



The Effectiveness of Providing Structured Education on Self-awareness as an Effort to SUKA-SUKA COVID-19 (One Family One COVID-19 Cadre)

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ABSTRACT

The increase in the incidence of coronavirus infection, the number of news that is not yet clear the truth and even the emergence of a new type of variant of the corona virus adds to the difficulty of the public to receive well information that can increase awareness of themselves and families. The method chosen to provide such education is with structured education. This study aims to find out the effectiveness of providing structured education towards self-awareness. This is quasi experiment with pretest-posttest design with control group design. 140 respondents participated in the study taken with Purposive Sampling technique. Data collection uses valid and reliable self-awareness questionnaires. The results of this study showed the average value of self-awareness in the treatment group statistically decreased with p-value. 000 ($p < 0.05$), while in the control group there was no difference in p-value. 086. Different tests of two groups obtained a p-value of 0.000, from these results there was a difference in self-awareness between the treatment and control groups. The provision of structured education to prospective COVID-19 cadres in the family is statistically proven to increase self-awareness, so that the ability of the community in understanding the COVID-19.

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ABSTRAK

Peningkatan angka kejadian infeksi Virus Corona, banyaknya pemberitaan yang belum jelas kebenarannya dan bahkan munculnya jenis varian baru dari virus corona ini menambah kesulitan masyarakat untuk menerima dengan baik informasi yang dapat guna meningkatkan kesadaran diri sendiri maupun keluarga, sehingga diharapkan adanya sebuah cara yang tepat untuk dapat mengedukasi masyarakat terkait pemahaman yang baik tentang COVID-19. Metode yang dipilih untuk memberikan edukasi tersebut adalah dengan edukasi terstruktur. Penelitian ini bertujuan untuk mengetahui Efektivitas pemberian edukasi terstruktur terhadap self-awareness sebagai upaya menciptakan satu keluarga satu kader covid-19. Jenis penelitian ini adalah Quasi Experiment dengan rancangan *Pretest-Posttest with Control Group Design*. 140 responden berpartisipasi dalam penelitian ini diambil dengan tehnik Purposive Sampling. Pengumpulan data menggunakan kuesioner self-awareness yang sudah valid dan reliabel. Data dianalisis menggunakan Wilcoxon dan Mann-Whitney. Hasil penelitian ini menunjukkan nilai rata-rata self-awareness pada kelompok perlakuan secara statistik mengalami penurunan dengan p-value .000

($p < 0.05$), sedangkan pada kelompok kontrol tidak terdapat perbedaan p -value .086. Uji beda dua kelompok didapatkan hasil p -value 0.000, dari hasil ini terlihat ada perbedaan self-awareness antara kelompok perlakuan dan kontrol. Pemberian edukasi terstruktur pada calon kader COVID-19 di keluarga secara statistik terbukti meningkatkan self-awareness, sehingga kemampuan masyarakat dalam memahami situasi COVID-19 dapat menjadi lebih baik.



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INTRODUCTION

The World Health Organization (WHO) has determined the COVID-19 pandemic situation as a condition that must be taken seriously. Cases of infection that have occurred for approximately one year have continued to increase in almost all of the world. In general, Indonesia is a country that is also affected by COVID-19 cases, whose case transmission rates still require good control. Currently, the number of cases recorded at the COVID-19 Handling Committee and National Economic Recovery (KPCPEN) has reached 1,443,853 cases. The number of cases in Bali in general reached 37,458 confirmed cases of COVID-19, while Denpasar City had 12,908 confirmed cases of COVID-19 and the district with the highest number was West Denpasar, especially Padangsambian Village with a total of 890 positive confirmed cases. This figure has a very large probability of increasing cases considering that there are still many people who do not comply with health protocols (Denpasar Dinas Kesehatan Kota, 2021). The impact is not only on one aspect of life, but almost all of them. Health conditions, social, economic, and even political situations have also changed, but the most changing aspect of this situation is tourism. This requires good adaptability from all levels of society.

Having high self-awareness can come from good knowledge. In this case, good knowledge regarding the prevention and handling of COVID-19 will also provide good self-awareness for the community so that the community will be able to adapt to the changes that are currently happening. Adaptability will work well if it is balanced with a person's high self-awareness (Sabriana & Indrawan, 2020). Increased knowledge as a form of increasing self-awareness can be done in various ways. The government routinely increases knowledge regarding the prevention and handling of COVID-19 through mass media, influencers, or using certain terms that are easy for the public to remember. But, the problems posed by this pandemic are very complex, and intersect with many aspects of people's lives, moreover the inaccurate news regarding this virus adds to the government's difficulties.

The increase in the number of Corona Virus infections, the number of reports that are not yet clear, and even the emergence of new variants of the corona virus add to the difficulty of the community to digest information that can be used to increase self-awareness and family awareness. The provision of structured education starting from the family scope is expected to be the right medium to increase self-awareness of the community, because by educating the closest people in the family it can be done in a more effective way (Syahwal, 2020); (Wenny, 2015); (Prasetya, 2015); (Sulisnadewi et al., 2012).

The provision of structured education is a series of activities to increase knowledge with various methods and clear delivery times (Notoadmodjo, 2012). The media used

can be more than one type which is expected to increase knowledge according to individual characters. The structured education that will be given in this study includes core material in the form of COVID-19 and is accompanied by material related to caring in the family that is adapted to the deep-rooted culture on the island of Bali.

This study aims to explore changes in self-awareness through the provision of structured education in an effort to create Suka Suka COVID-19 (One Family, One Cadre COVID-19), so it is hoped that this research will be able to increase community self-awareness so that it can be an alternative solution to reduce the impact bad news hoax related to this pandemic.

METHODS

Participant characteristics and research design

The total number of respondents in this study was 140. The selection of samples participating in this study followed the inclusion criteria determined by the researcher, namely: male or female aged 25-40 years, living in a nuclear/extended family and having a high school-college education, while the exclusion criteria were families with one or more a family member has been diagnosed by a doctor as having suffered from or is currently being treated for COVID-19. The research design used in this study was a quasi-experimental design with a pretest-posttest with control group design. Data were collected using a questionnaire that had been tested for validity and reliability.

Sampling procedures

This study employed purposive sampling. Settings and location was in Banjar Penamparan, Padangsambian Denpasar Bali from August 23th 2021 until September 23th 2021.

Sample size, power, and precision

The sampling was in Banjar Penamparan, Padangsambian Denpasar Bali. The instrument in this study used a questionnaire adopted from the inventory of self-awareness instrument which had been translated and tested for validity and reliability. This study uses a research instrument in the form of a questionnaire with a Microsoft form.

Measures and covariates

The instrument in this study used a questionnaire adopted from the inventory of self-awareness instrument

which had been translated and tested for validity and reliability. This study uses a research instrument in the form of a questionnaire with a Microsoft form.

Data analysis

To identify the level of self-awareness after provided by structured education among the group intervention and control. The analytical technique used by Wilcoxon for paired data and Mann-Whitney unpaired data. The characteristic of respondents were analysed by descriptive data quantitave (Table.1)

RESULT AND DISCUSSION

Table 1
Characteristic Respondent (n=140)

Characteristics	Intervention group (n=70)		Control group (n=70)	
	f	%	f	%
Gender				
Male	29	41.4	31	44.3
Female	41	58.6	39	55.7
Education				
Elementary	7	10.0	4	5.7
Junior High	4	5.7	6	8.6
Senior High	37	52.9	30	42.9
Diploma III	7	10.0	9	12.9
Bachelor	14	20.0	20	28.6
Master	1	1.4	1	1.4
Profession				
Government Employees	4	5.7	3	4.3
Entrepreneur	18	25.7	16	22.9
Private Sector	16	22.9	27	38.6
Student	2	2.9	3	4.3
Unemployee	16	22.9	13	18.6
Ect	14	20.0	8	11.4
Information Sources				
Internet (Google)	10	14.3	16	22.9
Social Media (IG,FB, Twiter, dll)	53	75.7	48	68.6
Relatives	7	10.0	6	8.6

Table 1 shows the characteristics of respondents according to gender, both treatment and control, dominated by women 58.6% and 55.7%, while for sources of information related to covid 19 in the treatment and control groups, some received information from social media such as IG, FB, Twitter, etc.

Table 2
Result of Paired Data from Each Group (n=140)

Group	Test	Min	Max	Mean
Intervention	Pre-test	90	139	112.21
	Post-test	93	140	113.71
Control	Pre-test	92	138	114.71
	Post-test	90	139	115.01

Table 2 shows the results of statistical analysis using the paired difference test (Wilcoxon) are presented. In the treatment group, significant results were seen before and after being given treatment with a p-value of 0.000, while in the control group there was no difference in pre-post with a p-value of 0.086.

Table 3
Result of Unpaired Data from Each Group (n=140)

Mann-Whitney Test			
Indicator	N	Z-Score	Sig.
Self-awareness each group	70	-4.612	.000
Self-awareness each group	70	-4.612	.000

Table 3 shows the results of the self-awareness paired difference test between the control and treatment groups, where the p-value is 0.000, which means that there is a difference in self-awareness in the treatment and control groups after being given structured education.

DISCUSSION

Table 1 shows that the respondents involved in this study are residents who live in Banjar Penamparan, Padangsambian Village who meet the inclusion criteria of 140 respondents. Based on table 5.1, table 5.2, table 5.3, and table 5.4, it can be seen that in the intervention group, the majority of respondents were female, as many as 41 people (58.6%), had a high school/vocational/equivalent educational background as many as 37 people (52.9%), have jobs as entrepreneurs as many as 18 people (25.7%), and most often get COVID-19 information from social media as many as 53 people (75.7%). In the control group, the majority of respondents were female, as many as 39 people (55.7%), had a high school/vocational/equivalent educational background, as many as 30 people (42.9%), had jobs as private employees, namely 27 people (38.6%), and most often get COVID-19 information from social media, as many as 48 people (68.6%). Based on these results, the source of information obtained by the community is still dominant from social media. The variety of information and the lack of trust in the information will reduce public understanding of the essence of COVID-19. This also shows the low level of family participation in providing education or even communication that is carried out within the family. The family is expected to be the best medium for distributing information to be able to provide deeper education for all family members (Prasetya, 2015).

Table 2 shows that the mean value of self-awareness before being given an intervention (pretest) was $112.21 \pm 10,478$ while after being given structured education (posttest) it was $113.71 \pm 10,600$. The minimum value of self-awareness before being given an intervention (pretest) is 90 and the maximum value is 139 while after being given structured education (posttest), the minimum value is 93 and the maximum value is 140. Based on the results of the statistical test (Wilcoxon Signed Ranks Test) it is obtained $p = 0.000$ where < 0.05 , which means H_0 is rejected, that is, there is a difference in the value of self-awareness after being given structured education.

In the control group, the mean value of self-awareness in the pretest was $114.71 \pm 12,348$, while after being re-measured at the posttest it was $115.01 \pm 12,394$. The minimum value of self-awareness in the pretest is 92 and the maximum value is 138, while after being re-measured at the posttest, the minimum value is 90 and the maximum value is 139. Based on the results of the statistical test (Wilcoxon Signed Ranks Test) obtained $p = 0.086$ where > 0.05 , which means that H_0 is accepted, that is, there is no difference in the value of self-awareness after being given structured education.

The results of this study are in line with the research conducted by (Bachri & Utami, 2021) on the effect of Whatsapp-based education on adolescent self-awareness for the application of preventing the spread of COVID-19, where the results showed an increase in the average value of adolescent self-awareness prior to intervention. that is equal to 26.76 on the pretest and the value of 31.00 on the posttest. The average increase in self-awareness is 4.24 (Bachri & Utami, 2021). The results of this study are the same as other studies which state that there is a significant difference in the knowledge value of respondents prior to health education regarding 3M in an effort to increase adolescent self-awareness against the spread of COVID-19 (Erliyani et al., 2021). Providing information through the distribution of educational videos about efforts to prevent and control COVID-19 has also been shown to improve the implementation of health behaviors as expected (Rosidah et al., 2020).

Self-awareness is a form of a person's understanding of himself regarding the reasons for the behavior carried out, it becomes a person's ability to observe himself and distinguish himself from others (Maharani & Mustika, 2016). Changes in one's self-awareness can occur if there is a change in one's knowledge regarding a behavior. New information regarding COVID-19 received by a person can change a person's behavior in maintaining and improving their own health.

The increase in the value of self-awareness in the intervention group after being given structured education could be due to a change in perception after respondents were given information that had been arranged systematically and given continuously. This is in accordance with one of the health behavior model theories, namely the Health Belief Model (HBM). Respondents after being given structured education will change aspects of individual perception, modifying factors, and likelihood of action in accordance with the HBM theory, this is also reflected in the behavior of implementing health protocols and enthusiasm in carrying out COVID-19 vaccinations carried out by respondents after being given the intervention (Luger, 2013)

The results of the analysis presented in Tables 3 and 4 show that in the intervention group, the mean self-awareness score was 85.83 while in the control group, the self-awareness mean score was 55.17. The results of statistical analysis using the Mann Whitney test obtained = 0.000 where <0.05 indicates that there is a significant difference between the values of self-awareness after structured educational intervention.

The results of this study are in line with research on 3M Education in increasing Self-awareness of the spread of COVID-19 at SMKN 4 Garut, which shows that there is a significant difference in knowledge among respondents before and after health education regarding 3M Education in Efforts to Increase Self-awareness of The spread of Covid-19 at SMKN 4 Garut (Erliyani et al., 2021).

Another study from Bachri and Utami (2021) on the effect of Whatsapp-based education on adolescent self-awareness for the application of preventing the transmission of COVID-19, where the results of the study showed the effect of Whatsapp-based education on adolescent self-awareness in the prevention and transmission of COVID-19. This is illustrated by an increase in the average self-awareness of adolescents before and after the Whatsapp-based educational intervention. Changes in self-awareness due to WhatsApp-based educational methods are caused by the impact of learning activities on increasing student abilities which is obtained from 10% of something that is read, 20% of something that is heard, 30% of something that

is seen, 50% of something that is seen and heard, 70% of what is written and said, and 90% of what is said and done (Bachri & Utami, 2021).

The provision of structured education is a form of planned effort to change a behavior into a new expected behavior by providing materials that have been prepared to influence other people so that they change their behavior in accordance with expectations. Structured education is one of the activities to prevent and break the chain of transmission of COVID-19 by integrating expectancy-value theory and social cognitive theory (Social Cognitive Theory) by emphasizing that health promotion behavior is more economical.

Changes in the value of self-awareness after being given structured education can occur due to exposure to new information given to respondents in the intervention group through print media in the form of booklets, video media, and also through discussions conducted using the Whatsapp Group application. Changes in the value of self-awareness in the intervention group can also be possible because of the influence of one of the variables of urgent need, where according to the Health Promotion Model (HPM) theory states that situational influences can urge individuals to enter into awareness so that actions that may be taken immediately are more preventative. occurrence of an incident. Urgent needs can have a direct or indirect influence on health behavior (Tomey & Alligood, 2006). The declining condition of the Balinese economy due to the paralysis of tourism due to the COVID-19 pandemic, fosters motivation from the community, especially those directly affected, to take health actions and behaviors that can accelerate the recovery of Bali tourism.

Limitation of The Study

This research was carried out with several limitations. There are several limitations in this study, namely, first, the use of educational methods that are carried out door-to-door or from house to family house provides a longer time and repetition in providing education is very frequent. Second, the change in the number of target samples was due to the low participation of residents who filled out the questionnaire and were willing to be the research sample, especially in the control group.

CONCLUSIONS AND SUGGESTIONS

Providing structured education to prospective COVID-19 cadres in the family increases self-awareness, so that the community's ability to understand the COVID-19 situation can be better and be able to become agents of reform and be able to become a support system in the family.

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ETHICAL CONSIDERATIONS

This research followed the accepted ethical guidelines for doing research with human respondents for ethical approval.

The researchers received Ethical Approval No 04.0487/KEPITEKES-BALI/VIII/2021 from ITEKES Bali Health Research Ethics Commission (KEPK). Address, Jl. Tukad Balian, No 180 Renon Denpasar. Respondents were informed about the research's objectives, risks, and advantages of participation, and they were encouraged to ask any questions they had about the survey. Respondents were assured of the secrecy and privacy of their responses, which helped eliminate the potential bias introduced by self-reported data.

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Conflict of Interest Statement

This manuscript does not have any conflict of interest with anyone, and the authors of this study also do not have any conflict of interest.

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