



**OVERVIEW OF THE COMPLIANCE OF HEALTH PROTOCOLS  
IMPLEMENTATION IN PREVENTING THE SPREAD OF COVID -19**

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**ABSTRACT**

One of the government policies in handling Covid-19 is to bring order to the community in maintaining health protocols. Based on a preliminary survey conducted by researchers, there are differences in the implementation of compliance in rural and urban communities. Objective: This study was to determine the compliance in implementing health protocols. This research is a quantitative research conducted at Semarang City. Total sample of 400 respondents. How to take samples with incidental sampling by distributing google forms containing questionnaires that are distributed in several groups of whatsapp groups with the help of 5 enumerators who have different characteristics (university and occupation) to avoid data bias in certain groups. The data will be analyzed descriptively by describing the frequency distribution Results: The majority of respondents at Semarang City have complied with health protocols, however the compliance is still due to enforcing regulations not because of awareness of maintaining health. The majority of respondents have complied with maintaining health protocols, but of the three health protocols the most adhered to are using masks.

**Keywords:** compliance; covid-19; health protocol

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**INTRODUCTION**

The Covid-19 that hit Indonesia affected health, social, economic, and others. The Covid-19 that emerged in Indonesia in early March 2020, which until this research was conducted (August 20, 2020) had not yet experienced a steady stream of confirmed data, namely as many as 147,211 confirmed COVID-19 sufferers(The Covid Task Force, 2020). One form of the Government's strategy in dealing with Covid-19 is by issuing policies related to handling and prevention(Finance, 2020). In order to break the chain and deal with Covid-19, the government through its task force prepares health protocols for every activity that can cause Covid-19 transmission. For the prevention of COVID-19 in public places and public facilities, the government prepares a health health protocol for the community in public places and facilities. By carrying out health protocols, it is expected to be able to cope with and prevent Covid-19, for that health protocols need to be adhered to (Health, 2020).

Ompliance with implementing health protocols is part of community behavior towards preventing COVID-19. Similar studies related to behavior towards compliance are research conducted by Istiqomah (2016), research conducted by Retno Putri (2017) and research conducted by Rizka Ayu (2017) the result is that knowledge has a significant influence on

behavior(Istiqomah & Notobroto, 2016)(Putri, Decroli, & Nasrul, 2015)(Arifianto, 2016). Based on the results of the study, knowledge plays an important role in people's behavior, knowledge from the community is influenced by information obtained from the community(Erawati, Alfiani, & Kurniasih, 2020). However, the effect of knowledge on behavior is not in line with the research conducted by the previous researcher entitled "Knowledge of Postpartum Mothers about Umbilical Cord Care in the Ambarawa Community Health Center, Semarang Regency" which resulted in good knowledge not being in line with good behavior(Puspita, Diyah; Oktaviani Cahyaningsih, 2020).

In a survey conducted by researchers in one of the traditional markets in Purwodadi sub-district, 75% of the people who came to the traditional market did not comply with health protocols in public places and facilities, including not wearing masks. This is different from the results of a survey conducted to 10 mothers in the Semarang city area, where out of 10 mothers 9 mothers have implemented health protocols in public facilities and places consistently. From the two survey sites conducted by researchers, there are differences in regional backgrounds, namely rural and urban areas. The purpose of this study was to determine the description of health protocol compliance in the city of Semarang.

## **METHODS**

This research is a quantitative research with an analytical survey approach. The data collected is quantitative data collected by researchers with a questionnaire instrument in google form. The instrument was tested for validity using the product moment formula for 10 questions, it was found that the r table was 0.619, and the r count was greater than the r table, which was 0.788 -0.925. The reliability of the question is 0.864 or greater than the r table, which is 0.6. The population in this study were all residents of Semarang City aged 20-59 years. Researchers take the age of 20-59 years because that age is a productive age, where productive is producing doing productivity, are in a lot of mobility. In sampling, the exclusion criteria were those aged between 20-59 but not in mobility/unproductive/illness which resulted in not working.

The population is 1,096,637 residents so that a sample with the slovin formula is obtained as much as 400 samples. How to take samples with incidental sampling by distributing google forms containing questionnaires that are distributed in several groups of whatsapp groups with the help of 5 enumerators who have different characteristics (university and occupation) to avoid data bias in certain groups. The data will be analyzed descriptively by describing the frequency distribution which will be presented in tabular form.

## **RESULTS**

From the data above, it can be explained that the characteristics of the majority of respondents are aged 36-45 years by 51.1% and the least is 20-25 years by 4.5%. The majority of respondents have Higher Education at 74.4% followed by SMA education at 17.1% and the lowest is SMP education at 8.5%. The majority of respondents' occupations in other sectors are 34% followed by education at 31.1% and the lowest is an industry at 4.3%. The majority of respondents are in good health by 91.5%, while those who are suffering from disease by 8.5%.

Table 1.  
 Distribution of Age, Education, Occupation, and Health conditions

Variable	f	%
<b>Age</b>		
20-25 years	18	4.5 %
26 - 35 years	76	19.1 %
36 - 45 years	204	51.1 %
46 - 55 years	51	12.8 %
56 - 59 years	51	12.8 %
<b>Education</b>		
< SMP (Junior High School)	34	8.5 %
SMA (Senior High School)	68	17.1 %
Universities	298	74.4%
<b>Area of Work</b>		
Public Services (security, banking)	60	14.9%
Industry	17	4.3 %
Entrepreneur (trade, etc.)	25	6.4 %
Education	128	31.9 %
Health	34	8.5 %
Others (including Housewives)	136	34 %
<b>Health Condition</b>		
Suffering from a disease	44	8.5 %
Healthy	366	91.5 %

Table. 2  
 Distribution of compliance with health protocol implementation

Health Protocol Adherence	f	%
<b>Wearing a Mask</b>		
Always	306	76.6%
Frequent	34	8.5%
Sometimes	52	12.8%
Never	8	2.1 %
<b>Washing Hands</b>		
Always	230	57.4 %
Frequent	68	17 %
Sometimes	94	23.4 %
Never	8	2.2 %
<b>Keeping a Distance</b>		
Always	284	71.1 %
Frequent	44	10.9%
Sometimes	55	13.7%
Never	17	4.3 %

Based on the table above, the majority of respondents always comply with health protocols in wearing masks, washing hands in public facilities and maintaining distance, namely 76.6%, 57.4% and 71.1%. However, there are still respondents who do not do anything at all, namely not using masks by 2.1%, not washing hands by 2.2% and not keeping a distance of 4.3%.

Table 3.  
Distribution of reasons for complying with health protocols

Health Protocol	Reason			
	Regulations		Health	
	f	%	Total	Percentage
Wearing a Mask	56	14.9	340	85.1
Washing Hands in Public Facilities	56	14.9	340	85.1
Keeping a Distance in Public Facilities	68	17	332	83

Table 3. above shows that the majority of respondents comply with health protocols because they want to protect their health from Covid-19 by 85.1% but there are still those who comply due to regulations by 14.9% on adherence with wearing masks and washing hands and 17% on adherence of keeping a distance.

## DISCUSSION

### Respondent Characteristics

According to Green Theory (1980), WHO (1984), and Caplan's Theory (1976), Age is a predisposing factor that influences the formation of behavior, the older the person is, the more mature to think (Notoadmojo, 2012). This research is in line with the prior research conducted by Ina Permata Dewi entitled "Analysis of Adherence Level of Using Personal Protective Equipment for Dentist Profession Students at Unsoed Dental and Oral Hospital" concluding that there is a significant relationship between the age of dentist profession students and adherence with the use of personal protective equipment (Dewi, Adawiyah, & Rujito, 2019). In the results of this study, the majority of respondents were aged 36-49 years according to WHO and the Ministry of Health where the age was in late adulthood (Muamala, 2020). In line with the research conducted by Juanda Safitrasei entitled "Factors Influencing Adherence for Pregnant Women Consuming Iron Supplements" where education had a positive influence on adherence (S. F. E. Juanda, 2020). According to Notoatmodjo, education is an exogenous factor that influences behavior (Notoadmojo, 2012). In this study, the majority of respondents were highly educated where the higher a person's education the easier it was to receive information with education as a process of getting guidance to achieve happiness, safety, and peace.

The area of work and health status in this study are not among the factors that influence the use of masks and washing hands in public facilities, but both are factors that influence keeping a distance in preventing Covid-19 in public facilities. The area of work and health status in this study are not among the factors that influence the use of masks and washing hands in public facilities, but both are factors that influence keeping a distance in preventing Covid-19 in public facilities. According to the researcher, the distribution of respondents by the area of work does not exceed 50%. There are two areas of work that are in the highest rank include education and others. The researcher categorizes other things that are meant to be (housewives or other jobs outside the category). The area of work is inseparable from the knowledge and skills that are applied every day. Covid-19 has been widely discussed by the public both directly and on social media. This means that people who work outside the health sector also understand Covid-19.

### Compliance with the Implementation of Health Protocols

From the results of the study, the percentage of not keeping a distance is more than the percentage of not wearing a mask and washing hands. This means that there are some people

who always or often or sometimes use masks and wash their hands, but there are those who do not keep their distance at all in public facilities. 2.1% of those who never used masks, 2.2% of those who never washed their hands in public facilities and 4.3% of those who never kept their distance.

In a study conducted by Titi Asni Sulastri (2012), there was a non-significant relationship between the environment and sexual behavior of the Taruna Tunas Bangsal High School students (“factors related to knowledge about HIV/AIDS in students at SMA Kharismawita Tanjung Barat, Jakarta Selatan, 2016,” 2014). The results of this study do not necessarily apply to this study because the use of masks, keeping a visible distance in the environment is an environment that can judge. Compliance with the use of masks is more followed because masks are clearly worn or not, as well as keeping a distance will be seen when interacting with other people, while washing hands is not always visible to others because washing hands should be done every time when you feel your hands after touching objects other. The regulations will provide sanctions when any evidence is found. Masks that are clearly worn or not, keeping a distance in public places are also clearly visible in public places, while hand washing is not visible (E. Juanda, 2016). The use of masks, keeping a distance are health protocols in an effort not to infect others and not to be infected from other people, while washing hands is a health protocol that is only to prevent contracting, meaning that people who do not wash their hands are not aware of their health.

### **Reasons for Complying with Health Protocols**

On the other hand, based on research results related to the distribution of reasons for implementing health protocols, the majority of respondents comply for reasons to avoid Covid-19, but there are still 14% to 17% comply with health protocols only because there are regulations. This means that awareness to avoid Covid-19 is higher than because of policy factors, it can be interpreted that respondents are aware of the causes of Covid-19 transmission. The results of research by Rahmafika CA (2021), that the factors that influence adherence to health protocols are perceptions of the benefits of implementing health protocols. The more understanding the benefits of health protocols will increase in complying with health protocols (Afro, 2021). The form of community loyalty to the legal values that apply in the country, is realized by compliance and awareness of the applicable law. Compliance is influenced by the knowledge and quality of the person (Winahyu, 2013).

### **CONCLUSIONS**

The majority of respondents have complied with maintaining health protocols, but of the three health protocols the most adhered to are using masks, namely 76.6%, only keeping a distance of 71.1% and washing hands by 57.4%. However, there are still 15% of respondents who comply because of regulations not for reasons to maintain health, so there is a need to increase knowledge for awareness of the benefits of complying with health protocols.

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