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## Behavior Management for the Prevention of Covid-19 Infection in South Sulawesi Province, Indonesia

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### ABSTRACT

**Background:** The Coronavirus Disease 19 (COVID-19) pandemic in Indonesia has experienced a rapid increase in cases so that the government has established a Large-Scale Social Restriction (LSSR) policy. The implication is that the social life sector of the community experiences stagnation which results in low fulfillment of life necessities. While this pandemic has not shown a preventive vaccine and cure drug, it seems that enforcement of the COVID-19 protocol is the most rational instrument to be applied as the best preventive measure. **Objectives:** This study aims to provide an overview of the management of COVID-19 preventive action patterns for the people of South Sulawesi in Indonesia. **Methods:** This survey uses a quantitative descriptive approach by taking samples in 4 (four) districts/cities that have scattered case clusters. Action pattern variables are described and measured based on 12 components of preventive measures. **Results:** The level of preventive measures for COVID-19 was found to be 50.48% in the good category, 48.57% in the moderate category, and only 0.95% in the poor category. **Conclusion:** The people of South Sulawesi are ready to

enter a new normal life period. Thus, the government can carry out epidemic and economic control in parallel.

**Keywords:** Action; control; COVID-19; prevention; Indonesia

## **Introduction**

The COVID-19 pandemic that started in Wuhan City, Hubei Province, China is rapidly spreading in almost all countries because the typology of transmission is mediated by patterns of human interaction [1]. This widespread spread led the world health organization WHO to designate COVID-19 as a Public Health Emergency Concerning the World on January 30, 2020, and on February 12, 2020, officially designated COVID-19 as a novel coronavirus disease [2-3]

Indonesia, the President of the Republic of Indonesia announced the Large-Scale Social Restriction (LSSR) policy as the method chosen by the Indonesian state in overcoming and controlling the rate of transmission of COVID-19 by Law No. 6 of 2018 concerning Health Quarantine [4].

Several regions including two districts/cities in South Sulawesi Province have implemented the LSSR policy as an instrument in reducing the rate of transmission of COVID-19 [5]. Even though most districts/cities do not implement LSSR policies, in principle almost all districts/cities have implemented health protocols as stipulated in principle in the LSSR policy.

Based on data from the COVID-19 Cluster of South Sulawesi Province as of May 17, 2020, there were 951 positive cases, 320 recovered cases and 55 deaths [6]. Meanwhile, the number who experienced recovery shows an encouraging trend, namely as many as 320 people out of 951 who tested positive. This trend shows the movement of progress from day to day.

If you look at the rate of increase in daily cases, it is found that there is a trend that is slower compared to the previous days and the most interesting thing is the high cure rate for COVID-19 patients. Therefore, several parties began to think about alternative policies for easing LSSR, bearing in mind that this issue has also become a central discourse at the central level since President Jokowi threw a discourse on coexistence with the COVID-19 virus [7].

The issue of easing the LSSR has received a warm welcome not only among people who feel the economic pressure due to social restrictions but several academics and experts seem to agree with the issue of easing due to epidemic and sociological reasons [8]. Epidemically, this virus undergoes a very rapid mutation so that it will become a constant threat and sociologically, the limitation of people's space for movement undermines the basic structure of social life, namely the fulfilment of basic needs becomes disrupted.

This understanding of the conception raises concerns among health experts by basing the argument on the possibility of a second wave of attacks and threats to the health service system due to the inability to treat and treat patients which suddenly can lead to a spike in cases [9].

This academic debate then found its midpoint in the concept of new normal life, namely the normalization of people's social life in new ways, namely the enforcement of the COVID-19 health protocol by anyone, anytime, and wherever people are [10]. The critical question is whether our society has disciplined behaviour and enforcement of the COVID-19 health protocol? To explore the level of community discipline, a survey was carried out on the pattern of COVID-19 prevention measures for the people of South Sulawesi.

## **Methods**

### ***Survey design***

This survey uses a descriptive-quantitative approach to provide an overview of the pattern of COVID-19 prevention measures for the people of South Sulawesi in Indonesia.

### ***Time and place of research***

The survey was conducted for 3 months, July-September 2020. This survey was conducted in several districts/cities in South Sulawesi Province which were selected as research locations based on the consideration of the number of cases and variations in transmission patterns (transmission clusters) until May 2020, namely 1). Makassar; 2). Gowa; 3). Maros; and 4). Sidenreng Rappang.

### ***Population and sample***

The population in this study were all people in South Sulawesi Province. Meanwhile, the method of sampling carried out according to WHO is the 2-stage cluster sampling method.

The first stage is selecting the type of cluster, then it is continued selecting survey subjects in the second stage [11].

### ***Data collection technique***

Primary data was collected by conducting direct interviews with the sample group by paying attention to the COVID-19 protocol. In addition to interviews, data collection uses observational methods in observing people's social behaviour while in public places. Meanwhile, secondary data was collected using data from the South Sulawesi provincial health office and data from the provincial and district/city cluster teams.

### ***Data processing and analysis***

The data were processed using the SPSS version 24 application, the data processing in this study consisted of questionnaire testing in the form of validity tests, reliability tests and data adequacy tests, the data were analyzed univariately by describing the components of COVID-19 prevention measures then presented in table form accompanied by narration.

## **Results**

**Table 1:** Distribution of community actions towards learning activities; work; and worship from home in South Sulawesi Province, Indonesia

Variabel	Frequency (n = 210)	Percent
Learn from home		
Never	3	1.43
Rarely	22	10.48
Sometimes	58	27.62
Often	48	22.86
Routine	79	37.62
Work from home		
Never	30	14.29
Rarely	24	11.43
Sometimes	34	16.19
Often	36	17.14
Routine	86	40.95
Worship at home		

Variabel	Frequency (n = 210)	Percent
Never	6	2.86
Rarely	10	4.76
Sometimes	46	21.90
Often	50	23.81
Routine	98	46.67

Source: Primary data, 2020

Based on the data table 1 shows learning activities from home according to the answers from 210 respondents. The result is that 10.48% of respondents rarely learn from home, 27.62% sometimes learn from home, and 37.62% regularly learn from home. Table 1 also provides answers to respondents' answers about working from home. The number of respondents who never worked from home was 14.29%, sometimes working from home 16.19%, and regularly working from home by 40.95%. As for the wrong choice in the house, it was found that respondents who had never made the wrong choice at home during a pandemic were 2.86%, sometimes at home at 21.90%, and in the wrong house at 46.67%.

**Table 2:** Distribution of community actions towards distance keeping, wearing masks, washing hands with soap and spraying disinfectants in South Sulawesi Provinces, Indonesia.

Variabel	Frequency (n = 210)	Persen
Maintain distance (physical distancing)		
Never	8	3.81
Rarely	17	8.10
Sometimes	45	21.43
Often	69	32.86
Routine	71	33.81
Use a mask when outside the house		
Never	3	1.43
Rarely	6	2.86
Sometimes	30	14.29
Often	75	35.71
Routine	96	45.71
The habit of washing hands with soap		

Variabel	Frequency (n = 210)	Persen
Never	1	0.48
Rarely	9	4.29
Sometimes	27	12.86
Often	94	44.76
Routine	79	37.62
Spraying disinfectants around your home		
Never	26	12.38
Rarely	41	19.52
Sometimes	75	35.71
Often	50	23.81
Routine	18	8.57

Source: Primary data, 2020

Based on the data in Table 2 shows the respondent's actions in maintaining distance. The result was that respondents who never kept a distance of 3.81%, sometimes kept a distance of 21.43%, and routinely maintained a distance of 33.81%. Table 2 also describes the data about the respondent's actions in using masks when outside the house. The result is that respondents who never used a mask were 1.43%, sometimes 14.29% of them used masks, and 45.71% of those who routinely used masks.

Meanwhile, the habit of washing hands with respondents who rarely wash their hands with soap is 4.29%, sometimes washing hands according to 12.86%, and often washing hands with soap is 44.76%. The data above also describes the activity of spraying disinfectants around the house by the respondents. The result is that respondents who have never sprayed were 12.38%, sometimes they were spraying 35.71%, and spraying disinfectants around the house was 23.81%.

**Table 3:** Distribution of community actions against community actions in resting more than 8 hours; sunbathing for 15-30 at 10:00 am; changing clothes after returning from outside the house; consumption of vitamins, fruits and vegetables to increase endurance; and community actions in receiving guests during the COVID-19 pandemic in South Sulawesi Provinces

Variabel	Frequency (n = 210)	Persen
Rest more than 8 hours a day		
Never	7	3.33
Rarely	11	5.24

Variabel	Frequency (n = 210)	Persen
Sometimes	59	28.10
Often	66	31.43
Routine	67	31.90
Bask in the sun		
Never	15	7.14
Rarely	25	11.90
Sometimes	68	32.38
Often	62	29.52
Routine	40	19.05
Change clothes after returning from outside the house		
Never	14	6.67
Rarely	17	8.10
Sometimes	41	19.52
Often	74	35.24
Routine	64	30.48
Consume vitamins, fruits and vegetables to increase endurance		
Never	2	0.95
Rarely	10	4.76
Sometimes	40	19.05
Often	79	37.62
Routine	79	37.62
Receiving guests at home during the COVID-19 pandemic		
Never	11	5.24
Rarely	45	21.43
Sometimes	64	30.48
Often	42	20.00
Routine	48	22.86

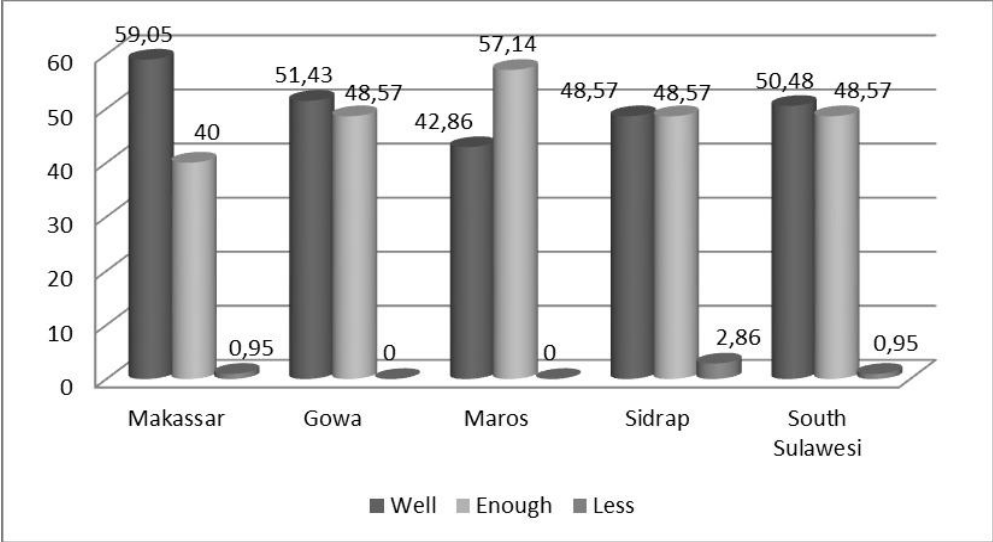
Source: Primary data, 2020

Table 3 describes the answers of respondents who rested more than 8 hours a day, namely respondents who never rested more than 8 hours by 3.33%, sometimes 28.10% adequate rest, and adequate rest routine by 31.90%. Table 3 also presents the respondents' actions in

sunbathing during the pandemic, namely those who never sunbathing at 7.14%, who sometimes sunbathing at 32.38%, and those who often sunbathing during the pandemic by 29.52%. Meanwhile, for the respondent's action to change clothes after returning from outside the house, namely, respondents who never changed clothes after returning home were 6.67%, sometimes changing clothes 19.52%, and often changing clothes 35.42%.

Table 3 also shows the distribution of the consumption of vitamins, fruits and vegetables and the answers obtained from respondents are people who never consume 0.95%, sometimes 19.05% consumption, and routine consumption of vitamins, fruit and vegetables is 37.62%. As for the actions of respondents in receiving guests during the COVID-19 pandemic, it was found that the percentage of receiving guests regularly during the pandemic was 5.24%, sometimes receiving 30.48% of guests, and never receiving guests of 22.86%.

Graph Level of community action in preventing COVID-19 by Regency/City and Provinces



Source: Primary data, 2020

Graph shows that the good category of community action regarding the prevention of COVID-19 was found mostly in Makassar city and the lowest level was in Maros Regency. Meanwhile, for the moderate/moderate category, the highest was in Maros Regency, namely 57.14% and the lowest was in Makassar City, namely 40%. Preventive action with category more or less occurred in Sidrap Regency, namely 2.86%.

Overall, the prevention measures for COVID-19 in South Sulawesi Province are more with good criteria, namely 50.48%. This means that there are almost equal numbers of people who have implemented the COVID-19 protocol as preventive behaviour with those who have not implemented it. This means that in the social environment there is a balanced polarization of



behaviour so that it requires strengthening to reach the number of those with positive behaviours that are more dominant than negative ones.

## **Discussion**

Community action is an individual action in society with consideration of situations, interactions, and social relationships associated with value preferences, beliefs, interests, emotions, power, authority, culture, agreements, ideas, habits, or others that are owned by the individual [12]. To make interpretations and preferences, the individual who takes the action tries to grasp the symbolic meaning that can be obtained from the action.

For Weber in Ritzer (1975), social action can be divided into 4 (four) types, namely; 1). Rational action which is an instrumental action which has the meaning of implicit logical and instrumental to achieve the goal. Thus, social action in this type is carried out with the consideration of achieving pre-thought goals, 2). Value-oriented actions, which are actions taken with value considerations. In this type, individuals who act prioritize what is considered good, normal, reasonable or right in society above individual goals. What is considered good can come from ethics, religion, or other forms of value, 3). Affective action which is a type of action based on emotional attachment. In this type, consideration becomes a pressure point compared to rational, including feelings of anger, sadness, love, empathy, sympathy, pity, happiness, and so on. 4). Traditional action which is a type of action using tradition, custom, custom or community habits as a consideration. In this type, the action is carried out without planning and purpose and the way to do it is in the form of repetitive or repeating what is usually done [13].

Community action against COVID-19 has shown a dominant level of results, but several other communities have preventive measures that are still inadequate levels or even less. The pattern of community action in preventive behaviour is influenced by several supporting factors which are conditions that allow the community to take actions including *First*, lack of socialization; this condition causes the community not to carry out preventive measures for COVID-19 routinely. The socialization that has been carried out so far is still centred on socialization through the mainstream mass media and social media, while some people do not access these media. *Second*, the information is so fast and a lot; With the rapid advancement of technology, it allows people to easily access various information including through social media. The public can obtain information that is not necessarily the correct information,

besides that the speed of information obtained is so much that one information received has not been properly understood so that further information appears.

*Third*, there is a culture of *kongkow* (hanging out); The culture of *kongkow* (hanging out);, which is a community tradition to gather and chat casually with family, relatives, friends, and business clients long before the COVID-19 pandemic, is a very difficult condition to avoid. Preventive measures for COVID-19 will become degraded if the community is faced with this cooperative condition where some people often ignore the COVID-19 protocol such as wearing masks, maintaining physical distance and social distance and washing their hands regularly. *Fourth*, the patron-client relationship; The still strong patron-client relationship is mainly found in the relationship between religious leaders and congregation in social interactions. Congregations or people as clients are still very much guided by the actions exemplified by religious leaders as patrons. *Fifth*, the community has not been able to move on; The community was accustomed to a "free" pattern of action during the pre-pandemic COVID-19, but was immediately and suddenly forced to act in daily activities by using masks, maintaining physical and social distance and routinely washing hands with soap or hands sanitizer as a COVID-19 health protocol. This becomes a process of changing the way people act that cannot be done quickly by the community so that in some situations people are unable to change their daily habits.

*Sixth*, lack of availability of facilities; In some community social settings for the implementation of the COVID-19 health protocol, the lack of availability of facilities is a factor that does not support the community to act routinely in preventing COVID-19. The community has sufficient knowledge, a positive attitude to act but is constrained by the absence of facilities such as the availability of masks, the availability of handwashing stations and hand sanitizers which require allocation of community funding while on the other hand, the allocation of funding for daily living needs is insufficient. *Fourth*, collective awareness is still low; Community action in preventing COVID-19 is still constrained by collective awareness that is still low. This can be seen by the lively community activities that can trigger crowds, the use of masks has not been seen as something urgent, even the community together does not realize that COVID-19 is around the community.

*Eighth*, there are views related to the government's indecisiveness in implementing policies; The public has the view that so far, the government has not been firm in implementing policies. At the beginning of the implementation of the LSSR policy, for example, it was seen as quite firm, but slowly the community considered that the LSSR policy was becoming less

and less explicit as a binding regulation. *Nine*, there is a public view that the government is unfair (markets and shops are opened while places of worship are closed); In his view, the community also positions the existence of government injustice in implementing policies. The community views that places of worship should not be closed as markets or shops that provide necessities are not closed. The community assessed that the opening of places of worship to meet the spiritual needs of the community was in a condition equivalent to opening a market or shop to meet the physical needs of the community.

## **Implications for Policy & Practice**

- Knowledge, attitudes, actions, and public belief in the prevention of COVID 19 experience symptoms of the dissonance caused by the character of the community who are followers and patterns of interventions that are not continuous and distortion of information exposure.
- The dominant component of the behavioral (environmental) externality shapes and influences the prevention of COVID-19
- Community discipline and compliance in implementing the COVID-19 protocol are determined by the policy oversight pattern.
- South Sulawesi Province is in the MODERATE Behavior zonation so that it has social readiness to enter the new normal period

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