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COMPLIANCE LEVEL ANALYSIS OF COVID-19 HEALTH PROTOCOL AMONG KARANG TARUNA MEMBERS AT PANDANLANDUNG VILLAGE, MALANG

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ABSTRACT

Introduction: One of the keys to success in efforts to overcome the COVID-19 pandemic is to comply with health protocols. The COVID-19 health protocol compliance level is known to be low in the adolescent age group. The low level of compliance is related to the role of Karang Taruna as a village-level organization in providing education and examples to their peers, namely adolescents. **Aims:** This study was conducted to describe the level of compliance of Karang Taruna members in Pandanlandung Village, Wagir District, Malang Regency to the COVID-19 Health Protocol. **Methods:** The design used in this research is cross sectional with a quantitative descriptive method. This research was conducted in March-October 2021 with the number of respondents as many as 24 members of the Karang Taruna Pandanlandung Village who were selected using a total sampling technique. **Results:** This research study found that the compliance level of members of the Karang Taruna Pandanlandung Village was in the "Good" category, especially in the aspects of "Using Masks" 70.83%, "Washing Hands" 79.17%, "Avoiding Crowds" 50% and "Limiting Mobility" 50%. **Conclusion:** from this study is that, in general, the implementation of the COVID-19 health protocol is good, but the implementation of health protocols in daily life must still be improved by reminding fellow members of Karang Taruna to continue to carry out the health protocol because the pandemic is not over so as to reduce the transmission rate of COVID-19.

Keywords: Compliance Level, COVID-19 Health Protocol, Karang Taruna

INTRODUCTION

The COVID-19 pandemic has been going on since a year ago. According to the Worldometer report, as of February 16, 2021, COVID-19 cases in the world has decreased by 109.71 million, of which 2.4 million patients died, 84.26 million recovered and 22.88 million active COVID-19 cases were reported. This decreased trend of COVID-19 was also seen in Indonesia. Since February 8, 2021, the number of COVID-19 cases has been below 10,000 cases per day. Even on 15/2/2021, the addition was only 6,462 cases (CNBC Indonesia, 2021). However, this still placed Indonesia as the country with the most active cases in Asia (Dwianto, 2021).

The government has launched various policies and strategies to control COVID-19 which started by establishing the Task Force for the acceleration of handling COVID-19 in Indonesia that stated in Presidential Decree No. 7 of 2020. A prevention strategy that was called by 3M health protocol (washing hands, wearing masks, and physical distancing) was also being massively promoted by the government. Other policies made to control COVID-19 transmission were establishing large-scale social restrictions (PSBB) in various regions, optimizing 3T (test, tracing, and treatment), and also increasing the testing capacities of laboratories (Gitiyarko, 2020). Starting February 9, 2021, the government also implemented the public activity restriction (PPKM Micro) policy through Ministerial Instruction Number 3 of 2021 (Bramasta, 2021). In February 2021, the Ministry of Health Republic Indonesia refined the 3M Health Protocol to 5M which consists of wearing masks, keeping physical distance, washing hands, avoiding crowds, and

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limiting mobility (Ministry of Health Republic Indonesia, 2021). This is because 3M alone is considered unable to reduce the spread of COVID-19 (Sukmana, 2021). According to Zahrotunnimah (2020), the local government has implemented a communication strategy to the community through various techniques such as coercive, e-mailing, informative, educative, persuasive, and redundant in making appeals to the community in order to prevent the transmission of COVID-19. However, the local government has not given sanctions for violators of health protocols, so people tend to ignore it (Rumengan, Ruru and Londa, 2021).

One of the factors that cause the high number of COVID-19 is the lack of compliance with applicable health protocols. The level of community compliance with health protocols in some areas has not been satisfactory. A total of 184 people (44.1%), students of UIN Syarif Hidayatullah Jakarta, have poor physical distancing behavior (Syadidurrahmah et al., 2020). The public's ignorance of the program makes the transmission of the COVID-19 virus difficult to stop. Adolescents are part of society that cannot be underestimated in suppressing the incidence of COVID-19. The application of health protocols to break the chain of transmission of COVID-19 in adolescents requires good understanding and knowledge (Anggreni and Safitri, 2020). In a survey conducted by Wahana Visi Indonesia (WVI) on adolescents in four provinces in Indonesia including North Maluku, East Nusa Tenggara (NTT), Papua, and West Kalimantan, it was found that only 35% of adolescents have good knowledge about COVID-19 (CNN Indonesia, 2021). The level of adolescent compliance to health protocols in some areas is still low because sometimes adolescents need more effective message delivery techniques (Artama, Rif'atunnisa and L, 2021). This of course has an impact on the spread of the virus to the community, including adolescents. Adolescents have a relatively better immune system than their parents and have higher mobility. This makes adolescents vulnerable to being asymptomatic people (OTG) who have the potential to infect their family members.

The community, in this case (Karang Taruna), is one that can be relied on in mitigating the COVID-19 disaster. According to the Minister of Social Affairs Regulation No. 5 of 2019, Karang Taruna is a kind of youth organization established in the community that can be a forum to develop any hard and soft skills. They can grow and have contribution to achieve social welfare for the community (Ministry Of Social Republic Indonesia, 2019). Karang Taruna with government's and other components of society take part to overcome various problems that occur, both in preventive, rehabilitative, or developing the potential of the human resources in the village.

During the pandemic, Karang Taruna has participated in many COVID-19 prevention activities. Some of the activities were done in some areas in Indonesia. In the Mungkid area, Magelang Regency, Karang Taruna works together with Indonesian family welfare movement (PKK) cadres and neighborhood (RT) representatives to provide socialization on how to wash hands and make hand sanitizers independently (Widyasari et al., 2021). Wonokerto Village, Wonogiri District has also empowered its youth groups in outreach to the community regarding the prevention of the spread of COVID-19 (Sugiyarto, 2020). In Kalibening Village, Musi Rawas Regency, Karang Taruna carried out socialization activities on the importance of education during the pandemic era (Sari, Nugroho and Putra, 2021).

Malang was designated as one of the red zones in the transmission of the COVID-19 virus (Yuswantoro, 2020). According to data as of March 14, 2021, in Malang Regency there are 536 confirmed positive cases of COVID-19 and 154 of them have died (COVID-19 Response Acceleration Task Force Kab. Malang,

2021). Pandanlandung Village is one of the contributors to patients who have been confirmed positive for COVID-19. There are 60 people who have been diagnosed with COVID-19 living in this village. The people of Pandanlandung Village are still low in implementing health protocols. In the judicial operation which was held several times in this village, there were still many violations. Many residents who cross the street do not wear masks and most of them are adolescents. Compliance with health protocols is an act and attitude to comply with existing regulations. In terms of preventing COVID-19, the compliance level of community groups in carrying out health protocols is important to find out appropriate and effective educational efforts to increase the level of compliance (Wulansari and Prabawati, 2021).

In breaking the chain of transmission of COVID-19, the role of Karang Taruna is very much needed, because they will become role models for adolescents of the same age in their villages. For this reason, Karang Taruna is required to behave in a healthy way, more specifically to comply with the health protocols. It is hoped that the compliance of the youth of Karang Taruna will motivate villagers to participate in complying with the health protocols. Currently, no research has been conducted on the level of compliance of Karang Taruna in Pandanlandung Village. So the compliance level of Karang Taruna members with the COVID-19 health protocol needs to be known.

METHODS

The design of this research is cross-sectional, with quantitative descriptive method. This research is located in Pandanlandung Village, Wagir District, Malang Regency, from March to October 2021. The population is Karang Taruna groups who live in Pandanlandung Village, Wagir District, Malang Regency, amounting to 40 people. The sampling technique used is total sampling. The inclusion criteria in this study were Pandanlandung villagers who were members of the Karang Taruna and were willing to become respondents, while the exclusion criteria were Pandanlandung villagers who were not members of the Karang Taruna and who refused to become respondents. Of the 40 members of Karang Taruna, only 24 people were willing to be respondents. So that the number of respondents who became the sample in this study amounted to 24 people.

The variables studied in this study are individual characteristics (sex, age, marital status, level of education, and type of occupation) and the level of compliance in implementing COVID-19 health protocols. Individual characteristics were assessed by enquiring to the respondents. Sex was categorized as male or female. Age was calculated by subtracting the date of data collection from the respondent's date of birth and classified as < 17 years, 17-25 years, and 26-35 years. Marital status was classified as single or married. Level of education was based on the highest level of education completed by the respondents. It was grouped into elementary, junior, senior, and college. The occupation was assessed by asking the respondents about their current occupation or job title from a list, such as student, housewife, entrepreneur, private sector employee, laborer, administration staff, or not work.

In terms of the COVID-19 health protocol, the attitude and action of being submissive is aimed at the presence of Decree of the Minister of Health of the Republic of Indonesia Number HK.01.07 / Menkes / 382 / 2020 / Regarding Health Protocols for the Community in Public Places and Facilities in the Context of Prevention and Control of CoronaVirus Disease 2019 (COVID-19) included using masks, washing hands, keeping physical distance, avoiding crowds, and limiting mobility (Ministry of Health Republic Indonesia, 2020; Wulansari and Prabawati, 2021). The respondent's level of compliance in implementing the 5M health protocol is

measured through "Level of Doing" by four categories namely "always," "often," "rarely/sometimes," and "never." The cut-off point used in this study is categorized as good if the compliance score reaches 76-100%, is categorized as sufficient if the score reaches 56-75%, and is categorized as bad if the score is around 40-55% (Arikunto, 2013).

The instrument used was an online questionnaire that had been tested for validity and reliability. The construct validity was measured by Factor Analysis. Out of 29 items, 23 items were retained. The reliability of the instrument was measured using internal consistency reliability with the result of Cronbach's alpha = 0.897.

Data analysis technique in this research used univariate analysis by presenting data on the age, gender, education and/or occupation of the respondents. Aspects that will be discussed further are the implementation of health protocols, including 'wearing masks," "washing hands," "keeping physical distance," "limiting mobility," "avoiding crowds," "avoiding eating together," and "avoiding taking photos together." The data were processed descriptively by presenting the distribution of COVID-19 health protocol compliance in each 5M aspect. Presentation of data is using tables and horizontal compound bar charts. Before being conducted, this study received ethical clearance approval from Health Research Ethics Committee, State Polytechnic of Health Malang with registration number: 182 / KEPK-POLKESMA / 2021.

RESULT

These are the characteristics of respondent based on gender, age, marital status, education and occupation. We can see in Table 1, from a total of 24 respondents, the majority of respondents are female (66.67%) and the remaining 33, 33% of respondents are male. It is also known that the respondents in this study ranged in age from 15 years to 33 years, which was dominated by the 17-25 year age group (58.33%). The marital status of the respondents was dominated by unmarried (62.5%). Then the education level of the respondents varied from elementary school to college, but most of the respondents received education up to Senior High School (58.33%). Then, for the type of work, it is known that most of the respondents are students (37.5%) followed by private employees as much as 29.17%.

Table 1. Characteristics of respondents

Variable (n=24)	Frequency N	Percentage (%)
Sex		
Male	8	33.33
Female	16	66.67
Age (years)		
<17	1	4.17
17-25	14	58.33
26-35	9	37.5
Marital Status		
Single	15	62.5
Married	9	37.5
Level of Education		
Elementary	1	4.17
Junior	5	20.83
Senior	14	58.33
College	4	16.67
Type of Occupation		
Students	9	37.50
Housewife	1	4.17
Entrepreneur	2	8.33
Private Sector Employee	7	29.17
Laborer	1	4.17
Administration Staff	1	4.17
Not Work	3	12.50

Table 2. Implementation of COVID-19 Health Protocols

Health Protocols Items	Compliance Level			
	Good		Enough	
	n	%	n	%
Wearing a mask	17	70.83	7	29.17
Washing hands	19	79.17	5	20.83
Keeping physical distance	11	45.83	13	54.17
Avoiding the crowd	12	50	12	50
Limiting mobility	12	50	12	50
Avoid eating together	4	16,67	20	83,33
Avoid taking photos together	8	33.33	16	66.67
Average Total	**12**	**49.41**	**12**	**50.59**

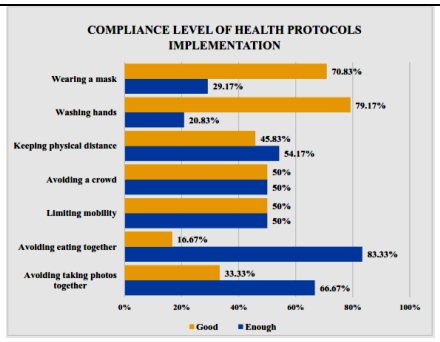

Figure 1. Implementation of Health Protocol

Table 2 and Figure 1 show that, from seven health protocols items, none of the respondents is in the bad level of compliance. Seventeen respondents (70.83%) are in a good category and only seven respondents (29.17%) are in the enough category on items “Using a Mask.” The highest level of compliance is in the “Washing Hands” protocol (79.17% of respondents are in a good category). While the lowest level of compliance is in the protocol of “Avoiding Eating Together without Wear a Mask,” which is only eight respondents (16.67%) having a good level of compliance. Even so, from the diagram above it can also be seen that respondents have a "good" level of compliance that is greater than "enough" in the aspects of wearing masks and washing hands. Which, when compared to aspects of avoiding eating and taking photos together, have a compliance category "Enough" which is greater than the "Good”.

In Table 3 the question that has the highest level of compliance in the aspect of wearing a mask is to use a mask correctly, namely covering the nose, mouth to the chin with the number of respondents who answered "Always" as many as 20 people or 79.17%. While those who have a compliance category the lowest was the item "Change the mask every 4 hours" with the percentage of answers "Always" as much as 20.83% and the item "Don't touch the front of the mask" with the answer "Always" as much as 12.5%. In the aspects of hand washing, the health protocol that has the highest level of compliance is washing hands before eating with the number of respondents who answered "Always" as many as 20 respondents or 83.33%, while the lowest level of compliance was in the question of washing hands before and after using masks with the number of respondents who answered "Always" only seven people or 29.17%. In the aspects of maintaining physical distance, all questions answered "Always" have a percentage below 50% (half of the number of respondents). Likewise with the

aspects of avoiding crowds, eating together, taking pictures together, and limiting mobility with one question asked with the answer "Always" as much as 50%.

Table 3. Frequency Distribution Level of Doing Based on Question Items

Item of Questions	Level of doing (n=24)			
	Never	**Sometimes**	**Often**	**Always**
Wearing a mask				
1. Wear masks according to health standards or those recommended by the Indonesian Ministry of Health	0	1 (4.17%)	4 (16.67%)	19 (79.17%)
2. Wearing a mask correctly, covering the nose, mouth and chin	0	0	4 (16.67%)	20 (83.33%)
3. Not touch the front when the mask is used	1 (4.17%)	4 (16.67%)	16 (66.67%)	3 (12.5%)
4. Change mask every 4 hours	0	12 (50%)	7 (29.17%)	5 (20.83%)
5. Change the mask when the mask is damp/wet	0	1 (4.17%)	4 (16.67%)	19 (79.17%)
6. Remove the mask by unhooking the mask from the ear or the mask ties and not holding the front of the mask	1 (4.17%)	4 (16.67%)	9 (41.67%)	10 (41.67%)
7. Not take off the mask when talking	1 (4.17%)	3 (12.5%)	11 (45.83%)	9 (37.5%)
Washing hands				
1. Wash hands with running water and soap (at least 20 seconds)	0	5 (20.83%)	10 (41.67%)	9 (37.5%)
2. Wash hands by following the 7 steps of washing hands	0	1 (4.17%)	12 (50%)	11 (45.83%)
3. Wash hands before touching your eyes, nose or mouth	0	6 (25%)	10 (41.67%)	8 (33.33%)
4. Wash hands before eating	0	0	4 (16.67%)	20 (83.33%)
5. Wash hands before and after using a mask	0	4 (16.67%)	13 (54.17%)	7 (29.17%)
6. Wash hands after touching objects (such as doorknobs, tables, etc.)	0	4 (16.67%)	9 (37.5%)	11 (45.83%)
7. Wash hands before entering and immediately after leaving public facilities (such as offices, markets, stations, shopping centers, etc.)	0	0	8 (33.33%)	16 (66.67%)
8. Wash hands before and after visiting sick friends, family, and relatives	0	1 (4.17%)	3 (12.5%)	20 (83.33%)
Keeping physical distance				
1. Avoiding physical contact (such as shaking hands) with those around you)	0	5 (20.83%)	12 (50%)	7 (29.17%)
2. Keep a physical distance of 1 meter from other people around you	0	8 (33.33%)	6 (25%)	10 (41.67%)
3. Avoid gathering activities that involve more than 10 people	0	6 (25%)	13 (54.17%)	5 (20.83%)
Avoiding the crowd				
1. Stay away when there is a crowd	0	5 (20.83%)	10 (41.67%)	9 (37.5%)

Item of Questions	Level of doing (n=24)			
	Never	**Sometimes**	**Often**	**Always**
2. Avoiding activities in crowded places or activities that have the potential to cause crowds	0	3 (12.5%)	10 (41.67%)	11 (45.83%)
Limiting mobility				
Stay at home, except for urgent needs (work, shopping for kitchen needs, etc.)	0	2 (8.33%)	10 (41.67%)	12 (50%)
Avoid eating together				
Avoid eating together with people who are not at home or other people, both at home and in public places	0	9 (37.5%)	11 (45.83%)	4 (16.67%)
Avoid taking photos together				
Avoid taking photos together without wearing a mask	0	5 (20.83%)	11 (45.83%)	8 (33.33%)

DISCUSSION

Wearing a Mask

The results show on the questions that contain about wearing masks, the level of compliance of respondents with the "Good" category is 70.83% while the "Enough" category is 29.17%. In the aspect of wearing masks, there are seven questions posed to respondents. The question that has the highest level of compliance is the aspect of using a mask correctly (covering the nose, mouth, and chin) with the percentage who answered "Always" as many as 83.33%, while the question that has the lowest level of compliance is in the aspect is changing the mask every four hours, with the number of respondents who answered "Always" only 20.83%. These results are in line with research from (Central Bureau of Statistics, 2020) which is the level of compliance from using masks is classified “Good,” with respondents answering "Often/Always Done" as much as 91.98%. The results of this study related to the aspect of using masks that have the highest level of compliance are also in line with research from (Niruri et al., 2021) which is the same aspect has the highest percentage of the "Compliance" category, which is 94.44%. Then in the aspect of changing masks every four hours in research (Salfana and Pertiwi, 2021) the level of compliance is also still low, with the number of respondents answering "Always" only 6.4%.

The question item "Using a mask correctly (covering the nose, mouth to the chin)" is an item whose application is also based on the knowledge of the respondent. Based on research from Desty, Arumsari and Rohmah (2021), a person's behavior is significantly influenced by the knowledge possessed. Then a person's knowledge is known to be significantly influenced by a person's level of education, this has also been stated (Ekadipta et al., 2021) that education has a significant effect. The good level of compliance of this item corresponds to the education level of the respondents who are categorized as good too, with the number of respondents who have education above junior high school as many as 75%. Items that have a low level of compliance are “change masks every 4 hours.” The ability and willingness to replace these masks is not only because of the knowledge factor but also influenced by the availability of the masks they have (which of course requires money to buy them), while during the pandemic, many businesses in the private sector eventually closed, and this resulted in reduced income. The average occupation of the respondents in this study were students and private employees. Research conducted (Andini et al., 2021) found that during the pandemic the student pocket money at University X was reduced compared to before the pandemic, while for private employees and entrepreneurs their income was also reduced due to layoffs and

also decreased sales levels. According to (Parhusip and Amril, 2021) the average income during the pandemic decreased by 30-50%, this is in line with the results of this study which found that there were nine respondents who were still students, two entrepreneurs, and seven private employees, which if added up to 75 % of the total respondents.

Washing Hands

Based on the results of this study, the aspect of hand washing has been carried out by respondents with the "Good" category of 79.17%. In this aspect, washing hands after visiting sick friends, family or relatives is the item that has the highest level of compliance with the number of respondents who answered "Always" as many as 20 people or 83.33%. Another item that has the lowest level of compliance is washing hands before and after using a mask, with respondents who answered "Always" only 29.17%. The results in this aspect are in accordance with the research conducted by Istiarini et al. (2021), where the level of hand washing compliance has been included in the good category with compliance respondents reaching 96%. Questions that have a low level of compliance, namely "washing hands before and after wearing masks" are also in line with research conducted by Maulydia(2021) which also found that respondents' compliance levels were still low, namely the number of answers "Always" in washing hands before using a mask only 17.6%.

Keeping Physical Distance

Based on the results of this study, the aspect of maintaining physical distance has been carried out by respondents with the "Good" category as much as 45.83%. The number of questions asked in this aspect amounted to three questions. The question with answer "always" in a question "Keep a physical distance of 1 meter from other people around you" as much as 41.67%. These results are known to be in line with research conducted by Yuliza and Alam (2021) which also found that the number of respondents who answered "Always" in the application of aspects of maintaining physical distance was still below 50%, which was only 48.8%. Likewise with the research conducted Yuniarti and Hartati (2020) which showed that the application of aspects of maintaining physical distance was also still low at 49.6%. Another factor known to be the cause of the low level of compliance in maintaining distance is the motivation and support of family and peers who remind to apply the COVID-19 health protocol (Artama, Rif'atunnisa and L, 2021).

Avoiding the Crowd

Based on the results of this study, the aspect of avoiding crowds has been carried out by respondents with the "Good" category as much as 50%. Of the two questions posed, both of them still had the number of answers "Always" which was still below 50%. These results are in accordance with research conducted by Devihapsari, Sudarsana and Adiputra (2021) with the number of answers "Always" on the question "avoiding events that gather a lot of people" which is only 13.7%. The low implementation of this aspect of the protocol cannot be separated from the culture of the community before the pandemic, which carried out many joint activities. Then, in a study conducted by Sari and Sutisna (2021), it was found that the statement "Do not travel and gather with many people, unless it is important" also has a percentage of "always" answers which is only 26%.

Limited Mobility

Based on the results of this study, the aspect of mobility restrictions has been carried out by respondents with the "Good" category as much as 50%. The questions asked in this aspect only amounted to one, containing a statement about "Stay at home

if there is no urgent need". The results in this aspect are in line with research conducted by Adhyka and Aisyiah (2021) which also found the level of compliance in the application of mobility restrictions in the "compliance" category was carried out by more than half of the respondents, as much as 56%. The good level of compliance from respondents is also inseparable from the existence of Large-Scale Social Restrictions (PSBB) in several regions in Indonesia. The existence of PSBB also helps limit community mobility so that the possibility of being exposed to COVID-19 will decrease (Adhyka and Aisyiah, 2021). A person's level of compliance with the COVID-19 health protocol is known to be influenced by various factors, including the psychological pressure faced when the situation suddenly changes drastically due to the pandemic. Other influencing factors include age and education level. Adolescents are an age group that is easy to adapt to and more able to cope with various kinds of psychological stress during a pandemic. Then the higher a person's education level, the more information that can be absorbed, thus influencing the decision to continue to comply with the COVID-19 health protocol (Megatsari et al., 2020).

Avoid Eating Together

Based on the results of this study, the aspect of avoiding eating together was carried out by respondents with the "GOOD" category as much as 16.67%. The number of questions asked was only one about eating together with other people who did not live in the same household. It is known that the results of this study are inversely proportional to the results of research from Mutiarani et al. (2020), where as many as 97.03% of respondents in the study were known to wrap food to avoid transmission of COVID-19 during a pandemic. In that research, it is also known that respondents prefer not to eat together with other people who are not housemates or strangers. This is one of the efforts to break the chain of transmission of COVID-19 when eating out of the house.

Avoid Taking Photos Together

Based on the results of this study, the aspect of avoiding taking pictures together has been carried out by respondents in the "Good" category with 33,33%. The number of questions asked is one question. The relatively low results in this study are in line with research from Yunida (2021) which found that group photos were one of the causes of the high number of positive cases of COVID-19. This is because group photos while maintaining a distance and wearing masks will eventually cause crowding. The research also found that only 5% of adolescents in village X comply to wear masks when outside the house.

CONCLUSIONS

In general, the implementation of the COVID-19 health protocol has been good, especially in the aspects of “Using Masks,” “Washing Hands,” “Avoiding Crowds” and “Limiting Mobility.” The implementation of health protocols in daily life must still be improved in order to reduce the transmission rate of COVID-19. Especially on aspects that have not reached the “Good” category such as aspects of “Keeping physical distance,” “Avoiding eating together,” and “Avoiding group photos.”

The main implication of this research is the existence of policies related to the implementation of large-scale social restrictions in Malang Raya, including in Pandanlandung Village which are not strictly enforced, thus causing the possibility of violating health protocols. Another implication is that the Karang Taruna functions as an organization that plays a role in preventing social problems and also affects the existence of several health protocol items that are implemented very well. Therefore, the local government provides strict sanctions and needs to

encourage Karang Taruna to be a role model in setting an example for the community to obey health protocols.

The strength of this research is that the description of COVID-19 health protocol is explained by describing each health protocol item, namely wearing masks, washing hands, keeping physical distance, limiting mobility, avoiding crowds, avoiding eating together, and avoiding taking photos together. The weakness of this research is that the number of samples studied has not met the target population, because only 24 of the 40 members of Karang Taruna met the inclusion criteria. In addition, the results of this study cannot be generalized to describe the level of compliance with COVID-19 health protocols broadly in the Karang Taruna organization, due to the limited number of respondents so that the results can be different if the number of respondents also increases.

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