JKM (Jurnal Kebidanan Malahayati),Vol 9, No. 4. October 2023,
ISSN (Print) 2476-8944 ISSN (Online) 2579-762X, Hal 541-547

CORRELATION BETWEEN AGE AND EDUCATION LEVEL OF COMPLIANCE TO IMPLEMENTING THE HEALTH PROTOCOL 6M COVID-19

Eko M. Atiq Alharomain[1], Khoidar Amirus[2]*, Dalfian[3]

[1]Study Program of Doctor Education Faculty of Medicine Malahayati University
[2]Study Program of Public Health Malahayati University
[3]Department of Pharmacology Faculty of Medicine Malahayati University
*Email correspondence : amiruskhoidar@gmail.com

ABSTRAK HUBUNGAN USIA DENGAN TINGKAT PENDIDIKAN TERHADAP KEPATUHAN PENERAPAN PROTOKOL KESEHATAN 6M COVID-19

Latar Belakang: *COVID-19* adalah penyakit menular yang disebabkan oleh S*evere Acute Respiratory Syndrome Coronavirus* 2 *(SARS-CoV-2).* Virus ini dapat menyebabkan penyakit infeksi saluran pernapasan pada manusia. Dalam rangka mengatasi penularan *COVID-19* maka dilakukan upaya pencegahan yaitu 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 usia dan tingkat pendidikan terhadap kepatuhan melaksanakan protokol kesehatan 6M *COVID – 19* pada masyarakat wilayah kerja Puskesmas Rajabasa Indah Bandar Lampung. Jenis penelitian kuantitatif dengan menggunakan rancangan penelitian berupa survei analitik observasional dengan pendekatan *cross sectional.* Jumlah sampel penelitian sebanyak 214 responden dengan pengambilan sampel mengunakan teknik *accidental sampling,* menggunakan alat ukur kuesioner.

Hasil: Berdasarkan hasil penelitian ini didapatkan bahwa paling banyak responden yang patuh dalam melaksanakan protokol kesehatan 6M *COVID-19* yaitu dari kelompok usia dewasa sebanyak 50 (54,3%) responden dari total 92 (100%) responden, dan dari kelompok pendidikan tinggi yaitu sebanyak 67 (59,8%) responden dari total 112 (100%) responden.

Kesimpulan: Dari hasil uji *Chi-Square* didapatkan bahwa ada hubungan yang signifikan antara usia (p=0,047) dan tingkat pendidikan (p=0,003) terhadap kepatuhan melaksanakan protokol kesehatan 6M *COVID – 19* pada masyarakat wilayah kerja Puskesmas Rajabasa Indah Bandar Lampung 2021.

Saran: Disarankan bagi masyarakat, terutama pada usia lanjut tetap selalu menjaga jarak, membatasi bepergian ke tempat ramai dan ke luar daerah jika tidak memiliki keperluan mendesak, diusahakan juga membawa peralatan pribadi. Bagi kelompok pendidikan rendah diharapkan untuk tetap mencari informasi-informasi yang dapat menambah wawasan dan pengetahuan, khususnya dalam hal ini tentang *COVID-19.*

Kata Kunci : Usia,Tingkat Pendidikan, Kepatuhan, Protokol Kesehatan 6M *COVID-19*

ABSTRACT

Background: COVID-19 is an infectious disease caused by Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2). This Virus can cause respiratory infections in humans To cope with the transmission of COVID-19 and preventive namely by applying the health protocol 6M COVID-19. However, based on the survey results, 7 (70%) of 10 (100%) people disobedience in implementing the health protocol 6M COVID-19.

Purpose: To determine the correlation of age and education level of compliance to implement the health protocol 6M COVID – 19 in the community of the working area in Public Health Center Rajabasa Indah Bandar Lampung 2021.

Method: Quantitative research using a research design in the form of a observational analytic survey with cross sectional approach. The total of research sample as 214 respondents with sampling using accidental sampling technique. Using the measuring tool in the form of questionnaires.

Results: Based on the results of this study found that most respondents who are obedient in carrying out the health protocol 6M COVID-19, namely from the group of adult age as 50 (54,3%) respondents from a total of 92 (100%) respondents, and from a group of higher education that as 67 (59.8%) respondents from a total of 112 (100%) respondents.

Conclusion: From the results of the Chi-Square test showed that there was a significant connection between age (p=0.047) and education level (p=0.003) of compliance to implement the health protocol 6M COVID – 19 in the community of the working area in Public Health Center Rajabasa Indah Bandar Lampung 2021.

Advice: It is recommended for people, especially at an elderly age to always keep a distance, overcome traveling to crowded places and outside the area if they do not have urgent expertise, also try to bring personal equipment. For low education groups, it is expected to keep looking for information that can add insight and knowledge, especially in this case about COVID-19.

Keywords : Age, Education Level, Compliance, Health Protocol 6M COVID-19

INTRODUCTION

Coronaviruses are a large family of viruses that cause disease in humans and animals. If it attacks humans, it will usually cause respiratory infections, ranging from the common cold to serious diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS) (Kemenkes RI, 2020a). In 2019, a new type of Coronavirus was identified that is believed to be the cause of acute respiratory illness in Wuhan, a city in Hubei province, China. The Virus was named Novel Coronavirus 2019 (2019-nCoV) (Rauf et al., 2020). The transmission or spread of SARS-CoV - 2 is quite easy, spreading through splashes (droplets) from the nose or mouth of a person who has contracted COVID-19 while breathing or coughing (WHO, 2021).

WHO on January 30, 2020 designated COVID-19 as a Public Health Emergency of International Concern (PHEIC) and officially declared a pandemic in March 2020. The spread of COVID-19 has been reported by almost all countries in the world. As of 15 September 2021 confirmed 225,680,357 cases and 4,644,740 deaths were reported to WHO globally from countries in the world (WHO, 2021).

COVID-19 cases in Indonesia were first discovered in early March to april 2020. As of June 30, 2020, the Ministry of Health reported 56,385 confirmed cases of COVID-19 with 2,875 cases of death (CFR 5.1%) spread across 34 provinces (Kemenkes RI, 2020c).. Almost all provinces in Indonesia were affected by the COVID-19 pandemic, including Lampung Province, which was 47,856 cases and 3,668 deaths on September 9, 2021. Bandar lampung city is one of the cities with the most confirmed cases of COVID-19, namely until August 2021, there were approximately 10,640 cases and 753 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). This is very important, following the health protocols that have been socialized by WHO (Kemenkes RI, 2020b). 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% (Covid-19.go.id, 2020).

Community compliance with health protocols is essential to control the pandemic for the Prevention of COVID–19. Community compliance with health protocols is critical to controlling the pandemic. According to KBBI (Dictionary of Indonesian language), obedient means like according to orders, obey orders or rules and disciplined. Obedience means being obedient, obedience, submission to teachings and rules. Obedience is an attitude that arises in a person as a reaction to something contained in a rule that must be implemented. The attitude arises when the individual is faced with a stimulus that requires an individual reaction (Azwar, 2016). According to Petty, cocopio (1986) in Azwar, attitude is a general evaluation that man makes of himself, others, objects or issues (Wawan & Dewi, 2018). Attitudes will affect behavior through a process of careful and reasoned decision - making. 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).

According to Sunaryo 2004 factors that can influence behavior are: genetic factors (age, sex, physical properties, intelligence, and others) and exogenous factors/ factors from outside the individual (environment and other factors) (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

 DOI 10.33024, http://ejurnalmalahayati.ac.id/index.php/kebidanan

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.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. This research has passed the ethical feasibility of the Komisi Etik Penelitian Kesehatan (KEPK) Malahayati University with no. 2318 EC / KEP-UNMAL/I / 2022.

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.
Age frequency distribution in community working area of Puskesmas Rajabasa Indah Bandar Lampung

Age	Frequency(n)	Presentation(%)
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%

Based on Table 1 Above It is known that of the 214 respondents there is the largest number of respondents is the adult age group (26-45 years) that is as many as 92 (43%) respondents, followed by the adolescent age group (17-25 years) as many as 54 (25.2%) respondents, and the elderly age group (46-65 years) as many as 51 (23.8%) respondents. While the fewest respondents were from the elderly age group (>65 years) as many as 17 (7.9%) respondents.

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

Education Level	Frequency (n)	Presentation(%)
Higher Education	112	52,3%
Secondary Education	71	33,2%
Low Education	31	14,5%

Based on Table 2 above, it is known that of the 214 respondents, there are the largest number of respondents are the Higher Education Group, namely as many as 112 (52.3%) respondents, and followed by the secondary education group as many as 71 (33.2%) respondents. While the fewest respondents were from the group of low education as many as 31 (14.5%) 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	Frekuensi (n)	Presentase (%)
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 age relationship to compliance implementing the 6M COVID-19 health protocol in the community of the working area Puskesmas Rajabasa Indah Bandar Lampung

Age	Compliance Implementing the 6M COVID-19 Health Protocol						*P value*
	Obedient		Disobedient		Total		
	N	%	N	%	N	%	
Teen	34	63%	20	37%	54	100%	0,042
Mature	50	54,3%	42	45,7%	92	100%	
Elderly	26	51%	25	49%	51	100%	
Seniors	4	23,5%	13	76,5%	17	100%	

Based on Table 4 above, it is known that of the 54 respondents of the adolescent age group, there are 34 (63%) of respondents are compliant in implementing the 6M COVID-19 health protocol and as many as 20 (37%) of respondents are not compliant in implementing the 6M COVID-19 health protocol. Furthermore, of the 92 respondents of the adult age group, there were 50 (54.3%) respondents were compliant in implementing the 6M COVID-19 health protocol and 42 (45.7%) respondents were not compliant in implementing the 6M COVID-19 health protocol. Then of the 51 respondents of the elderly age group, there were 26 (51%) respondents were obedient in implementing the 6M COVID-19 health protocol and as many as 25 (49%) respondents were not compliant in implementing the 6M COVID-19 health protocol. Meanwhile, of the 17 respondents of the elderly age group, there were 4 (23.5%) of respondents were obedient in implementing the 6M COVID-19 health protocol and as many as 13 (76.5%) of respondents were not compliant in implementing the 6M COVID-19 health protocol.

Table 5
The results of the analysis of the relationship of the level of Education to compliance implementing the 6M COVID-19 health protocol in the community of the working area Puskesmas Rajabasa Indah Bandar Lampung

Education Level	Compliance Implementing the 6M COVID-19 Health Protocol						*P value*
	Obedient		disobedient		Total		
	N	%	N	%	N	%	
Higher Education	67	59,8%	45	40,2%	112	100%	0,003
Secondary Education	39	54,9%	32	45,1%	71	100%	
Low Education	8	25,8%	23	74,2%	31	100%	

Based on Table 5 above, it is known that of the 112 respondents of the higher education group, there were 67 (59.8%) respondents were compliant in implementing the 6M COVID-19 health protocol and as many as 45 (40.2%) respondents were not compliant in implementing the 6M COVID-19 health protocol. Then of the 71 respondents of the secondary education group, there were 39 (54.9%) of respondents were obedient in implementing the 6M COVID-19 health protocol and as many as 32

 DOI 10.33024, http://ejurnalmalahayati.ac.id/index.php/kebidanan

(45.1%) of respondents were not compliant in implementing the 6M COVID-19 health protocol. While of the 31 respondents of the lower education group, there were 8 (25.8%) of respondents were obedient in implementing the 6M COVID-19 health protocol and as many as 23 (74.2%) of respondents were not compliant in implementing the 6M COVID-19 health protocol.

The results of the statistical test with chi-square obtained a p value of 0.003 (<0.05), then it means that the null hypothesis (H0) is rejected and the alternative hypothesis (Ha) is accepted, which means that there is a significant relationship between the level of education to compliance with implementing the 6M COVID-19 health protocol in the community of the Rajabasa Indah Bandar Lampung Health Center working area.

DISCUSSION

Correlation Between Age Of Compliance To Implementing The Health Protocol 6M Covid-19 In The Community Of The Working Area In Rajabasa Indah Public Health Center Bandar Lampung

Based on the results of the chi-square statistical test in Table 4, the value of p value = 0.042 (p <0.05) is obtained, which means that there is a significant relationship between age and compliance with the 6M COVID-19 health protocol. This is supported by the data obtained that of the 214 respondents, there were 114 (53.3%) respondents were compliant in implementing the 6M COVID-19 health protocol and 100 (46.7%) respondents were not compliant in implementing the 6M COVID-19 health protocol. And from Table 4, it is also found that the most respondents who comply in implementing the 6M COVID-19 health protocol are from the adult age group of 50 (54.3%) respondents compared to those who do not comply, namely 42 (45.7%) respondents. While the least compliant in implementing the 6M COVID-19 health protocol is from the elderly age group as many as 4 (23.5%) respondents compared to those who do not comply, namely as many as 13 (76.5%) respondents. From these data, it can be concluded that the younger the respondents, the more obedient in implementing the 6M COVID-19 health protocol, and the older the respondents, the more non-compliant in implementing the 6M COVID-19 health protocol.

Singgih suggested that the older a person gets, the processes of mental development improve, but at a certain age, the increase in the process of mental development is not as fast as when he was a dozen years old (Purba, 2018). In addition, Abu Ahmadi (2001), also suggested that a person's memory is one of them influenced by age. The increase in a person's age can affect the increase in knowledge gained, but at certain ages or towards old age the ability to receive or remember a knowledge will decrease.

The results of this study are in line with a study conducted by Afrianti and Rahmiati (2021) which states that age has a real influence on compliance with implementing health protocols (p value 0.001). this is in accordance with the opinion of Pura (2016) which states that age is related to the level of compliance, although sometimes age is not the cause of disobedience but the older the patient's age will decrease memory, hearing, and vision, so that elderly patients become disobedient.

Correlation Between Education Level Of Compliance To Implementing The Health Protocol 6M Covid-19 In The Community Of The Working Area In Rajabasa Indah Public Health Center Bandar Lampung

Based on the results of the chi-square statistical test in Table 5, the value of p value = 0.003 (p <0.05) is obtained, which means that there is a significant relationship between the level of education and compliance with implementing the 6M COVID-19 health protocol. This is supported by the data obtained that of the 214 respondents, there were 114 (53.3%) respondents were compliant in implementing the 6M COVID-19 health protocol and 100 (46.7%) respondents were not compliant in implementing the 6M COVID-19 health protocol. And from Table 5, it is also found that the most respondents who comply in implementing the 6M COVID-19 health protocol are from the higher education group of 67 (59.8%) respondents compared to those who do not comply, namely 45 (40.2%) respondents. While the least compliant in implementing the 6M COVID-19 health protocol is from the low education group as many as 8 (25.8%) respondents compared to the non-compliant ones, namely as many as 23 (74.2%) respondents. From these data it can be concluded that the higher the level of education of respondents, the more obedient in implementing the 6M COVID-19 health protocol, and the lower the level of education of respondents, the more non-compliant in implementing the 6M COVID-19 health protocol.

Koenjtaroningrat said that the higher the level of Education a person will be more easily receive information so that the more experience and knowledge possessed. Conversely, a lack of Education will hinder the knowledge of the development of one's attitude towards newly introduced values (Nursalam, 2001). Formal education forms a value for a person especially in

accepting new things. the higher the level of education of a person, the person will know more about the understanding of everything and when the person already understands it, the person's confidence in what they understand will increase, the awareness of their obligations will also increase (Pauji, 2020). Thus, a person who has a higher education, good knowledge and a good attitude tends to be more compliant with policies.

The results of this study are in line with research conducted by Afrianti and Rahmiati (2021) which states that the level of Education has a real influence on compliance with implementing health protocols (p value 0.035), the level of education, knowledge and attitude is something related to each other. This is supported by Wiranti et al (2020) which states that respondents who have higher education,good knowledge and a good attitude tend to be more obedient to the COVID-19 policy.

CONCLUSION

1. It is known age frequency distribution in the Community Working Area of Puskesmas Rajabasa Indah Bandar Lampung with the largest order of adult age (26-45 years) as many as 92 (43.0%) respondents, teenage age (17-25 years) as many as 54 (25.2%) respondents, the elderly age (46-65 years) as many as 51 (23.8%) respondents, and the elderly age (>65 years) as many as 17 (7.9%) respondents.
2. It is known that the frequency distribution of education levels in the community working area of the Rajabasa Indah Bandar Lampung health center with the highest order is higher education as many as 112 (52.3%) respondents, secondary education as many as 71 (33.2%) respondents, and low education as many as 31 (14.5%) respondents.
3. 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 work area is the most compliant as many as 114 (53.3%) respondents while those who do not comply are 100 (46.7%).
4. It is known that there is a significant relationship between age and compliance with implementing the 6M COVID-19 health protocol in the community of the Rajabasa Indah Bandar Lampung Health Center working area with a result of p = 0.042 (p <0.05).
5. It is known that there is a significant relationship between the level of education to compliance with implementing the 6M COVID-19 health protocol in the community of the Rajabasa Indah Bandar Lampung Health Center working area with a result of p = 0.003 (p <0.05).

SUGGESTION

1. For the community, especially in the elderly and elderly groups, it is expected that they will always keep their distance and limit going to crowded places and also limit traveling outside the area if they do not have very important and urgent needs, they are also trying to bring personal equipment such as worship tools, cutlery, and others. For all people, especially those with low education, it is expected to keep looking for information that can add insight and knowledge, especially in this case about COVID-19.
2. For Puskesmas, to always carry out health promotion about the importance of the 6M COVID-19 health protocol is especially recommended in people with advanced age and low education levels, by conducting briefings using language that is easily understood by all people. In addition to conducting evaluations and warnings, it is especially emphasized on restricting people from traveling outside the area, maintaining distance and limiting going 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. And this research is also expected to be a consideration for those interested in conducting similar research.

REFERENCES

Abu Ahmadi. (2001). Psikologi Sosial. Jakarta : Rineka Cipta

Afrianti, N., & Rahmiati, C. (2021). Faktor-Faktor yang Mempengaruhi Kepatuhan Masyarakat terhadap Protokol Kesehatan Covid-19. *Jurnal Ilmiah Permas: Jurnal Ilmiah STIKES Kendal*, *11(1)*, 113–124. http://www.stikeskendal.ac.id/journal/index.php/PSKM/article/view/1045

Azwar, S. 2016. *Sikap Manusia Teori dan Pengukurannya* (II). Pustaka Pelajar.

Covid19.go.id. (2020). *Satgas COVID-19 Kepatuhan Masyarakat Terhadap Protokol Kesehatan Harus ditingkatkan. terdapat dalam:* https://covid19.go.id/p/berita/kepatuhan-masyarakat-terhadap-protokol-kesehatan-harus-ditingkatkan/

Covid19.lampungprov.go.id. (2021). *Data COVID-19 di Provinsi Lampung*. https://covid19.lampungprov.go.id

 DOI 10.33024, http://ejurnalmalahayati.ac.id/index.php/kebidanan

Kemenkes RI. (2020a). *FAQ Coronavirus*. Kementrian Kesehatan RI. https://www.kemkes.go.id/article/view/20030400008/FAQ-Coronavirus.html

Kemenkes RI. (2020b). *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*.

Kemenkes RI. (2020c). *Pedoman Pencegahan dan Pengendalian Coronavirus Disease (Covid-19) (5th ed.)*. Kementerian Kesehatan RI. https://kemkes.go.id/article/view/20031700001/Dokumen-Resmi-dan-Protokol-Penanganan-COVID-19.html

Nursalam, Pariani, Siti. (2001). *Pendekatan Praktis Metodologi Riset Keperawatan*. Jakarta: CV Sagung Seto

Pauji, S. N. (2020). Hubungan Tingkat Pendidikan, Kesadaran, Kepercayaan, Pengetahuan, Masyarakat Terhadap Kepatuhan Wajib Pajak Dalam Membayar Pajak. *Prisma (Platform Riset Mahasiswa Akuntansi)*, *1*(2), 48-58.

Purba, N. H. (2018). Tingkat Pengetahuan Bidan Tentang Undang-undang Aborsi di Wilayah Kerja Puskesmas Medan Deli Kecamatan Medan Deli Tahun 2017. *Jurnal Ilmiah Kebidanan Imelda*, *4*(1), 301-303.

Rauf, A., Abu-Izneid, T., Olatunde, A., Ahmed Khalil, A., Alhumaydhi, F. A., Tufail, T., & Rengasamy, K. R. (2020). COVID-19 pandemic: epidemiology, etiology, conventional and non-conventional therapies. *International Journal of Environmental Research and Public Health*, *17(21*, 8155. https://www.mdpi.com/1660-4601/17/21/8155

Sunaryo. (2004). *Psikologi Untuk Keperawatan*. EGC. https://books.google.co.id/books?id=6GzU18bHfuAC&pg=PR4&dq=Sunaryo.+2004.+Psikologi+Untuk+Keperawatan.+Jakarta:+EGC&hl=id&sa=X&ved=2ahUKEwick63V6MzzAhXOF3IKHTDBCuUQuwV6BAgIEAY#v=onepage&q=Sunaryo. 2004. Psikologi Untuk Keperawatan. Jakarta%3A EGC&f=false

Wawan, A., & Dewi. (2018). *Teori & Pengukuran Pengetahuan, Sikap, Dan Perilaku Manusia*. Nuha Medika

WHO. (2021). *Transmisi SARS-Cov-2: Implikasi Terhadap Pencegahan Infeksi*. WHO/2019-nCoV/Sci_Brief/Transmission_modes/2020

Wiranti, Sriatmi, A., & Kusumastuti, W. (2020). Determinan Kepatuhan Masyarakat Kota Depok Terhadap Kebijakan Pembatasan Sosial Berskala Besar Dalam Pencegahan COVID-19. *Jurnal Kebijakan Kesehatan Indonesia : JKKI*, 9(3), 117–124. https://journal.ugm.ac.id/jkki/article/view/58484