

Correlation of Knowledge and Compliance of Implementing 5m Health Protocols in the Post-Covid-19 Pandemic Period

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ABSTRACT

: In 2019, Coronavirus-19 (COVID-19) disease spread very rapidly and caused high mortality rate. It makes the government set the large-scale social restrictions (PSBB) and run the 5M health protocol aimed at preventing and reducing transmission of the COVID-19 virus. In order to prevent transmission, people are suggested to keep their distance, wash their hands, wear masks, reduce mobility, and stay away from crowds. Objective: this study aims to determine the relationship between COVID-19 knowledge level and compliance with health protocols. Methods: This study uses analytical research design through the distribution of questionnaires to respondents. Results : research of 76 respondents showed good knowledge, such as 67 respondents (88,2%), good attitude as much as 65 respondents (85,5%), good behavior 73 respondents (96,1%) with the average age of respondents of 20 (65,8%). Thus, obtained the relationship between knowledge and attitude (P value 0,01 ; RR 1,64); the relationship between knowledge and behavior (P value 0,47;RR 1,57); there is no relationship between attitude and behavior (P value 0,221 ; RR 1,39). Conclusion : There is a relationship between knowledge and attitude, knowledge and behavior, but there is no relationship between attitude and behavior. It is recommended that STIKES Serulingmas students could further increase awareness and knowledge related to COVID-19. Besides, it can be implemented in behavioral attitudes of compliance with implementing 5M health protocols in daily life.

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INTRODUCTION

Coronavirus (CoV) is a virus family that is the etiology of diseases from the common cold to more severe diseases, such as Middle East Respiratory Syndrome (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS-CoV).(1,2) A novel coronavirus (nCoV) is a kind of new virus that has never been identified in humans. Coronavirus are zoonotic, means that it is transmitted through animal and human intermediaries (3). In December 2019, COVID-19 was first discovered in the Wuhan city, China.(4) WHO established its case as a global pandemic on Wednesday, March 11,

2020. The reason that it has spread to about 118,000 cases that have been infected in around 114 countries, one of which is in Indonesia. Indonesian President, named Jokowi, stated the first case of COVID in Indonesia on Monday, March 2, 2020, which was transmitted from human to human.(5,6)

Globally, the number of populations that have been confirmed positive for COVID-19 is increasing(2,4,7). In 2021, it was known that 181.761.814 people scattered around the world have been exposed to COVID-19.(1,8) Meanwhile, the prevalence data in Indonesia shows that the number of people confirmed positive for COVID-19 in 2021 was 2,156,465 people. It has spread to 36 provinces in Indonesia, and the highest cases are currently in DKI Jakarta, followed by West Java, Central Java, and East Java.(9) As a result, the government issued several regulations, such as large-scale social restrictions (PSBB) and 5M regulations, namely, washing hands, maintaining distance, staying away from crowds, reducing(10)mobility and wearing masks (4,8,11,12). The purpose of this regulation is to prevent virus transmission and to reduce the incidence of COVID-19.(13)

In a study conducted by Ika Purnamasari, et al in Wonosobo, it was shown that the prevalence of knowledge of the Wonosobo Regency people regarding COVID-19 was in the good category with a percentage of 90%. For the behavior of the people of Wonosobo Regency related to COVID-19, such as implementing the 5M health protocol, 95,8% showed good behavior and only 4,2% of the people showed quite well behavior. This is because there is a meaningful relationship between public knowledge and behavior about the COVID-19 pandemic.(14)

Although it has been determined by the government regarding the 5M health protocol for the people/society, according to several research journals, there were still many people who did not carry out the 5M health protocol. Thus, transmission of the COVID-19 virus transmission still occurred (15-17).

RESEARCH METHOD

This study is observational analytical research using cross-sectional design which aims to determine the correlation between the level of knowledge, attitudes, and behavior. This study was conducted on STIKES Serulingmas students (18,19). This research was conducted in June-July 2022 with the research subjects were STIKES Serulingmas students who met the inclusion criteria, such as those who were willing to fill out questionnaires. Data retrieval was carried out by sending a questionnaire in the g-form. The number of samples in this study was 76 samples obtained through the non-random sampling technique. The collected data is processed using the SPSS program and presented in the form of tables (20).

RESEARCH RESULTS

Based on Table 1. it is known that the number of respondents was 76 respondents with 4 respondents (5,3%) in the age group of 19 years, 50 respondents (65,8 %) aged 20 years, 15 respondents (19,7%) in the age group of 21 years, 3 respondents, (3,9%) of aged 22 years and 4 respondents (5,3%) aged 23 years. Known by gender, the most female respondents were as many as 47 respondents (61,8%), and male with a percentage of 29 respondents (38,2%).

Table 1 Distribution of Respondents by Age and Gender

| Characteristics of Respondents | Amount (n) | Percentage (%) |
|--------------------------------|------------|----------------|
| Age | | |
| 19 year old | 4 | 5,3 |
| 20 years old | 50 | 65,8 |
| 21 years old | 15 | 19,7 |
| 22 years old | 3 | 3,9 |
| 23 years old | 4 | 5,3 |
| Gender | | |

| | | |
|--------|----|------|
| Male | 29 | 38,2 |
| Female | 47 | 61,8 |

Table 2. Frequency Distribution of Respondents based on Knowledge, Attitudes, and Behavior

| Variable | Amount (n) | Percentage (%) |
|------------------|------------|----------------|
| Knowledge | | |
| Good | 71 | 93,4 |
| Good Enough | 5 | 6,6 |
| Attitude | | |
| Good | 73 | 96,1 |
| Less Good | 3 | 3,9 |
| Behavior | | |
| Good | 70 | 92,1 |
| Good Enough | 6 | 7,9 |

Based on Table 2. above it was obtained that of the 71 respondents, the majority were in good knowledge about COVID-19 and a minority of 5 respondents (6,6 %), were in good enough knowledge. In the attitude category, as many as 73 respondents (96,1%) have a good attitude and 3 respondents (3,9%) have a less good attitude. In behavior, it was known that most of them have good behavior, as many as 70 respondents (92,1%) and 6 respondents (7,9%) have bad behavior towards the 5M protocol.

Table 3. Attitude to the Prevention of COVID-19

| Knowledge | COVID-19 Prevention Attitudes | | P Value | RR |
|-------------|-------------------------------|--------------------|---------|------|
| | Good n (%) | Less Good n (%) | | |
| Good | 70 (98,6) | 1 (1,4) | ,010 | 1,64 |
| Good Enough | 3 (60,0) | 2 (40,0) | | |

The study results of the relationship of knowledge and behavior showed that there is a significant relationship between the level of knowledge with the behavior of implementing 5M health protocol with a P value of 0,047 (<0,05) , and had a risk of having behavior of 1,57 times (RR value) better than individuals who had a sufficient level of knowledge. This is evidenced by the research result from Table 4 and the number of respondents as many as 76 people. It showed that there is a relationship between the level of knowledge of COVID-19 and the behavior of implementing the 5M protocol, with the majority of respondents with a good level of knowledge showing good behavior with a total of 67 people (94,4%).

Table 4. COVID-19 Prevention Behavior

| Knowledge | COVID-19 Prevention Behavior | | P Value | RR |
|-------------|------------------------------|--------------------|---------|------|
| | Good n (%) | Less Good n (%) | | |
| Good | 67 (94,4) | 4 (5,6) | ,047 | 1,57 |
| Good Enough | 3 (60,0) | 2 (40,0) | | |

The results of the relationship between attitude and behavior showed that there is no significant relationship between attitude and behavior of implementing the 5M protocol with a p-value of 0,221 (>0,05), but have a risk to have good behavior as many as 1,39 times (RR value) better than individuals who have a good sufficient attitude. This is shown in Table 4

Table 5. COVID-19 Prevention Behavior

| COVID-19 Prevention Behavior | | | | |
|------------------------------|---------------|--------------------|---------|------|
| Attitude | Good n (%) | Less Good n (%) | P Value | RR |
| Good | 68 (93,2) | 5 (6,8) | ,221 | 1,39 |
| Less Good | 2 (66,7) | 1 (33,3) | | |

Discussion

a. Correlation of Knowledge and Obedience with the 5M Protocol

The results of the study consisted of 76 respondents. It was found that 71 people (93,4%) had good knowledge, 73 people (96.1%) had a good attitude, and 70 people (92,1%) had good behavior in implementing the 5M health protocol. The results of this study are supported by research conducted by Desmon (2021) regarding the relationship between knowledge level with COVID-19 prevention behavior. The study showed that good knowledge resulted in good behavior by 79 people (94%), followed by those with sufficient knowledge with sufficient preventive behavior of 3 (3,6%). The relationship between the knowledge level of COVID-19 with the attitude of implementing 5M protocol with a p-value of 0,01 and RR of 1,64 means that individuals who have good knowledge have a 1,64 times risk of having a good attitude compared to individuals who have a poor level of knowledge. The relationship between the knowledge level of COVID-19 with the behavior of implementing 5M protocol with a p-value of 0,047 and RR of 1,57 means that individuals who have good knowledge have a 1,57 times risk of having good behavior compared to individuals who have a poor level of knowledge. There was no relationship between attitude and behavior in implementing 5M health protocols with a p value of 0,221. However, with an RR of 1,39, means that individuals who have good attitudes will show more risk of good behavior by 1,39 times compared to individuals who have good attitudes.

CONCLUSION

There is a relationship between knowledge and obedience in implementing the 5M health protocol in the post-pandemic COVID-19 period.

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It is recommended that STIKES Serulingmas students could further increase awareness and knowledge related to COVID-19. Besides, it can be implemented in behavioral attitudes of compliance with implementing 5M health protocols in daily life.

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