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Factors Associated with Community Behavior in Complying with Health Protocols during COVID-19 Pandemic in 2022: Study on Community of Liliba Village, Oebobo District, Kupang, East Nusa Tenggara

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ABSTRACT

Background: Facts show that Liliba Village is one of the health service outreaches in the form of prevention and control of the coronavirus (COVID-19) which truly needs cooperation between the government and health sector, state defense and security sectors such as the Indonesian National Arm Force and the National Police as well as participation from the community. Without good cooperation between the government and related agencies and participation from the community, the spread of the coronavirus (COVID-19) cannot be controlled, causing adverse impacts on the community. This study aims to determine the factors related to community behavior in complying with health protocols during the COVID-19 pandemic in Liliba Village, Oebobo District, Kupang City in 2022.

Subjects and Method: This was a cross-sectional study conducted in Liliba Village, Oebobo District, Kupang City, East Nusa Tenggara, from June 2021 to November 2022. A total of 268 subjects were selected for the study. The dependent variable was community behavior. The independent variables were knowledge, attitudes, actions, confidence, beliefs, discipline, facilities and infrastructure, and COVID-19 vaccines. The data were collected using questionnaires and checklists and analyzed using the Chi-square test.

Results: Good knowledge (OR= 0.23; 95% CI= 0.08 to 0.62; p= 0.002), positive action (OR= 0.48; 95% CI= 0.40 to 0.57; p= 0.039), high confidence (OR= 0.11; 955 CI= 0.10 to 0.43; p= 0.012), discipline (OR= 0.21; 95% CI= 0.21 to 0.57; p= 0.019), availability of facilities and infrastructure (OR= 0.34; 95% CI= 0.20 to 0.34; p= 0.002), and have complete COVID-19 vaccines (OR= 0.24; 95% CI= 0.10 to 0.54; p= 0.003) were significantly related to community behavior in complying with the health protocols during the COVID-19 pandemic.

Conclusion: Good knowledge, positive actions, high confidence, discipline, availability of facilities and infrastructure, and having complete COVID-19 vaccines were related to community behavior in complying with health protocols during the COVID-19 pandemic.

Keywords: behavior, compliance, health protocols, pandemic, COVID-19 vaccines.

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BACKGROUND

Corona Virus Disease 2019 (COVID-19) first appeared in December 2019 in Wuhan China, Hubei Province. The source of the transmission is not yet known with certainty, but the first case was linked to a fish market in Wuhan. On December 18-29, 2019, there were five patients treated with acute respiratory distress syndrome (ARDS). From December 31, 2019, to January 3, 2020, this case increased rapidly, marked by the reported 44 cases in Hubei Province. This disease not only occurs in Wuhan China but has also spread widely in several countries such as the United States, Southeast Asia, Europe, Japan, India, Brazil, the United Kingdom, Russia, Thailand, and South Korea. Because it has spread widely, on March 12, 2020, the World Health Organization (WHO) designated COVID-19 as a pandemic. On October 18, the total number of confirmed cases of COVID-19 was 240,269,449 with 4,890,424 deaths (CFR 2. 0%) in 204 infected countries and 151 community transmission countries (Susilo et al., 2020).

COVID-19 was first reported in Indonesia on March 2, 2020, with two cases. Since the beginning of the entry of COVID-19, the development of cases has continued to increase. However, in October 2021, there has been a decrease in the number of deaths due to COVID-19 and recovery cases have also increased. On October 03, 2020, the COVID-19 CFR percentage was 3. 7%. The percentage of deaths due to COVID-19 in Indonesia is quite high compared to other countries. For example, CFR percentage figures in China and America were in the range of 3% according to the Ministry of Health 2020 (Afro et al., 2020).

Information obtained from the first positive case of COVID-19 in East Nusa Tenggara (NTT) appeared on April 10, 2020, with as many as one case. According to the information obtained, the last number of cases in October that occurred in East Nusa Tenggara was 63,436 positive cases, 61,737 recovered, and 1,320 deaths (Kompas.com, 2021). On October 11, 2021, COVID-19 cases in Kupang City decreased compared to cases in September. The data obtained currently has a total of 15,280 positive COVID-19 patients, 14,867 people have been declared cured and 329 people have died (Antaranews.com, 2021).

According to the distribution of the cases per sub-district, the one with the highest cases is in Oebobo District with 28 cases, Maulafa with 20 cases, Kelapa Lima with 13 cases, Alak with 12 cases, Kota Raja, and Kota Lama with 5 respectively. Therefore, based on data submitted through the Kupang City Government (Pemkot) on October 9, 2021, the highest cases were found in Liliba Village, Oebobo District (id.terbaru, 2021).

The increase in the transmission rate of positive cases of COVID-19 in NTT was also influenced by several problems. One of them was the lack of public awareness of the importance of maintaining cleanliness and maintaining health by complying with the health protocols. Therefore, the problems generally found were people who did not wear masks when traveling, did not provide hand washing stations, and held events (birthday celebrations, graduations, and wedding reception parties) during the COVID-19 pandemic which were often found in every village in Kupang City as well as Regencies, particularly in the community of Liliba Village, Oebobo Sub-district, Kupang City.

A community's non-compliance with the implementation of health protocols according to Green's theory is influenced by three factors, namely predisposition, enabler, and reinforcement. The non-compli-

ance with the implementation of the health protocols above is strongly influenced by predisposition factors (knowledge, discipline, awareness, belief, confidence, and discipline) and enabling factors (availability of facilities and infrastructure), such as the availability of handwashing stations were left without any attention from the government so that they became futile (Mayasari et al., 2021).

The Indonesian government had issued an appeal or precautionary measures that had to be taken by all communities and the government in order to be able to reduce COVID-19 cases in Indonesia, namely: Prohibition of using public transportation for COVID-19 suspects, covering the mouth when coughing or sneezing, mandatory use of masks, prohibition to travel for those whose body temperature was 38°c or more and accompanied by cough and cold, they had to be quarantined at home or referred to the hospital, and washing hands with soap with running water and using hand sanitizer, or better known as the 5M + movement (wearing a mask, washing hands, maintaining distance, avoiding crowds, and limiting mobility).

This study aims to analyze factors related to community behavior in complying with health protocols during the COVID-19 pandemic in Liliba Village, Oebobo Sub-District, Kupang City in 2022.

SUBJECTS AND METHOD

1. Study Design

A quantitative study with a cross-sectional study design conducted in Liliba Village, Oebobo Sub-District, Kupang City, East Nusa Tenggara, from June 2021 to November 2022.

2. Population and Sample

The population in this study was the entire community of Liliba Village who were of productive working age between 19-65 years, with a total of 14,766 people. The sample in this study was obtained using Lemeshow's formula, which was a total of 26.70 (rounded to 268 respondents). So, the total number of samples required in this study was 268 samples.

3. Study Variables

The dependent variable was community behavior. The independent variables were knowledge, attitudes, actions, beliefs, confidence, discipline, facilities and infrastructure, and COVID-19 vaccines.

4. Operational Definition of Variables

Knowledge is the level of public knowledge concerning COVID-19, starting from description, signs, and symptoms, using masks, and washing hands properly, and prevention. The measurement was conducted using questionnaires.

Attitudes and Actions are the determination in carrying out preventive measures, namely complying with health protocols (washing hands, wearing masks, maintaining distance, avoiding crowds, and mobility). The measurement was conducted using questionnaires.

Belief and confidence are the community's self-efficacy in implementing health protocols and the occurrence of positive expectations. The measurement was conducted using questionnaires.

Discipline is the discipline behavior of the community in complying with applicable health protocol regulations (which are carried out repeatedly). The measurement was conducted using questionnaires.

Facilities and Infrastructure are whether the tools used are functioning properly. The measurement was conducted using a checklist with criteria: 1= available; 2= unavailable.

The COVID-19 vaccine is the availability of the COVID-19 vaccine and the community activities to conduct vaccination. The measurement was conducted using ques-

tionnaires with categories: 1= received stage 1,2, and 3; 2= incomplete.

5. Study Instruments

The data in this study were obtained from primary data and secondary data. Secondary data was a type of data that can be obtained from relevant agencies about the increase in COVID-19 cases in Liliba Village, Oebobo Sub-District, Kupang City. Primary data was the data obtained directly verbally from all communities in Liliba Village. Data collection was carried out using interview methods, filling out questionnaires, filling out checklists, and documentation.

6. Data Analysis

Univariate analysis was carried out to describe the characteristics of each study variable in this case such as knowledge, attitude, action, belief, confidence, discipline, facilities and infrastructure, and COVID-19 vaccines. While the bivariate analysis was carried out to see the correlation between independent and dependent variables using the chi-square test.

RESULTS

1. Sample Characteristic

Based on the Village data, the total population in Liliba Village was 14,766 people spread across 52 RTs (Neighborhood Units) and 16 RWs (Community Units).

Table 1 shows that most of the 268 respondents were in the age group of 36-45 years (22%), female (53%) with most elementary and high school / vocational education levels (35. 8%). The majority of 268 respondents had good knowledge (81.7%), the majority had positive attitudes and actions (68.7%) and had a high level of belief and confidence (81.3%), the community was disciplined (59.7%), and the facilities and infrastructure were available in the health facilities (54.5%), and the majority of people were fully vaccinated (82.8%).

Table 1. Sample Characteristics.

Characteristics	Category	Frequency (n)	Percentage (%)
Age	17-25 Years	39	14.6
	26-35 Years	52	19.4
	36-45 Years	59	22
	46-55 Years	55	20.5
	56-65 Years	23	8.6
	>65 Years	40	14.9
Gender	Male	126	47
	Female	142	53
Education Level	Primary School	96	35.8
	Secondary School	44	16.4
	High School/vocational school	96	35.8
	Associate's/Bachelor's Degree	21	7.8
	Master's/Doctorate Degree	11	4.1
Knowledge	Good	219	81.7
	Sufficient	49	17.9
Attitudes and actions	Positive	184	68.7
	Negative	84	31.3
Belief and Confidence	High	218	81.3
	Moderate	50	18.7
Discipline	Disciplined	160	59.7
	Undisciplined	108	40.3
Facilities and Infrastructure	Available	146	54.5
	Unavailable	122	45.5

2. Bivariate Analysis

Table 2. Factors related to Community Behavior in Complying with Health Protocols during the COVID-19 Pandemic.

Variables	Behavior				OR	95% CI		p
	Good		Poor			Lower Limit	Upper Limit	
	(n)	(%)	(n)	(%)				
Knowledge								
Good	197	90.0	22	10.0	0.23	0.08	0.62	0.002
Sufficient	37	77.1	12	22.9				
Attitude & Actions								
Positive	159	90,3	17	9.7	0.48	0.40	0.57	0.039
Negative	75	81,5	17	18.5				
Beliefs & Confidence								
High	185	849	33	15.1	0.11	0.10	0.43	0.012
Moderate	49	98.0	1	2.0				
Discipline								
Disciplined	55	96.5	2	3.5	0.21	0.21	0.57	0.019
Undisciplined	179	84.8	32	15.2				
Facilities & Infrastructures								
Available	136	93.2	10	6.8	0.34	0.20	0.34	0.002
Unavailable	98	80.3	24	19.7				
COVID-19 Vaccine								
Complete	200	90.1	22	9.9	0.24	0.10	0.54	0.003
Incomplete	34	73.9	12	26.1				

Table 2 shows the results of the bivariate analysis using the Chi-square test. There was a correlation between knowledge and behavior in complying with health protocols. A well-informed community increased the likelihood of complying with health protocols (OR= 0.23; 95% CI= 0.08 to 0.62; p= 0.002). There was a correlation between attitudes and actions and community behavior in complying with health protocols. People who behaved positively increased the likelihood of complying with health protocols (OR= 0.48; 95% CI= 0.40 to 0.57; p= 0.039), and both results were statistically significant.

Table 2 also explains that there was a correlation between public belief and confidence and behavior in complying with health protocols. People who had high belief and confidence increased the likelihood of complying with health protocols (OR= 0.11; 955 CI= 0.10 to 0.43; p= 0.012). There was a correlation between discipline and behavior in complying with health protocols. People who had discipline behavior increased the likelihood of complying with health protocols (OR= 0.21; 95% CI= 0.21 to 0.57; p= 0.019), and also both results were statistically significant.

Facilities and infrastructure and acceptance of the COVID-19 vaccine were also significantly correlated to the behavior in complying with health protocols. People who had facilities and infrastructure in terms of self-protection increased the likelihood of complying with health protocols (OR= 0.34; 95% CI= 0.20 to 0.34; p= 0.002). People who were fully vaccinated increased the likelihood of complying with health protocols (OR= 0.24; 95% CI= 0.10 to 0.54; p= 0.003).

DISCUSSION

1. The Correlation between Knowledge and Community Behavior in Complying with Health Protocols during the COVID-19 Pandemic

Knowledge is the result of human sensing, or the result of knowing an object through the senses he/she has to produce knowledge (Listiani 2015). Knowledge is also the result of knowing or the result of sensing of the entire Liliba village community concerning the COVID-19 pandemic which can change every person's mindset to form a positive understanding so that it can be useful for themselves and a lot of people. Therefore, knowledge about COVID-19 is a general health knowledge that all people in Indonesia are required to know, particularly the people of Liliba Village.

The main target in this study was the public aged in the range of 19-80 years with various kinds of educational backgrounds, starting from those who did not attend school, primary school, secondary school, high school, bachelor's, master's, doctorate degrees aiming to know clearly the community's habits or behaviors in daily life during the ongoing COVID-19 pandemic. The study aims to identify the participation of the community in every health program issued through the local government, to create a healthy and superior community in implementing health protocols during the COVID-19 pandemic. The results of statistical tests can show that there was a correlation between knowledge and community behavior in complying with health protocols during the COVID-19 pandemic. The correlation occurs because respondents who have a good knowledge of COVID-19 were far more well-behaved than respondents with poor knowledge.

Out of the respondents who had good knowledge, there were more who behaved well in complying with health protocols during the COVID-19 pandemic compared to those who behaved badly, whereas more respondents with sufficient knowledge behaved well in complying with health protocols during the COVID-19 pandemic compared to behaving badly, assuming that "due to the fear of death from COVID-19, it is for the health of themselves and their families and many people so that it has become their daily habit".

The results of this study are in line with a study conducted by Sari & Budiono, (2021) which states that, on the variable of the level of knowledge, based on the results of calculations using the SPSS test, it shows that there is a significant correlation between the level of knowledge and the behavior of preventing the transmission of COVID-19 among the employees of the Central BKKBN Office. Likewise, a study conducted by Imanuel et al., (2020) showed the level of knowledge of respondents that had a very significant correlation with their behavior in implementing health protocols, and a study conducted by Agustina & Budiono (2021) on the level of knowledge variable. The results of the SPSS test show that there is a relationship between the level of knowledge and the prevention behavior of COVID-19 in students of Islamic boarding school.

2. The Correlation between Attitudes and Actions and Community Behavior in Complying with Health Protocols during the COVID-19 Pandemic.

Attitude is a reaction or response, either still concealed or already revealed to a certain stimulus or object (Koentjaraningrat, 1983). An action is a form of action that must be carried out continuously to obtain a desired result in a certain circumstance (Johnson 2012). So, what is meant by attitude is the public's perception of the COVID-19 pandemic and the determination

in implementing prevention. Action is the community's actual activity in the prevention and control of COVID-19 to maintain their own health as well as their families' and many other people's. Therefore, we can discover that most of the people in Liliba Village already had good attitudes and actions in implementing health protocols during the COVID-19 pandemic.

The results of statistical tests can show that there was a correlation between attitudes and actions and the community behavior in complying with health protocols during the COVID-19 pandemic. It was because respondents who had positive attitudes and actions were far more well-behaved compared to respondents who had bad attitudes and actions. There are more respondents with positive attitudes and actions who behaved well in complying with health protocols during the COVID-19 pandemic than those who behaved badly, while there were more respondents with negative attitudes and actions who behaved well in complying with health protocols during the COVID-19 pandemic than those who behaved badly by thinking that although sometimes it is economically disadvantageous, health is much more important to concern or be prioritized" therefore they were accustomed to complying with health protocols because it was the regulation of the local government that must be obeyed for mutual health.

A study by Ikhsan (2021) found a correlation between attitude and community compliance related to the prevention of COVID-19. Phitri and Widyaningsih (2013) reported that respondents who have a bad attitude have low compliance while those with good attitude had high compliance. Likewise, a study by Muhith concluded that there is a correlation between respondents' attitudes and compliance with the implementation of the COVID-19 health protocol at Muhammadiyah Institute of Health Science Palembang.

Based on the results of in-depth interviews with informants conducted by researchers, it is discovered that the informants act by washing their hands and applying health protocols well and state that some of them already understand what to do in overcoming the spread of the COVID-19 virus (Wahyuni, 2021).

3. The Correlation between Belief and Confidence and Community Behavior in Complying with Health Protocols during the COVID-19 Pandemic

Belief is something that can be seen with the physical eye as real evidence so that it can be believed, while confidence is somewhat different from belief, which is a recognition from within each person of an action that wants to be done to obtain something that can be expected. Therefore, it requires such a thing as belief and confidence in doing everything.

The form of belief and confidence of Liliba Village people in carrying out preventive measures, control, and breaking the chain of COVID-19 transmission. The transmission of positive cases of COVID-19 is decreasing to date, but compliance with health protocols still needs to be implemented. Therefore, in this study, we can discover that there were more people with high belief and confidence in Liliba Village compared to those with moderate and low belief and confidence. The results of statistical tests can show that there was a significant correlation between belief and confidence and community behavior in complying with health protocols during the COVID-19 pandemic. They are related because there were more respondents who had high belief and confidence than those who had low belief and confidence.

Out of the respondents who had high belief and confidence there were more who behaved well in complying with health protocols during the COVID-19 pandemic than those who behaved badly. Out of the respondents with moderate belief and confidence there were more who behaved well in complying with health protocols during the COVID-19 pandemic compared to those who behave poorly, thinking that, although COVID-19 is invisible to the naked eye of the public, it does exist and spread even to the point of taking the lives of everyone exposed to COVID-19. Therefore, we believe that implementing health protocols is very effective and beneficial to do for our common health".

This study is in line with Irwan et al. (2021), which showed that there is an influence of attitude towards behavior (wearing masks, washing hands, maintaining distance, avoiding crowds, reducing mobility), which means that there is a correlation between belief and community behavior in complying with health protocols.

A study from Fadilah et al. (2020) with the results of statistical tests shows that there is a significant correlation between self-efficacy and community compliance in carrying out adaptation to new habits. It is assessed using several questions whether the respondents believe they can implement the new habit adaptation protocol because they already know the protocol and its benefits, feel confident to implement the new habit adaptation protocol, and feel confident to comply with the new habit adaptation protocol.

4. The Correlation between Discipline and Community Behavior in Complying with Health Protocols during the COVID-19 Pandemic

Discipline is a form of behavior of the Liliba Village community in terms of complying with health protocol regularly and continuously that include 5 pillars, namely always wearing masks, washing hands, avoiding crowds, maintaining a minimum distance of 1 meter, and reducing mobility. Thus, the target in this study was the entire community of Liliba Village who met the criteria and were willing to be selected as the study samples. Therefore, based on the results of this study, it shows that most of the people of Liliba Village were not disciplined in complying with health protocols during the COVID-19 pandemic.

The results of statistical tests can show that there was a correlation between discipline and community behavior in complying with health protocols during the COVID-19 pandemic. It was because respondents who belonged to the group who were discplined in complying with health protocols were fewer than respondents who were not disciplined in complying with health protocols during the COVID-19 pandemic.

Out of the disciplined respondents, there were more who behaved well in complying with health protocols during the COVID-19 pandemic compared to those who behaved badly. Out of the undisciplined respondents there were more who behaved well in complying with health protocols during the COVID-19 pandemic than those who behaved poorly, noting that, "they often forget to implement the health protocols and they believe that death is in god's hands. This is what makes them reluctant to be disciplined in implementing health protocols during the COVID-19 pandemic".

A study by Jaryati et al. (2020) resulted that there is a strong correlation between COVID-19 prevention efforts and the discipline of implementing health protocols in employees of the Faculty of Medicine, Lambung Mangkurat University, Banjarmasin.

5. The Correlation between Facilities and Infrastructure with Community Behavior in Complying with Health Protocols during the COVID-19 Pandemic

Facilities and infrastructure were the equipment and materials for preventing COVID-19 that must be provided by the entire community of Liliba Village, both when the positive cases were increasing and decreasing to date. The equipment for COVID-19 prevention were for example water barrels (which are equipped with water faucets) and frames or stands to place them, while COVID-19 prevention materials were clean water and hand soap. So, in this study, it shows that most of the people of Liliba Village had provided complete COVID-19 facilities and infrastructures when COVID-19-positive cases were increasing as well as decreasing to date.

The decline in COVID-19 cases had made a small number of people no longer provided handwashing stations with running water equipped with soap. However, there were more people who still provided clean water, either running or not, with hand soap than people who did not provide or incompletely provided it during the COVID-19 pandemic. The results of statistical tests can show that there was a significant correlation between facilities and infrastructures and community behavior in complying with health protocols during the COVID-19 pandemic. It was because there were more respondents who had the availability of complete facilities and infrastructure than respondents who did not provide at all or provided incomplete ones.

Out of the respondents who had the availability of facilities and infrastructure there were more who were well-behaved in complying with health protocols during the COVID-19 pandemic than respondents who behaved badly. Out of the respondents who did not provide facilities and infrastructure there were more who behaved well in complying with health protocols during the COVID-19 pandemic than those who behaved badly by thinking that prevention is better than cure and they intended to comply with health or local government recommendations.

A study by Agustina and Budiono (2021) reported that there is a correlation between the availability of facilities and infrastructure with COVID-19 prevention behavior among students at Islamic boarding schools. Study by Sari and Budiono, (2021) concluded that there is a correlation between the provision of respondents' infrastructure and compliance with the implementation of COVID-19 health protocol at Muhammadiyah Health Institute Palembang.

6. Correlation between Vaccines and Community Behavior in Complying with Health Protocols during the COVID-19 Pandemic

Vaccines are biological products that contain antigens (substances that can stimulate the body's immune system to produce antibodies as a form of resistance) as it is given to a person it will actively generate specific immunity to certain diseases (Iskandar et al., 2021). So, the mass provision and administration of COVID-19 vaccines is a form of health regulation issued through the local government along with the implementation of health protocols to break the chain of COVID-19 transmission.

Therefore, it urgently requires the participation of Liliba Village community in the health program. The study indicated that the form of participation of Liliba Village community toward the efforts to prevent COVID-19 through vaccination treatment was by giving themselves complete vaccines (stages 1, 2, & 3), and it was

conducted well because there were more people of Liliba Village had given themselves full vaccination compared to people who were not fully vaccinated or not vaccinated at all. Therefore, to achieve the desired goal together, namely the reduction of positive cases of COVID-19, the morbidity rate, and mortality rate due to COVID-19, the participation of the community is needed, that is by always complying with health protocols and to be fully vaccinated.

The results of statistical tests can show that there was a correlation between vaccines and community behavior in complying with health protocols during the COVID-19 pandemic. It was because there were far more respondents who were fully vaccinated than respondents who were not vaccinated at all or partially vaccinated (incomplete). Out of the respondents who were fully vaccinated (stages 1,2&3) there were more who behaved well in complying with health protocols during the COVID-19 pandemic than those who behaved badly. Out of the respondents who were not fully vaccinated, there were more who behaved well in complying with health protocols during the COVID-19 pandemic compared to those who behaved badly, by thinking that all kinds of administrative arrangements at work, education, offices, always require a complete vaccine certificate.

A study by Kartika et al. (2021) indicated a correlation between knowledge and community readiness to receive the COVID-19 vaccine in Padang Laweh health center, Sijunjung Regency in 2021.

AUTHOR CONTRIBUTION

Jon Kristyson Baitanu as the lead researcher. Rina Waty Sirait, Dominirsep O. Dodo helped direct and guide the first researchers in data analysis and preparation of publication manuscripts.

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CONFLICT OF INTEREST

There is no conflict of interest in this study.

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