Analysis of Community Tradition and Knowledge with Covid-19 Prevention Efforts

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Abstract

The application of health protocols to prevent the transmission of covid 19 is still relatively low, as is the case in Kabil Village, Batam City, which is still far from expected. Many factors can influence it, including the socio-cultural community, in this case, the inherent traditions/customs. The aim is to analyze the socio-cultural relationship with efforts to prevent Covid-19 in Kabil Village, Batam City. This research is a descriptive correlation with a cross-sectional approach involving 90 respondents, namely the people of Kabil Village in RW 015 and RW 016. The sampling technique is done by simple random sampling. Data were collected by interview using a questionnaire—data analysis using Chi Square test at 95% confidence level. A socio-cultural society based on tradition is more supportive; 53 respondents (58.9%) do not do prevention, as many as 37 respondents (41.1%). Statistical test results show that there is a relationship between tradition and efforts to prevent Covid-19 with a p-value of 0.012 ($α < 0.05$), good knowledge 37 people (41.1%) made prevention efforts as many as 22 people (24.3%). The statistical test results show a significant relationship between tradition/habits and knowledge with measures to prevent COVID-19 in Kabil Village, Batam City, with a p-value of 0.012 and knowledge with a p-value of 0.002.

Keywords: COVID-19, Social Culture, Prevention.

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A. INTRODUCTION

Until now, the case of COVID-19 is still one of the health problems in the world, especially in developing countries. The high number of morbidity and mortality due to COVID-19 is proof that COVID-19 still requires special attention. According to WHO data, on March 12, 2020, COVID-19 has declared a pandemic. According to data on March 2, 2021, reported by data from the Worldmeters page, the total number of confirmed COVID-19 cases in the world is 114.9 million cases. As many as 90.6 million patients have recovered, and 2.5 million people have died (Zheng et al., 2021). Quoted from Kompas Daily, COVID-19 cases in Indonesia were initially only confirmed as many as two instances. Still, until precisely a year after the confirmed cases of COVID-19 in Indonesia as of March 6, 2021, the number of positive cases of COVID-19 has increased to 1,373,836 people with 1,189 510 points recovered and 37,154 cases died (covid19.go.id).

As reported by data from the Riau Islands Provincial Health Office on March 7, 2021, the number of positive cases in Batam City reached 5,932 points, with 152 people dying. This places Batam City as the highest COVID-19 area in the Riau Islands (lawancorona.Batam.go.id). COVID-19 is a newly discovered disease. Therefore public knowledge about signs and symptoms and prevention efforts is still limited

(Asmelash et al., 2020). In social life, especially the people in the New Lot of Bida Kabil, Kabil Village, many do not understand the symptoms of coronavirus infection. So, vigilance has not been fully awakened in the community. No wonder the spread of the Corona Virus has accelerated two times. Where one person is positive, COVID-19 can infect almost four people. The potential for spread is even more significant when the pattern of infection has reached the community level. The process of community spread shows quite apprehensive conditions because a person can be infected without realizing when and where it occurs (Yanti, 2020).

Until now, the low level of public trust in COVID-19 has become an obstacle in tracing. This was marked by the refusal of probable COVID-19 or PDP patients who wanted to be tested after their family members were confirmed positive. Even with swab education, some people refuse because of the wrong stigma because people still don't believe this coronavirus exists (Reuban et al., 2020; Luo et al., 2020). One of the other reasons it is challenging to conduct a search related to COVID-19 is that many people are afraid of their families being ostracized and isolating themselves. This bad stigma then led the community to reject the burial of COVID-19 patients in their neighborhood (Lau et al., 2020; Gilmore et al., 2020).

This phenomenon brought disaster to the social and cultural life of the community, especially in the New Lot of Bida Kabil. Primarily when Social Distancing was implemented, which was later developed into Physical Distancing. In its implementation, the public is advised to avoid physical contact, always stay at home, avoid crowds, always wash their hands, and always wear masks (Tesfaye et al., 2020; Lam et al., 2021). The social impact caused among the community is the process of limited or limited social interaction because they no longer hold worship in places of worship, there are no community gatherings, and the level of communication or friendship has decreased. The cultural impact of the community is new and challenging habits to implement, such as washing hands with soap and running water, wearing masks, and shaking hands (Kasozi et al., 2021).

Since the stipulation of the COVID-19 prevention regulations through the 5M efforts (wearing masks, washing hands, maintaining distance, avoiding crowds, and limiting mobility), there have been several changes in people's habits. One of them is wearing masks. Sick of visiting sick people (Chaachouay et al., 2021). But now, after implementing the New Normal, people are always encouraged to wear masks whenever and wherever. But, then, the change in habits in washing hands is also substantial. If previously washing hands only before eating and after defecating, now people are asked to wash their hands after handling any object and before touching the face (He et al., 2021).

Along with the increasing number of COVID-19 cases in the world and even in Indonesia, the government has issued a COVID-19 prevention regulation known as 3M (Wearing masks, washing hands, maintaining distance) which has now been developed into 5M prevention (Wearing masks, washing hands), keep distance, avoid crowds, and limit mobility). With the enactment of this preventive regulation, it is

hoped that the public can comply with each of these precautions, which can help the government tackle the current spread of the Coronavirus (Kong et al., 2021). However, what is happening in the field is still a lack of public awareness of the importance of maintaining health protocols conducted by BPS on 7-14 September 2020, it was found that 55% of the people did not comply with the health protocols because there were no sanctions if they did not do so. 39% of the people think that there are no COVID-19 storytellers in their surroundings. In addition, 33% of the public also said that they did not comply with health protocols because it made their work challenging, then 23% of the people said that the prices for masks, face shields, hand sanitizers, or other personal protective equipment tend to be expensive. 21% of the public do not comply with health protocols because they follow other people, and another 19% because their officers or leaders do not set an example (Central Bureau of Statistics, 2020).

A preliminary survey was conducted in March 2020. In Kabil Village, Kavling Baru Bida Kabil, there are 7 RWs; the researchers chose 2 RWs whose research subjects were RW 015 and RW 016, which consisted of 4 RTs with a population of 600 families. When conducting the initial survey, the researcher also observed that many people did not believe and were unfamiliar with the current New Normal policy. Such as when shopping, not wearing a mask, not washing hands before and after touching items or when shaking hands, not practicing social distancing, or staying away from crowds where people are still seen gathering without maintaining the existing health protocols.

B. METHOD

This type of survey research is analytically using a cross-sectional design to analyze traditions/customs with the prevention of covid 19 in Kabil Village, Batam City RW 015 and RW 016 with 600 families. The simple random sampling technique (simple random sample) is 90 people. The time of the study was carried out from March to May 2021. This research was carried out in Kabil Village, RW 015 Batam City, in 2020. In this study, the data collection technique used by the researcher was using a questionnaire. To assess the traditions/customs of the community using the instrument as many as 60 question items with categories, namely supporting a score of 38-60 and not keeping a score of 15-37. The instrument has been tested for validity and reliability, the highest score is 0.914, and the lowest is 0.565. Knowledge of using instruments as many as 20 with a good category score of 14-20, being a score of 7-13, lacking a score of 0-6 for validity and reliability tests, the highest score was 0.890, and the lowest was 0.590 (Radlulescu et al., 2020). Data processing using computerization. Data were analyzed by chi-square test at 95% confidence level.

C. RESULT AND DISCUSSION

Based on research conducted on 90 respondents in Kabil Village, RW 015 and RW.016 Batam City, demographic characteristics include: age, gender, education, occupation, and marital status can be seen from the table as follows:

Table 1. Frequency Distribution Characteristics of Respondents

Characteristics	Frequency (f)	Percentage (%)
Age		
18-24	13	14.45
25-31	13	14.45
32-38	19	21.1
39-45	17	18.9
46-52	18	20.0
Gender		
Male	52	57.8
Female	38	42.2
Education		
Junior high school	10	11.1
Senior high school	69	76.7
Diploma	8	8.9
Bachelor	3	3.3
Profession		
Jobless	16	17.8
Student	2	2.2
Workers/Employees	41	45.6
Entrepreneur	29	32.2
Government Employees	2	2.2

Source: Data Proceed

Table 1 proves that the age of respondents aged 32-38 years is 19 people (21.1%), male sex is 52 people (57.8%), respondents' education is high school 69 people (76.7%), and the majority work is Labor 41 people (45.6%).

Table 2. Respondent's Knowledge About Covid-19 Prevention

Variable	n	%
Traditions/Customs		
Support	37	41,1
Does not support	53	58,9
Knowledge		
Good	37	41,1
Enough	27	30,0
Deficient	26	28,9
Action		
Do	37	41,1
Do not do	53	58,9

Source: Data Proceed

Table 2 shows that the respondent's traditions/habits are mostly not supportive of 53 people (58.9%), good knowledge is 37 people (41.1%), actions are not doing 53 people (58.9).

Table 3. Frequency Distribution of Socio-Cultural Relations with Covid-19 Prevention Efforts

No	Tradition	Prevention						P-*Value*
		Do		Do Not Do				
		F	%	F	%	Total	%	
1	Support	21	23.3	16	17.8	37	41.1	0.012
2	Does not support	16	17.8	37	41,1	53	58.9	
	Total	**37**	**41.1**	**53**	**58.9**	**90**	**100**	

Source: Data Proceed

The socio-cultural relationship between the community and the prevention of covid 19 shows that out of 53 people with traditions that do not support as many as 37 people (41.1%), it is proven that they did not prevent covid 19. Of 37 people (41.1%) with a tradition of supporting, 16 people (17.8%) did not stop covid 19. Statistical test results show a relationship between practice and efforts to avoid covid 19 with p. value = 0.012 (p < 0.05), meaning that the research findings prove that the respondent's tradition is directly proportional to the act of taking efforts to prevent covid-19.

Table 4. Distribution of Frequency Socio-Cultural Relations with Efforts to Prevent Covid-19

No	Knowledge	Prevention						P-*Value*
		Do		Do Not Do				
		f	%	f	%	Total	%	
1	Good	22	24.4	15	16.7	37	41.1	0.002
2	Enough	11	12,2	16	17.8	27	30.0	
3	Deficient	4	4,4	22	24.4	26	28.9	
	Total	**37**	**41.1**	**53**	**58.9**	**90**	**100**	

Source: Data Proceed

Based on the table above, it can be seen that 37 people (41.1%) had good knowledge, 15 people (16.7%) did not prevent covid 19, as many as 27 people (30.0%) had sufficient knowledge not to take preventive measures as many as 16 people (17, 8%) did not take preventative measures, from 26 respondents (28.9%) lacked knowledge, as many as 22 people (24.4%) did not take preventive measures. Thus, the statistical test results showed a relationship between knowledge and efforts to prevent covid 19 with p. value = 0.002 (p < 0.05).

1. **Tradition**

The study results showed that the traditions/customs of the community did not support more than many as 53 people (58.9%). This proves that the traditions or habits of the community are the essential elements in helping individuals solve problems. Each community group has unique traditions, habits, and culture and will influence

the way of thinking (way of looking at things), methods of acting, ways of behaving that are oriented to knowledge in dealing with health problems so that they are healthy and appropriate in taking action. Examples: the use of masks, people are not used to wearing masks even the use of shows is very disturbing comfort when doing activities. Behavioral patterns that have been institutionalized in society will lead to the same form of behavioral characteristics, and this similarity will encourage the basic personality types of the community to make efforts to prevent COVID-19 from following the values held because it requires a multidisciplinary approach considering various issues (Ngwewondo et al., 2020). What is wrong is related to the case of covid 19 and the mode of transmission. The implementation of the health protocol as conveyed by the COVID-19 handling task force urges the entire community to carry out the 5 M to prevent transmission. Because it is not easy, and it takes time to change the behavior and culture of the Indonesian people in terms of maintaining paramount cleanliness.

Regarding this, some people still take this compliance lightly, which can be seen in community groups who have not been able to accept changes in responding to covid 19. They do not fully take preventive measures such as not always wearing masks when leaving the house or not washing hands before and after touching objects. This is because, not keeping a distance, especially mothers when shopping at the market and attending funerals, where there are still many crowds, and there are no restrictions on mobility. Unsupportive traditions can also be caused by the wrong stigma, namely people's distrust that the coronavirus exists, especially during the implementation of Social Distancing, which was later developed into Physical Distancing. In its performance, people are encouraged to stay away from physical contact, always stay at home, avoid crowds, wash their hands, and wear masks. The social impact caused among the community is the process of limited or limited social interaction because they no longer hold worship in places of worship, there are no community gatherings, and the level of communication or friendship has decreased. The cultural impact felt on the community is new and challenging habits to implement, such as washing hands with soap and running water, wearing masks, and not shaking hands.

Based on the results of the study, it was found that the age characteristics of the majority of respondents were 32-38 years, as many as 19 people and then aged 46-52 years as many as 18 people, this shows that this age is already at the level of maturity or maturity. It can be said that respondents at this age have habits or traditions before the pandemic that is very attached to them and are difficult to change. An example is a tradition when a neighbor dies. In the pre-pandemic situation, the community would come together to visit the funeral home. However, in the current case, people are advised not to hold funerals in a crowded manner to avoid large crowds. But in reality, people are still ignorant, and the community still carries out the tradition of attending funerals and does not care about the rules to keep a distance when in the middle crowd.

Noorkasiani (2009) said that the community's customs, habits, and behavior are often an obstacle to the creation of a healthy lifestyle in society. Therefore, the district must be able to adapt to carrying out changes in new behavior patterns. These changes must be implemented globally by implementing health protocols in the community efforts to prevent the COVID-19 virus. In preparing for the new normal, the government will take more innovative policies. In addition, the government must build a good or humane relationship with the community, although with inter-community activities, which of course, must be less contact (Nugroho, 2020).

According to Noorkasiani (2009), individual behavior is strongly influenced by the social system and cultural system and the personality system of the individual himself and his environment. Culture influences a person to follow specific patterns of behavior that others have made. It can be seen that there are still many people who do not believe and are not used to the current New Normal policy. Such as when shopping, not wearing a mask, not washing hands before and after touching items or when shaking hands, not practicing social distancing, or staying away from crowds where people are still seen gathering without maintaining the existing health protocols.

2. Knowledge

The results obtained that the knowledge of the community as many as 37 people (41.1%) of the total respondents was in a suitable category. This finding proves that respondents do not understand covid 19 and prevent it with the 5 m health protocol. Based on the respondent's questions, he admitted that he did not know where the transmission of this virus came from; the problem of coughs, colds, fevers before the corona was already present and shared among the public. This means there is still a lack of respondents getting inaccurate and detailed information about COVID-19 and its prevention. In addition, people are ignorant or indifferent to the information provided and take it lightly related to the covid 19 pandemic.

COVID-19 is a newly discovered disease. Therefore knowledge regarding its prevention is still limited. Thus, awareness has not been fully awakened among the public. Common signs and symptoms of COVID-19 infection include symptoms of acute respiratory distress such as fever, cough, and shortness of breath. The average incubation period is 5-6 days, with the most extended incubation period being 14 days. In severe cases of COVID-19, it can cause pneumonia, acute respiratory syndrome, kidney failure, and even death. Clinical signs and symptoms reported in most patients were fever, with some cases having difficulty breathing, and X-rays showing extensive pneumonia infiltrates in both lungs (Dirjen PJP, 2020).

The characteristics of public education are more at the High School level (69 people); this is what causes the Kabil village community to have good knowledge, but not a few are also knowledgeable enough and even less knowledgeable. Naturally, this affects the level of expertise. This is proven when researchers make observations; many people already know about COVID-19 and its prevention. However, many still

do not understand in-depth and detail, so that its application in daily life is still not appropriately implemented.

The results of research conducted by Yanti et al. (2020) about the description of public knowledge about COVID-19 and community behavior during the COVID-19 pandemic, from the effects of his research, it can be seen that general knowledge about COVID-19 is in a suitable category, namely 70%. Conducted by Wulandari (2020) also supports this research, where it is found that respondents who have good knowledge are 69.2% of the people in South Kalimantan. The results of the research conducted by Honarvar et al. (2020) also support the results of this study, where the majority of respondents, i.e., 67%, have good knowledge in line with their preventive attitude towards COVID-19.

According to Wawan and Dewi (2018), the factors that influence knowledge are age, education, occupation, environmental factors, and socio-cultural. Judging from the research results on age characteristics, the majority of respondents are 32-38 years old. This age is said to be of productive age because people can still receive information well. Then from the work characteristics, it is known that the majority of respondents are workers/employees. In this work, the community will meet with many people and exchange information, so the possibility of not getting information related to COVID-19 and its prevention is minimal.

Notoatmodjo's (2005) opinion states that knowledge results from knowing what is appropriate after a person performs his five senses. The more a person sees and hears the higher his knowledge. Learning can also be obtained from one's own experience or the experience of others. According to the researcher, the public has received information and understanding about COVID-19 and its prevention through mass media such as the internet, newspapers, television, and others.

3. Prevention

Based on the study results, it was seen that 58.9% of the total respondents did not make efforts to prevent covid 19. In life, individuals cannot be separated from their inherent social culture. This condition can be ascertained because of the intrinsic traditions/customs of the community, so that it is difficult to change. According to researchers, each person will change his behavior if it is following the perception he believes.

Several questions were asked, it was found that implementing prevention efforts with 5 M is impossible to do optimally, considering that using a mask every day is very uncomfortable, for example it causes a feeling of heat, difficulty breathing and even affects psychologically. In addition, it adds to the expense burden because of the high price of masks. Setting the distance, staying at home for certain people can be done, but for workers who require working outside the home it is very impossible to keep the distance. For example, take public transportation.

This finding is in line with an online survey conducted by BPS on 7-14 September 2020. In addition, 33% of the public also said they did not comply with

health protocols because it made their work challenging, then 23% of the people said that the price of masks, face shields, hand sanitizers, or Other personal protective equipment tends to be expensive. (BPS, 2020).

Based on the characteristics of the majority of respondents aged 32-38 years, as many as 19 people (21.1%), a good mindset and understanding of the community about COVID-19 can also influence efforts to prevent COVID-19 whether to do or not do it. Lack of knowledge and unsupportive traditions impact the community not to take preventive measures. Gender is also one of the factors that influence efforts to prevent COVID-19. Out of 90 respondents, the majority were men, as many as 52 people (57.8%) where men tended to be disobedient in carrying out prevention efforts. The community's traditions/customs that do not support and do not adapt can also affect the absence of prevention efforts.

According to Swaesti (2020), COVID-19 is caused by a coronavirus, a group of viruses that infect the respiratory system. Therefore, the best action in dealing with COVID-19 is to take precautions early on; implementing 5M (Wearing masks, washing hands, maintaining distance, staying away from crowds, limiting mobility) are the primary keys that must be done in efforts to prevent COVID-19.

As is happening now, namely the enactment of PPKM, a government regulation that limits community activities, especially related to the potential for crowds. The community will be strictly limited in its activities with several PPKM points set for various sectors, and this situation started on July 3, which was then extended indefinitely. From implementing this PPKM, the Minister of Health said that the addition of positive cases of COVID-19 had decreased. This was quite effective in reducing the number of new cases of COVID-19.

4. Relationship of Traditions with COVID-19 Prevention Efforts

Based on the study results, it shows that there is a relationship between tradition and efforts to prevent Covid-19 with a p-value of 0.012 ($\alpha < 0.05$). This proves that tradition/habit is the essential element in shaping individuals to solve problems. If the tradition/custom supports it according to its perspective, it is necessary for survival; it must be done. In line with Geersten's opinion, (1998) said that the strength of tradition influences the attitude to do something, including choosing the appropriate health service action. Behavioral patterns that have been institutionalized in society will lead to the same form of behavioral characteristics; this similarity encourages the primary personality type of society to take actions that follow the values held. Therefore, a multidisciplinary approach is needed considering the various issues related to the corona case and appropriate prevention efforts so that the public can accept/believe the information submitted.

The various reasons respondents did not comply with the corona health protocol were due to economic demands and the sense of trust and distrust in the existence of the coronavirus. In addition, the culture of Indonesian society today is happy with the culture of hanging out and gathering. This reason makes it difficult

for people to accept change. Based on the researcher's observations that most people have not made prevention efforts such as not wearing masks when leaving the house, not washing hands before and after touching items, not keeping their distance, especially mothers when buying and selling at traditional markets and attending certain events, which are still visible: large crowds, and the absence of mobility restrictions. In addition, the wrong stigma is that people don't believe that the coronavirus exists. This stigma triggers people not to take preventive measures and maintain traditions/customs passed down from generation to generation before the pandemic.

Especially when the implementation of Social Distancing, which was later developed into Physical Distancing. In its performance, the public is advised to stay away from physical contact, always stay at home, avoid crowds, wash their hands, and wear masks. The social impact caused among the community is the process of limited or limited social interaction because they no longer hold worship in places of worship, there are no community gatherings, and the level of communication or friendship has decreased. The cultural impact felt on the community is new and challenging habits such as washing hands with soap and running water, wearing masks, and not shaking hands.

Based on the results of the study, it was found that the age characteristics of the majority of respondents were 32-38 years, as many as 19 people and then aged 46-52 years as many as 18 people, this shows that this age is already at the level of maturity or maturity. It can be said that respondents at this age have habits or traditions before the pandemic that is very attached to them and are difficult to change. An example is a tradition when a neighbor dies. In the pre-pandemic situation, the community would come together to visit the funeral home. However, in the current case, people are advised not to hold funerals in a crowded manner to avoid large crowds. But in reality, people are still ignorant, and the community still carries out the tradition of attending funerals and does not care about the rules to keep a distance when in the middle crowd.

Noorkasiani (2009) said that the community's customs, habits, and behavior are often an obstacle to the creation of a healthy lifestyle in society. Therefore, the district must be able to adapt to carrying out changes in new behavior patterns. These changes must, of course, be implemented globally by implementing health protocols in the community efforts to prevent the COVID-19 virus. In preparing for the new normal, the government will take more innovative policies. In addition, the government must build a good or humane relationship with the community, although with inter-community activities, which must be less contact (Nugroho, 2020).

According to Noorkasiani (2009), individual behavior is strongly influenced by the social system and cultural system and the personality system of the individual himself and his environment. Culture influences a person to follow specific patterns of behavior that others have made. It can be seen that there are still many people who do not believe and are not used to the current New Normal policy. Such as when

shopping without wearing a mask, not washing hands before and after touching items or when shaking hands, not applying social distancing, or staying away from crowds where people are still seen gathering without maintaining the existing health protocols.

The statistical test results show that community traditions with COVID-19 prevention efforts obtained a p-value = 0.012 (< 0.05), indicating a relationship between community traditions and measures to prevent COVID-19 in Kabil Village. This finding proves that unsupportive traditions/habits tend not to make efforts to avoid covid 19. It is confirmed that most of the respondents have not used markers because they are very uncomfortable when breathing, feel uncomfortable on the face, and can even interfere with comfort while doing activities. The use of masks is sometimes used when there are raids by the police and from time to time if it is indispensable. The habit of washing hands is done only when necessary and rarely washes hands with soap. Wash their hands with soap only when their hands are visibly dirty.

The habits of people who do not adapt make efforts to prevent COVID-19 not being carried out perfectly. This follows the theory that it is difficult to change because patterns are generally inherent in a person, including less promising practices for health. It has become a habit of the people bound by customs or traditions. Therefore, the change strategy must go through community leaders as holders of these customs (Notoatmodjo, 2016). According to the Indonesian Ministry of Health (2020), it is recommended that people use traditional medicine to prevent COVID-19 and not to treat it. Conventional medicine is expected to maintain public health and prevent disease, including infection with the coronavirus that causes COVID-19. Believe in hereditary traditions in traditional medicines to cure various ailments, including COVID-19.

Although there has been no formal research from an educational institution on the relationship between community traditions/customs and efforts to prevent COVID-19, it can be seen from the results of this study that there are still many people who have unsupportive habits during this pandemic. The New Normal that is currently being felt, for example, is the habit of shaking hands. From generation to generation, the etiquette of shaking hands has been done for a long time. This can show respect for others. However, during the New Normal, the habit of shaking hands was abolished.

5. Relationship between Knowledge and COVID-19 Prevention Efforts

The research results on community knowledge and efforts to prevent COVID-19 obtained a p-value = 0.002 (< 0.05), indicating a significant relationship between knowledge and efforts to avoid COVID-19. This finding means that respondents who know about Covid and its prevention are willing to take preventive measures. Based on this research that cultural factors, namely traditions/customs, greatly influence their actions. The respondent's doubts about the existence of the corona, seeing the

signs and symptoms that occurred before the corona also existed. The assumption is that applying the use of masks, managing distance, and limiting mobility are difficult things to do so that it impacts their actions. This means that the implementation of 5m is less profitable for survival at this time. This finding is in line with Notoatmojo's (2005) opinion, which states that knowledge results from knowing what is appropriate after a person performs his five senses. The more a person sees and hears the higher his knowledge. Clyde Kluckhohn in Momon (2008) states that the element of culture is knowledge or cognitive, which is a fundamental domain in shaping one's actions regarding views of illness and disease and how to maintain their health. Knowledge is obtained from one's own experience or the experience of others.

Culture influences a person to follow specific patterns of behavior that others have made. Each community group has a unique tradition, habit, and culture that will affect the way of thinking, behaving, and behavior that is oriented towards science in dealing with health problems so that they are healthy and appropriate in carrying out prevention efforts. According to Soekidjo Notoatmodjo in Iqbal (2009), in studying illness and disease behavior, health-seeking behavior, for example, self-medication, traditional healers, doctors, health centers. This is closely related to a person's level of knowledge/experience. In certain situations, people's traditions/cultures believe in alternative medicine rather than taking preventive measures. Therefore, good knowledge does not guarantee a person's take preventative measures because people's behavior does not care and does not adapt to the current situation.

The respondents' education is more at the Senior High School level, which causes the Kabil village community to have good knowledge. Still, not a few are also knowledgeable enough, even less familiar. So with that situation, the level of education is not the main reason that affects the level of knowledge. According to Notoatmodjo in Wawan (2011), learning or cognition is essential for forming actions (overt behavior). Knowledge itself is influenced by formal education factors, where it is expected that the higher the education, the more broad the person's ability. However, it should be emphasized, and it does not mean that someone with low education is deficient in understanding.

The results of this study are in line with those conducted by Desmon Lubis (2021). Regarding the Relationship between Knowledge Levels With Attitudes and Behaviors Against COVID-19 Infection Prevention in Semester 6 Students of the USU Faculty of Medicine, there is a significant relationship between knowledge levels and attitudes and behavior towards preventing COVID-19 infection. -19 with a p-value of 0.006. The results of the research conducted by Putra and Manalu in their study entitled the relationship between the level of knowledge and the behavior of residents in carrying out health protocols during the new expected corona pandemic in Batu Hang Nusaniwe Village, Ambon City, the results obtained that the level of public knowledge about COVID-19 was included in the high category (52%) with a p-value of 0.065.

D. CONCLUSION

Based on the results of the research and discussion, the following conclusions can be drawn: Statistical test results show that there is a significant relationship between tradition/habits and knowledge with efforts to prevent COVID-19 in Kabil Village, Batam City, with a p-value of 0.012 and learning with a p-value of 0.002. . It is necessary to involve the community in participating in creating new social institutions that are following their needs. The village can enforce strict rules for those who violate mutually agreed to laws. Be more active in providing information related to covid 19 every day through Whatsapp group media.

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