spread across 235 countries with 6.8 million deaths (Covid Task Force, 2023).

COVID-19 was first reported in Indonesia on March 2, 2020, with 2 cases in Solo (WHO, 2020; Nursowfa et al., 2020). Followed by other cases in various provinces in Indonesia, one of which is Aceh. The first case of COVID-19 in Aceh was identified from a patient who died while being treated in the Respiratory Intensive Care Unit (RICU) of Zainoel Abidin Hospital reported on March 23, 2020. The patient was the 826th COVID-19 patient nationally (Khairani, 2020). As of January 30, 2023, the number of confirmed cases in Indonesia had reached 6.7 million cases spread across 34 provinces with 160.8 thousand deaths (Covid Task Force, 2023). The high rate of transmission of this disease has prompted authorities in various countries to take preventive measures, including in Indonesia (Indonesian Lung Doctors Association, 2020). The day after the first case was reported in Indonesia, a number of policies began to be established by the government to address its spread. These policies include the appointment of an official spokesperson for handling cases, the formation of a Task Force for the Acceleration of COVID-19 Handling, the announcement of Social Distancing and Physical Distancing policies, and the Large-Scale Social Restrictions (PSBB) policy (Siagian, 2020).

Government policies related to the implementation of preventive measures are expected to run according to their objectives. However, many people still do not implement them and continue to hold meetings or gatherings. Research conducted by Buana (2020) related to the analysis of the behavior of the Indonesian people in dealing with the COVID-19 pandemic revealed that many Indonesian people still do not heed the government's appeal to tackle the corona virus pandemic (Buana, 2020). The results of a study by the Research Team from the Tsunami and Disaster Mitigation Research Center (TDMRC) Syiah Kuala University (2020) on public knowledge about COVID-19 and compliance with the implementation of Social Distancing in Aceh showed that around 94% of the 4,628 respondents still carried out activities outside the home with around 35% of them still carrying out activities outside the home 4 times or more in one day. Quite a lot of respondents spend their time in places that can thwart social/physical distancing such as coffee shops and wedding receptions. These two places are places that are often visited by around 29% of respondents.

Public health intervention efforts have been proven effective in reducing the incidence of COVID-19 and community leaders can be involved in public health intervention efforts. Community leaders in Indonesia are one of the figures who are believed to be able to provide solutions to problems that occur in the area where they live. The views and statements of community leaders will generally be obeyed or followed by other community individuals (Soekanto, 2009). Several studies in Indonesia have shown the relationship between the role of community leaders in increasing community knowledge and changes in health behavior, especially related to non-communicable diseases (hypertension and diabetes), maternal and child health, and sexually transmitted diseases (HIV/AIDS) (Hartini, 2011; Kurniawan et al., 2020; Putri, 2022; Renata et al., 2015). Therefore, researchers are interested in exploring the beliefs of village community leaders towards COVID-19 in the work area of the Indrapuri Health Center, Aceh Besar Regency, Aceh. The aim of this study was to explore the beliefs of village community leaders regarding Covid-19.

METHOD

This study is a qualitative study to explore the beliefs of community leaders towards COVID-19. This study was conducted in the working area of the Indrapuri Health Center, Aceh Besar Regency from November 15 to January 15, 2022. The informants in this study were village community leaders whose selection used the purposive sampling method (non-probability). The number of informants in the study was 8 people consisting of 2 representatives of the village government elite (keuchik), 2 representatives of the religious elite (teungku imun)

and pesantren leaders) and 4 representatives of the intellectual elite and customary elite (Tuhe Peuet Gampong). The determination of this number was in accordance with the principles of sufficiency and suitability. The selection of informants was based on the following criteria: formal and informal community leaders, active as seen from their role in the community, charismatic, most heard in the village as seen from information from contact tracer officers and the community. Data collection was conducted using in-depth interview and observation methods. The data collection tool in this study was the researcher himself. Data collection was assisted by 1 enumerator who helped document data collection activities. When collecting data, researchers will also be supported by complementary instruments in the form of in-depth interview guidelines, field notes, voice recorders, note books, and other supporting devices such as cameras. The in-depth interview guidelines can be seen in the following table.

Table 1.

In-depth interview guidelines

Topics	Information you want to Get
Belief in COVID-19	Opinions, assessments, interpretations, attitudes, beliefs related to COVID-19 disease
Trust in efforts to prevent and handle COVID-19	Opinions, assessments, interpretations, attitudes, beliefs regarding the prevention and handling of COVID-19
Healthy behavior of village community leaders in preventing COVID-19	Efforts made by village community leaders to prevent COVID-19

Data analysis in this study was conducted before entering the field, during the field and after completion in the field. Before the researcher entered the field, analysis was conducted on the data from the preliminary study to determine the focus of the research. The focus of the research that has been determined will develop after the researcher is in the field. While in the field and after completion in the field, analysis was conducted simultaneously with the data collection process (ongoing analysis) where after completion of one data collection process, transcription was immediately carried out, read, coded, and things that were not clear were commented on for more in-depth information in the next data collection process.

RESULT

Table 2.

Characteristics of Research Informants

Characteristics	Method	Amount	Information
Keuchik (government elite)		2 persons	Selection of informants is based on the results of field studies and recommendations from COVID19 contact tracer officers and based on the willingness of informants.
Teungku Imum (religious elite)		1 person	
Leaders of Islamic Boarding Schools (religious elite)	WM and Observation	1 person	
Tuha Peut Gampong (consisting of traditional elites and intellectual elites)		4 persons	

The results of qualitative analysis on 8 informants, found eight sub-themes and formed three themes that are in accordance with the objectives of the study. The first theme is the health beliefs of community leaders regarding COVID-19 disease, health beliefs of community leaders related to efforts to prevent and handle COVID-19, and healthy behavior of community leaders in preventing COVID-19.

Table 3.
Sub-themes and themes in in-depth interviews related to COVID

Sub Themes	Themes
Their first source of information on COVID-19	Health beliefs of community leaders regarding COVID-19 disease
Belief in COVID-19	
Attitude when hearing that someone close to you or someone else has been reported to have COVID-19	
Knowledge regarding how severe the consequences are if you get COVID-19	Knowledge and Attitudes of Community Leaders in Preventing COVID-19
Informant knowledge about prevention efforts	
Attitudes towards COVID-19 vaccines	
Prevention efforts that have been made for COVID-19	
Involvement in efforts to prevent/control Covid-19 in the residential environment	
	Health beliefs of community leaders regarding efforts to handle and prevent COVID-19

DISCUSSION

Kepercayaan kesehatan tokoh masyarakat terhadap penyakit COVID-19

Belief in COVID-19 disease is the first source they get information about COVID-19, belief in COVID-19, attitude when hearing that someone close to them or someone else is reported to have COVID-19 and knowledge regarding how severe the consequences are if they get COVID-19. Based on the results of the study, it was found that all respondents had received information about COVID-19. The first source was from other people, print media such as newspapers and banners, electronic media including cellphones, television and radio, and from health workers. Here are the quotes:

"...the sub-district secretary to provide information that there is Covid disease" (I1)

"If we hear directly from the government, we hear it first through the media." (I2)

The results of the interviews conducted showed that 6 out of 8 respondents believed without a doubt regarding the COVID-19 disease. This is quoted from the following statement:

"...there is indeed a disease..." (I1)

"...from our lay perspective there must be an element of belief..." (I2)

The informant believes in COVID-19 because they saw their relatives or other people get COVID-19 directly, information provided by the government and television, and belief in God that everything happens because of the will of the Almighty. Here is the quote:

"... our people also visited Sigli Hospital when their brother was sick. When he came home from there, he suddenly got sick..." (I1)

"because there are sick people..." (I3)

"...the first time I saw the facts above, after that, from Indonesia there was the Ministry of Health..." (I2)

Meanwhile, there were two other informants who expressed doubts regarding COVID-19, they initially thought that COVID-19 was a government game and did not exist in their area because it was still happening abroad. This was obtained from the following statement:

"At first I didn't believe it, ma'am. At first, what is this, this game..." (I6)

"At first I didn't believe it..." (I8)

However, those doubts were dispelled after seeing the situation and conditions that occurred in Indonesia and through the existing news so that in the end both informants believed in the existence of COVID-19. Here are the quotes:

"...finally after seeing the situation and conditions of the virus in Indonesia including abroad, I finally believe it, yes, I believe it" (I6)

"...because the news was so widespread and almost every day, over time people

believed it." (I8)

After the informants learned about the COVID-19 disease from their respective sources, various responses emerged where five respondents felt normal and calm in dealing with COVID-19, here is an excerpt:

"...no need to worry..." (I1)

"...I personally am not that scary" (I4)

"if I'm not afraid" (I5)

However, there were three informants who felt anxious not without reason, but because when someone gets COVID-19, very strict handling will be carried out such as the patient must be isolated, even to the point that the burial of deceased patients will be handled specifically through very strict health protocols. In addition, the very fast transmission process is the reason informants are afraid of COVID-19, especially the fear of contracting the disease.

In addition, the findings in the field related to informants' knowledge regarding the impacts caused by contracting COVID-19 showed that one informant stated that COVID-19 is the same/similar to other diseases, namely ARI, and another considered it normal, the following is an excerpt:

"... I think it's a kind of acute respiratory infection" (I3)

"... Just take it for granted" (I4)

Similarly, Patterson et al. (2022) found that most interviewees perceived some risk of COVID-19 and took steps to prevent infection in themselves and others. Mandating mask use in certain locations also benefited those with ambivalent attitudes toward disease risk. Surprisingly, there was little association between perceived risk of COVID-19 and willingness to get a COVID-19 vaccine. Dominant community leaders stated that the source of information about COVID-19 was obtained from the media. The media can provide important information to the public from various perspectives (Sampurno et al., 2020). Social media is the most frequently used source of information with health promotion strategies designed to change health risk behavior (Alber et al., 2016). Public trust in information managed by mainstream media makes the proportion of media organizations used as news sources the top in the public eye (Widiantara, 2020).

The limitations of direct communication (face to face) during the COVID-19 period and physical distancing carried out to prevent the transmission of COVID-19 are factors that hinder health workers from providing health information, so that information media becomes an alternative used to convey information. However, it is not uncommon for the public to believe in the information conveyed. According to Yulianti et al. (2020), the source of media information about Covid-19 that is widely chosen by the public is Instagram; the tendency of media activity shown is often checking and getting health information, but very rarely commenting and posting information related to Covid-19; the public's attitude when obtaining this information is checking several media, with the highest level of trust falling on information from the government compared to public figures and relatives (Yulianti et al., 2020). The results of the interview showed that community leaders believe that the COVID-19 disease is real. However, the existence of different information from the information sources used and hoax news, caused community leaders to hesitate to believe in the existence of the COVID-19 virus. Another factor that caused community leaders to be less confident about COVID-19 was because during the COVID-19 period all deaths were assumed to be due to COVID-19.

Beliefs will influence changes in health behavior. According to Irwan (2020), a person's desire for their ability to produce a level of performance and master situations that affect life, so that they will determine how people feel, think, motivate themselves and behave. The belief of community leaders in COVID-19 is also influenced by the experiences of their families or those around them. According to Ren et al. (2021), the condition of family or relatives infected with COVID-19 causes anxiety and fear of being infected with the disease. This will cause a decrease in public trust in COVID-19. Sufficient knowledge and the presence of binding authorities are important parts of controlling the attitudes and behavior of subjects to comply with health protocols. Knowledge makes people aware of a phenomenon so that it causes a reaction, namely behavior as a form of application of that knowledge. Knowledge plays a role in forming the subject's risk perception of Covid-19 (Kusuma & Nurchayati, 2021). Community leaders' knowledge of the impacts will affect their beliefs about COVID-19. The more severe the impact, the more community leaders believe that COVID-19 is true. The results of interviews conducted with community leaders also showed that COVID-19 has an impact on the mental/psychological aspects of sufferers, immunity affects health conditions, and has an impact on death. However, there are community leaders who stated that sufferers infected with COVID-19 will be shunned due to the large amount of different information.

Community leaders must always provide correct information to the community and also set a good example so that they are not exposed to Covid-19. Because preventing Covid-19 requires a healthy lifestyle, the role of community leaders in efforts to prevent Covid-19 is very important to do. The role of community leaders is very good social support for preventing Covid-19. Community leaders are role models and leaders, both formal and informal, in the community. Every word and behavior of community leaders will be an example and will be followed by every member of the community (Rosidin et al., 2021). Therefore, the knowledge of community leaders will change community behavior in preventing COVID-19. The results of the study related to the health beliefs of community leaders regarding the prevention and control of COVID-19 in the work area of the Indrapuri Health Center, Aceh Besar Regency can be reflected in the knowledge of informants about efforts to prevent and control the spread of COVID-19 that have been carried out by the government and attitudes towards the COVID-19 vaccine.

The results of the study showed that all informants were aware of the efforts to prevent and control the spread of COVID-19 recommended by the government, including prevention through 5 M (wearing masks, washing hands, maintaining distance, avoiding crowds and limiting mobility). The statement can be seen as follows:

"...must wear a mask, then must follow health protocols, keep your distance and so on" (I2)

"for example for prevention, wash your hands..." (I3)

"It is in accordance with the way to avoid... [affirming the researcher's statement regarding the prevention and control efforts carried out by the government which are often shown on television]" (I4)

In addition to implementing 5M, some informants also stated that other preventive efforts that have been carried out by the government are through COVID-19 vaccination, the following are the quotes:

"...to anticipate us, Indonesia is being vaccinated..." (I1)

"...government programs through vaccination to prevent..." (I5)

"...we only see vaccines..." (I8)

In the implementation of prevention and control of the spread of COVID-19, various responses were expressed by informants, where some informants were very sure and stated that it was right to do it. Informants believed in and followed the prevention and control program, but thought that the efforts were too excessive, causing extraordinary fear felt by the community, were not perfect and even political. This can be seen from the following quote:

"...following instructions on what to do,... sometimes not everything is perfect..." (I2)

"yes political" (I3)

"...it's the right way to avoid it, but it's too scary" (I4)

The community does not comply with the COVID-19 pandemic protocol because the community lacks understanding of the risk of contracting COVID-19, the purpose of prevention and how to use PPE. If the community has a good perception, the risk of contracting COVID-19 can be prevented (Prihati et al., 2020). Matters related to community-based prevention and handling of COVID-19 are at the forefront. Community involvement, especially community leaders, is greatly influenced by the level of trust in the government in preventing and handling COVID-19 (Mufti et al., 2020). Community trust/belief is closely related to a person's behavior because someone who already has knowledge will encourage awareness in themselves to take preventive measures. Community trust/belief about COVID-19 disease prevention measures is due to good education and knowledge about the prevention and handling of COVID-19, thus forming a positive attitude in the community and increasing high trust in breaking the chain of COVID-19 transmission promoted by the government (Suhadi et al., 2021). However, the interview results also showed that there were community leaders who did not believe in the efforts made by the government in preventing and handling COVID-19. Community leaders considered these efforts to be too excessive, causing extraordinary fear felt by the community, imperfect and even political in nature. However, more community leaders believed that implementing 5M could prevent the transmission of COVID-19 compared to community leaders who did not believe it.

COVID-19 prevention can also be done with COVID-19 vaccination. COVID-19 vaccination is the most effective method for long-term strategies for the prevention and control of COVID-19 in the future. Many different vaccine platforms against SARS-CoV-2 are under development, strategies that include recombinant vectors, DNA, mRNA in lipid nanoparticles, inactivated viruses, live attenuated viruses and protein subunits (Q. Gao et al., 2020; Hu et al., 2021; Smith et al., 2020). Universal COVID-19 vaccination is considered a key step to limit the spread of SARS-CoV-2 and the risk of new variants emerging. According to Arif & Syafa'a (2023), the results of interviews conducted with the community found that the majority of people still refused to be vaccinated, the main factor of the problem was the lack of knowledge of the local community about the function of the vaccine. Other studies have shown that hesitation to get vaccinated is influenced by discomfort, lack of trust, and high satisfaction with the COVID-19 vaccine. The success of vaccination is highly dependent on the approach taken by the government, one of which is a socio-cultural approach that is collaborative and involves community leaders or religious leaders as health agents is very important to educate the public about the dangers of Covid-19 and the effectiveness of the vaccine (Fauzia & Hamdani, 2021).

The public's attitude towards preventive measures for Covid-19 disease is closely related to a person's behavior. This is because a good attitude can influence a person's behavior in taking preventive measures. However, someone who experiences a good attitude is expected to behave well in getting used to preventive measures for Covid-19 (Suhadi et al., 2021). Isah et al. (2020) also stated that attitudes have a significant relationship with Covid-19 prevention

behavior due to the influence of good education and knowledge so that people are able to filter information obtained from various parties regarding Covid-19.

Health Beliefs of Community Leaders Regarding COVID-19 Handling and Prevention Efforts

The results of the study that show the healthy behavior of community leaders in preventing COVID-19 can be described through the prevention efforts that have been carried out and involvement in efforts to prevent/control COVID-19 in the residential environment. In dealing with COVID-19, various prevention efforts are carried out. In addition to following directions/appeals from the government such as wearing masks, avoiding crowds, using hand sanitizers and others, informants made several efforts including through a religious approach such as maintaining cleanliness through ablution, maintaining diet, getting enough rest and cleaning the environment. This can be seen through the following statement quote:

"...we Muslims must maintain three things, the first is getting enough rest, worship and work..." (I1)

"...not just medication, food...[confirming the researcher's statement, namely maintaining a diet]" (I4)

"...we are believers but in maintaining our health one day and one night we do 5 ablutions..." (I5)

The above was done based on the informant's belief regarding religion, that as Muslims it is obligatory to maintain cleanliness, this can be seen in the following statement:

"Because it is indeed required in our religion, health is half of faith, right?" (I4)

In addition, the results of the study showed various efforts that had been made by informants according to their respective roles in society. These efforts are inseparable from steps in preventing and controlling COVID-19. Efforts that have been made in the informant's residential environment include implementing mutual cooperation, providing education and implementing village Community Activities Restrictions Enforcement such as establishing health posts. In addition, informants also provide examples so that the surrounding community is willing to follow what has been recommended by the government. Here is the quote:

"...through the village, through announcements with banners and all sorts, even indirectly it is seen with our appearance using hand sanitizer..." (I2)

"...suggest for example if someone doesn't understand, then he/she will tell us,...we suggest just to be normal" (I3)

"...there is, I even do it, there is a place to wash hands...[affirming the researcher's question regarding participating in mutual cooperation and the existence of a place to wash hands in the meunasah]" (I4)

The trust of community leaders is an important asset in accelerating the handling and prevention of COVID-19. Community leaders have a primary and important role in society and have the power to move others according to their wishes, such as social controllers, guardians and enforcers of cultural rules in society. Community leaders also play a role in problem solving, motivators, providing advice, and support or direction to the community (Rosidin et al., 2020). In addition to community leaders, religious leaders who are also part of community leaders are also quite vital in dealing with the development of Covid-19, although the main role is still held by health workers. The existence of religious leaders cannot be underestimated, especially in the context of Indonesia. The influence of religious leaders in grassroots communities is still very strong. Even in some conditions, their influence is more significant than health workers themselves. This can be seen from the government's efforts to always involve religious institutions in several efforts to deal with Covid-19 (Muchammadun

et al., 2021; Aula, 2020). The public can follow the direction of religious figures who have a role in increasing citizens' religious activities (Dewi & Fauzi, 2021).

Distrust of authorities or groups with higher status is more likely to occur when there is a perception of social marginalization (real or subjective). When emotions are heightened by perceived danger, individuals tend to accept explanations that fit with prejudice. The more cognitively taxing process of carefully weighing the evidence for and against different explanations is unlikely to be adopted. Conspiracy beliefs tend to bring short-term benefits, such as reduced uncertainty and increased control; access (often online) to like-minded people; and feelings of having privileged information. It has been suggested that benefits can be categorized as epistemic (e.g. understanding), existential (e.g. control), and social (e.g. positive self-image) (Jolley & Douglas, 2014).

The coronavirus pandemic and related containment measures have created conditions in which conspiracy beliefs are likely to flourish. These include a sense of vulnerability fueled by ongoing threats to physical health, psychological well-being, and financial security. Uncertainty about the future is widespread (Freeman et al., 2022). This has an impact on the trust of community leaders in the prevention and treatment of COVID-19. This conspiracy is not only happening in Indonesia but also in several other countries such as the UK and China. In the UK, there is significant support for conspiracy beliefs about the coronavirus. Such ideas do not appear to be limited to marginalized groups. Conspiracy beliefs are connected to other forms of mistrust and are associated with less adherence to government guidelines and greater reluctance to undergo testing and treatment in the future (Freeman et al., 2022).

Research in China showed that outpatients with anxiety or depression disorders were relatively less focused on the COVID-19 outbreak, but the impact of infection was found to be independently associated with their beliefs about COVID-19. In addition, older and less educated outpatients have more negative beliefs about the epidemic, which may put them at higher risk for poor mental health (Yining Gao et al., 2020). In Indonesia, the confusion of news related to COVID-19 from the government is a benchmark for other parties in making decisions and certainty. According to Rezki (2020), the government is still less transparent in providing data and information on COVID-19 so that elements of society, government, and authorities cannot support each other and work together well. The mistaken belief that COVID-19 is the result of a global conspiracy may be a consequence of lower levels of knowledge about the virus and may lead to higher levels of anxiety, which should be considered in disease prevention and control programs on various media platforms about the current pandemic (Sallam et al., 2020).

Suhadi et al. (2021) showed that there is a significant influence between the attitudes, beliefs and support of community leaders with the prevention of Covid-19. The village community leaders referred to in this case are community leaders in the village, both formal community leaders such as keuchik, and informal community leaders such as religious leaders (teungku imum, tuha peuet gampong, and pesantren leaders) because religious leaders are role models in all matters concerning life for the people in Indrapuri District. Given the role of religious leaders is very much needed to prevent Covid-19. Especially considering that many followers of religious leaders can be mobilized to counter asymmetric information in minority groups who do not believe in Covid-19 (Muchammadun et al., 2021). Based on the results of in-depth interviews with 8 community leaders, beliefs influence the behavior of preventing and handling COVID-19. However, these two things are also inseparable from knowledge, attitudes and sources of information. The results obtained show a unity or interaction between

beliefs and community behavior. The following is a brief overview of the conclusions from the research results.

CONCLUSION

Health beliefs of Gampong community leaders regarding COVID-19 are influenced by the sources of information obtained, beliefs about COVID-19, and their knowledge and attitudes towards the disease. The better the community leaders' understanding of the dangers and impacts of COVID-19, the higher their level of trust in prevention efforts, such as vaccination. In addition, community leaders have an active role in helping health workers disseminate information and support COVID-19 prevention and handling programs. For further research, it is recommended to explore more deeply other factors that may influence health beliefs, such as the role of social media, local culture, and the effectiveness of communication between health workers and community leaders in increasing compliance with health protocols.

REFERENCES

- Allegrante J.P., Auld M.E. & Natarajan S. (2020). Preventing COVID-19 and its sequela: "There is no magic bullet... It's just behaviors", *American journal of preventive medicine*, 59(2):288-292.
- Buana D.R. (2020). Analysis of Indonesian people's behavior in dealing with the corona virus pandemic (Covid-19) and tips for maintaining mental well-being, *Salam: Jurnal Sosial dan Budaya Syar-i*, 7(3):217-226.
- Effendi. (2013). *Role*. Yogyakarta: Lotus Books.
- Gellman M.D. (2020). *Encyclopedia of behavioral medicine*: Springer.
- Gherman A., Schnur J., Montgomery G., Sassu R., Veresiu I. & David D. (2011). How are adherent people more likely to think? A meta-analysis of health beliefs and diabetes self-care, *The Diabetes Educator*, 37(3):392-408.
- Hartini H. (2011). *Views Of Religious Figures And Community Culture On The Use Of Contraception*, EGALITA.
- Jüni P., Rothenbühler M., Bobos P., Thorpe K.E., Da Costa B.R., Fisman D.N., et al. (2020). Impact of climate and public health interventions on the COVID-19 pandemic: a prospective cohort study, *Cmaj*, 192(21):E566-E573.
- Khairani E. (2020). Psychology of Aceh's public relations communication in responding to the corona pandemic (Reporting regarding the provision of mass graves by the Aceh Covid 19 Spokesperson), *Jurnal Peurawi: Media Kajian Komunikasi Islam*, 3(1):103-119.
- Kurniawan A., Anandari D., Rubai W.L. & Machfiroh A.F.A. (2020). Effectiveness Of Community Leaders' Role Optimization Training On Knowledge About Diabetes Mellitus And Its Role In Babakan Village, Karanglewas District, Kesmas Indonesia, 12(1):9-15.
- Lestari S. & Suherti T. (2014). Differences In Perception, Attitude And Role Of Community Leaders Towards The Success Of Active Alert Villages, *Jurnal Kesehatan*, 5(2):563-570.

- Lomboan M.V., Rumayar A.A. & Mandagi C.K. (2020). Overview of public perception regarding the prevention of Covid-19 in Talikuran Utara sub-district, Kawangkoan Utara district, Kesmas, 9(4).
- Ministry of Health of the Republic of Indonesia. (2020). Guidelines for Prevention and Control of Corona Virus Disease (Covid-19), Jakarta: Kementerian Kesehatan RI.
- Nurhidayati I., Suciana F. & Zulcharim I. (2019). The relationship between health beliefs and medication compliance in patients with type 2 diabetes mellitus, *Jurnal Ilmu Keperawatan Komunitas*, 2(2):27-34.
- Nursofwa R.F., Sukur M.H. & Kurniadi B.K. (2020). Handling of Health Services During the Covid-19 Pandemic from a Health Law Perspective, *Inicio Legis*, 1(1).
- Nussbaumer-Streit B., Mayr V., Dobrescu A.I., Chapman A., Persad E., Klerings I., et al. (2020). Quarantine alone or in combination with other public health measures to control COVID-19: a rapid review, *Cochrane Database of Systematic Reviews*, 2020(9).
- Pan A., Liu L., Wang C., Guo H., Hao X., Wang Q., et al. (2020). Association of public health interventions with the epidemiology of the COVID-19 outbreak in Wuhan, China, *Jama*, 323(19):1915-1923.
- Perhimpunan Dokter Paru Indonesia. (2020). *Pneumonia Covid-19 : Diagnosis & Penatalaksanaan Di Indonesia* Perhimpunan Dokter Paru Indonesia: Jakarta.
- Petrus P., Syafar M. & Andahwaty A. (2018). The Effect Of Using Personal Hygiene Module Based On Health Beliefs On Personal Hygiene Behavior Of Elementary School Students, *Jurnal Kesehatan Masyarakat Maritim*, 1(2).
- PPPKMI. (2020). *Behavior and Health Promotion: Indonesian Journal of Health Promotion and Behavior*.
- Putri N.T. (2022). The Role Of Family, Community Leaders And Cadres In Completing Basic Immunization, *Maternal Child Health Care*, 1(1):10-17.
- Renata D.S., Masfiah S. & Gamelia E. (2015). Effectiveness Of Community Leaders Training As Peer Educators For Alert Husbands In Wives' Pregnancy Care In The Work Area Of Ajibarang I Community Health Center, *Kesmas Indonesia*, 7(3):167-178.
- Research Team from the Tsunami and Disaster Mitigation Research Center (TDMRC) Syiah Kuala University. (2020). Public knowledge about COVID-19 and compliance with the implementation of Social Distancing, 2020.
- Rosenstock I.M., Strecher V.J. & Becker M.H. (1988). Social learning theory and the health belief model, *Health education quarterly*, 15(2):175-183.
- Satgas Covid. (2023). COVID-19 Distribution Data: COVID-19 Handling Task Force. Available from: <https://covid19.go.id/id>.
- Siagian T.H. (2020). Finding high-risk groups for coronavirus infection with discourse network analysis, *Jurnal Kebijakan Kesehatan Indonesia: JKKI*, 9(2):98-106.
- Soekanto S. (2009). *Sociology: an introduction; New Edition*, Jakarta: Rajawali Pers.
- WHO. (2020). *Virus that causes it* Geneva: World Health Organization. Geneva: World Health Organization; 2020. Available from:

[https://www.who.int/emergencies/diseases/novelcoronavirus-2019/technical-guidance/naming-the-coronavirusdisease-\(covid-2019\)-and-the-virus-that-causes-it](https://www.who.int/emergencies/diseases/novelcoronavirus-2019/technical-guidance/naming-the-coronavirusdisease-(covid-2019)-and-the-virus-that-causes-it).

WHO. (2020). Coronavirus disease 2019 (COVID-19) Situation Report-1.

WHO. (2020). SARS-CoV-2 transmission: implications for infection prevention precautions (Scientific Statement 09 July 2020).

WHO. (2020). Situation report - 42 Coronavirus disease 2019 (COVID-19) Geneva: World Health Organization.. Available from: https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200302-sitrep-42-covid-19.pdf?sfvrsn=224c1add_2.