

Determinants factors affecting the implementation of the COVID-19 health protocol in the community



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ABSTRACT

Background: The COVID-19 case is a recent problem faced by people worldwide, including in Temanggung Regency. The local government has made various efforts to reduce the spread of the COVID-19 virus, namely by enforcing public health protocols such as physical distancing, prohibition of going to hometown, quarantine system, wearing masks, implementing handwashing and temperature measurement in every place to limiting community activities. However, many people have not obeyed the rules that the COVID-19 cases in the area increase. This study aims to identify the factors that influence the implementation of health protocols in the community in the Temanggung Regency.

Method: This study used a qualitative method. Data were collected using in-depth interviews with 12 participants consisting of the community, village officials, and health workers selected using the purposive sampling technique. The instrument used was an interview guide. In addition, unstructured observations were carried out to identify the community's implementation of current health protocols. The data validity test was conducted by triangulating sources, methods, and peer debriefings. Thematic data analysis was carried out using Open code 4.02 software.

Results: The results showed that the factors that influenced the implementation of health protocols to prevent the spread of COVID-19 in the community in Temanggung Regency included awareness of implementing health protocols, limited infrastructure, limited health personnel, monitoring of officers, perceptions of COVID-19, and public attitudes towards health protocols.

Conclusion: Based on the results of this study, it is expected that it can be used as evaluation material for the community and local government in implementing health protocols to prevent the spread of the COVID-19 virus in the region.

Keywords: COVID-19, Health Protocol, Community.

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INTRODUCTION

The world encounters the discovery of pneumonia cases whose etiology remains unknown in Wuhan, Hubei, China, on December 31, 2019. This case is spreading rapidly. On January 9, 2020, the Chinese CDC reported Novel Coronavirus in clylogenetic SARS-CoV as the causative agent of this outbreak, later known as Novel Coronavirus 19 (COVID-19).¹

The clinical evidence of COVID-19 ranges from asymptomatic to severe pneumonia with acute respiratory distress syndrome, septic shock, and multi-organ failure, leading to mortality. Case analysis shows that COVID-19 infection causes mild illness (i.e., non-pneumonia or mild pneumonia) in approximately 80%

of cases. Most cases recovered, 14% had more severe disease, and 6% developed a critical illness requiring specialist medical care, including mechanical ventilation. As a newly identified virus, no therapy or vaccine is available for COVID-19. It is assumed that there is no pre-existing immunity in population.¹

In most cases, the coronavirus is transmitted through large respiratory droplets from person to person, through inhalation or deposition on mucosal surfaces. Other routes involved in the coronavirus transmission include contact with contaminated fomites and inhalation of aerosols generated during aerosol-generating procedures. The SARS-CoV-2 virus has been detected in respiratory,

fecal, and blood specimens.² Until June 14, 2020, COVID-19 cases have spread in 216 countries with 7.690.708 positive confirmed cases of COVID-19, and 427,630 patients died.² Indonesia is a country affected by the positive spread of COVID-19 in the world with 38,277 positive cases, 14,531 patients were confirmed to be recovered, and 2,134 were confirmed dead. The top 5 regions in Indonesia are primarily located on the Java island, including Central Java. Central Java is ranked fifth with 2,174 positive COVID-19 cases; 1,029 have recovered, and 163 have died.³ Within the number of positive cases in Central Java, Temanggung district was confirmed with 202 positive cases, 35 were recovered, and

two were dead.⁴

The government has made various prevention efforts and created health protocols for the community. The efforts include personal protection steps (handwashing, sneezing, and coughing etiquette), the environment, physical distancing, and travel prohibition.³ Temanggung district has enforced public health protocols such as physical distancing, homecoming prohibition, quarantine system, masks, implementation of handwashing, and temperature measurements at each point to community activity restriction.⁵ However, there are still many people who have not obeyed the rules, causing new clusters to be confirmed positive for COVID-19; one of the most significant clusters is the Gowa cluster, where, during this pandemic, people in Temanggung participated in the largest *tabligh Akbar* in Southeast Asia in Gowa, South Sulawesi, which eventually caused many victims positive for COVID-19.

Based on the previous study, the Temanggung district is categorized as the red zone for COVID-19 cases indicating that the district is a dangerous zone. Since the implementation of mass rapid tests in several markets and public places, there has been a spike in positive cases, almost doubling from the previous one. The task force team for COVID-19 in Temanggung district continues to move through a crowded place to enforce the use of masks protocol, physical distancing, and hand washing. Based on reports from the COVID-19 acceleration task force team, many market visitors do not wear masks. Buyers and sellers carry masks but keep them in their bags or their pockets. Based on this preliminary study, the researchers would like to identify how to prevent the spread of COVID-19 in the Temanggung Regency community.

The case of COVID-19 is a new problem faced by people worldwide, especially in the Temanggung district. Thus, it still raises many perceptions among the community. Therefore, the researcher would like to identify "What are the factors that affect the implementation of the COVID-19 protocol in the community in Temanggung district.

METHOD

This research used a descriptive qualitative method with in-depth interviews and observations of the community in Temanggung district based on the inclusion criteria. The interview guidelines were made to the public, health professionals, and village officials. The participants in this study were the public, village officials, and health workers living in Temanggung who were affected by COVID-19. The samples were taken using the purposive sampling technique. The selection of participants was conducted based on predetermined criteria and had the same experience. The inclusion criteria of 12 participants in this study for the public are People who live in red, yellow, and green zones with COVID-19 cases; above 17 years old; willing to be a participant proven by filling in the informed consent. The inclusion criteria for village officials are: village officials who handle COVID-19 cases in the local area and are willing to be a participant proven by filling in the informed consent, than criteria for health workers are: health workers at the local health center handling the COVID-19 cases and willing to be a participant proven by filling in the informed consent.

This research was conducted in the Ngadirejo sub-district with the red zone status for COVID-19 cases, the Temanggung sub-district with the yellow zone status, and the Kedu sub-district with the green zone status. This research was conducted from July 2020 - January 2021.

RESULT

Characteristics of Participants

This study involved 12 participants consisting of eight participants from the public, 3 village officials, and 1 health worker in Temanggung. Characteristics of participants can be seen in the following table.

Factors affecting the implementation of health protocols in the community

The implementation of health protocols to prevent the spread of COVID-19 requires the support of all regional components, not only from government policies but also

from the community. Based on this research, there were six factors that influenced the implementation of health protocols on the spread of COVID-19 in Temanggung, namely : (1) awareness of implementing health protocols; (2) perceptions about COVID-19; (3) public attitudes towards health protocols; (4) limited infrastructure; (5) limited health personnel; and (6) monitoring from officers. The six factors can be seen in the image below.

Several factors caused efforts to prevent the spread of COVID-19 in the community in Temanggung; the first factor is public awareness of the implementation of health protocols. The result of interviews showed a lack of awareness in the village in implementing health protocols. In addition, some people did not believe and still carried out economic activities as usual. It was due to several factors, such as people who were uncooperative to the changes that occurred in the pandemic era, factories that were not cooperative to prevent the spread of COVID-19, and health protocols that were not used to being implemented by the community. It is supported by participant statements as follows.

The second factor is the public perception of COVID-19. The result of interviews showed that the public considered COVID-19 an infectious disease transmitted through animals to humans. According to the community, COVID-19 transmission could be through direct and indirect contact, including through the air, gatherings, handshakes, and talking. Furthermore, COVID-19 could also be transmitted when people traveled from outside the city or abroad. People stated COVID-19 was a test from Allah SWT. It was an epidemic caused by wrongdoers and disease inside the heart. COVID-19 was a dangerous virus that could not be seen. However, some people also stated that COVID-19 was a form of self-introspection. Meanwhile, the public stated that the cause of COVID-19 was because humans ate bats, did not maintain cleanliness, and was unhealthy; thus, the body was easy to attack and dangerous only if it had a congenital disease. Based on public statements, COVID-19 caused

the body to get ill such as flu and fever, and could even lead to death. In addition, people stated that COVID-19 was a common disease. Moreover, some people believed that COVID-19 was an issue and a conspiracy, had doubts about this virus, and were unsure about its existence. It can be seen from the following table.

The third factor was the attitude of the community towards the health protocols. The interviews showed that in implementing the public health protocol, the head of the health protocol had negotiated with the village head. However, there were still pros and cons to the implementation. People both agreed and disagreed about the policy to close mosques. They protested the health

protocol as the regulations are deemed unfair. Some places were still open when places of worship closed. Nevertheless, some people continued to implement the health protocols set by the government, such as always carrying hand sanitizer and masks, and the community also reminded each other. Meanwhile, the community stated that wearing masks felt stuffy and not free to breathe. Some felt it was a hassle if they had to bring masks and hand sanitizer. It is supported by participant statements as follows.

The fourth factor is that participants do not feel they have received COVID-19 prevention facilities, such as self-quarantine places. The participants stated that it was caused by the Human Resources

(HR) team of COVID-19 countermeasure, too many family members at home, and lack of knowledge. In addition, participants also said that the condition of the infrastructure in handling COVID-19 did not have government assistance related to facilities such as hand washing facilities, as shown in the statements of the participants in table 2.

Furthermore, the fifth factor affecting the implementation of the health protocol is inadequate health workers. The participants stated that inadequate health workers are seen from the lack of midwives and mentors at Posyandu at the village- as nearby health facilities and an inadequate number of accessible health personnel. These statements can be seen in

Table 1. Characteristics of Participants.

Participant Code	Gender	Age	Education	Occupation	Status of the area of residence
P1	Male	75 years	SR	Farmer	Low confirmed area
P2	Male	22 years	High School	Student	Low confirmed area
P3	Female	32 years	Elementary School	Housewife	Low confirmed area
P4	Female	25 years	Undergraduate	Private employee	Low confirmed area
P5	Female	27 years	Undergraduate	Village official	Moderately confirmed area
P6	Male	42 years	High School	Village official	Highly confirmed area
P7	Female	35 years	Undergraduate	Kindergarten teacher	Highly confirmed area
P8	Male	23 years	High School	Entrepreneur	Highly confirmed area
P9	Male	53 years	Junior High School	Dentist	Moderately confirmed area
P10	Male	38 years	High School	Village official	Low confirmed area
P11	Male	32 years	Postgraduate	Lecturer	Moderately confirmed area
P12	Male	54 years	Diploma 3	Civil servant	Low confirmed area

Table 2. An Awareness of implementing health protocols.

Category	Quotes
Lack of awareness in the village	<i>"The thing is people are not yet aware of health and a healthy lifestyle, and even then, the village community has not implemented it. It is different from the urban community"</i> (P4, female, 25 years old)
Some people still do not believe	<i>"...the hardest thing is related to economic problems.. when the community has to work outside, we cannot force them to stop, right, we can't, the junk hunters and the laborers are required to go out to work "</i> (P10, male, 38 years old)
Uncooperative society	<i>"...it's just the awareness of the people themselves whether they want to start living a healthy lifestyle in this new normal... it looks like they still want to wear the same habit.. but now you have to start different thing, even wearing masks. Even if you wear a mask on campus, there are a lot of people who do not know how to wear a mask..."</i> (P11, male, 32 years old)
Uncooperative Factory	<i>"... we are also with them at the plywood factory (muspika, koramil, puskesmas) and the response is also good, if not, sometimes the response (from the factory) is not good"</i> (P12, male, 54 years old)
Health protocols are not used to be implemented	<i>"Yes, it's called a new system, it is still strange, madam, there are those who immediately accept something that is difficult. But some of them are rigid to the changes and it's difficult, madam, like wearing a mask, washing hands gradually, they will definitely accept it, later if you force them, it will be difficult, that is it, madam"</i> (P2, male, 22 years old)

the following table.

The last factor that affects the implementation of health protocols is the monitoring of the officers. The result

of this study indicated that it did not run optimally as there is no warning for people who did not obey the health

protocols and government monitoring related to self-quarantine. It can be seen in the participants' statements as follows.

Table 3. Perception about COVID-19.

Category	Quotes
COVID-19 is an infectious disease	"COVID-19, I think.. What is COVID-19 a virus outbreak, right? Which can be transmitted quickly" (P4, female, 25 years old)
COVID-19 is spread through direct and indirect contact	"Yes, it could be, it can be transmitted through the air, through the mouth, or food" (P11, male, 32 years old)
COVID-19 is a test from Allah SWT	"... from a religious point of view, COVID-19 is indeed a test from Allah SWT who created all kinds of diseases and healed them..." (P2, male, 22 years old)
COVID-19 is an epidemic caused by wrongdoers	"I thought that the wrongdoers did not place themselves as servants of Allah. They feel like all the blessings are not from God; their efforts are their own. That's according to the Koran; yes, this is what I said according to the Koran. So the cause is the wrongdoers..." (P1, male, 75 years old)
COVID-19 is a dangerous virus	Interviewer: "In your opinion, how dangerous is COVID-19?" Interviewee: "Yes, it's dangerous, but it's not really dangerous, people said it was contagious if there was a congenital disease, the ones who got the flu easily" (P8, male, 23 years old)
COVID-19 is an invisible disease	"...so covid is such a disease coming from inside our heart, we can't see them.. only our heart can see them" (P1, male, 75 years old)
COVID-19 is as a form of self-introspection	"... COVID-19 aims to make Muslim people have self-introspection, what makes God test us like this, why are we being punished like this, why are we being given a test like this..." (P2, male, 22 years old)
Humans eating bats cause COVID-19	"...in the beginning, it was because of Wuhan, because the Chinese in Wuhan eats wild animals such as bats, the virus transmigrates from bats to humans..." (P4, female, 25 years old)
COVID-19 is caused by an unhealthy body	"caused by the unhealthy body..." (P6, male, 42 years old)
COVID-19 causes pain in the body	"in terms of health, it is clear that everyone knows the impact or consequences of COVID-19 when we are infected. if our immunity is weak, everyone knows that the risk can cause death, that is it, right?" (P10, male 38 years old)
COVID-19 is a common disease	"... the general public still think that COVID-19 is not real" (P4, female, 25 years old)
People do not believe that COVID-19 exists	Interviewer: "Can you explain about COVID-19 in your opinion?" Interviewee: "in my opinion.. I don't believe it" (P8, male, 23 years old)
The protocol applied is against religion	"I am the leader of a mosque, why is it like this, how come the rules are a bit contradictory, huh?" (P9, male, 53 years old)

Table 4. The community attitude towards the health protocols.

Category	Quotes
Negotiating with the head of the village regarding the health protocol	"The information was collected through the sub-district head and then collected for an agreement.. how it is going to be handled and everything" (P4, female, 25 years old)
There are pros and cons to health protocols	"... here there are the pros and cons, (why can't it be like this, why can't it be like that)" (P11, male, 32 years old)
People have pros and cons about the mosque being closed	"many people disagree when they are forbidden to go to the mosque to have a Jumah prayer, but it's the policy of the community, right? If you want to pray Friday at the mosque or congregation, you have to follow the health protocol" (P5, male, 27 years old)
Protest against the health protocol applied	"...Yesterday, a village official said, "I got protest from the people about the health protocol rules whereas I only follow the government" Yes, there was such message through my WhatsApp ..." (P7, female, 35 years old)
Implementing health protocols	"I followed the health protocol, yes, I responded well, and I followed it (P7, female, 35 years old)."
Always bringing a hand sanitizer and a mask	"...Yes, we have to provide many masks, not just one. Sometimes you forget to bring it when you leave, you have to wear a mask. Those who usually forget to use hand sanitizer now have to bring it. That is it" (p 4, female, 25 years old)
Reminding each other regarding health protocols	"...we have to remind the public, in terms of budget, we are already in a new normal era, we have tried our best, and the important thing is we have to remind each other..." (P4, female, 25 years old)
The use of masks feels stuffy and unfree	"I feel stuffy when I wear a mask" (P3, female, 32 years old)
It is a hassle if you have to bring a mask and hand sanitizer	"It feels the hassle to bring a mask and hand sanitizer wherever I go" (P4, female, 25 years old)

DISCUSSION

Based on public service ethics, the government and other agencies are demanded to create and enforce policies regarding the community's actual problems. However, most people disagree with what the government perceives to solve a problem, for instance, a health problem. It is caused by the variety of issues that spread around the people.^{6,7} It is similar to what is stated by Emile Durkheim that social factor is naturally possessed by the community and, at that time, associated with the formation of public behavior. It is because people will always see the essence of themselves as subjects. In this case, they will always observe their relationship with objects in front of them through their knowledge, such as norms and values.⁸⁻¹⁰ In the context of this research, the 'object' can occur through the issue of preventing the COVID-19 virus. Based

on the study results, in general, the public has found various forms of promotion from the government regarding steps to minimize the potential for transmission of COVID-19 in Indonesia. However, before the community fully interpreted and obeyed the regulation, the community already perceived the discourse raised through the media and subjective analyses among individuals. It showed the ineffective message delivered by the government to the public about the urgency of the COVID-19 prevention.

The government has made various regulations related to preventing the transmission of the COVID-19 virus. However, many people are still unaware of the COVID-19 handling strategy voiced by the government. It is caused by their unpreparedness economically when all direct interactions are limited. Furthermore, it is also due to new

habits considered troublesome such as carrying hand sanitizer and masks. Kuipers et al. implicitly stated that the public's disobedience of health protocols was correlated with the government's ineffectiveness of the content of messages or recommendations. Due to several factors such as public trust in the government.^{11,12} Paakkari & Okan¹³ recommended that health literacy programs, especially in dealing with the COVID-19 pandemic, need to pay attention to more massive education on social responsibility that every element of society must carry out. In Chan's et al view,¹⁴ this is at the same time able to foster a psychological impetus that the prevention of COVID-19 is not only motivated by an obligation to fulfill something but also creates social awareness that they need regulation. In the conceptualization of Chan et al., that sense of 'need' is believed to stimulate the

Table 5. Limited Infrastructures.

Category	Quotes
There is not yet a self-quarantine place	<i>"...when we do our self-quarantine at home, we cannot control it as there are several other family members at home. Not all of them understand the procedure of self-quarantine. Sometimes, people think it is normal to live with those who are doing self-quarantine without implementing health protocols. That is what makes it ineffective"</i> (P5, female, 27 years old)
There is no help from the government	<i>"...because the government has not given any assistance regarding handwashing facilities or anything like that..."</i> (P7, female, 35 years old)
There is no quarantine place in the village	<i>"The important thing is that the quarantine place has to be strict, village officials give small leaflets of information, I think it is also impossible to provide a room, madam, moreover it's not possible to provide bathroom for quarantine"</i> (p12, 54 years old male)

Table 6. Limited Health Workers.

Category	Quotes
There is no village midwife	<i>"... It is rare to find a midwife who outreaches about health in this village as the village area is huge and there are many people... the health workers are limited. One cannot serve all the people. We lack health information as the midwives do not build closeness to the community here..."</i> (P4, female, 25 years old)
There is no mentor at Posyandu	<i>"For example, at Posyandu, when the midwife is invited, there will be more important activities and information. There are those who assisted the midwife, you know. They can assist in terms of health, about what is more to be developed in health information"</i> (P4, female, 25 years old)
Limited health workers in the village	<i>"...maybe if there are many health workers, the health of the community can be well-managed..."</i> (P4, female, 25 years old)

Table 7. Monitoring from Officers.

Category	Quotes
There is no warning for people who do not obey the health protocols	<i>"...no reprimand at all. Yes, maybe people do not want to warn, hehe, the important thing is that the government is difficult to provide information, yes, they have given the mask too. People who are aware of it will wear it, but those who are not will leave it; what can we do?"</i> (P7, female, 35 years old)
There is no government monitoring regarding self-quarantine	Interviewer: <i>"Does that mean that village officials do not monitor it (self-quarantine)?"</i> Interviewee: <i>"Yes, true, so if I am quarantined, and there is a person who helps me, I stay home, but if not, I can go wherever I want - it is up to me"</i> (P8, male, 23 years old)



Figure 1. Factors influencing health protocol implementation.

public - with the help of the government and other parties - to creatively compose a plan: what we should do to overcome obstacles, such as economic constraints amid the pandemic.

This issue is crucial as it relates to how society shapes the urgency of handling the COVID-19 outbreak. Based on the research results, several participants contended that the spread of COVID-19 resulted from a comorbid disease that must be avoided by reducing physical contact between people. However, several participants do not believe in the existence of the COVID-19 virus. It is proved by how they form arguments that tend to be spiritual. Participants believe that the current pandemic situation is in contact with God's efforts to test his people. In this way, improving the spiritual level tends to be the best way to solve the pandemic problem. This perception has been discussed by Teovanovic et al. According to them, the 'irrational' arguments that a person believes are caused by

cognitive perceptions, such as religious experiences, which ignore reflexivity to the world around them. In this case, the previously believed knowledge ultimately made a difference in responding to and resolving an issue. If we look deeper at it, the public's perception in response to COVID-19 directs them to reminisce the actions to be immediately rectified. However, due to firm belief and perception, people do not think scientifically.^{15,16} That is called by Cavjova et al. pseudoscientific-where the issue of 'trust' becomes a single epistemological basis.¹⁷ Thus, health that should be addressed scientifically is neglected.

However, when we talk about the attitude that the community finally chose to respond to COVID-19, the pseudoscientific point of view cannot be used as the only reason for staying away from a rational view. When the community has received an education about the importance of health protocols as COVID-19 prevention and some do not

obey the rules, it does not only mean they still stick to their habits. Kartono et al.,¹⁸ stated that it could be rooted in occidental factors or changes in implementing a new culture in the community. The occidental factor can be observed through how several activities that have begun to be freely carried out by the community are perceived unconsciously as things that do not require particular prerequisites, such as implementing health protocols. It is in line with what was stated by participants who admitted that they were not familiar with various health protocols regulated by the government. In addition, disobedience with new policies such as health protocols can start from the community's efforts to uphold morality. In this case, the community considers a policy worthy of compliance if they have found a consistent application to all aspects of their lives.¹⁸ It can be seen in the argument number of participants who eventually perceive the policy as a source of injustice. Participants gave an example of this in closing a mosque that has no consequence with the closure of other public places.

In addition, the availability of facilities and infrastructure is an important issue to consider in the context of the success of the COVID-19 prevention program. Based on the study results, the lack of public access to facilities and infrastructure that support the prevention of COVID-19 makes people reluctant to carry out the health protocol procedures. It aligns with what was stated by the participants that the effort to provide infrastructure was only limited to giving an appeal about the implementation of strict health protocols through leaflets. It is primarily directed to those who are indicated to have been infected by COVID-19. With this perspective, it appears that the government must strengthen the urgency of facilities and infrastructure, not only as a support for the implementation of health protocols for the community. Based on the research presented by Garg et al.,¹⁹ the existence of facilities and infrastructure in a pandemic situation must be used as the front door to serve and understand the actual health needs of the community. Garg et al. gave an example by the case in providing health clinic that is useful to understand the root of the ineffectiveness of community

enforcement of health protocol and solve health problems faced by the community. This statement is reinforced by the opinion of Sharma et al.,²⁰ which denoted that the existence of facilities and infrastructure will help capture what he called tacit knowledge – an unwritten knowledge generated from people's experiences as survivors of the plague. According to Sharma et al., tacit knowledge can finally be analyzed with knowledge of the government's prevention and handling of COVID-19, which has previously intensified to the public. In short, the provision of facilities and infrastructure during the COVID-19 pandemic is essential in supporting effective strategies to solve the COVID-19 outbreak problem. On the other hand, ultimately, it can inspire the government to pay more attention to providing facilities and infrastructure as expected by the community.

When facilities and infrastructure start to be developed, health workers must be empowered as a factor that supports the COVID-19 prevention program. However, in our findings, the public found the limited availability of health workers in the process of preventing the COVID-19 outbreak. Interestingly, the participants said that the existence of the health workers was measured by the community quantitatively and qualitatively. Several participants complained that the currently available health workers could not serve the community's health needs in several areas. According to participants, they can not build a good relationship with the community, which affects plague prevention's socialization and mentoring process. With that perspective, it can be concluded that health workers, sociologically, have not yet positioned themselves as part of the community. Besides, emotional connection is vital for consolidating society in fulfilling a medically defined shared health mission. Research conducted by Adler²¹ revealed that medical personnel should understand the task of handling health problems not only from the scientific provisions. Furthermore, health care is a manifestation of the empathetic relationship between medical personnel and the general public. Medical personnel will only understand the deepest side of public health problems

if they can build a feeling of caring for the community. This concern was then captured by the community as a hope to get out of the health problems they experienced. However, this closeness, for Krot & Rudawska,²² is not only represented by formal interactions. Health workers should engage in informal relationships by increasing the level of interaction with the community. The high number of interactions between health workers and the community will prevent health workers from being suspicious of the community, resulting in the non-optimal delivery of medical treatment.¹⁶ In other words, as stated by Nulhaqim et al., the emotional closeness built by health workers has a meaning to improve the quality of public health.²³

Besides, the monitoring from officers becomes an influential component. This study showed that participants considered that the implementation of health protocols did not reach the maximum level because health workers seemed overwhelmed in promoting it. Under these conditions, participants generally did not pay attention to health protocols as a disciplined social program. One of the participants stated that with the completion of the task of health workers in promoting health protocols, awareness of these protocols is ultimately the choice of each individual in society, whether or not they want to accept it. On the other hand, when the community is willing to implement the health protocols, it has to be supported by the environment, for instance, the support of logistic needs when an individual is undergoing a self-quarantine. If this does not work, individuals have the right to disobey health protocols that are useful for public health benefits to meet their personal needs. The level of compliance with the implementation of health protocols is related to the lack of education and the availability of health workers in optimizing the promotion of the implementation of health protocols in the community. It is in line with previous research revealing that education for health workers needs to be continuous. In this pandemic situation, health workers should be directed to provide knowledge on health protocol. I.e., at the time of health protocol implementation-

and, empowering the knowledge in the health protocols program itself. It aims at directing the public's view that they are the main subject in preventing COVID-19 and preventing people from misperceptions related to the COVID-19 phenomenon from the various media content they consume. Empowerment of knowledge carried out by health workers should not be limited to presentation activities in the form of 'general classes' and by conducting activities such as counseling. In addition to being able to help the community share their actual problems and find solutions for them, this activity can make health workers understand the following strategy to reduce the spread of COVID-19.^{1,23-25}

Regarding this discussion, we encourage further research to explore several specific issues. First, to what extent is the influence of the media in constructing the perspective/urgency of public health literacy so that a discourse war on health issues emerge, in this case, the spread and handling of Covid-19. Second, to what extent the government and health workers have responded to the public's perspective on the distance between them in terms of the Covid-19 issue. In practical terms, subsequent studies can also propose health education innovations based on the intimacy of communication between health workers and the community. Another thing is how it is possible to encourage religious apparatus to overcome health crises, such as the Covid-19 pandemic, with health workers, especially in religious communities.

CONFLICT OF INTEREST

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper and also independence from funders and sponsors.

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AUTHOR CONTRIBUTION

All authors contributed equally in the preparation of the manuscript.

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