

## THE CORRELATION OF KNOWLEDGE LEVEL TO COMPLIANCE WITH IMPLEMENTING THE 6M COVID-19 HEALTH PROTOCOL

Yahdhiani Nurindahsari<sup>1</sup>, Khoidar Amirus<sup>2\*</sup>, Dalfian<sup>3</sup>

<sup>1</sup>Study Program of Doctor Education Faculty of Medicine Malahayati University

<sup>2</sup>Study Program of Public Health Malahayati University

<sup>3</sup>Department of Pharmacology Faculty of Medicine Malahayati University

\*Email correspondence : amiruskhoidar@gmail.com

### ABSTRAK : KORELASI TINGKAT PENGETAHUAN TERHADAP KEPATUHAN PENERAPAN PROTOKOL KESEHATAN 6M COVID-19

Latar Belakang: *Coronavirus disease 2019 (COVID-19)* merupakan penyakit pada manusia dan hewan. Pada manusia biasanya dapat menyebabkan penyakit infeksi saluran pernapasan, mulai dari flu biasa hingga penyakit yang serius. Pencegahannya dapat dilakukan dengan menerapkan protokol kesehatan 6M COVID-19. Namun berdasarkan hasil presurvei didapatkan 7 (70%) dari 10 (100%) orang tidak patuh dalam melaksanakan protokol kesehatan 6M COVID-19.

Tujuan: Untuk mengetahui Hubungan Tingkat Pengetahuan Terhadap Kepatuhan Melaksanakan Protokol Kesehatan 6M COVID-19 Pada Masyarakat Wilayah Kerja Puskesmas Rajabasa Indah Bandar Lampung Tahun 2021.

Metode: Penelitian kuantitatif menggunakan rancangan penelitian analitik observasional dengan pendekatan *cross sectional*. Pengambilan sampel menggunakan teknik *accidental sampling* dengan sampel sebanyak 214 sampel/responden dengan kuesioner selanjutnya data dianalisis menggunakan uji *Chi-Square*.

Hasil: Berdasarkan hasil penelitian ini, dari 214 responden didapatkan 115 responden memiliki tingkat pengetahuan baik dan dari jumlah tersebut terdapat 69 (60%) responden patuh dalam melaksanakan protokol kesehatan 6M COVID-19.

Kesimpulan: Terdapat hubungan yang signifikan antara tingkat pengetahuan terhadap kepatuhan melaksanakan protokol kesehatan 6M COVID-19 pada masyarakat wilayah kerja Puskesmas Rajabasa Indah Bandar Lampung 2021 ( $p=0,047$ ).

Saran: Disarankan masyarakat menambah pengetahuan tentang perbedaan COVID-19 dengan flu biasa, penggunaan masker yang benar, serta mengetahui kelompok-kelompok usia yang rentan terinfeksi.

Kata Kunci: Tingkat pengetahuan, kepatuhan, protokol kesehatan 6M COVID-19

### ABSTRACT

Background: *Coronavirus disease 2019 (COVID-19)* is a disease in humans and animals. In humans, it can usually cause respiratory tract infections, ranging from the common cold to serious illnesses. Prevention can be done by implementing the 6M COVID-19 health protocol. However, based on the survey results, 7 (70%) of 10 (100%) people disobedience in implementing the 6M COVID-19 health protocol.

Purpose: To determine the correlation between knowledge level and compliance with implementing the 6M COVID-19 Health Protocol in the community of the working area in Rajabasa Indah Public Health Center Bandar Lampung 2021.

Method: Quantitative research using an observational analytical research design with a cross sectional approach. Sampling using accidental sampling technique with a sample of 214 samples / respondents with a questionnaire then the data was analyzed using the Chi-Square test.

Results: Based on the results of this study, from 214 respondents, 115 respondents found that they had a good level of knowledge and of that number there were 69 (60%) respondents who obeyed the 6M COVID-19 health protocol.

Conclusion: There is a significant correlation between the level of knowledge towards compliance with implementing the 6M COVID-19 health protocol in the community of the working area in Rajabasa Indah Public Health Center Bandar Lampung 2021 ( $p=0.047$ ).

Advice: It is recommended that the public increase knowledge about the difference between COVID-19 and the common cold, how to use the correct mask, and know the age groups that are susceptible to infection.

Keywords: Knowledge level, compliance, health protocol 6M COVID-19

## INTRODUCTION

Novel Coronavirus 2019 (2019-nCoV) is the same large family of coronaviruses that caused SARS in 2003, differing only in the type of virus. The name Novel Coronavirus 2019 was changed to Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) by the International Committee on Coronavirus Study Group (CSG). The World Health Organization (WHO) later named the disease Coronavirus disease 2019 (COVID-19) (Güner et al., 2020).

Coronavirus disease 2019 (COVID-19) is a collection of cases of viral pneumonia that began in wuhan, China in December 2019. Since the outbreak of the corona virus, the spread of the corona virus has occurred worldwide, so on March 11, 2020 the World Health Organization (WHO) stated that COVID-19 was included as a pandemic with a total of 114 countries, including one of them is Indonesia, which was exposed to the virus. This disease has symptoms of respiratory disorders such as high fever and shortness of breath. Complications such as respiratory failure, acute heart failure, and secondary infections due to other germs can occur when the condition is not addressed immediately or when the disease decreases very quickly resulting in loss of life (WHO, 2021).

According to data from WHO to date there have been 112,902,746 positive cases and 2,508,679 deaths from COVID-19 globally from various countries. Including in Indonesia, COVID-19 cases in Indonesia were first discovered in early March to april 2020, this case has been confirmed to be at 4,839 people with a mortality ratio or case Fatality Rate (CFR) of 9.13%. Nationally, there are five regions that have the highest cases, namely DKI province, West Java province, Bandar Lampung Province, East Java Province, and Central Java province. COVID-19 cases in lampung province were 12,317 cases and 636 deaths. The city of Bandar lampung is one of the most confirmed COVID-19 cases, which until now counted 4,625 cases and 303 deaths (Covid19.lampungprov.go.id, 2021).

The Ministry of health of the Republic of Indonesia as part of the task force for the acceleration of handling COVID-19 issued Ministerial Decree No. HK.01.07/MENKES/382 / 2020 on health protocols for people in public places and facilities in the framework of prevention and control of corona virus disease 2019 (COVID-19). The principle of preventing the transmission of COVID-19 to individuals is carried out by avoiding the entry of the virus through the three entrances with several measures, namely by 6M (using masks, washing

hands, maintaining distance, staying away from crowds, as well as limiting mobilization and interaction, and carrying out vaccinations) (Kemenkes RI, 2020a). But in fact, there are still many people who do not apply health protocols, such as not using masks, not keeping their distance, and not keeping their hands clean, where the percentage of compliance to wear masks is 58.32%, while to keep the distance the percentage is 43.46% (Covid19.go.id, 2020).

Community compliance with health protocols is critical to controlling the pandemic. Compliance is an attitude that will appear in a person that is a reaction to something that is in the rules that must be implemented. The attitude arises when the individual is faced with a stimulus that requires an individual reaction (Azwar, 2016). Attitudes affect behavior through a thorough and reasoned decision-making process. Behavior itself has an understanding as an individual response to a stimulus or an action that can be observed and has a specific frequency, duration, and purpose whether realized or not (Wawan & Dewi, 2018). Many factors influence the formation of a person's compliance, where Kozier (2010) states that compliance is influenced by several factors such as motivation, the level of change in style needed, perception of the severity of health problems, knowledge, the impact of marriage, culture, and the level of satisfaction and quality of Health Services received.

According to Sunaryo 2004 factors that can influence behavior are: genetic factors (age, sex, physical properties, intelligence, and innate talent) and exogenous factors/ factors from outside the individual (environment, education, work, socioeconomic, and cultural), and other factors (knowledge and attitude) (Sunaryo, 2004).

Based on the results of a questionnaire survey conducted at the Rajabasa Indah Health Center on November 8, 2021, 7 out of 10 people did not comply in applying the 6M COVID-19 health protocol or about 70% did not comply in applying the 6M COVID-19 health protocol.

## RESEARCH METHODS

The type of research used is quantitative research using observational analytic research design with cross sectional approach. This research was conducted on January 29-February 03, 2022 at the Rajabasa Indah Bandar Lampung Health Center. The determination of the population in this study was based on the average number of monthly patient visits in the last year at the Rajabasa Indah Health Center in 2021 and obtained an average population of 1,018 people.

The sample in this study is the people who come to get services at the Puskesmas Rajabasa Indah Bandar Lampung that meet the criteria of the sample set, with an estimated minimum sample number using the formula of Isaac and Michael as much as 214. This research has passed the ethical feasibility of the Komisi Etik Penelitian Kesehatan (KEPK) Malahayati University with no. 2305 EC / KEP-UNMAL/I / 2022.

Sampling was done by accidental sampling technique, sampling by interviewing every community who came to get services at the Rajabasa Indah Bandar Lampung health center respondents who met the inclusion criteria. The instrument used

is a questionnaire. Data analysis in this study using Chi-square test.

## RESEARCH RESULT

This research was conducted at the Rajabasa Indah Bandar Lampung Health Center on January 29-February 03, 2022. The data obtained are primary data where researchers get data by interviewing every community who come to get services at the Rajabasa Indah Bandar Lampung Health Center. After the collection and processing of data and data analysis respondents, obtained the following research results:

**Table 1**  
**Characteristics of Respondents**

Characteristics of Respondents	Frequency (n)	Presentation (%)
Gender		
Male	103	48,1%
Female	111	51,9%
Age		
Teenagers (17-25 Years)	54	25,2%
Adult (26-45 Years)	92	43%
Elderly (46-65 Years)	51	23,8%
Seniors (>65 Years)	17	7,9%
Education Level		
Higher Education	112	52,3%
Secondary Education	71	33,2%
Low Education	31	14,5%
Jobs		
Not Working	94	43,9%
Working	120	56,1%

Based on Table 1 Above of 214 respondents, based on gender, most of them are women as much as 111 (51.9), based on age, most of them are adults (26-45 years) as much as 92 (43%), based on

education level, most of them are higher education as much as 112 (52.3%), and based on work, most of them are working as much as 120 (56.1%).

**Table 2**  
**Frequency distribution of knowledge level in community working area of Puskesmas Rajabasa Indah Bandar Lampung**

Level of Knowledge	Frequency (n)	Presentation (%)
Good	115	53,7%
Bad	99	46,3%

Based on Table 2 above it is known that of the 214 respondents there are most who have a good level of knowledge that is as much as 115 (53.7%)

respondents, while respondents who have a bad level of knowledge that is as much as 99 (46.3%) respondents.

**Table 3**  
**Frequency distribution compliance implementing the 6M COVID-19 health protocol in the community of the working area Puskesmas Rajabasa Indah Bandar Lampung**

Compliance Implementing the 6M COVID-19 Health Protocol	Frequency(n)	Presentation(%)
Obedient	114	53,3%
Disobedient	100	46,7%

Based on Table 3 above, it is known that of the 214 respondents, there are most of them who comply in implementing the 6M COVID-19 health protocol, namely 114 (53.3%) respondents, while

those who do not comply in implementing the 6M COVID-19 health protocol are 100 (46.7%) respondents.

**Table 4**  
**The results of the analysis of the relationship of knowledge level to compliance implementing 6M health protocol in the community working area of Puskesmas Rajabasa Indah Bandar Lampung**

Level of Knowledge	Compliance Implementing the 6M COVID-19 Health Protocol						OR (CI 95%)	<i>P value</i>
	Obedient		Disobedient		Total			
	N	%	N	%	N	%		
Good ad	69	60,0%	46	40,0%	115	100%	1,800	0,047
	45	45,5%	54	54,5%	99	100%		

Based on Table 4 above, it is known that of the 115 respondents who have a good level of knowledge, there are 69 (60.0%) respondents are compliant in implementing the 6M COVID-19 health protocol and as many as 46 (40.0%) respondents are not compliant in implementing the 6M COVID-19 health protocol. While of the 99 respondents who had a level of poor knowledge, there were 45 (45.5%) respondents were obedient in implementing the 6M COVID-19 health protocol and 54 (54.5%) respondents were not compliant in implementing the 6M COVID-19 health protocol.

The results of the statistical test with Chi-Square obtained p value = 0.047 ( $<0.05$ ), which means there is a significant relationship between the level of knowledge to compliance with implementing the 6M COVID-19 health protocol in the community of the Rajabasa Indah Bandar Lampung Health Center working area. Also known as the Odds Ratio (or) (CI 95%) = 1,800 (1,045-3,100) which means that the group of respondents who have a good level of knowledge is 1,800 times more likely to comply with the 6M COVID-19 health protocol than the group with a bad level of knowledge.

## DISCUSSION

Based on the results of The Chi-square statistical test in Table 4, the value of p value = 0.047 ( $p < 0.05$ ) means that the null hypothesis ( $H_0$ ) is rejected and the alternative hypothesis ( $H_a$ ) is

accepted, which means that there is a significant relationship between the level of knowledge towards compliance with implementing the 6M COVID-19 health protocol. This is supported by the data obtained, namely from 214 respondents, there are 114 respondents who are compliant in implementing the 6M COVID-19 health protocol while 100 (46.7%) respondents are not compliant in implementing the 6M COVID-19 health protocol.

The Data is further clarified from the results of the chi-square test, namely from Table 4, it is found that the most respondents who comply in implementing the 6M COVID-19 health protocol are from the good knowledge level group of 69 (60.0%) respondents compared to those who do not comply, namely 46 (40.0%) respondents. While fewer respondents who comply in implementing the 6M COVID-19 health protocol are from the group of poor knowledge levels of 45 (45.5%) respondents compared to those who do not comply, namely 54 (54.5%) respondents. This Data means that respondents who have a good level of knowledge tend to be more compliant with implementing the 6M COVID-19 health protocol compared to respondents who have a bad level of knowledge.

Notoatmojo (2010) mentions that knowledge is a very important domain for the formation of action, if the behavior is not based on knowledge then the behavior will not last long. Measurement can be measured by an interview asking about the material

you want to measure. The above opinion is supported by Green's theory quoted by Notoatmodjo which says that knowledge is part of a predisposing factor that is decisive in shaping a person's behavior. A person's knowledge is derived from education or experience derived from various sources, such as books, people (friends, relatives, officers) and from various media that can form certain beliefs so that a person will behave in accordance with these beliefs. Therefore, the higher the level of knowledge, the better the level of compliance (Azwar, 2016).

It was also found that respondents who have a good level of knowledge are also non-compliant, while respondents who have a bad level of knowledge are also many who comply with the 6M COVID-19 health protocol. This can be caused by several other factors that can affect a person's compliance such as gender and education. Can be seen in Table 1 found that the majority of respondents have a higher education level of 112 (53.2%) respondents. Koenjoroningrat said that the higher the level of Education a person will be more easily receive information so that the more experience and knowledge possessed. Based on gender, the majority of respondents had a female gender of 111 (51.9%) respondents. Kurniasari (2013) mentions psychologically women tend to be more able to obey the rules and behave in accordance with the norms that exist in society because women have a passive nature, soft, not aggressive, wise, and easy to give in.

The results of this study are in line with research conducted by Afianti and Rahmiati (2021) which states that the level of knowledge has a real influence in compliance with implementing health protocols ( $p < 0.015$ ). In a study conducted by Sari, et al (2020), it was found that there is a relationship between public knowledge and compliance in using masks as a prevention of covid-19 transmission. The behavior of implementing health protocols today should be based on the awareness of the community itself, because many people who actually know various knowledge related to health protocols or the COVID-19 pandemic but cannot implement them properly in their daily lives.

Furthermore, this study is not in line with research conducted by Anggreni and Safitri (2020) on the relationship of adolescent knowledge about COVID-19 with compliance in implementing health protocols in the new normal period, the results of which show that there is no meaningful relationship between the level of adolescent knowledge about COVID-19 and compliance in implementing health protocols in the new normal period. The level of compliance is also influenced by many factors.

Among them are knowledge, motivation and support from the family. Given that adolescents experience rapid physical, mental and cognitive development, family support is needed for readiness at this age. Parents and close people need to set an example in complying with government regulations, and encourage adolescents to follow existing regulations. Although teenagers already have high knowledge about COVID-19, but if the motivation and support of family and close friends is still lacking, it ultimately makes teenagers not comply with health protocols in everyday life at this time.

## CONCLUSION

1. It is known that the frequency distribution of knowledge levels in the community working area of the Rajabasa Indah Bandar Lampung health center from 214 respondents who had the most good knowledge level of 115 (53.7%) respondents, while those who had the most bad knowledge level of 99 (46.3%) respondents.
2. It is known that the frequency distribution of compliance in implementing the 6M COVID-19 health protocol in the community of the Rajabasa Indah Bandar Lampung Health Center working area from 214 respondents who had compliance in implementing the 6M COVID-19 health protocol, the most compliant people were 114 (53.3%) respondents, while the most non-compliant people were 116 (54.2%) respondents.
3. It is known that there is a significant relationship between the level of knowledge towards compliance with implementing the 6M COVID-19 health protocol in the community of the Rajabasa Indah Bandar Lampung Health Center working area with the result of  $p \text{ value} = 0.047$  ( $p < 0.05$ ). It is known that the group of respondents who have a good level of knowledge is more obedient than the group of bad knowledge, where respondents who have a good level of knowledge have a 1,800 times greater chance to obey than the level of bad knowledge OR (CI 95%) = 1,800 (1,045-3,100).

## SUGGESTION

1. The public is expected to continue to improve and add information about the differences between COVID-19 and the common cold both from symptoms, transmission and Prevention. The public is also expected to know the age groups that are vulnerable to exposure to COVID-19 but remain vigilant for all age groups because they still have the possibility to be exposed to COVID-19. Public knowledge about the use of masks must also be improved, where in a pandemic

situation like this all people who have activities outside the home let alone meet other people or even meet people who are infected with COVID-19. In addition to using a mask, the recommendation to keep your distance and wash your hands 6 steps must still be adhered to.

2. For Puskesmas to continue to conduct counseling and education for the community in the working area of Puskesmas Rajabasa Indah using easy to understand, especially about how important it is to limit traveling out of the area, maintain distance, especially for the elderly, and not often bring children to crowded places.
3. For further researchers who want to conduct research on the same topic is expected to develop this topic even deeper. By looking for sources and information that has not been obtained in this study.

## REFERENCES

- Afrianti, N., & Rahmiati, C. (2021). Faktor-Faktor Yang Mempengaruhi Kepatuhan Masyarakat Terhadap Protokol Kesehatan Covid-19. *Jurnal Ilmiah STIKES Kendal*, 11(1), 113–124.
- Covid19.lampungprov.go.id. (2021). *Data COVID-19 di Provinsi Lampung*. <https://covid19.lampungprov.go.id/>
- Güner, R., Hasanoğlu, İ., & Aktaş, F. (2020). Covid-19: Prevention and control measures in community. *Turkish Journal of Medical Sciences*, 50(SI-1), 571–577. <https://doi.org/10.3906/sag-2004-146>
- Azwar, S. (2016). *Sikap Manusia Teori dan Pengukurannya* (II). Pustaka Pelajar
- Anggreni, D., & Safitri, C. A. (2020). Hubungan Pengetahuan Remaja tentang COVID-19 dengan Kepatuhan dalam Menerapkan Protokol Kesehatan di Masa New Normal. *Hospital Majapahit*, 12(2), 134–142.
- Kemenkes RI. (2020a). *Keputusan Menteri Kesehatan Republik Indonesia No. HK.01.07/Menkes/382/2020*. 2020. *Protokol Kesehatan Bagi Masyarakat di Tempat dan Fasilitas Umum Dalam Rangka Pencegahan dan Pengendalian COVID-19*.
- Kozier. (2010). *Buku Ajar Fundamental Keperawatan*. EGC.
- Kurniasari, N. D. (2013). *Perbedaan Sikap Disiplin Berlalu Lintas Ditinjau Dari Jenis Kelamin. Doctoral Dissertation, Universitas Muhammadiyah Surakarta*.
- Notoatmojo, S. (2010). *Ilmu Perilaku Kesehatan*. Rineka Cipta.
- Nursalam, Pariani, Siti. 2001. *Pendekatan Praktis Metodologi Riset Keperawatan*. Jakarta: CV Sagung Seto
- Sari, D. P., Sholihah, & Atiqoh, N. (2020). Hubungan antara pengetahuan masyarakat dengan kepatuhan penggunaan masker sebagai upaya pencegahan penyakit Covid-19 di Ngronggah. *Infokes: Jurnal Ilmiah Rekam Medis Dan Informatika Kesehatan*, 10(1), 52–55.
- Sunaryo. (2004). *Psikologi untuk Keperawatan*. EGC.
- Wawan, A., & Dewi. (2018). *Teori & Pengukuran Pengetahuan, Sikap dan Perilaku*. Nuha Medika.
- WHO. (2021). *WHO Coronavirus Disease (COVID-19) Dashboard*. [https://covid19.who.int/?gclid=EALalQobChMI9YmJtOOM7wIVjg4rCh3AUvEAAYASA AEgK7vvD\\_BwE](https://covid19.who.int/?gclid=EALalQobChMI9YmJtOOM7wIVjg4rCh3AUvEAAYASA AEgK7vvD_BwE)