

Behaviour and Participation of Marginal Communities in the Implementation of Health Protocols in Facing the Covid-19 Pandemic (Cases in Coastal Areas and Small Islands, West Lombok Regency)

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Abstract

The context of this research emphasizes the issue of implementing the Covid-19 health protocol associated with the behaviour and participation of marginalized communities in coastal areas and small islands. This study aims to determine the behaviour (knowledge, attitudes/beliefs, compliance with actions) and the level of participation of marginalized communities in the implementation of the Covid-19 health protocol. This research was conducted using a survey technique carried out in the coastal area and small islands of West Lombok Regency. Data was collected by means of interviews, in-depth interviews and non-participatory observations. The descriptive analysis for behavioral variables includes 3 (three) indicators, namely: knowledge, attitudes and beliefs, and compliance with the Covid-19 health protocol. For the level of participation, descriptive analysis was carried out in 4 (four) stages, namely: planning, implementation, evaluation, and maintenance / development stages. The results of the study show: (1) the behavior of marginalized communities is in the low category (not good). The knowledge of marginalized communities regarding the Covid-19 Health protocol is high (good), but the attitude/belief and appropriateness of action towards the implementation of the Covid-19 Health Protocol is in the low category. (2) The participation of marginalized communities as a whole is in the low category. The lowest level of participation was at the program evaluation stage, followed later by participation at the planning, implementation and maintenance/development stages of the Covid-19 health protocol.

Keywords: Behavior, Participation, Health Protocols, Covid-19 Pandemic

Introduction

It's been almost a year since Indonesia and other countries around the world have faced the Covid-19 pandemic. During this one year period (until mid-February 2021) around 1.22 million Indonesians were exposed to Covid-19, and 33,367 of them died (Ministry of Health RI; JHU CSSE Covid 19, 2021). In the Province of West Nusa Tenggara (NTB) during that period as many as 8,158 people were exposed to Covid 19 and as many as 336 people died (Anonymous, 2020). A number of health policies and protocols related to preventing the transmission of Covid 19 were issued, but it was not immediately obeyed and followed by the community. As reported by Jeffaya (2020), that in fact, even though health policies and protocols have been implemented, there has been a kind of non-compliance action from the general public in Indonesia in the form of not obeying the established protocols and continuing to socialize even though this is actually dangerous for the community. they.

Based on preliminary observations of marginalized communities in coastal areas and small islands as well as from information developed through various social media, it appears that there is a relationship between socioeconomic conditions and status and geographic location of

residence on community behaviour and participation in the face of the COVID-19 pandemic (Karyadi, 2020a). Apart from these attitudes and behaviours, it is certain that the Covid 19 pandemic has been addressed with various responses by the community, especially people who are economically vulnerable and include marginalized communities. Marginal communities in West Lombok, especially those who live in coastal areas and small islands very often face food insecurity, making them more vulnerable to various developing diseases including the Covid-19 pandemic (Karyadi, 2020 b).

Based on this description, an in-depth study which is considered very urgent in the midst of the current Covid-19 pandemic is to understand comprehensively the behaviour and participation of marginalized communities in implementing health protocols in the face of the Covid 19 pandemic.

Methods

This research is a quantitative research designed in the form of a survey (Creswell, 1994) to achieve explanatory descriptive objectives (Babbie, 2004). Explanatory research is research that explains the relationship between variables (Nazir, 1983). The population in this study are adult community members who live in coastal areas and small islands in the West Lombok Regency. Thus, the unit of analysis in this study is individual adult community members who live in coastal areas and small islands in West Lombok district.

The research location was determined by purposive sampling, namely the Sepi coastal area in Bun Mas Village, Sekotong District and the coast of the small island of Gili Gede in Gili Gede Village, Sekotong District. Determination of respondents was carried out using a Quota sampling technique (Nazir, 1983) representing residents of the Sepi coast of Bun Mas Village and residents of the small island of Gili Gede, Gili Gede village, Sekotong District. Apart from respondents, this research will also explore qualitative information from key informants. The method of collecting data in survey research is through interviews (Singarimbun et al., 1989). Completely the process of collecting data through several techniques (ways), namely: (1) semi-structured interviews, (2) observation, (3) in-depth interviews.

Results and Discussion

Marginal Community Behavior in the Implementation of Covid-19 Health Protocols

Of the 3 (three) behavioral indicators studied, only one indicator, namely public knowledge about Covid-19, showed a good category. Two other indicators, namely: (1) attitude / belief and (2) action / compliance in the implementation of the Covid-19 health protocol (Prokes) are in the low category. The compilation of research results on the behavior of marginalized communities in the implementation of the Covid-19 Prokes in coastal areas and small islands of West Lombok Regency is presented in table 1 as follows:

Table 1. Distribution of Respondents Based on Behavioral Category in the Implementation of Covid-19 Health Protocols (Prokes) in Sekotong District

No	Indicators	Score Mode	Behavioral Catamarans	Distribution of each behavioral category					
				High/Good		Enough		Low	
				Person	%	Person	%	Person	%
1	Knowledge	3	Tall	19	47,5	9	22,5	12	30,0
2	Attitude	1	Low	14	35,0	5	12,5	21	52,5
3	Action	1	Low	10	25,0	11	27,5	19	47,5

Source: primary data processed

Table 1 shows that only the knowledge aspect is in the good category, while the attitude and action aspects are in the low (not good) category. This can be interpreted that the behavior of marginalized communities in the implementation of the Covid-19 health protocol (Prokes) is still low or not good. This is different from the research results of Yanti et al (2020) which show 99% of the people have good knowledge, 59% have attitudes in the good category, and 93% of respondents have good behavior towards social distancing. Among the respondents who have good knowledge show a positive attitude (58.85%) and good behavior (93.3%). Respondents who have a positive attitude show good behavior (96.7%). Thus, it is emphasized that the Indonesian people have good knowledge, attitudes and behavior towards social distancing as an effort to prevent virus transmission. The fairly good response from the community regarding the handling of the Covid-19 pandemic really supports disaster mitigation in controlling the COVID-19 pandemic in Indonesia (Anonymous, 2021).

Knowledge of the Marginal Community regarding the Covid-19 Prokes

According to Bavel et al (2020), changing behavior by correcting misperceptions can be done with public messages that reinforce positive norms in society. Providing accurate information about what most people do is likely to be helpful if what most people do is desired.

The results showed that in 4 (four) aspects studied, namely: information on Covid-19, clinical symptoms, modes of transmission, and methods of preventing Covid-19, the mode score was 3 so that it was set in the good category. Furthermore, 3 (three) other aspects, namely: how to handle Covid-19, self-isolation of Covid-19 sufferers, and the high-risk group got a mode score of 3 so it was set in the bad (not good) category. The results of the research on aspects of knowledge of marginalized communities related to Covid-19 can be seen in table 2.

Table 2. Distribution of Respondents Based on The Category of Knowledge about Covid-19 in the Marginal Community of Sekotong District in 2021

NO	Description	Knowledge Category					
		Less		Enough		Good	
		Total	%	Total	%	Total	%
1	Covid-19 Information	0	0.0	10	25.0	30	75.0
2	Clinical Symptoms of Covid-19	0	0.0	17	42.5	23	57.5
3	How to Transmit Covid-19	0	0.0	10	25.0	30	75.0
4	How to Prevent Covid-19	2	5.0	18	45.0	20	50.0
5	How to Handle Covid-19	23	57,5	9	22,5	8	20,0
6	Self-Isolation	29	72,5	2	5,0	9	22,5
7	High Risk Group	30	75,0	5	12,5	5	12,5

Source: primary data processed

Table 2 explains that overall, the knowledge of marginal coastal communities regarding Covid-19 information is in the good category. This is indicated by as many as 4 (four) of the 7 (seven) objects of knowledge being asked are in the good category.

Attitudes of Marginal People to Covid-19 Prokes

The introduction and implementation of the Covid-19 health protocol was heavily influenced by the public's attitude towards the health protocol. Attitude is also one of the important elements that describe human behavior in the social system. Adequate public knowledge regarding the Covid-19 pandemic should be a factor in facilitating the increase in public attitudes towards the implementation of the Covid-19 health protocol (Prokes). However, the

results of this research in the coastal areas and small islands of West Lombok show that the community's attitude towards the implementation of the Covid-19 Prokes is still low. In other words, the development of knowledge does not run linearly with people's attitudes towards the implementation of the Covid-19 Prokes. Karyadi (2020) stated that the good level of public knowledge regarding Covid-19 was caused, among other things, by the high intensity of information dissemination through mass media and social media to remote areas with limited physical accessibility. The complete research results are presented in table 3 below:

Table 3. Distribution of Respondents Based on Attitude Category towards Covid-19 Health Program in Sekotong District 2021

No	Attitude Objects	Attitude Catalyst					
		Disagree		Neutral		Agree	
		Total	%	Total	%	Total	%
1	Physical Distancing	28	70,0	3	7,5	9	22,5
2	BIB from Home	26	65,0	4	10,0	10	25,0
3	Cough Ethics	20	50,0	3	7,5	17	42,5
4	PHBS/CTPS	19	47,5	3	7,5	18	45,0
5	Using a Mask	18	45,0	3	7,5	19	47,5
6	Assisting the RT	15	37,5	11	27,5	14	35,0
7	Apparatus	8	20,0	10	25,0	22	55,0
8	Reminding Each Other	21	52,5	5	12,5	14	35,0
9	Helping with Logistics	28	70,0	4	10,0	8	20,0
10	Travel Ban	28	70,0	3	7,5	9	22,5
	No Visitation						

Source: Primary data processed

The study findings indicate that the majority of underprivileged populations in coastal regions have a negative view regarding the Covid-19 Prokes. As shown in Table 3, eight (eight) of the ten (ten) items of attitude toward the Covid-19 Prokes fall into the disagree group, while two (two) additional aspects fall into the agree category. Respondents agreed (accepted) solely on the Covid-19 Prokes, meaning the use of masks and reminding one another in the case of transmission indicators and measures for avoiding Covid-19 transmission.

Individuals' views are inextricably linked to their ideas about the Covid-19 pandemic and their compliance with the Covid-19 health regimen (Prokes). During a pandemic, health officials often encourage the public to alter their behavior and adhere to health protocol laws intended at containing, complying with, and honoring quarantine, or reporting developments voluntarily for medical testing. However, in practice, enforcing the viewpoint and character of people's conduct is tough (Bavel Van, J J. et al, 2020). The 2014–2015 West African Ebola epidemic shown that engaging the cooperation of local people to help create engagement and confidence in health personnel may significantly improve the effectiveness of public health initiatives.

Coastal settlements and small islands often feature a village settlement structure, with social contact playing a central role in their life dynamics. As a result, when the Covid -19 epidemic broke out and the community was requested to keep social distance, there was a reluctance, particularly about the restriction of praying in congregation, resulting in highly unique prayer rows at a distance. The majority of respondents in the research region did not feel that persons caught the virus as a result of their failure to maintain a safe distance. The researcher's findings demonstrate that no community member wants to observe restrictions prohibiting congregational prayer, altering the spacing between prayer rows, or crowding in locations of public activity. According to the findings gathered, it seems that the activity patterns of

disadvantaged groups in coastal regions were unchanged throughout the Covid-19 epidemic. Disobedience to health norms is often prompted by fear of the Covid-19 epidemic. As Rianti Dj et al. (2020) write, local communities' solidarity has developed into a kind of social capital that molds their worldview and serves as a source of inspiration and knowledge not just during the present epidemic, but throughout history. COVID-19 automatically creates a new impetus for sociocultural transformation. As a result, when COVID-19 struck the globe, the objective of social alienation and isolation was seen as an assault on millennia-old cultures and customs.

Meanwhile, the findings of study conducted by Akamal Salim Ruhana and Haris Burhani in 2020 indicate a pretty positive trend in respondents' (religious people's) knowledge, attitudes, and behaviors towards Covid-19 and its regulations. That the majority of responders are aware of and fearful about Covid-19 (87 percent). Additionally, they are typically (95.12 percent) aware of different Covid-19 policies/advice and are generally (59.36 percent) aware of the need of adhering to health protocols and government advice (including fatwas/religious appeals). Regarding proven social distance, although the majority of respondents (46.24 percent) no longer worship in places of worship to prevent exposure to the corona virus, it comes out that 20.89 percent of respondents remain unaware of the social distancing appeal. Indeed, responders who disregard it after being identified are, on average (50.48 percent), in the red zone. Although they typically adhere to different health measures and religious norms aimed at limiting the spread of Covid-19, a tiny percentage of respondents continue to do business as normal, including worshipping in places of worship despite being in the pandemic red zone.

Compliance and Action by the Community in the Implementation of Covid-19 Prokes

To ascertain disadvantaged populations' compliance with and activities regarding the Covid-19 Prosecution, a research was conducted on 10 indicators of the Covid-19 Prokes, as shown in Table 4. The most critical reaction that the community is anticipated to provide after a social therapy or program intervention is one of compliance and activity. Compliance and these activities also demonstrate the community's engagement with the program or development intervention.

In other words, the effectiveness of a program or development intervention in a community is mainly decided by the community's compliance and behavior as the intervention's object and subject. Thus, community compliance and actions are critical to understanding in order to guarantee that a community has the appropriate intervention policy. The adoption and execution of the Covid-19 health regimen were also significantly affected by public opinion. Compliance and activity are also critical components of human behavior in a social system. The community's high degree of awareness of the Covid-19 pandemic should contribute to the community's high level of compliance and action in support of the Covid-19 health protocol's execution (Prokes). According to Ahmaduddin Sudiro & Wattimena, (2020) demonstrated that the Indonesian people retain a reasonably high level of empathy, that internet news media are utilized to get news, and that health practitioners earn public confidence as informants about COVID-19.

According to Putri's study (2020), community conduct in reducing Covid-19 transmission was classified as poor in 48.6 percent of cases and as excellent in 51.4 percent of cases. Several communal habits remain undesirable, including 50.9 percent's habit of shaking hands with others, 41.6 percent's habit of leaving the home in a crowd, and 62.6 percent's habit of engaging in shared activities. The most critical approach for the community at this time is to wash their hands and use hand sanitizer whenever they come into contact with other individuals and to minimize encounters with persons outside the house. For the administration, it is critical to

strengthen quarantine restrictions in places that remain in the red zone of Covid-19 transmission.

Additionally, the findings of this study in West Lombok's coastal regions and small islands indicate that community compliance and activities connected to the execution of the Covid-19 Prokes are poor (score mode 3). In other words, community compliance and activities in adopting the Covid-19 Prokes are not directly proportional to degree of understanding. The study's findings, as summarized in Table 4, indicate that the majority of underprivileged groups in coastal regions do not adhere to the Covid-19 Prokes. Seven (seven) elements of the ten (ten) objectives of compliance and action in the execution of the Covid-19 Prokes fall into the poor or non-compliant category, whereas three (three) other aspects fall into the excellent category (compliance). Respondents generally comply and behave appropriately when it comes to the Covid-19 Prokes element, which includes reminding one another (55.0 percent obedient), assisting RT authorities (45 percent highly obedient), and wearing masks (42.5 percent obedient).

Table 4. Distribution of Respondents Based on Compliance Categories and Actions Related to Covid-19 Health Program in Sekotong District in 2021

No	Attitude Objects	Action Category					
		Low		Neutral		Tall	
		Total	%	Total	%	Total	%
1	Physical Distancing	21	52,5	11	27,5	8	20,0
2	BIB from Home	25	62,5	8	20,0	7	17,5
3	Cough Ethics	20	50,0	10	25,0	10	25,0
4	PHBS/CTPS	19	47,5	10	25,0	11	27,5
5	Using a Mask	18	45,0	5	12,5	17	42,5
6	Assisting the RT Apparatus	15	37,5	18	45,0	7	17,5
7	Reminding Each Other	8	20,0	10	25,0	22	55,0
8	Helping with Logistics	18	45,0	11	27,5	11	27,5
9	Travel Ban	21	52,5	11	27,5	8	20,0
10	No Visitation	27	67,5	10	25,0	3	7,5

Source: Primary data processed

Social contact is, of course, the primary factor in the dynamics of life in coastal communities and tiny islands with village population patterns. As a result, when the Covid-19 outbreak struck and the public was instructed to keep social distance, there was a reluctance, particularly when it came to the restriction of praying in congregation, resulting in highly unique prayer rows at a distance. The majority of respondents in the research region did not feel that persons caught the virus as a result of their failure to maintain a safe distance.

The researcher's findings demonstrate that the majority of people of the community oppose legislation preventing communal prayers, altering the space between prayer rows, or restricting crowding in locations of public activity such as marketplaces, fish landing sites, and the like. According to the findings gathered, it seems that the activity patterns of disadvantaged groups in coastal regions were unchanged throughout the Covid-19 epidemic. People's disobedience of health rules is typically prompted by their suspicion in the Covid-19 epidemic, as well as their very strong social bonds, which need them to do several tasks together. The lack of public confidence is partly a result of the spread of fake reports about the Covid-19 epidemic. Juditha, (2020) discovered that respondents have a high level of awareness regarding Covid-19 and hoaxes. However, the majority of respondents are skeptical and are in a situation where they

can sometimes discern hoaxes but not always due to the volume of information they get on a daily basis.

Marginal Community Participation in the Implementation of Covid-19 Health Program

The government anticipates that the community will be directly involved in the implementation of the Covid-19 Prokes. Without the active participation of all segments of society, appropriately managing and resolving the Covid-19 epidemic would be impossible. As a result, he is constantly reminded of the critical nature of collaboration and community involvement in combating the epidemic, which is very threatening to human life.

The research identified four (four) phases of the program, which provide possibilities for the community to engage in the intervention program as both objects and subjects. The four steps are as follows: planning, implementation, evaluation, and use and development. The parts of the Covid-19 Prokes implementation that are the subject of participation comprise ten (ten) aspects that have been conducted to ascertain the community's behavior during the Covid-19 Prokes implementation. The following table summarizes the findings from a study on the involvement of coastal settlements and small islands in the West Lombok district:

Table 5. Distribution of Respondents Based on The Level of Participation in the Implementation of Covid-19 Health Program in Sekotong District in 2021

No	Stage Participation	Participation Rate Category					
		Low		Keep		Tall	
		Total	%	Total	%	Total	%
1	Planning	36	90,0	4	10,0	0	00,0
2	Implementation	25	62,5	10	25,0	5	12,5
3	Evaluation	40	100	0	0,00	0	00,0
4	Maintenance/Banging	25	62,5	5	12,5	10	25,0

Source: Primary data processed

A person's behaviors are heavily impacted by his knowledge and attitude toward certain items. The study's findings, as summarized in Table 5, indicate that community engagement in the implementation of the Covid-19 Prokes is minimal. If it is connected to the community's attitudes and activities about the Covid-19 Prokes, it seems as if there is a correlation between the better the attitude and the greater the involvement.

The lowest engagement rate was seen during the assessment stage, with 100% of respondents stating that they had never been engaged in evaluation activities connected to the implementation of the Covid-19 Prokes. The planning stage follows, with as many as 62.5 percent of respondents admitting that they had never engaged in planning or discussion on the implementation of the Covid-19 Prokes during a pandemic. Community engagement is rather robust throughout the installation and maintenance/development phases. The participation percentage of responders in the high group was 12.5 percent and 25.0 percent, respectively, over these two periods. In general, the study's findings indicate that community engagement in the implementation of the Covid-19 Prokes is minimal. The following table summarizes the extent to which coastal and small island villages in West Lombok Regency have participated in the implementation of the Covid-19 Prokes.

Numerous components of the Covid-19 process need community cooperation in order to be implemented effectively, including PHBS/CTPS, supporting village authorities, reminding one another of fellow people, and preventing visits. The majority of respondents and key sources stated that the execution of the Covid-19 procedure totally recasts the community as an object

subject to government policy. Physical separation, mask use, cough etiquette, BIB (work, worship, and learning) away from home, and travel limits are all regulations that already exist; it is up to individuals to observe and enforce them.

While certain parts, such as PHBS/CTPS, aiding village authorities, and reminding residents are truly government programs, they often include community members in practice. There seems to be some community involvement in these areas, although it is insignificant. For instance, in an attempt to promote clean and healthy living behaviors (PHBS), the Village and the Bhayangkara Community Security and Order Trustees have invited the community to explore mutual collaboration in cleaning the home environment and other areas. Several topics relating to the Covid-19 Prokes were considered during this discourse, including how to assist village leaders, the importance of reminding other inhabitants of the community, and the restriction of visiting during the epidemic. Deliberation as a means of achieving agreement or understanding among community members is the primary social capital for fostering community cohesion and increasing community engagement in development (Karyadi, 2016). In accordance with this, it seems as though the presence of discussions linked to the Covid-19 epidemic is still powerful enough to be exploited as a social tool to encourage the people to accept and obey all local government programs and policies.

Conclusion

The underprivileged people in the coastal regions and small islands of West Lombok Regency have shown a poor level of compliance with the Covid-19 Prokes. Each behavioral indication indicates that: (1) understanding of disadvantaged populations is high (excellent), (2) attitude is low (poor), and (3) compliance/implementation activities are low (not good). The degree of engagement of disadvantaged populations in the execution of the Covid-19 Prokes in West Lombok Regency's coastal regions and small islands is typically low. The lowest degree of engagement occurred at the assessment stage (100 percent, mode score 1), followed by the planning stage (90 percent, mode score 1), the implementation stage (62.5 percent, mode score 1), and the maintenance / development stage (42.5 percent, mode score 1). (62.5 percent, score mode 1). Appropriate understanding of the Covid-19 Prokes by excluded populations does not translate into adequate attitudes, compliance, trust, and behaviors in the application of the Covid-19 Prokes.

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