

Research Article

Community Behavior Related to COVID-19 in Samarinda City Households

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Stikes Dirgahayu Samarinda

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Abstract. The impact of the COVID-19 pandemic has been felt by the Government and all elements of society in Indonesia. It has been hoped that the community would play an active role in preventing the spread of COVID-19 by using masks, washing hands properly under running water, and practicing social distancing by staying away from crowds and keeping a distance from others. The objective of this research was to describe the behavior of the people in the city of Samarinda, especially in terms of household arrangements related to COVID-19. Quantitative descriptive research methods were used. This research was carried out with a particular focus on the families of Stikes Dirgahayu Samarinda students. The random sampling technique was used to select the respondents. Data were collected using a modified survey, distributed online via WhatsApp. 68% of the respondents had a low level of prevention behaviors. The conclusion of the study was that people in the city of Samarinda were not adhering to the preventative measures, so health education is needed about COVID-19 and how to prevent it.

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Keywords: community behavior, household order, COVID-19

1. Introduction

A novel coronavirus called SARS-CoV-2 is the cause of COVID-19 and the outbreak first recognized in China in December 2019. [1]

The number of patients exposed to the Covid-19 virus in East Kalimantan (Kaltim) has reached 3,095 people. These patients are still undergoing the process of self-isolation and medical treatment from the hospital. This situation is caused because the behavior of the people in the city of Samarinda does not comply with the health protocol where there are still many people who do not use masks when leaving the house, do not keep their distance when in crowded places. , do not wash hands.

So that the result is that many people in East Kalimantan have contracted the COVID-19 virus and are hospitalized and many have died.

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2. Methods and Equipment

2.1. Methods

2.1.1. Diagrammatic representation

This research was a quantitative descriptive study. This research was carried out in the city of Samarinda, especially for the families of students of Stikes Dirgahayu Samarinda. . The population households from the family of the existing Stikes Dirgahayu Samarinda student. Random sampling technique to select the responden. Data was collected using instrument Frequently asked questions FAQ Covid-19 per 6 Maret 2020 Kementrian Kesehatan RI with modification to distributed online via WhatsApp.

Instrument reliability testing was tested by test-retest on alumni with the results of 0.444 where r count is greater than r table. Variables of community behavior with indicators of yes and no answers with category intervals are said to be Good if they get a score of 16 – 20, Low a score of 12 – 25, Not Good with a score of 6 – 11, Not Very good with a score of 0 – 5.

3. Results

a. Characteristics of Gender

TABLE 1

Characteristics	n	%
Gender		
Male	42	27.63
Female	110	72.37
Total	152	100

b. Characteristics of Education

c. Characteristic of Profession

d. Characteristic of behavior

TABLE 2

Characteristics	n	%
Education		
No school	8	5.26
Primary School	60	39.48
Junior Hight School	35	23.03
Senior Hight School	30	19.73
College	19	12.5
Total	152	100

TABLE 3

Characteristics	n	%
Profession		
Not working	20	13.16
Housewife	40	26.32
Private	30	19.74
self-employed	20	13.16
Government employees	18	11.84
other	24	15.78
Total	152	100

4. Discussion

Lack of education causes low public awareness of behavior in preventing COVID-19. Where the low level of education has obstacles in receiving information both about health and others.

In the world of work, usually, someone can exchange news about health or other problems. The application of community behavior in household arrangements related to Covid-19 is not only seen from the physical and mental aspects but is related to the level of productivity to share the latest information, especially in the pandemic era.

The results of the analysis of the distribution of the percentage of data show that most of the behavior of the community in the household order related to Covid-19 with

TABLE 4

Community Behavior	n	%
Not Very good	0	0
Not Good	18	18%
Low	68	68%
Good	14	14%
Total	100	100%

the highest percentage distribution being 68% with the indicator low, which means the behavior of the community towards Covid-19 related to information about Covid-19, signs and, symptoms of covid-19 take precautions, as well as washing hands, social distancing, and behavior is still not good, then the percentage is 18% in the Not Good category, and the percentage is 14% in the Good category and 0% in the not very good category.

Various kinds of causes with less good which are associated with the level of education in the community who have the latest education almost all with elementary school graduates. Elementary school graduates can capture information that is lacking and the productivity of the community who are mostly housewives so that if there is information that is lacking it is due to the profession of housewives who rarely access the latest information from the internet or the surrounding community.

5. Suggestions

Health education about covid 19 in the city of samarinda by means of installing banners, through loudspeakers, distributing brochures, health education through television and radio to improve the healthy behavior of the citizens of samarinda city.

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