

Socialization of 5M implementation and independent isolation for patients with Covid-19 based on online media for the residents of Semanding Hamlet, Sumbersekar Village, Malang Regency

Ria Ramadhani Dwi Atmaja ¹, Riskiyana ¹, Alif Firman Firdausy ¹, Syanindita Puspa Wardhani ¹ and Yuyun Yueniwati ^{2,*}

¹ Faculty of Medicine and Health sciences, State Islamic University Maulana Malik Ibrahim Malang, Indonesia.

² Faculty of Medicine, Universitas Brawijaya / Faculty of Medicine and Health sciences, State Islamic University Maulana Malik Ibrahim Malang, Indonesia.

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Abstract

Corona virus disease has spread to almost every country in the world and has become a global pandemic. Behavior change expected from communities is focused on increasing compliance with the Covid-19 preventive health protocol during the pandemic which is called new habit adaptation (IMR). IMR is our way of adapting by changing new behaviors, lifestyles, and habits in our daily activities. The new habit is implementing the 3M health protocol (wearing masks, washing hands with soap and running water, and maintaining a safe distance) so that we can remain productive without contracting Covid-19.

Therefore, it is very important to carry out 5M socialization and independent isolation for patients suffering from Covid-19 in an effort to prevent the transmission and to handle Covid-19 in Semanding Hamlet, Sumbersekar Village, Malang Regency.

Education program delivered using lecture method and utilizing media in the form of educational videos increases the understanding and knowledge of Semanding Hamlet residents. This type of education program can stimulate thoughts, feeling, attention, creativity, and innovation, and also provide direct experience to the audiences. But the audiences' knowledge is affected by their education level and it has been shown when they were asked to choose those multiple choices about Covid-19 protocol that might be harder than to choose the best one on a dichotomous statement. On the other side, the audiences almost had done for all the Covid-19 protocols in daily activities but they still leave the house for some necessities.

Keywords: Covid 19; 5M implementation; Independent isolation; Online media

1. Introduction

Corona virus disease (Covid) has spread to almost every country in the world and has become a global pandemic. Based on the data from WHO, as of January 29, 2021, there were 223 countries affected by Covid. There were 100,819,363 confirmed cases, and 2,176,159 patients died [1]. In Indonesia itself, the data shows that the development of covid cases also increases. Based on the data from www.covid19.go.id, the cumulative number of confirmed positive cases was 1,051,795 with a cure rate of 852,260 and a death rate of 29,158. Daily cases in Indonesia are also increasing day by day

* Corresponding author: Yuyun Yueniwati

Faculty of Medicine, Universitas Brawijaya / Faculty of Medicine and Health sciences, State Islamic University Maulana Malik Ibrahim Malang, Indonesia.

and the number is almost always above 10,000 cases. East Java Province is currently listed as one of the five provinces in Indonesia with the highest positive cases of Covid. This increasing number of cases requires serious and appropriate handling from all parties, both the government and the Indonesian people. The best step that must be taken by the government is to focus on breaking the chain of covid transmission in an appropriate, fast and accurate way. Various efforts have been made by the government, including arranging health protocols, enforcing discipline in implementing health protocols and vaccination. The East Java provincial government also synergizes with the central government in carrying out various policies to reduce the transmission of Covid-19, including stay at home policy, study at home policy, implementation of health protocols, regional quarantine and Large-Scale Social Restrictions (PSBB) in several regencies and/or cities. Promotional and preventive efforts must be prioritized to be able to break the chain of transmission promptly. The best strategy is to put communities at the forefront with behavior change as the spearhead [2].

Behavior change expected from communities is focused on increasing compliance with the Covid-19 preventive health protocol during the pandemic which is called new habit adaptation (IMR). IMR is our way of adapting by changing new behaviors, lifestyles, and habits in our daily activities. The new habit is implementing the 3M health protocol (wearing masks, washing hands with soap and running water, and maintaining a safe distance) so that we can remain productive without contracting Covid-19 [3].

Based on the results of survey conducted by the Covid-19 Task Force team regarding monitoring health protocol compliance in 34 provinces as of January 3, 2021, it is found that around 43.75% of Regencies/Cities in Indonesia have <75% compliance in wearing masks and around 51.62% Regencies/Cities in Indonesia have <75% compliance in terms of maintaining safe distance. Data on the level of community compliance with health protocols in East Java Province also shows that most people in Regencies/Cities have a compliance level of <90% [4]. From these datas, it can be concluded that the level of discipline and public awareness in terms of implementing health protocols is still lacking and this is the reason why the number of positive cases of Covid is increasing. In addition, to further improve the effectiveness of preventing the transmission of Covid-19, the government has changed the health protocol from 3M to 5M. The 5M protocol is a complement to 3M's actions which consist of wearing masks, washing hands with soap and running water, maintaining a safe distance, staying away from crowds, and limiting mobilization. With this change in health protocols, it is necessary to conduct more active socialization to the public to provide understanding and awareness of the importance of implementing health protocols to break the chain of Covid-19 transmission [3].

In addition to promotive and preventive efforts, the East Java provincial government has also made curative efforts in handling Covid-19 patients. These can be seen with the increasing number of referral hospitals for Covid-19 patients. The number of referral hospitals in East Java has reached 145 hospitals with several emergency hospitals. Of this number, as of January 2021, the occupancy rate has reached 70 percent. The high number of occupancy in Covid-19 referral hospital is a warning to increase the capacity, given the ideal standard set by WHO is in the range of 50 percent [6]. Another effort that can be done is carrying out independent isolation process at home. Independent isolation or home care is for suspected cases (symptomatic people) and confirmed cases of Covid-19 which have mild symptoms and without accompanying conditions. Self-isolation or home care requires an understanding from the community about how to carry out independent isolation appropriately and correctly because it involves not only the patient, but also the patient's family in the process. Thus, there is a need for broad socialization to the public regarding the proper and correct procedures of self-isolation for Covid-19 patients [7].

Village as the smallest and the foremost government unit in the administration of government affairs can be used as the primary institution in dealing with various problems of the nation, including in dealing with the Covid-19 pandemic. Thus, it is the right step for us to socialize the implementation of 5M health protocol and procedures for self-isolation at the village level. Sumbersekar Village is one of the ten villages in Dau District, Malang Regency, East Java Province. This village has 4 hamlets namely Semanding, Krajan, Banjartengah, and Precet. Semanding Hamlet is geographically located at position 0749,113 "south latitude and 11233'5,285 east longitude [8]. Detailed infographics of Semanding Hamlet are shown in Figure 1 below.



Figure 1 Semanding Hamlet Infographics. The figure above shows the location of Semanding Hamlet, transportation mostly used by people there, the potential in some majors, and people's occupation.
Source: *Profil dan Potensi Dusun Semanding-Kecamatan Dau, 2015*

The health service facilities in Semanding Hamlet area are one Poskesdes (Village health post) and one Posyandu (integrated health post). Each RT has representatives of health cadres who work at Posyandu. Unfortunately, Posyandu activities are still temporarily suspended because of the pandemic. Socialization of the application of health protocols is still very rarely carried out and from the results of our observations, there are many residents who rarely wear masks and there is no adequate CTPS (Cuci Tangan Pakai Sabun/Hand Washing with Soap) facilities in Semanding Hamlet area. In addition, in Semanding Hamlet, there is Ar-Rohmah Islamic Boarding School whose students come from Malang city or outside Malang city, which may be a red zone or a black zone [8].

Establishment of robust village or village volunteers against Covid-19 have not been done, and thus, people who carry out home care or independent isolation have not got optimal support from hamlet residents. In addition, there has not been any socialization to the public regarding the proper and correct procedures for self-isolation for Covid patients. Therefore, it is very important to carry out 5M socialization and independent isolation for patients suffering from Covid-19 in an effort to prevent the transmission and to handle Covid-19 in Semanding Hamlet, Sumbersekar Village, Malang Regency [9].

Two methods will be used in socialization program to the residents of Semanding Hamlet, namely by giving lectures and educational videos which can be accessed online. The lecture method is carried out with health cadres and hamlet officials as the target, given their role as the front guard in the society in Covid-19 prevention, especially in terms of implementing health protocols. It is shown that education is able to change the behavior and increase public awareness in taking care of their health. Education has a very important contribution because it can be used to overcome the threat of Covid-19 at different levels. The contributions at the lower level focus on behavior change and disease management for individuals. Contribution at the middle level is through group-affecting interventions, such as group health education. Meanwhile, contributions at the top level focus on providing information about policies that can affect the population [10]. The online method is also chosen based on the consideration that currently it is conducted during pandemic period which makes it impossible to invite large numbers of people. The hope is that health cadres and hamlet officials can pass on the information to the socialization to the hamlet community through educational videos that have been uploaded to social media so that people can access this information repeatedly. In addition, online education can also support the learning process using technology [11].

The purpose of this community service activity is to provide understanding to the residents of Semanding Hamlet, Sumbersekar Village, Malang Regency, especially health cadres and hamlet officials regarding the implementation of 5M health protocol and procedures for independent isolation for patients with Covid-19 based on online media. Health cadres and hamlet officials as potential groups for community activists in the health sector are expected to become role models in implementing health protocols, and later it is hoped that a group of village volunteers against Covid-19 will be formed. Therefore, people will have more awareness and understanding about the application of health protocols and can work together to cut the chain of transmission of Covid-19 effectively [5].

2. Method of Program Implementation

In this community service activity, three actions are applied, namely planning, doing, and evaluating. In addition, it is also emphasized to the target community to always pray, surrender to God, be grateful, and have resolution as the manifestation of the value of spirituality and increase of faith in facing trials from Allah during this pandemic. The forms of activities in this community service are explained as follows.

2.1. Extracting basic data on target communities

This activity is included in the planning stage and carried out using collaborative approach method. The group will coordinate with the village to get permit for community service activities. The group also coordinates with the hamlet head to explore basic data related to the condition of the region and health problems related to the implementation of health protocols and independent isolation in Semanding Hamlet. Extracting information is also related to determining the target group for the implementation of socialization activities.

2.2. Preparation for counselling

This stage is carried out after the target community group is identified. The preparations include making invitations for this activity, coordinating with target group communities, making educational videos, and preparing equipment and accommodation for socialization activities. Educational videos are made by utilizing information technology so that socialization activities become more interesting and not boring.

2.3. Socialization activities on the implementation of 5M and procedures for independent isolation for Covid-19

Socialization activities are carried out by using lecture method and utilizing the media in the form of educational videos and conducting questions and answers with the target community. The socialization/counseling activities are in the form of implementing 5M health protocol, namely wearing masks, washing hands with soap and running water, maintaining safe distance, staying away from crowds, and limiting mobilization. Meanwhile, socialization of independent isolation procedures is given in the form of counseling about what Covid patients and their families should do when doing independent isolation at home and how community, especially health cadres and hamlet officials, can support their residents who carry out independent isolation at home, which include preparing CTPS facilities and preparing food (logistics) as well as personal hygiene needs for residents who carry out independent isolation/home quarantine [5]. After the counseling, it was hoped that the target community groups could become role models in implementing the discipline of health protocols in Semanding Hamlet environment and become pioneers in disseminating the information given in the socialization to the residents of Semanding Hamlet. The educational videos that have been made will later be uploaded to social media in the hope that they can help cadres in disseminating information to the public easily by accessing them online.

2.4. Evaluation and follow-up

Evaluation activities are carried out by giving a pre-test before counseling activity and a post-test after counseling is carried out to participants. The pre-test and post-test are given in the form of questions about the socialization material. An increase in the knowledge of the participants after the post-test shows that the participants understand the socialization material well. Thus, it is hoped that the health cadres and hamlet officials will be able to disseminate information on the socialization to the people of Semanding Hamlet widely. In addition to evaluation activities, the group will also coordinate with the hamlet head to evaluate activities as a whole and discuss follow-up plans for the next community service.

3. Results and discussion

3.1. Results of Community Service Programs

From the implementation of the community service program carried out in Semanding Hamlet, some data are generated and will be explained as follows.

3.1.1. Knowledge Data Analysis 1

Test of Normality

	Kolmogorov-Smirnova			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
DELTA_NILAIPOSTPRE	.268	15	.005	.61	15	.025
Lilliefors Significance Correction						

Because Sig. 0,025<0,05 (Shapiro-Wilk because the sample is <50) then the data is NOT normal. Therefore, the non-parametric test used is WILCOXON.

3.1.2. Wilcoxon Test Analysis

Ranks				
		N	Mean Rank	Sum of Ranks
NILAI - NILAI	Negative Ranks	1 ^a	4.00	4.00
	Positive Ranks	7 ^b	4.57	32,00
	Ties	7 ^c		
	Total	15		
a. VALUE < VALUE				
VALUE > VALUE				
VALUE = VALUE				

- Negative Ranks or the (negative) difference between the results of knowledge assessment 1 for pre-test and 4 for post-test on the mean rank and sum of ranks, while a value of 1 in N indicates that there is 1 person with a decrease in value from pre-test to post –test.
- Positive Ranks or the (positive) difference between the results of knowledge assessment 1 for pre-test and post-test. There are 7 positive data (N), which means there are 7 people who experience an increase in the knowledge value of 1 from the pre-test score to the post-test score. The mean rank or the average increase is 4.57, while the number of positive ranks or sum of ranks is 32.00
- Ties is the similarity of pre-test and post-test scores. Here the value of ties is 7, so it can be said that there are 7 data with the same value between the pre-test and post-test.

Test Statistics ^a	
	VALUES
Z	-2.111 ^b
Asymp. Sig. (2-tailed)	.035
a. Wilcoxon Signed Ranks Test	
b. Based on negative ranks.	

Because the value of Asymp.Sig. 0.035 <0.05, it can be concluded that there is an effect of Covid-19 education on the results of the assessment of knowledge 1 among residents of Semanding Hamlet. This shows that the provision of Covid-19 education is able to increase the understanding of knowledge 1 of the residents of Semanding hamlet.

3.1.3. Analysis of Knowledge Data 2

Normality Test

Tests of Normality						
	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Delta_Value	.241	15	.019	.906	15	.116
a. Lilliefors Significance Correction						

Because Sig. 0,116>0,05 (Shapiro Wilk because sample is < 50) then the data is normal. Therefore, parametric test used is:

Paired T-Test

Paired Samples Test									
		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Pair 1	<i>Pre-Test - Value</i> <i>Post-Test- Value</i>	-.73333	1.79151	.46257	-1.72544	.25877	-1.585	14	.135

Because Sig. 0.135>0.05, it can be concluded that there is no effect of Covid-19 education on the results of the knowledge assessment 2 of the residents of Semanding Hamlet. This shows that providing Covid-19 education does not improve the understanding of knowledge 2 residents of Semanding Hamlet.

3.1.4. Analysis of Community Behavior Data

Distribution of Frequency Distribution

a) Pre-Test

Table 1 Frequency of participants' pre-test answers range in point 1, point 2, and point 3.

No.	Statement	Type of Statement	Frequency		
			Point 1	Point 2	Point 3
1.	I wash my hands with soap or I use hand sanitizer after touching objects in public places.	Positive	-	-	15
2.	I shower and change clothes after I return home.	Positive	-	1	14
3.	I wear mask whenever I am in public places	Positive	-	-	15
4.	I maintain a minimum of 1 meter distance when interacting with other people.	Positive	-	2	13
5.	During the pandemic, I do not go out of my house.	Positive	-	14	1
6.	I shake hand or hug whenever I meet my friend(s)	Negative	-	5	10
7.	During the pandemic, I pray or conduct religious ritual outside the house	Negative	1	9	5
8.	I gather with my family every weekend	Negative	-	7	8
9.	I attend different kinds of celebrations which invite a lot of people	Negative	-	11	4
10.	Every week I spray disinfectant throughout my house.	Positive	-	12	3

Positive Statement:

- Point 1 → Never
- Point 2 → Sometimes
- Point 3 → Always

Negative Statement:

- Point 1 → Always
- Point 2 → Sometimes
- Point 3 → Never

b) Post-Test

Table 2 Frequency of participants’ post-test answers range in point 1, point 2, and point 3

No.	Statement	Type of Statement	Frequency		
			Point 1	Point 2	Point 3
1.	I wash my hands with soap or I use hand sanitizer after touching objects in public places.	Positive	-	-	15
2.	I shower and change clothes after I return home.	Positive	-	-	15
3.	I wear mask whenever I am in public places	Positive	-	-	15
4.	I maintain a minimum of 1 meter distance when interacting with other people.	Positive	-	1	14
5.	During the pandemic, I do not go out of my house.	Positive	-	14	1
6.	I shake hand or hug whenever I meet my friend(s)	Negative	-	6	9
7.	During the pandemic, I pray or conduct religious ritual outside the house	Negative	2	8	5
8.	I gather with my family every weekend	Negative	-	5	10
9.	I attend different kinds of celebrations which invite a lot of people	Negative	1	10	4
10.	Every week I spray disinfectant throughout my house.	Positive	1	10	4

Positive Statement:

- Point 1 → Never
- Point 2 → Sometimes
- Point 3 → Always

Negative Statement:

- Point 1 → Always
- Point 2 → Sometimes
- Point 3 → Never

3.2. Likert Scale Analysis

D. PERILAKU (SKALA LIKERT)																								
KODE	NAMA	SKOR PRE-TEST										TOTAL	SKOR POST-TEST										TOTAL	
		PR.1	PR.2	PR.3	PR.4	PR.5	PR.6	PR.7	PR.8	PR.9	PR.10		PO.1	PO.2	PO.3	PO.4	PO.5	PO.6	PO.7	PO.8	PO.9	PO.10		
1	SITI	3	3	3	3	2	3	2	2	3	2	26	3	3	3	3	2	3	3	2	27			
2	BARAHYU	3	3	3	3	2	3	2	3	3	2	27	3	3	3	3	2	3	2	3	27			
3	NIWIK	3	3	3	2	2	2	2	2	2	3	24	3	3	3	3	2	3	2	3	24			
4	PURWATI	3	3	3	3	2	2	2	2	2	2	24	3	3	3	3	2	2	3	3	25			
5	NUR KHO	3	3	3	3	2	2	2	2	2	2	24	3	3	3	3	2	2	3	3	23			
6	SRI BAW	3	3	3	3	3	3	1	2	2	2	25	3	3	3	3	3	2	3	2	25			
7	NURBAIYAH	3	3	3	3	2	2	2	2	2	2	24	3	3	3	3	2	2	3	3	27			
8	SARIANI	3	3	3	3	2	3	2	3	2	2	26	3	3	3	3	2	3	2	3	26			
9	INUL WIDA	3	3	3	3	2	3	3	3	3	2	28	3	3	3	3	2	3	3	2	28			
10	WIWIK YUN	3	3	3	2	2	2	3	3	2	2	25	3	3	3	2	2	3	3	2	26			
11	OKTA PUR	3	3	3	3	2	3	3	2	3	2	27	3	3	3	3	2	2	2	3	23			
12	LIA	3	2	3	3	2	3	2	3	3	3	27	3	3	3	3	2	3	2	3	26			
13	SUGIANTI	3	3	3	3	2	3	2	3	2	2	26	3	3	3	3	2	3	2	3	26			
14	PAIRAH	3	3	3	3	2	3	3	3	2	2	27	3	3	3	3	2	3	2	3	26			
15	HANIK	3	3	3	3	2	3	3	3	2	2	27	3	3	3	3	2	3	3	2	27			
		3	15	14	15	13	1	10	4	8	4	87	15	15	15	14	3	9	10	10	4	97		
	alisis lik	2	0	0	0	0	0	14	5	10	7	31	12	62	0	0	0	1	14	6	5	10	10	51
		1	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	1	1	1	2
	Jumlah s	3										bobot	3	261							bobot	3	264	
		2											2	124									2	102
		1											1	1									1	3
												sum		386							sum		368	
												skor max		450							skor max		450	
												skor min		150							skor min		150	
												indeks%		85%							indeks%		82%	

Figure 2 Analysis of the frequency on pre-test and post-test. Based on the result of analysis, hhe most frequency is point 3, both in pre-test and post-test.

4. Discussion

4.1. Analysis of Knowledge Data 1

In the knowledge data 1, based on the Wilcoxon test, the Asymp.Sig value obtained is $0.035 < 0.05$. Thus, it can be concluded that there is an effect of Covid-19 education on the results of knowledge assessment 1 among residents of Semanding Hamlet. This shows that Covid-19 education program is able to increase the understanding of knowledge 1 of Semanding Hamlet residents. In this community service program, education program is delivered using lecture method and utilizing media in the form of educational videos. The use of media in the form of educational videos is the right step in this program, and it has been proven to be able to increase the understanding and knowledge of Semanding Hamlet residents. Educational media in the form of video is a combination of two types of media that can stimulate thoughts, feelings, attention, creativity, and innovation and provide direct experience to the audience. by involving more than one sense in the learning process, it will be easier for the audience to accept and remember so that it will give a significant impact on people's acceptance, knowledge and behavior [12]. The selection of media in the form of video is based on the idea that the senses that transmit the most amount of information to the brain are the eyes (approximately 75% -87%), while the other 13% -25% are obtained and transmitted through other senses [13]. It will also be easier to accept and remember information if you use more than one sense [12].

Another factor that causes this community service program is quite successful to increase the understanding of Semanding Hamlet community is because the form of the questionnaire on knowledge data 1 is a dichotomous statement which make it easier for anyone to accept, and it is also simpler. Thus, the respondents will find it easier to understand various questions being asked [14].

4.2. Analysis of Knowledge Data 2

Looking at the results of knowledge data 2, based on the Paired T-Test, the Sig value obtained is $0.135 > 0.05$, so it can be concluded that Covid-19 education program has no effect on the results of knowledge assessment 2 among residents of Semanding Hamlet. This shows that Covid-19 education program has not able to improve the knowledge 2 understanding 2 of the residents of Semanding Hamlet. Questionnaire on knowledge data 2 is in the form of multiple choices. In this instrument the points are in the form of statements with options of answer, and in knowledge data 2 there are four options. Because of these several options, respondents have to think harder to choose the most appropriate answer [14].

Another factor that causes Covid-19 education program has no effect on the results of knowledge assessment 2 is the respondent's education level. Based on observations, it is known that there is one respondent who did not graduate from elementary school and he has the lowest score (with a score of 9 out of 15 questions given). Education program has no effect on this respondent as evidenced by his pre-test and post-test scores (the score remained the same). The respondent who graduated from elementary school received a score of 9 on the pre-test and after attending education

program the score increased to 12 (post-test score). Meanwhile, respondents who graduated from junior high school, senior high school, diploma, and bachelor degree showed higher scores.

4.3. Analysis of Community Behavior Data

For frequency distribution on behavior 1 which reads “I wash my hands with soap or I use hand sanitizer after touching objects in public places”, the results show that all respondents always practice it, both in the pre-test and post-test. This shows that this habit is carried out by respondents in their daily activities, especially during the Covid-19 pandemic. Since the beginning of the pandemic, washing hands with soap or using hand sanitizer has always been regarded as an initial prevention step of contracting Covid-19. Thus, the wider community knows this information well and they also apply this behavior in their daily life. In addition, to implement this behavior in general is not too difficult, because as we know in various public places nowadays, such as in various shopping places, tourism destinations that have been operational, and other public places, there are sanitary facilities to wash hands with soap, or handsanitizer is made available [15].

The frequency distribution for behavior 2 reads "I shower and change clothes after I return home," generally indicates that the respondents have performed this behavior, both in the pre-test and post-test. In the pre-test there was only one respondent who sometimes showered and changed clothes after returning home. However, after getting some education, all respondents stated that they carried out this behavior. Almost all respondents do it because it is easy and does not require a tool or material that is difficult to get.

The 3rd behavior which states “I wear mask whenever I am in public places ”, shows that all respondents have performed this behavior both on the pre-test and post-test. Since the spread of Covid-19, almost all media have campaigned to always use masks when doing activities outside the house. Government agencies also continuously socialize it to the wider community. The government and several organizations even hand out free masks to minimize the spread of Covid-19, whose effects are very dangerous and even life threatening. Thus, various levels of society know the importance of wearing masks, including people who live in remote regions [16].

The frequency distribution on behavior 4 which states “I maintain a minimum of 1 meter distance when interacting with other people” shows the results that there are 2 respondents who sometimes do it and 13 respondents have maintained a minimum distance of 1 meter in the pre-test. Meanwhile, after getting some education, there is an increase in performing this behavior, where only 1 respondent who sometimes keep a minimum distance of 1 meter. Indeed, living in the village, not everyone can easily get used to maintaining distance when they interact with one another because of the habit in the village, where people commonly gather and sit together [17].

For the frequency distribution on behavior 5 which states that "During the pandemic, I do not go out of my house ", the results show that there are 14 respondents who stated that sometimes they did not leave the house and 1 respondent stated that he never left the house, both in the pre-test and post-test. In general, for members of the community, the routine of leaving the house is closely related to the necessity to make ends meet, including for the residents of Semanding Hamlet. Even in the midst of Covid-19 pandemic, they are forced to leave their house to work so that their life needs can be fulfilled. Moreover, Covid-19 pandemic has lasted for a long time and people are tired of the existing situation. So, apart from working, community members sometimes leave the house to get rid of boredom by visiting a relative’s house, going to shopping centers or malls, or visiting tourist attractions [18]. They argue that they will follow strict health protocols, but they can also leave the house to get rid of boredom.

5. Conclusion

Education program delivered using lecture method and utilizing media in the form of educational videos increases the understanding and knowledge of Semanding Hamlet residents. This type of education program can stimulate thoughts, feeling, attention, creativity, and innovation, and also provide direct experience to the audiences. But the audiences’ knowledge is affected by their education level and it has been shown when they were asked to choose those multiple choices about Covid-19 protocol that might be harder than to choose the best one on a dichotomous statement. On the other side, the audiences almost had done for all the Covid-19 protocols in daily activities but they still leave the house for some necessities.

Compliance with ethical standards

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Disclosure of conflict of interest

The authors declare no competing interests.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

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