

Factors Related to Health Protocol Implementation Among Covid-19's Survivor in Surabaya

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Abstract: It is almost two years for Covid-19 pandemic occurred in Indonesia. There were over 198 million cases and 4 million deaths since March 2020. Vaccination and implementation of health protocol is way out to quit Covid-19 pandemic. There were hundreds of million Covid-19 survivors had second infection after the first attack. This means that even someone has been infected by Covid-19 for the first time, if he didn't do health protocol properly, it is possible to get second infection. Covid-19 could be mutated rapidly. Someone who has been exposed by one variant of Covid-19 could be easily infected by other variant in the future. Covid-19's survivors are equal with other healthy people. They have to do health protocol to prevent transmission of the virus. This research aimed to analyze factors related to health protocol implementation among Covid-19's survivors in Surabaya. This research's method was analytic observational with cross-sectional approach. 100 Covid-19 survivors in Surabaya were chosen by Simple Random Sampling. Data collected by Google Form and analyzed by Cramer's V. The result of this research concluded that 73% respondents were women, 77% aged 18-25 years old, 61% were students and 61% had good knowledge. The implementation of health protocol were 71% among respondents. Gender ($p=0.010$), age ($p=0.017$) and knowledge ($p=0.004$) were related to health protocol implementation while occupation ($p=0.076$) variable wasn't. Self awareness is needed to do health protocol during pandemic. Health protocol aimed to reduce transmission of Covid-19.

A. 1 INTRODUCTION

Pandemics Covid-19 that began at the end of 2019 until the end of 2021 has not been fully over. Until August 2021 globally there were 198.234.951 cases with the number of deaths were 4.227.359, while in Southeast Asia there were 38.480.764 cases with the number of deaths as many as 573.053 people (WHO, 2021). In Indonesia cumulative case of Covid-19 was 3.462.800 cases since March 2020 until August 2021 with the number of deaths were 97.291 people (WHO, 2021). Record of the highest daily Covid-19 cases in Indonesia was 50 1.568 with the death of thousands of people (Jatimprov, 2021). It was because in June 2021 Indonesia shocked by the discovery of new cases in Delta variant which has 3 times faster transmission variant than Alpha variant (Wuhan) (Mahase, 2021). In the second quarter of 2021 vaccination was given by the government

massively. Various types of vaccine such as Sinovac, Astrazeneca, Moderna and Pfizer had been provided by the government with a target of 1 million vaccines per day. It was intended to pursue the herd immunity which can only be achieved if 80% citizens had 2 doses of vaccine (Yuningsih, 2020).

On June, government regulated lockdown in Java and Bali for 14 days called PPKM. It was because the number of new cases and deaths of Covid-19 were reached its peak. In a day there were 50 thousand of new cases and 1000 of deaths. One of the prevention besides vaccination was to do health. Protocol. Health protocol consists of wearing a mask, washing hands with soap, keep distance, eat healthy food, avoid the crowd and minimize the mobility (Kemendagri, 2021).

Basically, the government's socialization about the importance of health protocols quit adequate. Government provided reward and

punishment system which was expected to increase public awareness about the importance of implementing health protocols during the pandemic. In Surabaya, the punishment was like social services such as cooking in public kitchens or cleaning roads. Surabaya had been being a Covid-19 red zone at several times. The red zone means that new cases and deaths from Covid-19 in the area increasing massively (Rismaharini, 2020).

Someone could be infected by Covid-19 twice or more due to various things. One of them was from the virus itself. Covid-19 was a type of virus that can mutate quickly. It was proven that until the second year of the pandemic there were more than dozens of variants such as Alpha, Beta, Gamma, Delta and many more. Covid-19 was similar with flu virus that has been known by its ability to mutate. Therefore, a person can be exposed to the flu virus many times even if they have had the flu before (Nalbandian et al., 2021). Even though a Covid-19 survivor had been vaccinated, he still had to do health protocols to prevent a second infection (Suprobawati & Kurniati, 2018).

Knowledge, education, occupation, demographic factors such as age, gender, social, economic were some of the things related to the behavior of implementing health protocols. This study aimed to analyze factors related to the implementation of health protocols among Covid-19 survivors in Surabaya. The factors in question are age, gender, occupation and knowledge.

2 METHODE

This research was conducted in Surabaya in April to June 2021. The population of this study were all Covid-19 survivors in Surabaya. The research sample was determined by simple random sampling technique with inclusion criteria having been declared negative for at least 6 months, willing to participate in the study and domiciled in

Surabaya. The number of samples obtained was 100 people. This research was a quantitative study with analytic observational design and a cross sectional approach. Data was collected by distributing online questionnaires through the Google Form application. The data were analyzed by Cramer's V test because both independent and dependent variables, had a nominal data scale

3 RESULT

Table 1 Characteristic of Covid-19 Survivor

Sub Variabel	n	%
Gender		
b. Man	27	27
c. Woman	73	73
Age		
a. 18-25	77	77
b. 26-35	23	23
Occupation		
a. Student	61	61
b. Worker	39	39
Knowledge		
a. Good	61	61
b. Bad	39	39

From table 1 73% of respondents who survived Covid-19 were women, aged 18-25 years (77%) and student (61%) and had good knowledge (61%).

Table 2 Health Protocol Implementation Covid-19 Survivor in Surabaya

Sub Variabel	n	%
Health		
Protocol	71	71
Implementation	29	29
a. Good		
b. Bad		
Total	100	100

From table 2, 71% Covid-19 survivors had good health protocol implementation, while 29% were bad.

Table 3 Crosstab of Factors Related to Health Protocol Implementation Among Covid-19's Survivor in Surabaya

Sub Variabel	Health Protocol Implementation				Total	
	Good		Bad		n	%
	n	%	n	%		
Gender						
a. Man	14	14	13	13	27	27
b. Woman	57	57	16	16	73	73
Total	71	71	29	29	100	100
Age						
a. 18-25	55	55	22	22	77	77
b. 26-35	16	16	7	7	23	23
Total	71	71	29	29	100	100
Occupation						
a. Student	45	45	16	16	61	61
b. Worker	26	26	13	13	39	39
Total	71	71	29	29	100	100
Knowledge						
a. Good	37	37	24	24	61	61
b. Worker	34	34	5	5	39	39
Total	71	71	29	29	100	100

Data analysis of factors related to health protocols implementation among Covid-19 survivors can be seen in table 4.

Tabel 4. Data analysis of factors related to health protocols implementation among Covid-19 survivors

Sub Variabel	<i>P value</i>
Gender	0,010
Age	0,017
Occupation	0,076
Knowledge	0,004

From table 3, gender, age and knowledge have a significant related to health protocols implementation. While occupation does not have a significant relationship with health protocols implementation.

4 DISCUSSION

Health protocol consists of wearing masks, washing hands with soap, maintaining distance, eat healthy food, staying away from crowds and limiting mobility. The implementation of health protocols was aimed to break the chain of transmission of Covid-19. This study was similar with Yuliyanti's research in Semarang which stated that gender and knowledge had a significant relationship with the implementation

of health protocols to prevent Covid-19. Other factors of health protocols implementation were education, attitudes, infrastructure, government support, supervision and support from community leaders (Yuliyanti, 2021).

The results of a similar study were also stated by Wiranti et al in their research in Depok which concluded that gender and knowledge were determinants to prevent Covid-19. Other factors of health protocols implementation were education and attitudes. Female respondents with a high level of education and good knowledge and have an attitude of supporting government policies have a high level of compliance (Wiranti, Sriatmi, & Kusumastuti, 2020).

This study was similar with the results of research using qualitative methods by Alam in Makassar which concluded that knowledge was an important factor influencing people to implement health protocols, especially wearing masks. Government should be held socialization such as counseling, making educational posters or billboards or distributing masks for free (Alam, 2021).

This study was similar with Afrianti and Rahmiati's research which stated that age and

knowledge had a significant relationship with the implementation of health protocols. Other influencing factors were education, attitude and motivation. (Afrianti & Rahmiati, 2021). In a qualitative study by Lathifa et al in Surakarta, it was stated that the awareness factor related to health protocols implementation, especially the use of masks and washing hands with soap. In the study, respondents admitted that they had the most difficulty of reducing interactions with other people and keeping their distance (Lathifa, Kamalia, Putra, & Nuryanti, 2021).

The study of Tetartor et al in Medan gave similar results. According to him, knowledge, education and attitude factors were related to the implementation of health protocols. While the unrelated factors were social and informational environmental factors (Tetartor, Anjani, & Simanjuntak, 2021). Nismawati and Marhtyni's research in Gowa Regency also gave the same conclusion, knowledge, attitudes, infrastructure and hygiene behaviour had a relationship with the implementation of health protocols during the Covid-19 pandemic (Nismawati & Marhtyni, 2020).

The results of this study were similar to Riyadi and Larasat's research in 2020 which concluded that gender and age related to health protocols behaviour. Young female respondents had higher compliance in implementing health protocols. Other influencing factors in this study were the respondent's reaction status, perceived effectiveness of self-isolation, education level, health status, and marital status, level of concern about pandemic news and level of concern for mobility outside the house. (Riyadi & Larasaty, 2020).

The results Budilaksana's research in Jember provided another alternative regarding factors that affect the implementation of health protocols. In his research, it was stated that perception, socio-economic factors, values and beliefs and socialization had a significant relationship with the implementation of health protocols (Budilaksana, 2021). Another alternative was also stated in the study of Afro et al in East Java which concluded that in the Health Belief Model approach, perceived benefits and perceived

barriers related to implementation of health protocols (Afro, Isfiya, & Rochmah, 2020).

Those who did not obey with health protocols, according to Ermayanti et al in their research in West Sumatra, said that economic constraints, public trust in the government, lack of information and socio-cultural factors were determinants of people not heeding the implementation of health protocols during the Covid-19 pandemic (Ermayanti, Syaiful, Zetra, & Fajri, 2020).

This study was different with Niruri et al research in Surakarta which stated that gender and age were not significantly related to the implementation of health protocols. But, similarity with this study was occupation factor had no significant relationship with the implementation of health protocols (Niruri, Farida, Prihapsara, Yugutama, & Ma'rufah, 2021).

This study was different with Herawati et al.'s study which concluded that there was no significant relationship between age, knowledge, education and support of health workers with health protocols implementation. According to him, attitudes and infrastructure were related to health protocols implementation (Herawati, Yasinta, & Indragiri, 2021).

Nuqul in Wiranti et al's study in 2020 said that the intensity of women's compliance was higher than that of men. This means that women were more obedient than men. The same thing can also be applied to the implementation of health protocols which were proven that female respondents were more obedient than male respondents. In knowledge variable, according to Notoatmodjo in Nismawati and Marhtyni (2020) stated that behavior was formed by individual knowledge (Nismawati & Marhtyni, 2020).

5 CONCLUSIONS AND SUGGESTIONS

Conclusion

Gender, age and knowledge have a significant relationship to health protocols implementation. While occupation does not have a significant relationship with health protocols implementation.

Suggestion

Covid-19 survivors/survivors should be discipline to do health protocols such wearing masks, washing hands with soap, kepp distance, eat healthy food, staying away from crowds and limiting mobility in order to break the chain of transmission of Covid-19.

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