

3M ECHO HEALTH PROMOTION (WEARING MASK, WASHING HANDS, KEEPING YOUR DISTANCE) AGAINST COVID-19 IN IMPROVING 3M BEHAVIOR COMPLIANCE

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ABSTRAK PROMOSI KESEHATAN GEMA 3M (MEMAKAI MASKER, MENCUCI TANGAN, MENJAGA JARAK) LAWAN COVID-19 DALAM MENINGKATKAN KEPATUHAN PERILAKU 3M

Latar Belakang: Di Negara Indonesia berdasarkan Data Satuan Tugas Penanganan Covid19, Komite Penanganan Covid-19 dan Pemulihan Ekonomi Nasional dari Kasus Covid-19 pada tanggal 25 Bulan Oktober Tahun 2020 telah terdapat 389.712 Terkonfirmasi +3.732 kasus, 62.649 kasus aktif 16.1% dari Terkonfirmasi, 313.764 Sembuh 80.5% dari Terkonfirmasi, 13.299 Meninggal 3.4 dari Terkonfirmasi. Survey awal yang dilakukan di PMB (Praktik Mandiri Bidan) Ria Yulianti wilayah Kelurahan Karyamulya selama 1 bulan terdapat 65% masyarakat ketika berkunjung untuk melakukan pemeriksaan baik pasien maupun pengantar tidak memakai masker dan mencuci tangan sehingga harus diberitahukan dan difasilitasi prasarana protocol covid19 walaupun sudah banyak media informasi yang disediakan.

Tujuan: untuk menilai efektivitas promosi kesehatan gema 3M dalam peningkatan pengetahuan, sikap, perilaku, serta kepatuhan masyarakat terhadap 3M.

Metode: Rancangan penelitian ini menggunakan Rancangan Praeksperimental dengan One Group Pretest Posttest. Kelompok masyarakat sebelumnya dilakukan observasi pengetahuan mengenai gerakan masyarakat 3M setelah pretest dilakukan perlakuan terhadap kelompok masyarakat yaitu promosi kesehatan gema 3M. Dan terakhir dilakukan posttest setelah diberikan intervensi.

Hasil: berdasarkan hasil penelitian terdapat perbedaan yang signifikan pada pengetahuan, sikap, perilaku, serta kepatuhan antara sebelum dan setelah diberikan promosi kesehatan dengan nilai P-value pengetahuan sebesar $0,008 < 0,05$, P-value sikap, perilaku, dan kepatuhan sebesar $0,000 < 0,05$. Hasil menunjukkan promosi kesehatan Gema 3M memberikan pengaruh yang signifikan terhadap kepatuhan masyarakat terhadap perilaku 3M.

Kesimpulan: Promosi kesehatan yang tepat dapat meningkatkan pengetahuan, sikap, perilaku, serta kepatuhan masyarakat dalam melaksanakan protokol kesehatan guna mencegah penularan dan penyebaran virus Covid-19.

Saran: Perlu adanya pendekatan dengan teori lain, serta dapat mengenai sasaran dengan berbagai kelompok usia.

Kata Kunci: Kepatuhan 3M, Pengetahuan, Perilaku, Promosi Kesehatan 3M, Sikap,

ABSTRACT

Background: In Indonesia, based on the Data of the Covid19 Handling Task Force, the Covid-19 Handling Committee and the National Economic Recovery from Covid-19 Cases on October 25, 2020, there were 389,712 Confirmed + 3,732 cases, 62,649 active cases 16.1% of Confirmed, 313,764 Recovered 80.5% of Confirmed, 13,299 Died 3.4 of Confirmed. The initial survey carried out at PMB (Praktik Mandiri Midwife) Ria Yulianti in the Karyamulya Village area for 1 month there were 65% of the people when visiting to check both patients and carriers who did not wear masks and wash their hands so they had to be informed and facilitated by the covid19 protocol infrastructure even though there was a lot of media information provided.

Purpose: to assess the effectiveness of 3M echo health promotion in increasing people's knowledge, attitudes, behavior, and adherence to 3M.

Methods: The design of this study used a pre-experimental design with One Group Pretest Posttest. Previously, community groups were observed with knowledge about the 3M community movement after the pretest was treated to community groups, namely health promotion of 3M echoes. And finally, a posttest was conducted after the intervention was given.

Results: based on the results of the study there were significant differences in knowledge, attitudes, behavior, and compliance between before and after being given health promotion with a P-value of knowledge of $0.008 < 0.05$, P-value of attitudes, behavior, and compliance of $0.000 < 0.05$. The results show that the health promotion of 3M Gema has a significant effect on community compliance with 3M behavior.

Conclusion: Proper health promotion can improve knowledge, attitudes, behavior, and community compliance in implementing health protocols to prevent the transmission and spread of the Covid-19 virus.

Suggestions: There needs to be an approach with other theories, and can hit targets with various age groups.

Keywords: Attitude, Behavior, Knowledge, 3M Compliance, 3M Health Promotion

INTRODUCTION

COVID-19 is an infectious disease caused by acute respiratory syndrome coronavirus 2 (severe acute respiratory syndrome coronavirus 2/SARS-CoV-2). This virus is a large family of coronaviruses that can attack animals. When attacking humans, Coronaviruses usually cause respiratory tract infections, such as the flu, MERS (Middle East Respiratory Syndrome), and SARS (Severe Acute Respiratory Syndrome). The Coronavirus Disease or Covid-19 pandemic has changed the pattern of human interaction, especially in communication. According to the World Health Organization (WHO) to prevent the spread of the Covid-19 virus by doing social distancing, direct social contact, because giving distance between individuals does not mean freeing humans from their physical responsibilities to become social beings but to save large populations (Kuswanti, A., Muqsih M.A, M, Zainal, A, & Oktarina, S, 2020).

The increasing positive number of the corona virus in Indonesia should be able to increase public awareness of the dangers of this pandemic. In Indonesia, based on data from the Covid-19 Handling Task Force, the Committee for Handling Covid-19 and the National Economic Recovery from Covid-19 Cases on October 25, 2020, there were 389,712 Confirmed +3,732 cases, 62,649 active cases 16.1% of Confirmed, 313,764 Healed 80.5 % of Confirmed, 13,299 Died 3.4 of Confirmed. <https://covid19.go.id/peta-sebaran>

West Java Province ranks third with confirmed positive patients after DKI Jakarta Province with 100,991 cases (25.9%), East Java Province with 50,921 cases (13.1%). In West Java Province, based on Provincial Data from the Ministry of Health, Covid-19 cases on October 25, 2020, there were 33,924 confirmed, 10,102 isolated/under treatment, 23,143 recovered, 679 died. In Cirebon City, based on the daily report of the District/City Health Office, there are data on the distribution of Covid-19 cases <https://pikobar.jabarprov.go.id/distribution-case> On

October 25, 2020 there were 1,137 Confirmed, 248 Isolated/In Treatment, 831 Recovered, 58 Died.

To reduce and even break the chain of Covid-19 infection, one must maintain a safe distance from other humans at least 2 meters, and not make direct contact with other people, avoiding mass gatherings. But many people do not respond well to this, for example the government has given a leave of absence for students and students from attending school and studying or working at home, but this condition is actually used by many people for vacation.

The initial survey conducted at Practice Mandiri Midwife Ria Yulianti in the Karyamulya Village area for 1 month there were 65% of the public when visiting to check both patients and introductions did not wear masks and wash their hands so they had to be notified and facilitated by the covid19 protocol infrastructure even though there was a lot of media information provided by PMB Ria. 65% answered that they did not comply with the 3M Echo (Wearing Masks, Washing Hands, Keeping Your Distance) because they forgot to be reminded. Based on this background, the purpose of this study was to determine the Effect of 3M Echo Health Promotion (Wearing Masks, Washing Hands, Keeping Distance) Against Covid19 on 3M Behavioral Compliance in the Karyamulya Sub-district, Cirebon City in 2020.

RESEARCH METHODOLOGY

The design of this study used a pre-experimental design with One Group Pretest Posttest. Previously, community groups were observed with knowledge about the 3M community movement after the pretest was treated to community groups, namely health promotion of 3M echoes. And finally, a posttest was conducted after the intervention was given. The sample used in community groups in the Karyamulya area with the number of Head of Families as many as 536 Head of Families, with community groups in the Karyamulya

area according to the inclusion and exclusion criteria, pretest and posttest were carried out.

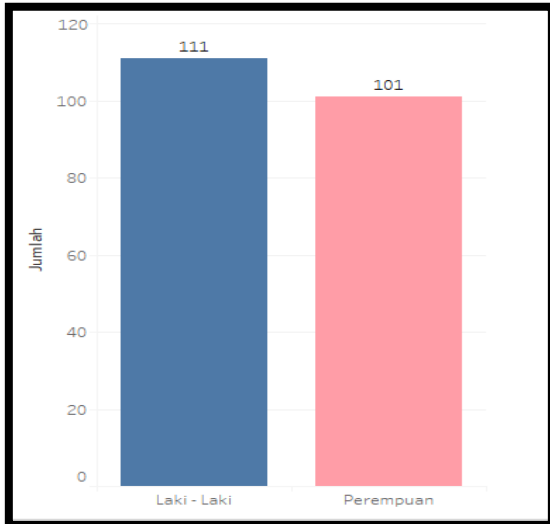
Prettest	Treatment	Posttest
01	X	02

RESEARCH RESULT

Overview of Respondents Characteristics

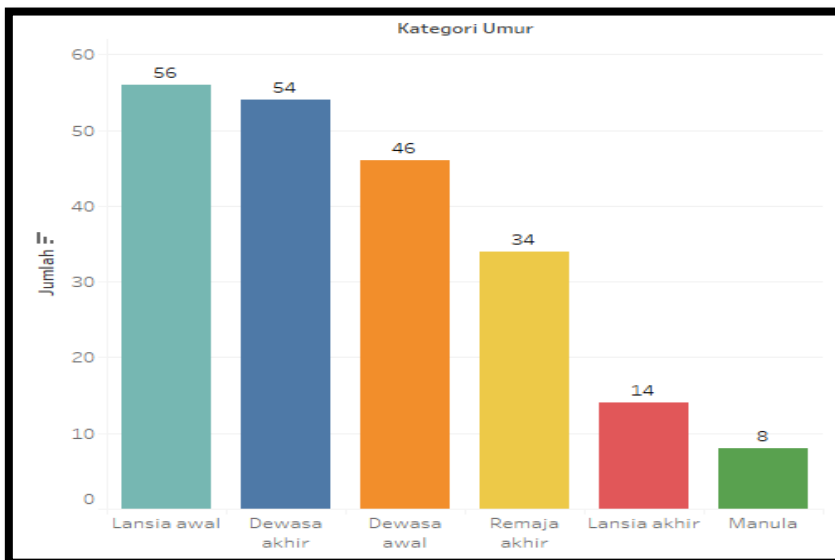
The characteristics of the respondents measured in this study were gender, age, and education. The description of the characteristics of the respondents can be seen in the image below:

Description of respondent's gender



From the picture beside, it can be seen that the total respondents who were researched were 212 respondents with the majority being male as many as 111 people (52.36%) and female respondents as many as 101 people (47.64%). Respondents met by the researcher are respondents who were found when the researcher visited the house, not necessarily the head of the family but also family members who were at home when the research was conducted.

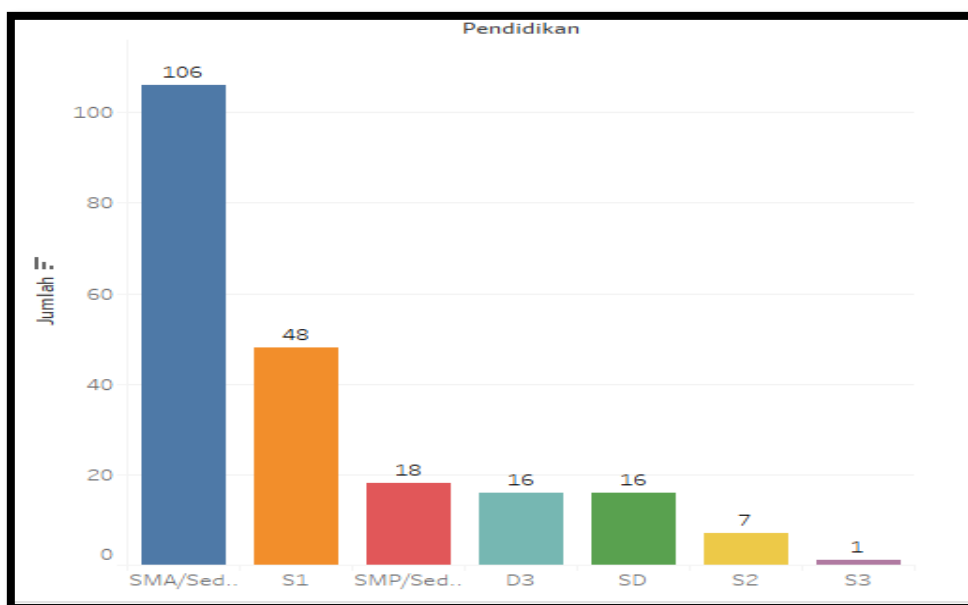
Description of respondent's age



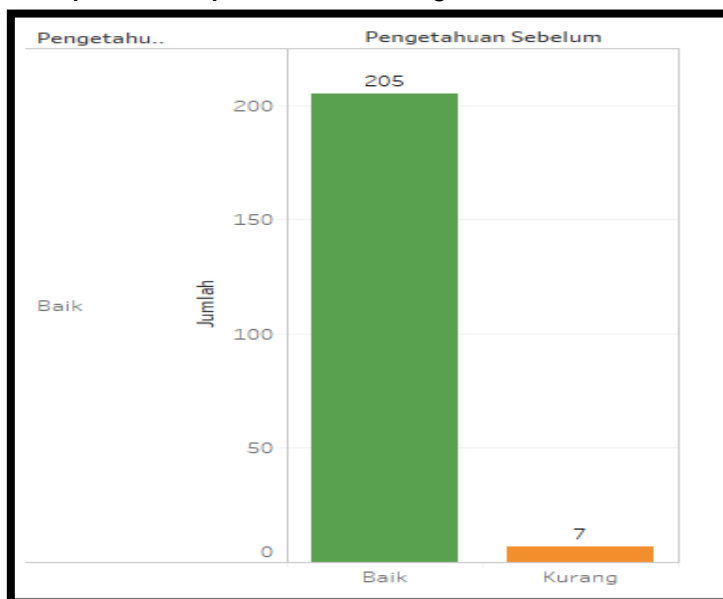
Based on the graphic above, it can be seen that the majority of respondents are in the early elderly age as many as 56 people (26.42%), late adults as many as 54 people (25.47%), early adults as many as 46 people (21.70%), late teens 34 people (16.04%), the final elderly 14 people (6.60%), and the elderly as many as 8 people (3.77%).

Description of respondent's education

Based on the picture above, it can be seen that the majority of respondents' last education was Senior high school/equivalent as many as 106 people (50%), S1 education as many as 48 people (22.64%), Junior high school education/equivalent as many as 18 people (8.49%), D3 education and elementary school as many as 16 people (7.55%), Masters Education as many as 7 people (3.30%) and Doctoral Education as many as 1 person (0.47%).



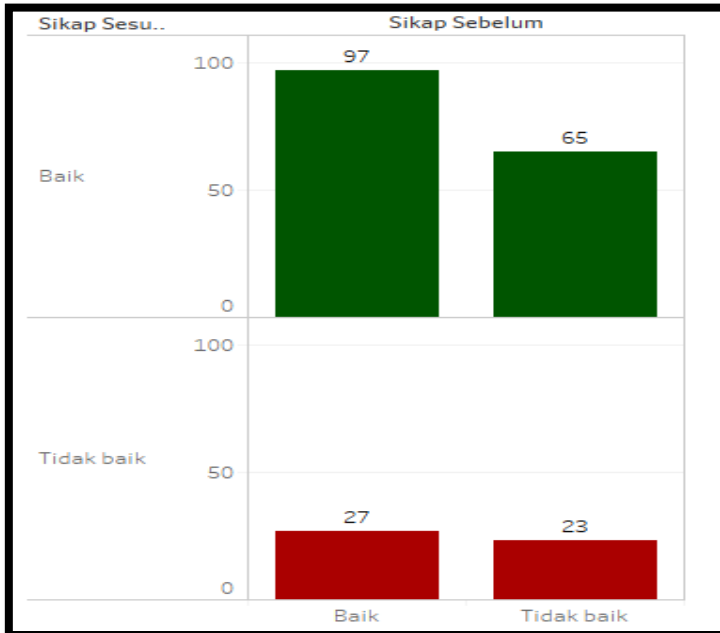
Description of Respondents' Knowledge



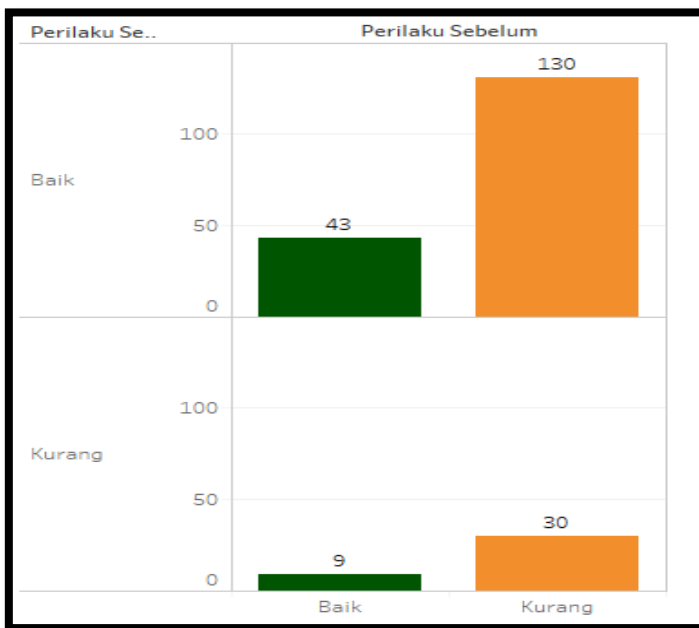
Based on the picture above, it can be seen that after the provision of education there was a change in public knowledge related to health protocols. A total of 205 people (96.70%) of people who have good knowledge remain with good knowledge, while 7 people (3.30%) of people who previously had less knowledge after being given education their knowledge increased to good. Based on the results of the analysis obtained a P value of $0.008 < 0.05$, which means that there is a significant change between public knowledge before and after being given education..

Overview of Respondents' Attitudes

Based on the picture above, it can be seen that there are differences in the number of respondents who have a good attitude after being given education. People who previously had a good attitude as many as 124 people increased to 162 people with the explanation that people who previously had a good attitude 97 of them remained good (78.23%), while 27 of them (21.77%) became bad after being given education. 88 people who previously had a bad attitude, after being given education 65 people (73.86%) of them had a good attitude, and 23 people (26.14%) still had a bad attitude.



Description of Respondent Behavior



Based on the picture above, it can be seen that there are differences in the number of respondents who have good behavior after being given education. People who previously had good behavior as many as 52 people increased to 173 people with an explanation of people who previously had good behavior 43 of them still behaved well (82.69%), while 9 of them (17.31%) became less well behaved after being given education. 160 people who previously had bad behavior, after being given education 130 people (81.25%) of them had good

behavior, and 30 people (18.75%) still had bad behavior.

Differences in Knowledge, Attitude, Behavior, and Compliance after Education

Based on the picture above, it can be seen that the P value of knowledge, attitude, behavior, and compliance is less than 0.05, which means that there are differences in knowledge, attitudes, behavior, and community compliance with health protocols before and after being given health education.

		Paired Differences			95% Confidence Interval of the Difference		t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	Lower	Upper			
Pair 1	pengetahuan sebelum - pengetahuan sesudah	-.033	.179	.012	-.057	-.009	-2.684	211	.008
Pair 2	sikap sebelum - sikap sesudah	-.179	.635	.044	-.265	-.093	-4.107	211	.000
Pair 3	perilaku sebelum - perilaku sesudah	-.571	.576	.040	-.649	-.493	-14.434	211	.000
Pair 4	kepatuhan sebelum - kepatuhan sesudah	-.316	.592	.041	-.396	-.236	-7.779	211	.000

DISCUSSION

Based on the picture above, it can be seen that the P value of knowledge, attitude, behavior, and compliance is less than 0.05, which means that there are differences in knowledge, attitudes, behavior, and community compliance with health protocols before and after being given health education. This is in accordance with the research of Sofianto A (2021) which states that the application of health protocols is weak in Central Java due to lack of knowledge. Wulandari et al. (2020) stated that respondents' knowledge increased after being given health education, besides that there was a change in respondent's behavior to be better after being given education. This is also supported by research by Wulandini, et al (2021) that there is an influence between health education on 3M behavior.

Health education can be used as a way of debriefing behavior for the community so that public knowledge will increase, with increasing knowledge it will change people's attitudes and behavior towards the application of health protocols. This is supported by research conducted by Sari and Budiono (2021) which states that there is a relationship between knowledge and attitudes towards people's behavior. According to Fitria et al. (2021) which states that there is a relationship between attitudes and a person's behavior in implementing health protocols.

Increased knowledge, changes in people's attitudes and behavior are expected to increase community compliance with the implementation of health protocols in Indonesia, especially in the city of Cirebon. Samidah et al. (2020) in their research stated that health education to the community can affect community compliance in the application of health protocols.

CONCLUSION

There is a significant or significant difference between knowledge, attitudes, behavior and community compliance with health protocols, especially 3M (wearing mask, washing hands, and

maintaining distance) after the community is given the 3M Echo health promotion.

SUGGESTION

Recommendations suggest the need for health education by using other theoretical approaches to be able to reach several age categories, not only for the head of the family, because currently teenagers and children have started doing learning activities at school.

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