



Exploration of Knowledge and Compliance Behavior of The Coastal Community in Application of Covid-19 Health Protocol

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ABSTRACT

Covid-19 is a deadly pandemic and spreads quickly to the community, especially those who have unhealthy lifestyles, including Panggungrejo coastal residents who have low educational characteristics, like to gather, less clean environment, and less positive attitude towards healthy living which can have an impact on the level of compliance of citizens. in implementing the Covid-19 prevention protocol. This study aims to explore the behavior of the coastal community of Panggungrejo in implementing 5 M as an effort to prevent the spread of the Covid-19 disease. This study uses qualitative methods by conducting interviews and observations to understand the existing phenomena thoroughly and in detail starting from data processing, data triangulation, and data analysis. The subjects in this study were the coastal communities of Panggungrejo. The sampling technique used purposive sampling until saturation or similarities of answers were found from the research subjects. The behavior of the coastal communities of Panggungrejo who do not comply with the implementation of 5 M is motivated by interrelated factors including low knowledge, wrong judgments about the importance of prevention before illness, a tendency to have a temperament of indifference, and lack of attention to environmental health, as well as a low economy causing a lack of availability of health facilities. In addition, the community also respects and obeys religious leaders, namely Kyai. The results of this study imply that the behavior of coastal communities who are less compliant with health protocols as a response to weak determinants, it is also revealed that these coastal communities are very respectful and obedient to religious leaders, namely Kyai. The contribution of this research is as basic data for further researchers to develop creative methods to change the health behavior of coastal communities by actively involving religious leaders.

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Explorasi Pengetahuan dan Perilaku Kepatuhan Masyarakat Pesisir Dalam Penerapan Protokol Kesehatan Covid-19

ABSTRAK

Covid-19 merupakan pandemi mematikan dan menyebar secara cepat pada masyarakat terutama yang memiliki perilaku hidup kurang sehat, termasuk warga pesisir Panggungrejo yang mempunyai karakteristik pendidikan yang rendah, suka berkumpul, lingkungan kurang bersih dan sikap hidup sehat kurang positif yang dapat berdampak pada tingkat kepatuhan warga dalam melaksanakan protokol pencegahan Covid-19. Penelitian ini bertujuan untuk mengeksplorasi perilaku masyarakat pesisir Panggungrejo dalam menerapkan 5 M sebagai upaya pencegahan penyebaran penyakit Covid-19. Metode pada Penelitian ini yaitu kualitatif dengan collecting data secara observasi dan wawancara untuk memahami fenomena yang ada secara menyeluruh dan rinci mulai dari pengolahan data, triangulasi data, dan analisis data. Subyek dalam penelitian ini adalah masyarakat pesisir

Kata kunci:

Masyarakat pesisir
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Panggungrejo. Teknik pengambilan sampel menggunakan purposive sampling sampai ditemukan kejenuhan atau kesamaan jawaban dari subjek penelitian. Perilaku masyarakat pesisir Panggungrejo yang kurang mematuhi penerapan 5 M dilatarbelakangi oleh factor yang saling terkait antara rendahnya pengetahuan, penilaian yang salah tentang pentingnya pencegahan sebelum sakit, cenderung temperamen sikap tak acuh dan kurang perhatian terhadap kesehatan lingkungan, juga ekonomi yang rendah menyebabkan kurangnya ketersediaan sarana kesehatan, masyarakat juga sangat menghormati dan mematuhi tokoh agama yaitu Kyai. Hasil penelitian ini menyiratkan bahwa perilaku masyarakat pesisir yang kurang patuh terhadap protocol kesehatan sebagai respon terhadap factor determinan yang lemah, terungkap pula bahwa masyarakat pesisir ini sangat menghormati dan patuh pada para tokoh agama yaitu Kyai. Penelitian ini dapat berkontribusi pada peneliti selanjutnya sebagai data awal atau dasar untuk mengembangkan metode kreatif merubah perilaku kesehatan masyarakat pesisir dengan melibatkan tokoh agama secara aktif.

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INTRODUCTION

Covid-19, known as coronavirus, is a deadly pandemic with a speedy spread and transmission rate. Covid-19 was first reported in Indonesia in early March 2020 as many as two cases (World Health Organization & Mission China Joint, 2020). The Pasuruan City area of East Java in the second week of April 2020 was declared a red zone. After a while, the status of Pasuruan City fell to a black zone; this cannot be separated from the contribution of coastal residents in the February 2021 case explosion, the pilgrimage group cluster where no less than 120 people confirmed Covid-19 and 2 people died. Some information from the Panggungrejo sub-district said that the daily activities of coastal communities were still. As usual, there was no difference in habits between before and after the Covid-19 pandemic, also supported by observations for some time which showed the behavior of coastal communities still often crowding, not wearing masks. In daily activities and an unsanitary environment. This phenomenon can hinder efforts to accelerate the response to Covid-19 in Pasuruan; this requires quick and appropriate resolution steps; this research needs to be carried out to obtain primary data as analysis material to formulate strategic steps in solving problems according to natural conditions in the field.

Some of the results of previous research related to the prevention of Covid-19 are that the guidelines for preventing the spread of Covid-19 for remote indigenous community companions through the implementation of the 5 M can be implemented effectively (Ministry of Health of the Republic of Indonesia, 2020). Public compliance in Indonesia with the health protocol to prevent Covid-19 transmission is influenced by five factors, namely education (p 0.035), knowledge (p 0.015), attitude (p 0.006), age (p 0.001), and motivation (p 0.001). The results of the multivariate statistical analysis obtained a value of $p = 0.001 (< 0.05)$ meaning that this variable has a real effect on public compliance with the COVID-19 health protocol (Afrianti, N., & Rahmiati, 2020).

Someone with good knowledge will affect the behavior of preventing the transmission of Covid-19 disease (Mujiburrahman, 2020). Lack of knowledge about preventing transmission of Covid-19 affects the lack of compliance from the community as covid volunteers in preventing transmission (Alimansur & Quyumi, 2020). The socialization activity for implementating of the COVID-19 process in the

community empowerment service program was carried out at the Rantewringin Market. It aims to make the public understand and implement health protocols to prevent disease transmission in the surrounding environment, especially in public spaces such as markets and other public facilities with the potential for transmission. The public is aware of the importance of health care to reduce the risk of transmission of Covid-19 (Rachmadi et al., 2021). According to (Kozier, 2017) compliance is individual behavior (for example: taking medication, adhering to the diet, or making lifestyle changes) according to therapy and health recommendations.

The level of compliance can range from heeding every aspect of the recommendation to complying with the plan. According to the fundamental theory proposed by Lawrence Green (1991) in a book (Nursalam, 2011), two main factors influence a person's health behavior. Namely, the first factor is behavior (behavior causes), and the second factor is outside behavior (non-behavior causes). Three factors influence behavioral factors, namely: predisposing factors which include individual work, age, education, knowledge, and attitudes, enabling factors (enabling factors) contained in the physical environment occupied and distance to health facilities, as well as reinforcing or driving factors (Reinforcing Factors) in the form of family support or community/religious leaders (Notoadmodjo, 2019).

Referring to the theory put forward by Lawrence Green that human or community health behavior is influenced by predisposing, enabling, and reinforcing factors. Which are generally described as less positive characteristics; other things have been revealed that besides these coastal communities having a problematic character, they are very respectful and respectful. Obedient to religious leaders, how this can be used as the key to setting strategies to change better health behavior.

METHOD

The investigation of the behavior of coastal communities in implementing the Covid-19 prevention protocol uses a qualitative descriptive method through in-depth exploration of the behavior that underlies the compliance of the Pasuruan coastal community in implementing the Covid-19 prevention health protocol. Data was collected in the

Panggungrejo coastal area, Pasuruan City, Pasuruan, in September 2021 for two weeks.

As the population in this research activity, the coastal community consisting of 11 people behaved less compliantly with the Covid-19 prevention health protocol. The sampling technique chosen was purposive sampling with several inclusive criteria for Panggungrejo coastal residents who have lived at least three months, are adults, work as fishermen, physically and mentally healthy. The sole criteria in this study were respondents who were not willing to use personal protective equipment during the interview process.

Data collection was carried out by the Garuda Keris team, assisted by two students who had been trained beforehand—using interview and observation guidelines as a reference in the process of extracting in-depth data. That can describe information about the compliance of coastal residents in the implementation of the Covid-19 prevention protocol and other matters, which is the background.

This research has passed the Ethical Eligibility Test from the Health Research Ethics Committee (KEPK) of the Universitas Jember with 129/UN25.1.14/KEPK/2021 and the approval from Bakesbangpol Pasuruan with the number: 072/907/423.600.02/2021. The research begins with a study of demographics and community characteristics through the Kelurahan. An informed consent followed them to the respondent once the contract covers the provision of data, Active code processing time on the transcript verbatim, and the records obtained in the field. The organization of the data is neat, systematic, and complete. The data includes:

- Raw data (recorded interviews, field notes).
- Verbatim transcript.
- Grids and categories.

Theme scheme and research report text.

The next step is to group the data into structured and get meaning from the data obtained, then unite data analysis and data collection together to obtain essential themes and concepts.

RESULT AND DISCUSSION

The results of the description and identification of interview transcripts on the compliance behavior of the coastal community in the implementation of the Covid-19 health protocol obtained five themes, namely:

Knowledge

The results of interviews with eleven respondents found that some people have less knowledge about Covid-19 disease well, where respondents are classified as over 40 years of age and formal education has not completed elementary school, as the following quote:

"When I wash my hands, the important thing is to rub my hands with water; I didn't know there was a way to wash my hands...everyone here washes their hands like me, sometimes it's okay not to use washing hands..." R 11

"As far as I know, I was told to wear the mask so I don't get sick, I mean I don't know." 7

Some people have good enough knowledge but do not implement the health protocol because they feel uncomfortable with their neighbors and are afraid of being

different. Respondents are classified as 20-30 years old and have no high school education, such as the following statement:

"Yes, ma'am, that's right, I do know and can explain the prevention steps with the 5 M because I often read it on my cellphone (Internet). But I don't do it; I don't feel comfortable being alone, my friends work, as usual, especially those who I'm older I'm afraid" R

Attitude

The results of the attitude assessment through in-depth interviews with the community related to their attitude and support regarding health protocol efforts in preventing the spread of Covid-19 as a whole are not supportive, as stated below:

"No. I disagree with staying at home; what do my wife and children want to eat, sis? It's good that those people told me to pay for my family?" R 6

"I wash my hands if I want to eat, sis, the way is with water without soap" R 11

"I object, I don't want all kinds of work to be hampered, if I wash my hands I want to" R 3

Some people have good knowledge, but in the end, both have a less positive attitude towards the implementation of the health protocol; this is a response (influence) from a robust environment.

"(Respondents know and understand the purpose of Health protocol) are ya ... I have to work if I stay at home yes, how ya ?, and when it gathered together at sea, so I had to used mask, complicated masks" R 8

Values and beliefs

Community values and beliefs regarding efforts to prevent transmission of Covid-19 through 5 M as expressed by the community which states that even though they do not follow the health protocols, their families are still healthy, people choose to continue working, and their income is to eat:

"prevention?..hehe, in fact, until now I'm healthy sis, where to wash my hands, masks, it's better to eat" R 11.

Observations show that people continue to work at sea and sell their catch in the market without health protocols and also continue to worship at the mosque as usual, as stated below:

"God is not sleeping, sis, how come the congregational prayer at the mosque is hit" R 6

"Allah has arranged everything; I am sick, yes, it's time to get sick" R 8

"Not only me, everyone here, even though the fishermen are easily angry, but according (to Kyai), everything that said must be good so that I will obey Pak Kyai's orders." R3

Economic conditions

The coastal communities of Panggungrejo are generally fishing workers; they do not have their motorboats. The wages depend on the catch, which is then divided by the boat owner, of course, with a smaller share than the boat owner; such fishers are classified as economically weak.

"I'm a fisherman, if you catch a lot of fish, it's okay, but lately there's rarely a lot of wind, not to mention the results are paid in, you often owe it to your boss and see for yourself this house" R 5

"If I get a catch, yes for my wife and children, it's not enough for hand washing equipment and masks" R 4

Strengthening

The character of the coastal community of Panggungrejo is classified as harsh, easily provoked by emotions; there are often misunderstandings with fishers outside the area, so that there is often a commotion. Fellow community members are very familiar with a high sense of brotherhood; several parties have the opportunity to invite, remind other people but do not work properly. Like the following expression:

"(even though I know the meaning and purpose of the Health protocol) remind the neighbors? I don't want it. Yes, never, Ms. You know, the people here are loud (easily offended). I'm afraid of fighting. I don't wear a mask, but yes, when I go to the village office, I have to wear a mask" R 8

"The most respected person, Mr. Kyai" R 8

"if Mr. Kyai says yes according to" R 6

"hehe...never argue, yes, all people respect Mr. Kyai" R 5

DISCUSSION

Panggungrejo coastal communities tend to behave less healthy; people are reluctant to carry out health protocols to wash their hands, wear masks, avoid crowds, keep their distance, and stay at home to prevent the spread of covid-19. The description revealed five themes: knowledge, attitudes, values and beliefs, economics, and reinforcing factors. This is in line with the results of research (Afrianti, N., & Rahmiati, 2020), which states that the knowledge and attitude factors have a real influence on community compliance in carrying out health protocols. Behavior is an individual's response to a stimulus or action that can be observed. Based on the fundamental theory by Lawrence Green in the book (Nursalam, 2011) explains that 3 factors, namely influence individual health behavior: 1) Predisposing factors (education, age, occupation, knowledge, and attitudes). 2) Enabling factors (distance to health facilities). 3) Reinforcing factors and encouragement (support from family and religious/community leaders). Similar research states that lack of knowledge about efforts to prevent transmission of Covid-19 will affect the lack of community compliance as Covid volunteers prevent transmission (Alimansur & Quyumi, 2020)).

The level of knowledge of coastal communities about prevention protocols Covid-19 (5M) shows the extent to know (Know) and remembering it, not until the stage of understanding (comprehension) and apply (application). It is likely to be the cause of the people not feeling compelled to carry out an invitation. This is by (Notoadmodjo, 2019) who states that someone who will adopt a new behavior will have a sequential process; awareness, interest, evaluation, trial.

A well-informed person will behave for a relatively long time and vice versa; poor knowledge has a short behavioral impact, but not always a well-informed. The person will behave as expected; poor behavior can be motivated by uncomfortable environmental conditions or a threat. but this is not permanent, according to research (Mujiburrahman, 2020). A person with good knowledge will affect the behavior of preventing the transmission of Covid-19 disease. In line with the study results (Zuhroidah, 2021), the better the respondent's level of knowledge about the transmission of COVID-19, the more obedient to washing hands with soap.

Providing education about Covid-19 is very necessary. This can be done through social media or the role of the puskesmas. To increase public understanding, several approaches are needed, providing targeted information through regional leaders, religious leaders, community leaders, and cultural experts to provide massive and targeted learning to the community about Covid-19 (Wakeel & Njoku, 2021).

The results of the exploration of the coastal communities of Panggungrejo generally have an unsupportive attitude towards the 5 M health protocol. Some of the coastal communities of Panggungrejo have a relatively low educational background and cannot understand the benefits of the health protocol. The community is only oriented to current conditions and needs where they still feel healthy, which requires them to continue to do activities outside the home with other fishers to earn a living. The condition of being sick or infected with Covid-19 is still considered a threat. At the same time, basic daily needs are an urgent reality that must be fulfilled, making the community not support the 5 M health protocol recommendation. Clean and healthy that has not been considered for a long time and the lack of the role of figures who are considered essential to be directly involved in health problems.

According to (Ginting, 2019) attitude is an expression of a person's feelings that reflect his likes or dislikes towards an object in specific ways. According to (Saifuddin Azwar, 2013) describes the attitude-forming factors, namely: strong experience, the influence of other people who are considered necessary, the influence of culture, mass media, educational institutions, and religious institutions, the influence of emotional factors.

The non-formal educational background of coastal communities is religious teaching, whether followed through traditional Islamic boarding schools or regular recitations in mosques. The community has the belief that illness is a trial from God and health is a gift; the value of health and illness is something that must happen as a destiny. This perspective is indeed inseparable from the educational background and level of community knowledge, which is still relatively low, accompanied by high economic demands. Strong beliefs about the religious values of the community are followed by respect and obedience to religious leaders. Faith is an attitude shown by humans when they feel they know enough and conclude that they have reached the truth. Therefore belief alone is not a guarantee of truth. Such a

person has a system of beliefs, attitudes, and values very regularly to guide behavior (Littlejohn & Foss, 2008).

The socioeconomic condition of the Panggungrejo Coastal community is classified as a weak economy where most fishers do not have motorboats to catch fish. Fishers work as fishing laborers, and the catch is shared with the boat owners. This low economic condition will certainly impact the opportunity to obtain information both formally and informally. In line with similar research from (Muzakiroh, Umi and Lestari, Weny and Pratiwi, 2008), his research explains that rural communities, people in the old age category. People who work as laborers-farmers-fishers, and people with low socioeconomic status mostly have a lack of knowledge and attitudes about HIV/AIDS and bird flu. From the logistic regression statistical tests results, it was found that there was a significant relationship between socioeconomic status and knowledge and attitudes about HIV/AIDS and avian influenza.

Social support between communities in the Panggungrejo Coast has not gone well. Several people have sufficient knowledge about health protocols, and religious leaders who are highly respected and become community role models have not carried out their roles well. The form of social support that is possible to run is to start implementing the health protocol from oneself and then invite other people. Religious activities other than congregational prayers are also carried out regularly from house to house or in mosques; religious leaders can use this activity to educate health workers about the health protocol for the prevention of COVID-19. In (Kail & Cavanaugh, 2000), Pierce defines social support as a source of emotional information or assistance provided by people around the individual to deal with every problem and crisis that occurs every day in life.

Social support in the form of invitations, reminding each other, and role models will be straightforward to do and become easy to accept and understand when done by people who are already well known; this can also minimize misunderstandings and suspicions. According to (Wangmuba, 2009), family, friends, close friends, and religious/community leaders are sources of reinforcement and natural encouragement that are carried out sincerely without any strings attached. The results of a study conducted by (Uchino, 2014) describe three main social support processes by friends or friends. The first is assistance in the form of material or equipment. Providing help to individuals to solve the problems they are facing can relieve the stress they are facing.

CONCLUSION AND RECOMMENDATIONS

This study indicates that the behavior of coastal communities who do not comply with the application of 5 M is motivated by interrelated factors, including shared knowledge, wrong judgments about the importance of prevention before the illness. A tendency to have a temperament of indifference and lack of attention to environmental health and a low economy causes a lack of health facilities. From the linkage of these factors, it turns out that these coastal communities are very respectful and obedient to religious leaders, namely Kyai. The results of this study imply that coastal communities are less obedient in response to weak determinants. This study contributes to further researchers developing creative methods to change the health behavior of coastal communities from the primary data obtained from this study.

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Conflict of Interest statement

The author declares that there is no conflict of interest.

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