

IMPLEMENTATION OF HEALTH PROTOCOL DISCIPLINE DURING THE COVID-19 PANDEMIC IN CENGAL VILLAGE, KARACAK VILLAGE, LEUWILIANG DISTRICT, BOGOR REGENCY

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Abstract

Semi-Offline Group KKN is a real work lecture carried out by a group Semi-Offline during the COVID-19 pandemic with one group guided by 1 DPL (Field Supervisor) with assignments to nine students. The purpose of this activity is to find out the level of public knowledge about COVID-19, and the behavior of implementing health protocols during the COVID-19 pandemic. The research used an experimental method with a pretest and posttest design with the target community of Cengal Village RT 01 RW 05 Karacak Village, Leuwiliang District, Bogor Regency. Based on the results of the pretest and posttest, the answers from the respondents as many as 15 statements of knowledge and 6 statements of behavior have increased, as well as 6 statements in a fixed state (unchanged) because they are in the very good category (>90%). The final results stated that the understanding related to COVID-19 knowledge and public behavior towards the implementation of health protocols was in the very good category so that there was no need for further COVID-19 health counseling.

Keywords: KKN, COVID-19, Health Protocols

INTRODUCTION

Semi-Offline Group KKN is a real work lecture carried out by a group Semi-Offline during the COVID-19 pandemic with one group guided by 1 DPL (Field Supervisor) with assignments to nine students. The implementation of the Semi-Offline Group KKN of Ibn Khaldun University Bogor lasted for one month and took place at RT 01 RW 05 Cengal Village, Karacak Village, Lewiliang District, Bogor Regency with the first dose of vaccination mandatory. In the implementation of this Semi-Offline Group KKN, Ibn Khaldun University Bogor students have a general goal, namely to support and strengthen COVID-19 prevention programs and educate the public about the dangers and ways to prevent COVID-19, while specifically the purpose of this activity is to know the level of public knowledge about COVID-19, and the behavior of implementing health protocols during the COVID-19 pandemic.

Coronavirus Disease 2019 (COVID-19) is a respiratory infection caused by the coronavirus type. The Corona virus is a large family of viruses that cause diseases ranging from mild to severe

symptoms. A new type of coronavirus has been discovered in humans since an extraordinary event occurred in Wuhan, China in December 2019. On March 11, 2020, the World Health Organization (WHO) declared the spread of COVID-19 categorized as a pandemic.

Health Protocols for COVID-19 management consist of the prevention phase, the detection phase and the response phase (Suni, 2020). The role of the community in each phase is urgently needed to avoid more transmission. The government has issued guidelines for preparedness in dealing with the spread of COVID-19. Efforts that can be made in the prevention phase by each individual include: wearing masks, wearing gloves, using hand sanitizer/disinfectant, washing hands with soap, avoiding touching face, avoiding shaking hands, avoiding meetings or long queues, avoiding touching objects/surfaces in public areas, avoiding taking public transportation, maintaining a distance of at least two meters from other people when outside the house, and If you show symptoms of the disease immediately notify the people around you (Ministry of Health of the Republic of Indonesia, 2020).

Coronavirus Disease 2019 (COVID-19) was first discovered in Wuhan, China in December 2019, COVID-19 cases worldwide currently reach 232.8 million with 4.7 million deaths. In Indonesia, the number of positive cases currently reaches 4.21 million with the number of deaths reaching 142 thousand and the recovery rate of COVID-19 patients until September 2021 as many as 4 million. In several cases in West Java, there are 702 thousand positive cases with 665 thousand patients recovered and 13 thousand deaths, while in Bogor Regency there are 47,668 active confirmed COVID-19 cases consisting of 47,152 people recovered and 310 people are still undergoing treatment. In Leuwiliang District, Bogor Regency, there are 465 confirmed cases with 458 recovered patients and 6 people still under treatment.

Based on this data on the spread of COVID-19 and also the analysis of the research site, it was found that there are still those who have not implemented health protocol disciplines such as not maintaining distance, touching objects and not washing hands or wearing hand sanitizer as a prevention of virus transmission. This is known from the results of observations, Pretest COVID-19 knowledge and Pretest The behavior of implementing the discipline of COVID-19 health protocols in the people of Cengal Village is largely due to the lack of COVID-19 education obtained. Therefore, it is concluded that there is a need to provide information regarding the implementation of health protocols to prevent the spread of COVID-19 for the community, especially in Cengal Village RT 01 RW 05 Karacak Village, Leuwiliang District, Bogor Regency.

RESEARCH METHODS

The research uses experimental methods with design Pretest and posttest with the target community of Cengal Village RT 01 RW 05 Karacak Village, Leuwiliang District, Bogor Regency. Questionnaire dissemination Pretest and posttest It is carried out online and offline, because there are still people who have not been able to access online. From the results of the online and offline distribution of questionnaires, there are 30 people willing to become respondents.

The implementation of this activity goes through several stages, namely the first stage of conducting a situation analysis or field observation and establishing cooperation partners with the Village Government, the Chairman of RW 05, and the Chairman of RT 01 as well as the Chairman of the Karacak Village Youth Organization to carry out Semi Offline Group Real Work Lectures (Semi

Offline KKN). When coordinating with partners, the researcher also conveyed the purpose and objectives of the implementation of the activity.

In the second stage, the researcher socialized the Semi-Offline KKN activities as well as distributed questionnaires Pretest to the public regarding COVID-19 knowledge and COVID-19 health protocol discipline behavior. The third stage is to provide information about COVID-19 knowledge and the behavior of implementing COVID-19 health protocol discipline to the public by accommodating people who can participate online and offline.

The fourth stage, distributing the questionnaire posttest to the public regarding COVID-19 knowledge and disciplined behavior of COVID-19 health protocols to find out if there are any changes after the counseling activities are carried out, as well as conduct evaluations to review the success of activities. The fifth stage is to make a scientific article report on the results of the Semi Offline Real Work Lecture (Semi Offline KKN) activities which were carried out in a hurry.

RESULTS AND DISCUSSION

This activity was carried out in stages and using experimental methods with pretest and posttest designs. From the results of 30 respondents, an overview of respondent characteristics based on Age and Gender can be obtained.

Table 1. Characteristics of Respondents by Age

Age	Results	
	Frequency (N)	Presentase (%)
Teenagers (12-25 years)	10	33
Adults (26-45 years)	14	47
Elderly (46-65 years old)	6	20
Quantity	30	100

From the results obtained for the characteristics of respondents based on age, namely adolescents (12-25 years) as many as 10 respondents (33%), adults (26-45 years) as many as 14 respondents (47%), and the elderly as many as 6 people (20%).

Table 2. Characteristics of Respondents by Gender

Gender	Results	
	Frequency (N)	Presentase (%)
Male – Male	13	43
Women	17	57
Quantity	30	100

From the results obtained for the characteristics of respondents based on gender, namely 13 respondents (43%) and 17 respondents (57%) for women. The characteristics of the respondents in this study were mostly adults (47%), and female (57%). In total, the total respondents were around 30 people who were willing to become respondents.

Table 3. Pre Test Results Data Regarding COVID-19 Knowledge and Behavior in Implementing COVID-19 Health Protocol Discipline

No	Category	Knowledge Pre Test Results		Behavioral <i>Pre Test</i> Results	
		Frequency (N)	Percentage (%)	Frequency (N)	Percentage (%)
1	Excellent	7	41,2	5	50
2	Good	5	29,4	1	10
3	Pretty Good	5	29,4	3	30
4	Not Good	0	0	1	10
	Quantity	17	100	10	100

From the data results pretest knowledge of COVID-19 in the community before the counseling was carried out, 5 statements were obtained in the fairly good category (>70%), statements in the good category (>80%) as many as 5 and for the very good category as many as 7 statements (>90%). For data results pretest Behavior in the community was obtained 1 statement in the poor category (<60%), for the fairly good category (>70%) as many as 3 statements, and for the good category (>80%) as many as 1 statement, and for the very good category (>90%) as many as 5 statements.

Pretest given with the intention of testing COVID-19 knowledge and community behavior regarding the implementation of health protocol discipline before the implementation of health counseling on COVID-19 and health protocols. Statement in pretest most of them asked about knowledge about COVID-19, how to use masks, wash hands or wear handsanitizer and the need to maintain distance and comply with health protocols during the pandemic.

Table 4. Results Data Post Test Regarding COVID-19 Knowledge and the behavior of implementing COVID-19 health protocol discipline

No	Category	Knowledge Pre Test Results		Behavioral <i>Pre Test</i> Results	
		Frequency (N)	Percentage (%)	Frequency (N)	Percentage (%)
1	Excellent	14	82,4	8	80
2	Good	3	17,6	2	20
3	Pretty Good	0	0	0	0
4	Not Good	0	0	0	0
	Quantity	17	100	10	100

After counseling was carried out and respondents filled in the posttest COVID-19 knowledge was obtained that as many as 3 statements were in the good category (>80%) and 14 statements in the very good category (>90%). For the results of posttest Regarding behavior, 2 statements were obtained in the good category (>80%) and 8 statements in the very good category (>90%).

Based on the results of Pretest and posttest Responses from respondents as many as 15 knowledge statements and 6 behavioral statements have increased, as well as 6 statements in a fixed state (unchanged) because they are in the very good category (>90%).

CONCLUSIONS

From the results of the pretest and posttest analysis, the condition of the implementation of public health protocols in Cengal Village RT 01 RW 05 Karacak Village is categorized as very good, as can be seen from the results of the increase in the percentage of COVID-19 knowledge and community behavior related to the implementation of health protocols is above 90%. The final results stated that the understanding related to COVID-19 knowledge and public behavior towards the implementation of health protocols was in the very good category so that there was no need for further COVID-19 health counseling.

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