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Effectiveness of Health Protocol Discipline at Universitas Terbuka Jayapura

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Abstract

The purpose of this research is to measure and analyze the level of effectiveness of the health protocol discipline within the Universitas Terbuka of Jayapura City, Papua during the new normal period of Covid-19. This type of research uses observational analytic with a cross sectional design, carried out in January 2022 involving 115 student respondents. The research instrument used a questionnaire and data was collected online using the Google Forms application. Then the data was processed using univariate and bivariate analysis and Chi Square test using SPSS 25 software. The results of this study indicate that the variables age (P=0.214), gender (P=0.375), domicile (P=0.114), obedience (P=0.002), achievements and goals (P=0.016), attitude and personality (P=0.078), prevention system, responsibility (P=0.026), facility (P=0.085), and motivation (P=0.058). The conclusion is that there is no relationship between the variables age, gender, and domicile, but there is a relationship between the variables obedience, achievements and goals, attitude and personality, prevention system, responsibility, facility, and motivation with the level of effectiveness of the health protocol discipline. Therefore, several things that should be emphasized are the discipline of wearing masks, physical and social distancing, then washing hands and maintaining a clean and healthy lifestyle.

How to Cite

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INTRODUCTION

Globalization is the main stream of human development in the modern era as it is today (Figueroa, 2015; Hasan & Waheed, 2021). Media of information and communication between nations is increasingly limitless (Mohammad Ali et al., 2021). Society is increasingly facilitated by the development of an increasingly advanced world, digitalization is becoming a new biorama in the industrial era 4.0 (Xu et al., 2018). The economy of each country is growing rapidly for countries that rely on the creative industry sector (Rojko, 2017). Indonesia as a group of developing countries is also growing as a developed country, this is evidenced by Indonesia's participation in the G-20 group of countries or (Group of Twenty). The G-20 is a group of 19 countries with the largest economies in the world plus the European Union (EU). Indonesia is considered a country with an extraordinary leap, even this is marked by economic growth above 5% in 2018-2019. However, the extraordinary humanitarian tragedy at the end of 2019 caused Indonesia to experience an economic contraction in 2020 of minus 2.07%.

The humanitarian tragedy is the emergence of a deadly viral pandemic outbreak that is spreading very quickly throughout the world (Alemayehu, 2020; Yos Wandik et al., 2020). At the end of 2019, the world was shocked by the emergence of the corona virus (Covid-19) which is an infectious disease caused by the SARS-CoV-2 virus (Zhang et al., 2020; Zhao et al., 2020). The virus was first confirmed in one of the animal markets in Wuhan City, People's Republic of China (Muhammad Adnan Fauzi, 2021; Syafaruddin, Wahyu Indra Bayu, Syamsuramel, Soleh Solahuddin, 2021). Indonesia first confirmed cases of Covid-19 on Monday, March 2 2020. At that time, President Joko Widodo announced that two Indonesians had tested positive for the Covid-19 virus, namely two women aged 31 and 64. The first case allegedly started from a meeting of the 31-year-old woman with a Japanese citizen who entered Indonesian territory, the meeting took place at a dance club in Jakarta on February 14, 2020.

Based on data from the end of 2020 to the beginning of 2021, Covid-19 dealt a heavy blow to 224 countries in the world, with a confirmed number of 214,468,601 people with a death rate reaching 4,470,969 people and causing 52.7%, especially the economic, industrial, educational, and social sectors. and the world's health is frantic (Chidochashe et al., 2021; Khan et al., 2020). Meanwhile, Covid-19 in Indonesia has had an impact on 34 Provinces, 514 Regencies and Cities (416 Regencies and 98 Cities), where the confirmed positive number reached 4,073,831 people with a recovery rate of 3,724,318 people (89.7%) and died. as many as 131,923 people and spent the budget for handling the pandemic outbreak of approximately 600 trillion rupiah. This is also exacerbated by the new variants of Covid-19 such as: alpha, beta, gamma, delta, epsilon, zeta, eta, theta, iota, kappa, lambda. Observation data from January to June 2021, all hospitals in Jayapura City, Papua, were overwhelmed in handling residents exposed to Covid-19. The population of Jayapura City currently reaches approximately 400,000 people or about 11.84% of the total population of Papua Province which reaches 3.379 million. The availability of treatment rooms is minimal and the oxygen supply for patients with severe symptoms is running low. There are seven hospitals and one centralized quarantine place that handles Covid-19 patients in Jayapura City. The bed occupancy rate (BOR) percentage for Covid-19 patients at the eight facilities has reached 98%. Jayapura City is one of 14 regions in Papua Province that are included in the red zone or high risk of Covid-19. The capital city of Papua Province is in the first place with the highest number of cases in Papua, which is 10,203 cases.

The government then took policies in handling transmission and cutting the chain of the Covid-19 virus and implemented a number of programs such as: (1) Large-Scale Social Restrictions (PSBB) consisting of transitional PSBB and micro-lockdowns; and (2) The implementation of Community Activity Restrictions (PPKM) which consists of PPKM Level 1 to 4. Policies and steps taken by the government have produced results where the World Health Organization (WHO) has highlighted a number of improvements in handling the Covid-19 pandemic. in Indonesia. One of them, at the end of September 2021, the Covid-19 positivity rate in Indonesia is now at 6.6% and almost touching the safe limit of 5%, even though from June to August 2021 the figure is still far above 7 percent. The success of reducing Corona cases in Indonesia is the fruit of the mutual cooperation of all elements of the nation, including the awareness of the public who are willing to cooperate with every government policy related to handling Covid-19. Apart from restricting people's mobility strategies, vaccination acceleration is also key in suppressing the spread of the Covid-19 virus. Furthermore, as of October 19, 2021, the total dose of vaccination that has been carried out in Indonesia has reached

174 million doses, making Indonesia in 5th position in the world. The vaccination program in all provinces in Indonesia, including in Papua, has reached a minimum testing target of 1 per 1,000 population a week.

The success of handling Covid-19, including in Papua Province, cannot be separated from cooperation with the community in implementing health protocols. Furthermore, also with the support of elements of the community as a whole such as traditional leaders, religious leaders, leaders of primary and secondary education institutions to universities, especially in Jayapura City. Data on the number of confirmed cases in Papua until September 2021 reached 41,703 people with a recovery rate of 36.1% and 1.2% death. Furthermore, in the new normal period, it is important to apply health protocols in life daily (). Therefore, it is not surprising that when we always meet people wearing masks, including in the campus environment, what is surprising is that there are still students who do not use masks when they leave the house. The impact of ignoring health protocols can be fatal for the community as well as students at the Universitas Terbuka in Jayapura City.

The problem that will arise is that it can increase the number of Covid-19 cases and there will be the potential for a second wave of the spread of the virus (Lin et al., 2020), especially the latest variant, namely the Covid-19 omicron which has entered Indonesia in December 2021 (Abdullah et al., 2022). This is certainly a serious concern for universities, and becomes very important in the continuity of the limited face-to-face teaching and learning process (PTM) which will be implemented in the even semester of 2022. If one student is exposed to the Covid-19 virus, the impact will result in on other students and become a re-disruption of teaching and learning activities. Based on the above background, it is then necessary to conduct research to measure and analyze the level of effectiveness of the health protocol discipline within the Universitas Terbuka during the new normal period of Covid-19. Meanwhile, the benefits that can be drawn from this research are by applying health protocols in daily life and students' knowledge so that they can avoid increasing transmission and cut the spread of Covid-19.

METHODS

The type of this research is observational analytic with cross sectional design (Malicki et al., 2018). This research was carried out on students from the Distance Learning Implementation Unit of the Universitas Terbuka (UPBJJ UT) Jayapura City, Papua Province, Indonesia, from January 3 to 8, 2022. The population in this study was undergraduate students in Law and S1 Elementary School Teacher Education (PGSD) totaling 115 respondents using purposive sampling technique. The instrument in this research is a questionnaire, then data collection is done by online survey, namely the way to collect data from respondents in the form of a google forms questionnaire which can then be answered online using the internet network by students. The collected data is then processed by editing, coding, entry, tabulating, and analizing (Kumar, 2017). Analysis of the data used in this study is to describe the characteristics of each research variable in the form of a frequency distribution table and the percentage of each variable (Ali et al., 2019). Furthermore, the data was processed using the Statistical Product and Service Solutions (SPSS) series 25 program with univariate and bivariate analysis models using the Chi Square test. The results of this study will be presented in the form of tables and narratives for interpretation and discussion of research results.

RESULTS AND DISCUSSION

The general characteristics of the respondent are the characteristics inherent in the respondent. The general characteristics of the respondents include the age group, gender, and domicile of the respondent. The research was conducted online, considering that all students were still in a condition where they had to take lectures from their respective homes online. The research process starts from collecting secondary data by distributing questionnaire links on google forms to all respondents. The frequency distribution of research respondents' characteristics can be described in the **Table 1** below:

Table 1. Distribution of Respondents by Age, Gender, and Domicile

Variable	Frequency	Percentage
Age group		
<21	17	15%
22-30	76	66%
>31	22	19%
Gender		
Male	68	59%
Female	47	41%

Domicile		
Mamta Region	23	20%
Saereri Region	22	19%
Anim Ha Region	21	18%
La Pago Region	18	16%
Mee Pago Region	24	21%
Non-Papua	7	6%

Source: Primary Research Data 2022

The results of the analysis of the distribution of respondents in Table 1 if: (1) the characteristics of the respondents based on the largest age group, namely the age under 21 years as many as 17 people (15%), age 22 sec 30 years collecting 76 people (66%) as well as being the most, and 22 people over 31 years old (19%); (2) the characteristics of respondents based on gender, namely 68 men (59%) and 47 women (41%); and (3) the characteristics of the respondents based on the domicile of the customary area of the community, namely Mamta as many as 23 people (20%), Sereri as many as 22 people (19%), Anim Ha as many as 21 people (18%), La Pago as many as 18 people (16%), Mee Pago as many as 24 people (21%), and non-Papuans as many as 7 people (6%). Next, is an explanation of the frequency distribution of respondents regarding the effectiveness of the health protocol discipline as shown in **Table 2.** below:

Table 2. Distribution of Respondents Based on Effectiveness of Discipline

Variable	Frequency	Percentage
Obedience		
Excellent	17	15%
Good	60	52%
Average	20	18%
Poor	14	12%
Very Poor	4	3%
Achievement and Goals		
Excellent	15	13%
Good	51	44%
Average	26	23%
Poor	13	11%
Very Poor	10	9%
Attitude and Personality		
Excellent	15	13%
Good	40	35%
Average	33	29%
Poor	14	12%
Very Poor	13	11%
Prevention System		
Excellent	15	13%
Good	46	40%
Average	33	29%
Poor	13	11%
Very Poor	8	7%
Responsibility		
Excellent	22	19%
Good	42	37%
Average	37	32%
Poor	9	8%
Very Poor	5	4%
Facility		
Excellent	18	16%
Good	58	51%
Average	25	21%
Poor	9	8%
Very Poor	5	4%
Motivation		
Excellent	31	27%
Good	38	33%
Average	26	22%
Poor	10	9%
Very Poor	10	9%

Source: Primary Research Data 2022

Based on **Table 2** the distribution data of respondents based on the effectiveness of discipline can be explained, namely: (1) Compliance variable which is in the excellent category as many as 17 people (15%), good 60 people (52%), average 20 people (18%), poor 14 people (12%), very poor 4 people (3%); (2) Variable achievement of goals and goals with excellent category 15 people (13%), good 51 people (44%), average 26 people (25%), poor 13 people (11%), very poor 10 people (9%); (3) Attitude and personality variables with excellent category 15 people (13%), good 40 people (35%), average 33 people (29%), poor 14 people (12%), very poor 13 people (11%); (4) Variable prevention system with excellent category 15 people (13%), good 46 people (40%), average 33 people (29%), poor 13 people (11%), very poor 8 people (7%); (5) The responsibility variable is

in the excellent category 22 people (19%), good 42 people (37%), average 37 people (32%), poor 9 people (8%), very poor 5 people (4%); (6) Variable facility with excellent category 18 people (16%), good 58 people (51%), average 25 people (21%), poor 9 people (8%), very poor 5 people (4%); (7) Motivation variable with excellent category 31 people (27%), good 38 people (33%), average 26 people (22%), poor 10 people (9%), very poor 10 people (9%). Meanwhile, to determine the relationship between variables as described in the results of the Pearson correlation statistical test in **Table 3** below:

Table 3. Test Results of Personnel Correlation Statistics of All Variables

Variable	P-Value
Age	0.214
Gender	0.375
Domicile	0.114
Obedience	0.002
Achievements and Goals	0.016
Attitude and Personality	0.078
Prevention System	0.026
Responsibility	0.054
Facility	0.085
Motivation	0.058

Source: Primary Research Data 2022

Table 3 above shows the level of relationship between variables X and Y, including: (1) There is no relationship between age and the effectiveness of the health protocol discipline, indicated by the P value = 0.214; (2) There is no relationship between gender and the effectiveness of the health protocol discipline, indicated by the P value = 0.375; (3) There is no relationship between domicile and the effectiveness of the health protocol discipline, indicated by the P value = 0.114; (4) There is a relationship between obedience and the effectiveness of the health protocol discipline, indicated by the P value = 0.002; (5) There is a relationship between achievements and goals with the effectiveness of the health protocol discipline, indicated by the P value = 0.016; (6) There is a relationship between attitude and personality with the effectiveness of the health protocol discipline, indicated by the P value = 0.078; (7) There is a relationship between the prevention system and the effectiveness of the health protocol discipline, as shown in the P value = 0.026; (8) There is a relationship between responsibility and the effectiveness of the health protocol discipline, shown in the P value = 0.054; (9) There is a relationship between the facility and the effectiveness of the health protocol discipline, indicated by the P value = 0.085; and (10) There is a relationship between motivation and the effectiveness of the health protocol discipline, indicated by the P value = 0.058.

The results of this study indicate that there is no relationship between the variables of age, gender, and domicile, but on the other hand, there is a relationship between the variables obedience, achievements and goals, attitude and personality, prevention system, responsibility, facility, and motivation. Then, the purpose of this research is to measure and analyze the level of effectiveness of the health protocol discipline within the Universitas Terbuka of Jayapura City, Papua during the new normal period of Covid-19. The review of the analysis of the discussion of the results of this study can be described as follows:

First, there is no relationship between age and the effectiveness of the health protocol discipline, indicated by the P value = 0.214. This research is in line with research results which state that a person's age does not guarantee the discipline to comply with the health protocols set by the government, but those over 50 years of age are more susceptible to being exposed to the Covid-19 virus (Paul et al., 2021). Research in Kuwait states that men and age over 50 are risk factors for the occurrence of Covid-19. The Centers for Disease Control (CDC) has identified that 8 out of 10 deaths in the United States due to Covid-19 occur in people 65 years of age and older. Furthermore, it is estimated that 6% to 29% of people aged 85 and older who have Covid-19 will require intensive care. The World Health Organization (WHO) states that age over 65 is a high risk of Covid-19. Based on the data reported that out of 24 countries, the highest proportion of Covid-19 is over the age of 65 years (at least 60 per 100,000). This study shows that regardless of a person's age, if they are not disciplined in complying with health protocols, everyone has the potential to be exposed, but under certain age conditions the risk will be more severe. Therefore, it is important for everyone to be able to do several things, namely: (1) Maintaining personal hygiene; (2) Carry out the Covid-19 vaccination; (3) Keeping the body to enough rest; (4) Consuming vitamins that the body needs; (5) Drink enough water; (6) Avoid consuming alcohol and cigarettes; (7) Keep a distance from anyone who is sick; (8) Maintaining mental health; (9) Regular exercise; and (10) Consumption of various types of healthy foods.

Second, there is no relationship between gender and the effectiveness of the health protocol discipline, indicated by the P value = 0.375. The results of this research contradict research which states that men and young people tend to be less compliant with the health protocols recommended by the government, while women are actually more anxious about everything related to Covid-19 (Hoebel et al., 2021). This is inseparable from the stigma in society that the difference in responses between men and women in accepting and implementing health protocols also cannot be separated from the division of roles in both genders that are deeply rooted, and usually domestic or household affairs are handled by women, while men play more of a role as breadwinners. The right of the community as residents, both men and women, is to get health services from the government. Meanwhile, their obligation is to maintain the health of themselves and the environment around them. Meanwhile, the government has the right to make and implement regulations in the face of the Covid-19 pandemic. Meanwhile, his obligation is to pay attention to public health and provide social assistance.

Third, there is no relationship between domicile and the effectiveness of the health protocol discipline, indicated by the P value = 0.114. The research findings are in line with research which states that residence is not a benchmark for compliance with health protocol enforcement. A number of health protocols have been carried out in most residential environments (Mohsen Poursadeqiyan, Edris Bazrafshan, 2018). Therefore, the involvement of the community in the neighborhood is the key to preventing the transmission of Covid-19. The environment where you live is at the forefront of preventing the spread of Covid-19. Implementation of health protocols and the activity of community leaders and administrators of the Neighborhood Association (RT)/Citizens Association (RW) in socializing the dangers of the corona virus so that community involvement is the key to overcoming the outbreak. Urban or rural communities must also get health insurance by applying the principles of environmental health, not just relying on the government alone. The government should also facilitate the needs of the community regarding the maintenance of a healthy environment. Communities can get this through clean cultural actions for themselves and their families and those around them.

Fourth, there is a relationship between obedience and the effectiveness of the health protocol discipline, indicated by the P value = 0.002. This research correlates with the results in the study that there is a significant relationship between knowledge (P-value = 0.028) and adherence to the Covid-19 prevention health protocol (Itrat et al., 2020). Compliance is a term used to describe the behavior of the public to wear masks. Later in another study stated that compliance plays a very important role in reducing mortality and the nursing system can provide an excessive burden. Factors that can influence adherence depend on many factors, including motivation, knowledge, perceptions and beliefs about disease control and prevention, environmental variables, quality of health guidance, and ability to access available resources. A person's compliance in carrying out health protocols is a form of a person's compliance behavior in accordance with regulations generally referred to by the government, which aims to improve people's behavior by implementing health protocols to support health as high as possible and trying to break the chain of Covid-19 transmission, especially in Jayapura City.

Fifth, there is a relationship between achievements and goals with the effectiveness of the health protocol discipline, shown at the P value = 0.016. Based on scientific evidence, Covid-19 can be transmitted from human to human through coughing/sneezing droplets (droplets), not through the air. People who are most at risk of contracting this disease are people who are in close contact with Covid-19 patients, including those who care for Covid-19 patients (Korupolu et al., 2020). Based on scientific evidence, Covid-19 can be transmitted from human to human through coughing/sneezing droplets (droplets), not through the air. People who are most at risk of contracting this disease are people who are in close contact with Covid-19 patients, including those who care for Covid-19 patients. As one of the efforts in overcoming the Covid-19 pandemic, the Indonesian government has implemented various steps that are useful for protecting public health, including the implementation of Large-Scale Social Restrictions (PSBB) which is then followed by the Enforcement of Community Activity Restrictions (PPKM) which have been regulated by the government as an effort accelerate the handling of Covid-19. In addition, other efforts made by the government include restrictions on the education and business sectors, restrictions on movement or population mobilization, and restrictions on international travel. Therefore, regarding the Covid-19 pandemic where between regions are affected in different forms and scales.

Sixth, there is a relationship between attitude and personality with the effectiveness of the health protocol discipline, indicated by the P value = 0.078. The results of this research are in line with research which states that a significant

relationship was found between good knowledge which will result in a positive attitude and good behavior in preventing Covid-19 (Scarabel et al., 2021). Lack of knowledge about disease can be caused by several factors, one of which is education. Low knowledge about health can affect the actions to be taken both about treatment and treatment. The rapid spread and exponentially increasing number of cases have resulted in the importance of socializing and educating on the prevention and control of the spread of this infectious disease. Prevention strategies are more focused on isolation, controlling the spread of infection, diagnosing and treating Covid-19 patients. Lack of knowledge in the community will result in less vigilance, especially in using masks and washing hands due to a lack of knowledge and level of trust in the information provided by the government and medical personnel.

Seventh, there is a relationship between the prevention system and the effectiveness of the health protocol discipline, indicated by the P value = 0.026. This research complements the research results that have been obtained, where the policies given by the Government during the pandemic to break the chain of transmission of Covid-19 including social distancing, lockdown, and mass testing were carried out by the government to prevent the spread of Covid-19 and proved effective in suppressing the rate of virus development (Choi et al., 2020). Furthermore, health system resilience can mean the capacity of health actors, institutions, and populations to prepare for and respond to crises effectively; maintain core functions in times of crisis; and, based on lessons learned during the crisis, rearrange if conditions warrant. Unprepared health systems around the world inadvertently contribute to disease transmission during epidemics, and unprepared health systems for disasters are also unable to provide essential services. Many countries have committed resources and efforts towards strengthening health systems based on recent disasters, but actionable plans and approaches to building resilient health systems have not yet reached consensus.

Eighth, there is a relationship between responsibility and the effectiveness of the health protocol discipline, shown at the P value = 0.054. This research is in line with the results of research which states that during the current Covid-19 pandemic, the responsibility of the state is urgently needed to protect its citizens (Liu et al., 2020). Especially the responsibilities that need to be prioritized are health, education and social security which are the rights of every individual in society. Fulfillment of responsibility for health is done by means of healing and prevention. Fulfillment of responsibility for education is carried out with a policy that learning is carried out online, and also the fulfillment of social security is carried out for safety, security and certainty of rights guaranteed by the Government. Governments in all countries in the world have made many efforts to break the chain of the spread of Covid-19. Through social distancing policies, implementing a lockdown, implementing health protocols, and having provided a special hospital as a referral for Covid-19 patients.

Ninth, there is a relationship between the facility and the effectiveness of the health protocol discipline, indicated by the P value = 0.085. The results of the research show that a related factor is the availability of facilities and facilities, where with the availability of adequate facilities and infrastructure, the level of compliance with health protocols will increase (Aryo Santiko, Ivan Budi Susetyo, Dwi Agustina, Eka Rofiyanti, 2021). To prevent the transmission of Covid-19 for all communities during the pandemic, especially in the educational environment, institutional leaders are required to provide safe and healthy workplace facilities and facilities, such as environmental hygiene and sanitation by cleaning regularly using appropriate cleaners and disinfectants, maintaining quality workplace air with optimal air circulation and sunlight, hand washing facilities and providing hand sanitizer, setting physical distancing in all activities.

Tenth, there is a relationship between motivation and the effectiveness of health protocol discipline, indicated by the P value = 0.058. This study is in line with research results which state that factors that are significantly related to Covid-19 health protocol compliance are knowledge, motivation, and health problems (Randana & Syakurah, 2021). Motivation is a stimulus from a person to take action with a specific purpose. This study shows that there is a significant relationship between motivation and adherence to the Covid-19 health protocol. Therefore. in essence, behavior occurs because there is a certain goal, thus behavior itself is formed because of the motivation to achieve that goal. Then, the motivation in a person to avoid Covid-19 will form compliance with the Covid-19 health protocol.

CONCLUSION

The results of this study indicate that there is no relationship between the variables age, gender, and domicile, but on the other hand that there

is a relationship between the variables obedience, achievements and goals, attitude and personality, prevention system, responsibility, facility, and motivation with the level of effectiveness of the health protocol discipline. at the Open University of Jayapura City, Papua during the new normal period of Covid-19.

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