



Analysis of differences in people's healthy lifestyle during the pandemic and new normal covid-19 in Padang city

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ABSTRACT

Background: Coronavirus Disease 2019 (COVID-19) is a new type of coronavirus found in humans since the extraordinary events appeared in Wuhan China, in December 2019, later named Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-COV2). Healthy lifestyle behaviors can reduce transmission, namely washing hands regularly with soap and water or hand sanitizer, avoiding touching (eyes, nose, or mouth) with hands before washing hands, using masks, avoiding close contact with sick people, enough exercise and enough sleep. The purpose of this research is to describe changes in people's healthy lifestyles during the pandemic and new normal. Method: This type of research is a quantitative study using a cross-sectional design. The study was conducted from January to December 2021. Data processing was carried out by univariate and bivariate analysis through the T-test statistical test. Result: The results of this study showed that 4 healthy lifestyles experienced differences during the pandemic and new normal. A healthy lifestyle is using a mask when outside the house, doing sports regularly, maintaining a minimum distance of 1 meter outside the house and getting enough sleep. Conclusion: The behavior of the community's healthy lifestyle has changed from the pandemic period and the new normal

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ABSTRAK

Latar Belakang: Coronavirus Disease 2019 (COVID-19) merupakan virus corona jenis baru yang ditemukan pada manusia sejak kejadian luar biasa muncul di Wuhan China, pada Desember 2019, kemudian diberi nama Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-COV2). Penularan dapat dikurangi dengan perilaku hidup sehat yaitu rutin mencuci tangan dengan sabun dan air mengalir atau hand sanitizer, menghindari menyentuh (mata, hidung, atau mulut) dengan tangan sebelum mencuci tangan, menggunakan masker, menghindari kontak dekat dengan orang sakit, cukup berolahraga dan cukup tidur. Tujuan dari penelitian ini adalah untuk mendeskripsikan perubahan pola hidup sehat masyarakat pada masa pandemi dan new normal. Metode: Jenis penelitian ini adalah penelitian kuantitatif dengan desain penelitian cross sectional. Penelitian dilakukan pada bulan Januari sampai Desember 2021. Pengolahan data dilakukan dengan analisis univariat dan bivariat melalui uji statistik T-test. Hasil: Hasil penelitian ini menunjukkan ada 4 pola hidup sehat yang mengalami perbedaan saat pandemi dan new normal. Pola hidup sehat adalah menggunakan masker saat berada di luar rumah, rutin berolahraga, menjaga jarak minimal 1 meter saat berada di luar rumah dan tidur yang cukup. Kesimpulan :Perilaku pola hidup sehat masyarakat telah berubah dari masa pandemi dan new normal

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INTRODUCTION

Corona-virus-2019 (COVID-19) is a new type of corona virus found in humans since an extraordinary event appeared in Wuhan China, in December 2019, later named Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-COV2). Coronaviruses are a large family of viruses that cause illness ranging from mild to severe symptoms. There are at least two types of corona viruses that are known to cause diseases that can cause severe symptoms such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). (Gorbalenya et al., 2020; Kemenkes RI, 2020; WHO, 2020). At the beginning of 2020 the corona virus began to become a global pandemic and became a health problem in several countries outside the PRC. According to the *World Health Organization* (WHO), cluster cases of pneumonia with unclear etiology in Wuhan City have become a global health problem. The spread of this epidemic continued to grow until it was finally discovered that the cause of this pneumonia cluster was the Novel Coronavirus. This pandemic continues to grow until there are reports of new deaths and cases outside China. On January 30, 2020, WHO declared COVID-19 a *Public Health Emergency of International Concern* (PHEIC). On February 12, 2020, WHO officially designated this novel coronavirus disease in humans as *Coronavirus Disease* (COVID-19). COVID-19 is caused by SARS-COV2, which belongs to the same large family of coronaviruses that caused SARS in 2003, only with a different type of virus. Symptoms are similar to SARS, but the death rate for SARS (9.6%) is higher than for COVID-19 (currently less than 5%), although the number of cases of COVID-19 is much higher than that of SARS. COVID-19 also has a wider and faster spread to several countries than SARS (Kemenkes RI, 2020; WHO & Aylward, Bruce (WHO); Liang, 2020). The increase in the number of COVID-19 cases has taken place quite quickly and has already spread outside the Wuhan area and other countries. As of February 16, 2020, globally, 51,857 confirmed cases were reported in 25 countries with 1,669 deaths (CFR 3.2%) (Culp, 2020; WHO, 2020)

Based on WHO data that 216 countries have confirmed Covid-19, for the weekend of August 16, 2020 there were more than 1.8 million new cases and 39 000 new deaths. This brings the number of confirmed cases to 21.2 million including 761 000 deaths. In the last seven days, the number of reported daily cases increased rapidly with an average of 260,000 cases and 5,500 deaths with a mortality rate of 4.35% (Satuan Tugas Penangan Covid19, 2020; WHO, 2020). On March 2, 2020, there were 2 positive cases of COVID-19 in Indonesia (Satuan Tugas Penangan Covid19, 2020). Furthermore, on April 13, 2020, Indonesia through the Decree of the President of the Republic of Indonesia number 12 of 2020 determined the non-natural disaster of the spread of the corona virus disease 2019 (covid-19) as a national disaster (Indonesia, 2020). Positive cases continued to increase until on August 22, 2020 there were 151 498 positive cases with 105 198 cases recovered and 6 598 cases died with an average death rate of 3.50% (Satuan Tugas Penangan Covid19, 2020). West Sumatra Province there were 1,564 positive cases with 1 006 recovered cases and 48 deaths with an average mortality of 3.1%. Most of the cases were in Padang City which is the capital city of West Sumatra Province, namely 972 positive cases with 693 recovered cases and 33 cases died (Padang, 2020).

Corona virus is zoonotic (transmitted between animals and humans). Corona viruses are a large family of viruses that cause disease in humans and animals. In humans, it

usually causes respiratory tract infections, 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 longest incubation period being 14 days. In severe cases of COVID-19 it can cause pneumonia, acute respiratory syndrome, kidney failure, and even death (Chu et al., 2020; Gorbalenya et al., 2020; KEMENKES, 2020).

Prevention of human corona virus infection can be done with the right vaccine. Transmission of transmission can be reduced by healthy lifestyle behaviors, namely washing hands regularly with soap and water or hand sanitizer, avoiding touching (eyes, nose, or mouth) with hands before washing hands, using masks, avoiding close contact with sick people, applying ethics coughing and sneezing, a clean and healthy lifestyle in general, cooking animal products thoroughly, a healthy diet, enough exercise, enough sleep (Culp, 2020; Kemenkes RI, 2020; Mózo, 2017)

Healthy lifestyle behaviors are reflected in Clean and Healthy Lifestyle Behavior (PHBS) which is the essence and human rights to maintain their survival. PHBS is a set of behaviors that are practiced on the basis of awareness in realizing public health. In the field of disease prevention and control and environmental sanitation, PHBS includes the behavior of washing hands with soap, managing drinking water and food that meets the requirements, using clean water, using healthy latrines, managing liquid waste that meets the requirements, eradicating mosquito larvae, not smoking indoors, and others (Din, 2016; Kementrian Kesehatan RI, 2011; Prihanti et al., 2018).

Indonesia has set a national target for the coverage of Minimum Service Standards for Health Promotion and PHBS which is a reference for districts/cities is a healthy household or PHBS 80%. The Padang City Health Profile in 2018 shows that the percentage of households using PHBS is 55.7%, this is still below the national target (Dinas Kesehatan Kota Padang, 2019). Related to the Covid-19 pandemic disaster, prevention of transmission by implementing PHBS in all community settings, especially in the household. Therefore, this study aims to see how the differences in the healthy lifestyle of the people of Padang City during the pandemic and during the new normal.

METHOD

Research design

This study is a quantitative study using a cross-sectional study design. This study was conducted to determine changes in healthy lifestyle behavior before and after the new normal / adaptation of new habits of society in Padang City.

Sampling procedures

The population in this study were all extended families who complete family members in the city of Padang. The sample in this study was the head of the family who was chosen as the respondent in this study. The sampling method in this study is probability random sampling, where the number of samples in each kelurahan in Padang City has the same opportunity to be selected as a sample. Respondents were selected using the Simple Random Sampling (SRS) method in each village according to their needs (sample size 150 respondents)

Data analysis

Univariate analysis was carried out by looking at the description of healthy lifestyle behavior before the covid 19 virus disaster, healthy lifestyle behavior after the covid 19 virus disaster with tables, graphs and curves. Bivariate analysis using t test where the p value is compared with 5% alpha.

| | | |
|-----------------------|-----|------|
| Old | 144 | 96 |
| Total | 150 | 100 |
| Education | | |
| Low | 39 | 26 |
| High | 111 | 74 |
| Total | 150 | 100 |
| Socio-economic | | |
| Poor | 104 | 69.3 |
| Medium/Rich | 46 | 30.7 |
| Total | 150 | 100 |

RESULTS AND DISCUSSION

Characteristics of Respondents

Based on the research conducted, the results of the respondents' characteristics are

Table 1. Frequency Distribution of Respondents' General Description

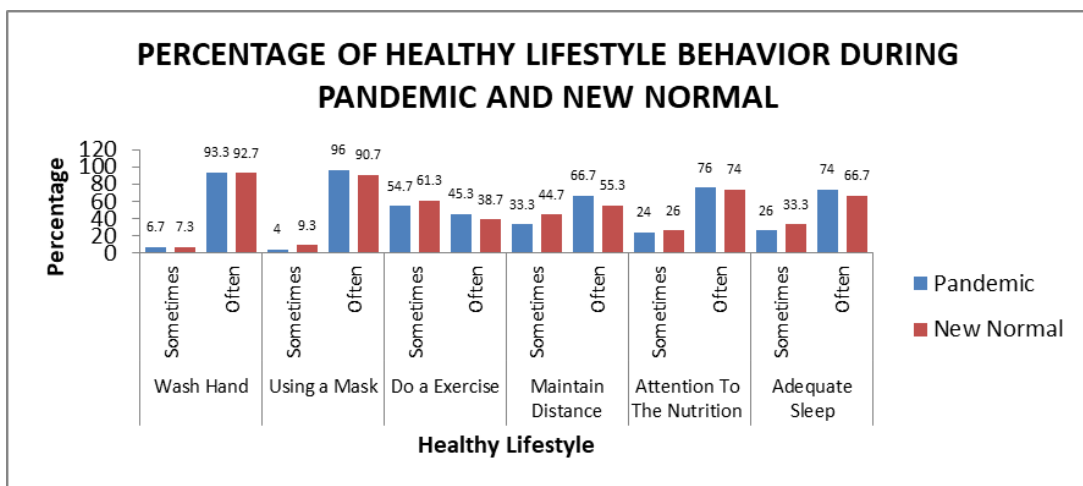
| Characteristics | f | % |
|-----------------|---|---|
| Age | | |
| Young | 6 | 4 |

Based on Table 1, it can be seen that the general description of the respondents, the results show that most of the respondents are 30 years old (old) (96%), high school education/equivalent/PT (High) (74%), and poor socioeconomic (69.3%).

Healthy Lifestyle During a Pandemic and New Normal

Based on the results of research that has been carried out on the healthy lifestyle of the community during the pandemic and new normal, the results are

Diagram 1. Percentage Of Healthy Lifestyle Behavior During Pandemic And New Normal



Based on the diagram 1 , the results of the application of a healthy lifestyle during the pandemic were carried out by respondents, using masks when outside the house was an activity that was often done by respondents, namely 96% respondents , while activities that were sometimes carried out by respondents were respondents are exercising regularly, namely 45,3% respondents. When the new normal, it is found that the application of a healthy lifestyle carried out by respondents, washing hands with soap is an activity that is often carried out by respondents, namely 92,7 % respondents . while activities that are sometimes carried out

by respondents are sports activities. routinely that is 38,7% respondents.

Differences in Healthy Lifestyle During the Pandemic Period and New Normal

The difference in healthy lifestyle during the pandemic and new normal is obtained from the results of thestatistical *Paired T-Test*, so that the following results are obtained:

Table 4. Differences in Healthy Lifestyle During the Pandemic Period and New Normal

| Variable | Mean | N | p-value |
|-------------------------------------|------------|-----|---------|
| Washing hands with soap | Pandemic | 150 | 0.809 |
| | New Normal | 150 | |
| Using a mask when outside the house | Pandemic | 150 | 0.045 |
| | New Normal | 150 | |

| | | | | |
|---|------------|------|-----|-------|
| Doing exercise regularly | Pandemic | 0,45 | 150 | 0,050 |
| | New Normal | 0,39 | 150 | |
| Maintain a minimum distance of 1 meter when outdoor | Pandemic | 0,67 | 150 | 0,003 |
| | New Normal | 0,55 | 150 | |
| Pay attention to the nutrition of the food consumed | Pandemic | 0,76 | 150 | 0,493 |
| | New Normal | 0,74 | 150 | |
| Adequate sleep (6 hours/day) | Pandemic | 0,74 | 150 | 0,016 |
| | New Normal | 0,67 | 150 | |

Based on table 4 above, it can be seen that more than half of the implementation of a healthy lifestyle experienced differences during the pandemic and new normal. Among them are for activities using masks when outside the home with a p-value of 0.045, doing exercise regularly with a p-value of 0.050, maintaining a minimum distance of 1 meter outside the house with a p-value of 0.003 and getting enough sleep (6 hours/day) with a p-value of 0.016.

DISCUSSION

The first application of a healthy lifestyle is washing hands with soap. Washing hands with soap prevents the spread of the Covid-19 virus. The content of soap is clinically proven to be able to kill bacteria, viruses, and germs. Washing hands with soap is the easiest and safest basic step to protect yourself from viruses and is a recommendation from WHO. The Covid-19 virus can be anywhere, sticking to objects around us. The most effective way to prevent transmission of the virus is to wash your hands frequently with soap. It is important to make it a habit to wash your hands with soap and running water. This will be the key to kill, damage, and kill the viruses that contaminate our hands (A. J. Wicaksono & Ummu Mastna Zuhri, 2020). From the results of the study, it was found that there was no difference in the behavior of washing hands with soap during the pandemic and the new normal. The application of Handwashing with Soap can be said to have become a new habit in society during this new normal era. Because from the results of the research, most of the people have implemented this CTPS both during the pandemic and the new normal. The results of this study are almost the same as the research conducted by Siti Patimah (2021) that 100% of the respondents were obedient and willing to do CTPS (Patimah, 2021).

The second application of a healthy lifestyle is to use a mask when outside the house. The use of masks in an effort to prevent the transmission of Covid-19 is very necessary. Various studies have proven the effectiveness of masks in preventing respiratory tract infections, N95 masks and surgical masks have an effectiveness above 90%. For a long period of time, masks can still be used under certain conditions and it must be ensured that children are under parental or adult supervision (Howard et al., 2021). From the results of statistical tests conducted, it was found that a p-value of 0.045 means that there are differences in the behavior of using masks during the pandemic and new normal. We can see that during the pandemic there were 96% of respondents who had applied the use of this mask, while in the new normal era there was a decrease of 6% where the remaining 90% of respondents had applied the use of masks when outside the house.

Quoted from *detik.health.com* there are 5 reasons why people don't wear masks, the first is according to Ruth Berggren from UT Health San Antonio, some people can't use masks for health reasons. In San Antonio, the government allows those with asthma, autism, sensory impairments, and mental health problems not to wear masks. Second is confusion. A psychologist, Eboney Jackson, said people who refuse to wear masks are confused by the information. Previously, masks were only intended for medical workers on the front lines and people at risk. Third is belief. There are also people who refuse to wear masks for reasons of their belief or religion. Jackson said some people believe in God or in anyone with higher powers to help them get through this virus pandemic. Fourth is mental state. Wearing a mask can actually have a bad effect on some people who have anxiety disorders. According to Jackson, it can make them feel unable to breathe. And the last is trust in the herd community. Another reason people are reluctant to wear masks is herd immunity. They believe, if you want to stop the Corona pandemic, the majority of the world's population must be infected. Scientists also say that herd immunity can occur when 80 - 90 percent of the world's population is infected and cured. However, the process to achieve it took a long time and resulted in a large number of deaths (Alam, 2020).

The third application of a healthy lifestyle is to exercise regularly. Activities like this will help relax the muscles, increase blood circulation and muscle activity. Regular physical activity can help reduce high blood pressure, maintain weight and reduce the risk of heart disease, stroke, diabetes and several other diseases. Physical activity can also increase muscle and bone strength, improve balance, flexibility and fitness (A. Wicaksono, 2020). From the results of statistical tests carried out, a p-value of 0.050 means that there are differences in the behavior of using masks during the pandemic and new normal. We can see that during the pandemic there were 45.3% of respondents who were already doing regular exercise, while in the new normal era there was a decrease of 7% where the remaining 38% of respondents were already doing regular physical activity. This figure is still low compared to research conducted on the Acehnese community in 2020, which was 50.3% of the 350 people in the total sample who had carried out regular physical activity (Pranata, 2020).

This low figure is caused by several factors. In Australia, there are several factors that have an impact on participation in physical activity, the first factor is the individual factor, namely barriers to physical activity due to lack of time (40%), and injury or disability (20%). The second factor is the environmental factor. The built environment should be able to support physical activity. Several buildings were erected in Australia but still lack attention to aspects of physical activity. Consideration should be given to aspects of development that have a significant impact on physical activity levels, including the provision of trails, connectivity roads, and green spaces that can be utilized for exercise. The

third factor is social and cultural factors. The cost of participating in physical activity is one of the inhibiting factors for some families. This is evidenced by the strong correlation between sports participation and family income in Australia. In addition, it is very clear that people who have cultivated a culture of sports will be more optimal in their work and in carrying out their lives (Woods et al., 2020).

The application of a healthy lifestyle during the fourth pandemic is to maintain a distance of 1 meter when outside the house. Maintaining physical distance both physically and socially is actually an effort to weaken the pandemic curve, prevent uncontrolled transmission of infection, slow down the spread and reduce the burden on hospitals (Atmojo et al., 2021). Berdasarkan hasil meta analisis yang dilakukan oleh Derek (2020) beberapa studi yang menyajikan data terkait jumlah patients who had contact history and were infected with the MERS and COVID-19 viruses were statistically analyzed. The results show that the application of physical distancing can reduce the risk of MERS occurrence by 0.23 times or 23% although this result is not significant. On the other hand, for the case of SARS-CoV2 or COVID-19, the application of this physical restriction can reduce the risk of infection by 0.20 times or 20% and the results obtained from the cumulative calculation are significant (Chu et al., 2020). From the results of the statistical tests carried out, the p-value of 0.003 means that there is a difference in behavior in maintaining a distance of 1 meter during the pandemic and new normal. We can see that during the pandemic, there were 66.7% of respondents who had implemented this social distancing, while in the new normal era, there was a decrease of 11% where the remaining 55% of respondents implemented a 1 meter distance when outside their homes.

Based on research conducted in 32 provinces in Indonesia on Public Perceptions of the Importance of Social Distancing in 2020, it shows that the general perception of the importance of implementing social distancing in dealing with outbreaks is not able to control people to behave in accordance with this general perception. Someone may perceive that policies are social distancing very important, but cannot refrain from leaving the house for various purposes. Second, the general perception of non-compliance coming from a certain profession, education level, or income level is not proven. Those who are recommended to even be obliged to work from home do not reduce going out of the house and doing activities as usual. The third, although biased, shows one thing. The number of people who admit that they are very less out of the house but still worship in places of worship shows that on the one hand, Indonesian people are very religious. This side of religiosity encourages people to be closer to God in difficult times (Aslam, 2020).

The application of a healthy lifestyle during the fifth pandemic is paying attention to the nutrition of the food consumed or consuming foods that have balanced nutrition. From the results of the statistical tests carried out, it was found that a p-value of 0.493 means that there is no difference in behavior in paying attention to nutrition during the pandemic and new normal. We can see that during the pandemic there were 76% of respondents who had paid attention to the food they consumed, while in the new normal era there was a decrease of only 2%, namely 74% of respondents who had paid attention to the food consumed. Therefore, it can be seen that most of the respondents have paid attention to the nutrition of the food consumed. This figure is higher when compared to research conducted in Surabaya, namely in adolescents at the State University of Surabaya, only 52% of the respondents had implemented a

balanced nutrition pattern during this pandemic (Amaliyah et al., 2021; Kristiandi et al., 2021).

As for guidelines for a nutritious and balanced diet during the corona virus pandemic, according to the Indonesian Ministry of Health (2020), the first is eating with a complete composition. Consumption of food with a complete composition to meet nutritional intake. One of them is the "My Eating Plate" guidelines from the Ministry of Health. In these guidelines, it is recommended to eat not just full. In each meal, try to have half the plate filled with fruit and vegetables. The other half of the plate contains carbohydrates and protein. The second is to limit the intake of fat, sugar, and salt. Eating too much salt causes heart attacks and strokes and is now also thought to cause changes in brain function. The third is to meet the body's fluid needs. Keep the body from becoming dehydrated by drinking at least 6-8 glasses of water per day. Adequate body fluids are also important to maintain endurance. Try not to consume drinks that contain lots of sugar such as soda, packaged drinks, and other high-sugar drinks. The last thing is to keep the food clean. So far, there is no evidence that food or food packaging plays a role in the transmission of the corona virus (COVID-19). A person can indeed be infected by touching a surface or object that has been contaminated with the virus, then touching his face. However, a higher risk of transmission comes from close interactions with other people, for example when shopping for groceries or taking orders. In any case, hygiene is very important when preparing food to prevent foodborne disease transmission (RI, 2020).

A healthy lifestyle during the last Covid-19 pandemic is adequate rest, which is at least 6 hours per day. From the results of the statistical tests carried out, it was found that a p-value of 0.016 means that there are differences in a healthy lifestyle with adequate sleep during the pandemic and the new normal. The decreased sleep quality is caused by stress, fear and anxiety about Covid-19. Decreasing sleep quality is certainly not a good thing and has a bad impact on physical and mental health. So it's good if we start to improve this poor sleep pattern and turn it into quality sleep. The quality of sleep itself can be seen from several aspects, namely sleep latency, sleep duration, subjective sleep quality, daily sleep efficiency, sleep disturbances, use of sleeping pills and dysfunction during the day. Sleep is more than just resting and closing your eyes at night. Reporting from CNN Indonesia, Edward Young, an AMILIFE health consultant, stated that quality sleep has three elements, namely duration, continuity and depth. Sleep duration means how long sleep lasts. Then, continuity is sleep that continues without waking up and being disturbed until waking up in the morning. The depth of sleep is related to a good night's sleep where when you wake up the body does not feel tired but feels fresher (Cana et al., 2020).

CONCLUSIONS AND SUGGESTIONS

Conclusion of this study is that the behavior of the community's healthy lifestyle has changed from the pandemic period and the new normal. The healthy lifestyle behaviors seen include washing hands using soap, using masks when outside the home, doing sports regularly, maintaining a minimum distance of 1 meter when outside the home, paying attention to the nutrition of the food consumed, getting enough sleep (6 hours/day). Among the six healthy lifestyle behaviors, 4 of them have differences

between the pandemic period and the new normal period. The biggest decrease in behavior is the behavior of maintaining a distance of at least 1 meter when outside the house.

Suggestion from the research is by knowing that there are differences in people's attitudes and good actions during the pandemic and the new normal, it is better to make health promotion efforts to the community so that they maintain their good attitude during the pandemic considering that COVID-19 has not ended in Indonesia.

REFERENCES

- Alam, S. O. (2020). *Alasan Orang Enggan Memakai Masker*. Detik-Health. <https://health.detik.com/berita-detikhealth/d-5047092/5-alasan-ini-mungkin-yang-bikin-orang-enggan-pakai-masker>
- Amaliyah, M., Soeyono, R. D., Nurlaela, L., & Kritiastuti, D. (2021). Pola Konsumsi Makan Remaja Di Masa Pandemi Covid-19. *Jurnal Tata Boga*, 1(1), 129–137.
- Aslam, F. (2020). COVID-19 and Importance of Social Distancing. *Preprints*. <https://doi.org/10.20944/preprints202004.0078.v1>
- Atmojo, J. T., Daryanto, & Suciyaniti. (2021). Efektivitas dan Potensi Risiko Physical Distancing Pada Masa Pandemi. *Journal of Health Research*, 4(1), 69–80. <https://doi.org/10.36419/avicenna.v4i1.460>
- Cana, Joshua, & Metta. (2020). Tidur Berkualitas Dan Kesehatan Psikologis. *Pusat Pelayanan Tes Dan Konsultasi Psikologis*.
- Chu, D. K., Akl, E. A., & Duda, S. (2020). Physical distancing, face masks, and eye protection to prevent person-to-person transmission of SARS-CoV-2 and COVID-19: a systematic review and meta-analysis. *The Lancet*, 395(10242), 1973–1987. [https://doi.org/10.1016/S0140-6736\(20\)31142-9](https://doi.org/10.1016/S0140-6736(20)31142-9)
- Culp, W. C. (2020). Coronavirus Disease 2019 : In-Home Isolation Room Construction. *A & A Practice*, 14(6), e01218. <https://doi.org/10.1213/xxa.0000000000001218>
- Din, N. (2016). Manajemen Penerapan Perilaku Hidup Bersih dan Sehat (PHBS) Tatanan Rumah Tangga di Kelurahan Kurao Pagang Kota Padang Tahun 2016. *Jurnal Endurance*, 1(3), 121–135. <http://doi.org/10.22216/jen.v1i3.1015>
- Dinas Kesehatan Kota Padang. (2019). *Laporan Tahunan Tahun 2018*.
- Gorbalenya, A., Baker, S., Baric, R., de Groot, R., Drosten, C., Gulyaeva, A., Haagmans, B., Lauber, C., Leontovich, A., Neuman, B., Penzar, D., Perlman, S., Poon, L., Samborskiy, D., Sidorov, I., Sola, I., & Ziebuhr, J. (2020). Severe acute respiratory syndrome-related coronavirus: The species and its viruses – a statement of the Coronavirus Study Group. *Nature Microbiology*. <https://doi.org/10.1101/2020.02.07.937862>
- Howard, J., Huang, A., Li, Z., Tufekci, Z., Zdimas, V., van der Westhuizen, H. M., von Delft, A., Price, A., Fridman, L., Tang, L. H., Tang, V., Watson, G. L., Bax, C. E., Shaikh, R., Questier, F., Hernandez, D., Chu, L. F., Ramirez, C. M., & Rimoin, A. W. (2021). An evidence review of face masks against COVID-19. *Proceedings of the National Academy of Sciences of the United States of America*, 118(4), 1–12. <https://doi.org/10.1073/pnas.2014564118>
- Indonesia, P. R. (2020). Keputusan Presiden Republik Indonesia Nomor 12 Tahun 2020 Tentang Penetapan Bencana Nonalam Penyebaran Corona Virus Disease 2019 Sebagai Bencana Nasional. *Fundamental of Nursing*, 01, 18–30.
- KEMENKES. (2020). Gugus tugas percepatan penanganan covid-19 1. *Gugus Tugas Percepatan Penanganan Covid-19*, 1–39.
- Kemenkes RI. (2020). Pedoman Pencegahan dan Pengendalian Coronavirus Disease (COVID-19). *Germas*, 0–115.
- Kementrian Kesehatan RI. (2011). Peraturan Menteri Kesehatan Republik Indonesia. *Pedoman Umum Penggunaan Antibiotik*, 34–44.
- Kristiandi, K., Yunianto, A. E., Darawati, M., Doloksaribu, T. H., Anggraeni, I., Pasambuna, M., & Akbarini, O. F. (2021). Food Consumption Patterns of Male and Female Undergraduate Students In Indonesia During New Normal Implementation of Pandemic Covid-19 Era. *Open Access Macedonian Journal of Medical Sciences*, 9, 278–282. <https://doi.org/10.3889/oamjms.2021.5926>
- Mózo, B. S. (2017). Summary for Policymakers. In Intergovernmental Panel on Climate Change (Ed.), *Climate Change 2013 - The Physical Science Basis* (Vol. 53, Issue 9, pp. 1–30). Cambridge University Press. <https://doi.org/10.1017/CBO9781107415324.004>
- Padang, P. K. (2020). *Situasi dan Perkembangan Covid 19 Kota Padang*. <http://corona.padang.go.id/index.php/2012-11-22-10-50-21>
- Patimah, S. (2021). Penggunaan masker dan kepatuhan cuci tangan pada masa new normal COVID-19. *Journal of Chemical Information and Modeling*, 53(9), 1689–1699.
- Pranata, D. Y. (2020). Aktivitas Olahraga Yang Dilakukan Masyarakat Pada Masa Pandemi Covid-19 Di Kota Banda Berdasarkan Usia. *Altius: Jurnal Ilmu Olahraga Dan Kesehatan*, 9(2), 32–38. <https://doi.org/10.36706/altius.v9i2.12543>
- Prihanti, G. S., A., L. D., R. H., I., A. I., P., H. S., P., G. R., & F., S. (2018). Faktor-Faktor Yang Mempengaruhi Tingkat Perilaku Hidup Bersih Dan Sehat Pada Tatanan Rumah Tangga Di Wilayah Kerja Puskesmas Poned X. *Saintika Medika*, 14(1), 7–14. <https://doi.org/10.22219/sm.vol14.smumm1.6644>
- RI, K. K. (2020). *Panduan Gizi Seimbang Pada Masa Pandemi Covid 19*. <https://covid19.go.id/>
- Satuan Tugas Penangan Covid19, I. (2020). *Kesembuhan COVID-19 di Indonesia Tembus 100.000*. <https://covid19.go.id/p/berita/kesembuhan-covid-19-di-indonesia-tembus-100000>
- WHO. (2020). *Pelayanan Kesehatan Berbasis Komunitas Termasuk Penjangkauan dan Kampanye Dalam Konteks Pandemi Covid-19*.
- WHO, & Aylward, Bruce (WHO); Liang, W. (PRC). (2020). Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19). In *The WHO-China Joint Mission on Coronavirus Disease 2019* (Vol. 2019, Issue February). <https://www.who.int/docs/default-source/coronaviruse/who-china-joint-mission-on-covid-19-final-report.pdf>
- Wicaksono, A. (2020). Aktivitas Fisik Yang Aman Pada Masa Pandemi Covid-19. *Jurnal Ilmu Keolahragaan Undiksha*, 8(1), 10–15. <http://dx.doi.org/10.23887/jiku.v8i1.28446>
- Wicaksono, A. J., & Ummu Mastna Zuhri. (2020). Hand cleaning activities during COVID-19 pandemic and the manifestation on human skin: a retrospective study. *Indonesian Journal of*

Pharmacology and Therapy, 1(1), 38–46.
<https://doi.org/10.22146/ijpther.633>

Woods, J. A., Hutchinson, N. T., Powers, S., & Roberts, W. O. (2020). The COVID-19 Pandemic and Physical Activity. *Sports Medicine and Health Science*, 2.
<https://doi.org/10.1016/j.smhs.2020.05.006>

