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THE USE OF SOCIAL MEDIA AND SELF-EFFICACY IN THE APPLICATION OF HEALTHY BEHAVIOR IN CHANGING RELIGIOUS BEHAVIOR ACTIVITIES IN THE PROVINCE OF BALI

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ABSTRACT

Introduction: The death rate due to Covid in Bali province in 2021 will reach 2.80%, which could affect religious expression in Bali. There is a new normal policy imposed by the government to emphasize the application of health protocols in carrying out religious activities, where Hindus in Bali before the pandemic tended to involve contributions from many people so there was a need for the role of using social media and self-efficacy in supporting healthy behavior in changing religious behavior activities in the new normal. **Aims**: To describe the use of social media and self-efficacy toward implementing healthy behaviors in changing local wisdom-based religious behavior activities in Bali. **Methods:** This study used a quantitative method. The variables in this study were the use of social media, self-efficacy, healthy behavior, and religious behavior. Data collection used an online questionnaire with a total sample of 400 respondents. Partial Least Squares (PLS) was used in data analysis in this study. **Result:** There is a significant relationship between the use of social media and self-efficacy, and there is a significant relationship between self-efficacy on healthy behavior and religious behavior as seen from the t-value>1.96 or the p-value p<0.05. **Conclusion:** Dissemination of information through social media helps provide encouragement and public confidence in correct information regarding policy information in the Covid-19 era and ways to deal with it. Understanding and knowledge obtained through social media can influence a person's behavior in healthy behavior in changing religious behavior activities.

Keywords: New Normal; Religious Activities; Healthy Behavior; Social media; Self-efficacy

INTRODUCTION

The new normal policy has become an actual issue in response to the coronavirus (Covid-19) pandemic that has occurred in the Province of Bali. Cumulatively, there were 103,942 cases of Covid-19 in Bali Province on August 31, 2021 with 94,207 recovered patients, 6,279 patients under treatment and 3,456 patients died (Bali Satu Data, 2022).

Religious activities with local wisdom carried out by Hindus in the Province of Bali during the new normal period are inseparable from the policies set by the "Ministry of Health No. HK.01.07/MENKES/328/2020 regarding Guidelines for Prevention and Control of Covid-19 in Office and Industrial Workplaces in supporting business continuity in a pandemic situation" (2020). "This policy also applies to places of worship that were previously restricted, namely by the presence of a Minister of Religion policy based on Circular Letter Number 15 of 2020 concerning Guidelines for Organizing Religious Activities in Houses of Worship in Creating a Productive and Covid-19 Safe Society" (Ministry of Religious Affairs, 2020). The current pandemic situation has caused people to be afraid of crowds when carrying out religious

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activities where the religious activities of Hindus in Bali Province before the onset of the pandemic tended to involve contributions from many people and were carried out collectively. So that during the new normal period, the implementation of religious activities must adapt to new habits which include the application of health protocols where people are required to wear masks, wash their hands, keep their distance, and limit activities that can cause crowds in the temple area (Paramita, Dwipayana and Saputra, 2021).

Temples are places to carry out worship for Hindus, where temples in spatial order use the *Tri Mandala* philosophy which originates from local wisdom values, namely optimizing the function of holy places as centers of guidance and development of human resources as a whole and integrated for the sake of peace, independence, and spiritual well-being. The concept of *Tri Mandala* is divided into the *nista mandala* (outer area) which is used as a place for cleaning, *Madya mandala* (middle area), and *Utama mandala* (main area). *Tri Mandala* is a Balinese cultural heritage that has applied the concept of health since ancient times (Agung and Suryada, 2012). If this concept is related to the implementation of health protocols, the distribution of temple arrangements is divided into *mandala* insults which are used for carrying out hand washing and temperature checking, as well as optimizing the use of masks. Furthermore, from the middle *mandala* to the main *mandala*, visitors must pass through the temple door (paduraksa) which has been divided into entrances (ngeranjing) and exits (medal) which can only be passed by one person so that the implementation of maintaining distance between temple visitors when going to and after doing prayer. The adaptation of new habits to religious activities by utilizing social media in disseminating information is expected to be able to realize the government's goal of reducing the spread of Covid-19 in places of worship during the new normal period (Ridwan et al., 2020).

Effective use of social media supports health promotion efforts by increasing public knowledge and understanding regarding new normal policies for healthy behavior. Improving people's healthy behavior in religious activities in places of worship not only by utilizing social media as a medium for disseminating information, but also self-efficacy which is a force to encourage a person to generate and direct healthy behavior in religious activities (Leonita and Jalinus, 2018). In carrying out changes in one's life, one needs self-efficacy, whereas, without self-efficacy, one's encouragement or motivation to change will be hampered. Self-efficacy regulates and implements the necessary action programs to produce a certain level of achievement. The stronger the self-efficacy that is instilled and felt by the individual, the greater the individual will get and maintain or improve religious behavior and health behavior (Thaha and Rustan, 2017).

"Previous research conducted by Hendiarto and Hamidah (2014) concerning the relationship between self-efficacy and Healthy Behavior in Coronary Heart Patients found that the higher the self-efficacy, the higher the level of healthy behavior. From studies performed in 2017 concerning Religiosity Orientation and self-efficacy concerning the Meaningfulness of Islamic non secular education in IAIN Palopo college students is known that there may be a considerable effect of non-secular orientation at the meaningfulness of Islamic non secular training, self-efficacy influences the meaningfulness of non-secular education, and religiosity orientation and self-efficacy concurrently have an impact on the meaningfulness of Islamic non secular

training" (Thaha and Rustan, 2017). Furthermore, previous research conducted by Mely Mentari in 2020 concerning the Determinants of Student Religious Behavior: "The Impact of Using Social Media and Learning Islamic Religious Education", showed that there was an effect of using social media on students' religious behavior.

Based on this, the researcher wants to examine the description of the use of social media and the influence of community self-efficacy on changes in local wisdom-based religious behavior activities and the application of healthy behavior during the new normal period in the Province of Bali. The specific objective of this research is to increasing knowledge, understanding, and self-confidence and developing community habits regarding the application of healthy behavior in changing religious behavior activities based on Balinese local wisdom in the new normal.

METHODS

This research is based on measuring people's perceptions of healthy behavior in changing religious behavior activities. This measurement is followed by several concepts of social media utilization and self-efficacy. The object of this research is religious activities in temples based on Balinese local wisdom (*Tri Mandala*) which have been comprehensively implemented so that they can apply government programs related to implementing health protocols in places of worship, especially in the temple area during the new normal period.

Correlation studies were conducted to see the extent to which the influence of each variable is in the model. Endogenous variables in this study include self-efficacy, healthy behavior, and religious behavior, while exogenous variables in this study include the use of social media. This research is used to describe the use of social media and self-efficacy in changing religious behavior activities so that they can help the success of government programs in increasing people's understanding of healthy behavior in the new normal era. This study uses a conceptual framework model as follows.

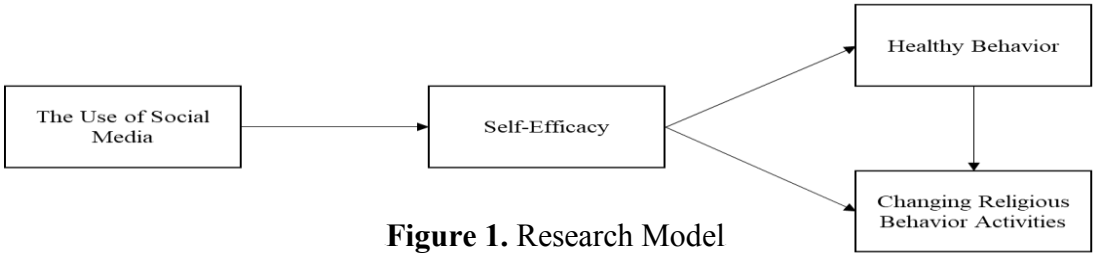

Figure 1. Research Model

Based on the conceptual framework of this research model, several hypotheses can be developed from this research, as seen in Figure 1:

H1 : Variable social media use affects self-efficacy
H2 : Self-efficacy variables affect changes in religious behavior
H3 : Self-efficacy variables affect healthy behavior
H4 : Healthy behavior change variable influences religious behavior

The research instrument used a questionnaire that consisted of two parts, namely 1) demographic characteristics, 2) questions regarding the use of social media

and self-efficacy for changes in religious behavior activities in temples based on local wisdom with *Tri Mandala* and the application of healthy behavior in the Province of Bali. The second part of the questionnaire consists of 50 questions related to the use of social media and self-efficacy toward changes in religious behavior activities at temples based on local wisdom and the application of healthy behaviors. All questions about the questionnaire have been measured with a four-point Likert scale, namely strongly agree, agree, disagree, and strongly disagree. The validity test and instrument reliability check have been achieved on 30 persons from the Province of Bali. Then the data were examined using the product moment correlation approach and a correlation rating of (r) $\geq$ 0.361 was found, while for the reliability the Cronbach's alpha value was > 0.6.

This research is a type of quantitative research with SEM-PLS sample determining (Hair et al., 2017), resulting in as many as 400 Hindus in Bali Province consisting of people from Denpasar City, Karangasem Regency, Jembrana Regency, Gianyar Regency, Tabanan Regency, Badung Regency, Klungkung Regency, Bangli Regency, and Buleleng Regency. Data were collected using an online questionnaire with the participating sample answering several questions in this research questionnaire. Data processing and analysis for demographic data in this study used univariate analysis while the Partial Least Squares (PLS) test for multivariate analysis to test path models that analyze causal paths related to predictors and path models that connect predictors to variables. The hypothesis is built using the two-tailed direction which means that the result of the t-statistic value must be > 1.96. The stages of data analysis in this study are as follows: (1) test the validity and reliability of the model; (2) test the relationship between variables in the model; (3) test the confirmation of the model formed. The International Bali University Ethics Commission with number 01.036/UNBI/EC/V/2022 has approved the holding of this research.

RESULT

Data collection in this study was carried out using a questionnaire that was distributed online with responses according to the inclusion criteria of 400 respondents. In this study, the majority of respondents were male, 269 people (67%), while female respondents were 131 people (33%). Furthermore, based on age, the majority of respondents aged 17-25 years amounted to 307 people (77%), while respondents aged 26-45 years amounted to 83 people (21%), and respondents aged 46-58 years amounted to 10 people (2%). Of respondents who live in Denpasar there were 107 people (27%), living in Badung Regency 73 people (18%), in Gianyar Regency 68 people (17%), domiciled in Bangli Regency 14 people (3%)), in Tabanan Regency 33 people (8%), in Buleleng Regency 38 people (10%), in Jembrana Regency 20 people (5%), in Karangasem Regency 30 people (8%) and respondents who live in Klungkung Regency 17 people (4%). Judging from the level of education, the majority of respondents with a high school education level were 245 people (61%), then with a Diploma degree education level were 13 people (3%), respondents with a Bachelor's degree education level were 110 people (28%), respondents with 28 people (7%) with a Master degree, and four respondents with a Doctoral degree (1%).

The results of the validity test and model reliability test are known from the results of the outer model with convergent validity assessments, discriminant validity

assessments and composite reliability assessments. The first validity test uses a convergent validity test, followed by a second test, namely the discriminant validity test and the third test is the significance of the effect of indicators on constructs. The results of the covergent validity assessment show that all variables describe the suitability between indicators and latent variables with the weakest acceptable validity measure of a loading factor value of 0.5. The following are the results of the outer loading assessment which can be seen in Table 1.

Table 1. Outer Loading Value Utilization of Social Media, Self-Efficacy, Healthy Behavior, and Religious Behavior

Variable	Indicator	Outer Loading Value	Description
Utilization of Social Media	PM1	0.653	Valid
	PM2	0.680	Valid
	PM3	0.645	Valid
	PM4	0.673	Valid
	PM5	0.733	Valid
	PM6	0.772	Valid
	PM7	0.605	Valid
	PM8	0.778	Valid
	PM9	0.820	Valid
	PM10	0.747	Valid
Self-Efficacy	ED1	0.639	Valid
	ED2	0.713	Valid
	ED3	0.634	Valid
	ED4	0.645	Valid
	ED5	0.765	Valid
	ED6	0.707	Valid
	ED7	0.649	Valid
	ED8	0.731	Valid
	ED9	0.722	Valid
	ED10	0.689	Valid
	ED11	0.815	Valid
	ED12	0.705	Valid
	ED13	0.807	Valid
	ED14	0.665	Valid
	ED15	0.754	Valid
Healthy Behavior	PS1	0.523	Valid
	PS2	0.507	Valid
	PS3	0.544	Valid
	PS4	0.509	Valid
	PS5	0.523	Valid
	PS6	0.552	Valid
	PS7	0.502	Valid

Variable	Indicator	Outer Loading Value	Description
	PS8	0.660	Valid
	PS9	0.506	Valid
	PS10	0.562	Valid
Religious Behavior	PK1	0.541	Valid
	PK2	0.618	Valid
	PK3	0.618	Valid
	PK4	0.504	Valid
	PK5	0.579	Valid
	PK6	0.554	Valid
	PK7	0.626	Valid
	PK8	0.551	Valid
	PK9	0.627	Valid
	PK10	0.621	Valid
	PK11	0.645	Valid
	PK12	0.621	Valid
	PK13	0.654	Valid
	PK14	0.580	Valid
	PK15	0.616	Valid
	PK16	0.576	Valid
	PK17	0.570	Valid
	PK18	0.516	Valid
	PK19	0.630	Valid
	PK20	0.529	Valid
	PK21	0.617	Valid
	PK22	0.531	Valid

Based on the results of the discriminant validity test in this research model, it is known that all variables can be said to be valid, this is shown by the loading value which is greater than the value of each indicator on the variable compared to the loading value of other variables. In addition to testing the validity and significance of the indicators in this study, a validity test was also carried out on the constructed variable by looking at the Average Variance Extracted (AVE) value in the construct, AVE is the average value of the total loading factor of a construct squared. The reference criterion that a construct meets the validity discriminant test is if the AVE value> 0.5 . To strengthen the assemble validity test reliability is accomplished by means Cronbach's Alpha and Composite Reliability > 0.6. So that it could be concluded that all variables in this studies model are declared valid and reliable".

Table 2. Value of Cronbach's Alpha, AVE, and Composite Reliability Variables

Variable	AVE	Cronbach's Alpha	Composite Reliability
Self-Efficacy	0.506	0.930	0.939
Religious Behavior	0.511	0.953	0.958
Utilizatio	0.50	0.892	0.911

Variable	AVE	Cronbach's Alpha	Composite Reliability
n of Social Media	9		
Healthy Behavior	0.567	0.915	0.929

The Cronbach's Alpha, AVE, and Composite Reliability values seen in Table 2 show that the AVE value has a value > 0.5, so it can be concluded that all construct variables are valid. Furthermore, judging from the composite reliability value and the Cronbach's alpha value for each variable, it can be seen that the results of the model reliability test in this study have a value above 0.7 so that all variables can be declared reliable.

To measure the suitability of the research model formed, the PLS analysis uses a structural (inner) model where the value of the inner model is used to see predictions between variables that have a causal relationship. Inner model assessment is measured by looking at the value of the correlation between latent variables with a value of r> 0.05, while the value of the path coefficients and specific indirect effect is seen if the value of r is valid, then the value of the path coefficients and specific indirect effect can also be stated as significant. The R-square value in this study is used to see the overall diversity of exogenous variables. The R-square value is used to provide an explanation for the correlation or have an impact on of exogenous variables on endogenous variables, and testing of the structural version also can be seen primarily based on the R-square value, namely the value of the goodness of fit test model for each variable applies to see how strong the predictions of the structural model are. In Table 3 shows that the R-square value is as follows.

Table 3. R-square value

Variable	R Square (R^2)	R Square (R^2) Adjusted
Self-Efficacy	0.393	0.391
Healthy Behavior	0.450	0.447
Religious Behavior	0.728	0.726

The R-square value on the latent variable suggests the large contribution of the independent variable in influencing the dependent variable. An R-square value close to 1 indicates a high contribution. Based on Table 3, the R-square value of self-efficacy is 0.393 or 39.3%. This could imply that the variety of satisfaction variables can be explained by means of the Social Media usage variable of 39.3%. Furthermore, the R-square value for Healthy Behavior is 0.450 or 45% which suggests that the diversity of healthful behavior variables can be defined via the variables of social media utilization and self-efficacy. Meanwhile, the R-square value of Religious Behavior is 0.728 or 72.8%. This may suggest that the variety of religious behavior can be defined by using social media, self-efficacy, and healthy behavior, amounting to 72.8%

The predictive relevance test (Q^2) is used to show how the found values are produced via the model, as well as to look the parameter estimates. A Q^2 value greater than zero indicates that the model is said to be proper enough, whereas a Q^2 value less than zero indicates that the model lacks predictive relevance. The subsequent are the outcomes of the predictive relevance test (Q^2):

Table 4. Predictive Relevance Test Results

Variable	SSO	SSE	Q^2 (=1-SSE/SSO)
Self - Efficacy	6,000.000	4,917.096	0.180
Religious Behavior	8,800.000	5,779.963	0.343
Utilization of Social Media	4,000.000	4,000.000	
Healthy Behavior	4,000.000	3,055.944	0.236

The outcomes of the Predictive Relevance test in Table 4 show that each assemble variable has a value of $Q^2 > 0$. This indicates that the version has predictive relevance or a structural model designed to give an explanation for properly or relevant loyalty.

Hypothesis testing can be proven based on the consequences of the causality check of exogenous variables on endogenous variables. The results of hypothesis testing can be seen in Table 8. Based on Table 8, it can be seen that the significance value in the evaluation of the model used. These results look at the t-statistic value > t-table or a t-table value of 1.96. Furthermore, the hypothesis is built using the two-tailed direction which means that the result of the t-statistic value must be > 1.96. The following is the result of an evaluation of the structural model from the results of the bootstrapping report which illustrates that the overall path model has a positive and significant relationship.

Primarily based on Table 5 it is recognized that the t-statistic value ≥ T-table (1.96) or the p-value < significant alpha 5% or 0.05; it is stated that there is a significant influence of exogenous variables on endogenous variables. The results of the significance of the model show that there is an effect of the variable self-efficacy on religious behavior with a coefficient value of 0.518 and a significance of 0.000, which is less than 0.05. Self-efficacy on healthy behavior has a coefficient value of 0.603 and a significance of 0.000, which is less than 0.05. Then the social media utilization variable on self-efficacy has a coefficient value of 0.627 and a significance of 0.000 which is smaller than 0.05, and the healthy behavior variable on religious behavior has a coefficient value of 0.393 and a significance of 0.000, which is smaller than 0.05. For the variable utilization of social media on religious behavior, it has a coefficient value of 0.032 and a significance of 0.425 which means greater than 0.05, while for the variable utilization of social media on healthy behavior with a coefficient value of 0.101 and a significance of 0.061 which means greater than 0.05. So that the two models have no significant effect. However, the indirect effect in evaluating the role of the mediating variable can be seen from the results of the specific indirect effect test in Table 6.

Table 5. Test Path Coefficients

Path Charts	*Original Sample*	t-statistics	*p-value*	Description
Self-Efficacy → Religious Behavior	0.518	11.410	0.000	Positive and significant
Self-Efficacy → Healthy	0.603	13.370	0.000	Positive and

Path Charts	*Original Sample*	t-statistics	*p-value*	Description
Behavior				significant
Utilization of Social Media → Self-Efficacy	0.627	13.664	0.000	Positive and significant
Utilization of Social Media → Religious Behavior	0.032	0.799	0.425	Not significant
Utilization of Social Media → Healthy Behavior	0.101	1.878	0.061	Not significant
Healthy Behavior → Religious Behavior	0.393	7.750	0.000	Positive and significant

Table 6. Specific Indirect Effect Test

Path Charts	*Original Sample*	t-statistics	*p-value*	Description
Utilization of Social Media → Self-Efficacy → Religious Behavior	0.325	8.514	0.000	Positive and significant
Self-Efficacy → Healthy Behavior → Religious Behavior	0.237	6.391	0.000	Positive and significant
Utilization of Social Media → Self-Efficacy → Healthy Behavior → Religious Behavior	0.148	5.965	0.000	Positive and significant
Utilization of Social Media → Self-Efficacy → Healthy Behavior	0.378	10.776	0.000	Positive and significant

Table 6 shows that the T-statistic value ≥ T-table (1.96) or the p-value < significant alpha 5% or 0.05; it is stated that there is a mediating effect between exogenous variables and endogenous variables. Moreover, the consequences of the outer loading value, the R-square value, and the total effect value are also complemented with the aid of the outcomes of the model suitability regarding each indicator for the variable, wherein the output outer loading values are obtained from the SmartPLS software program aimed at the PLS set of the algorithm report, which can be seen in Figure 2. Based on these results, it is known that all scores are not below the value of 0.5, so there is no need to exclude indicators from the path model.

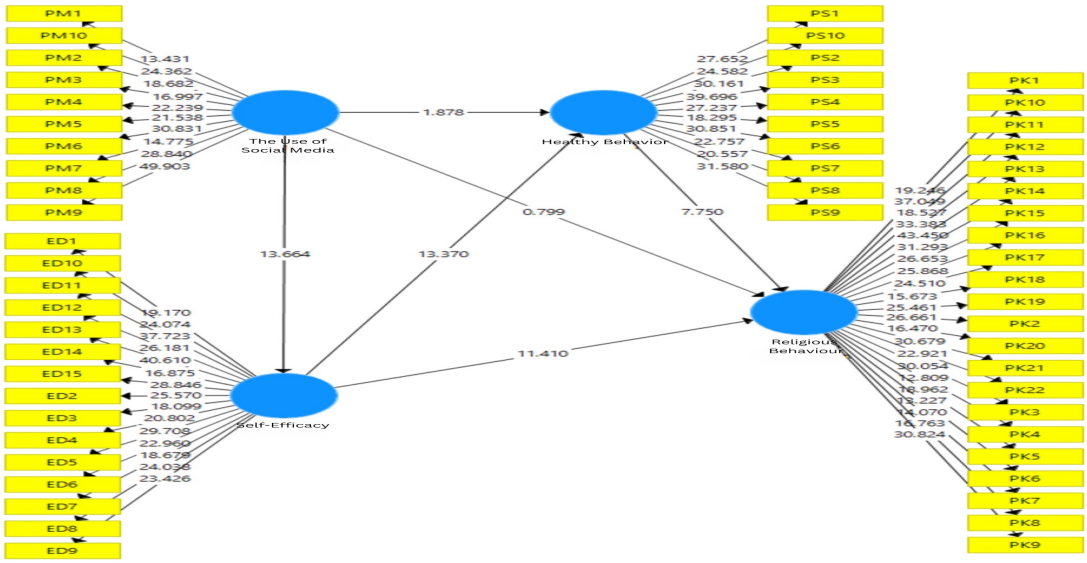

Figure 2. Path Diagram Output

DISCUSSION

The government has made efforts to increase the dissemination of health information through social media. Adopting the advantages of information technology in the public service sector makes it easier to transfer information between government and society. The use of social media is increasingly needed and increased during the Covid-19 pandemic. It was recorded that, in 2020, the percentage of Indonesia's population as internet users was 64%, social media users were 59% and social media users via mobile phones were 124% spread across Indonesia. In a day, the average Indonesian population spends 7 hours 59 minutes accessing the internet and 3 hours 26 minutes using social media (Hootsuite, 2020). This shows that the use of social media as a medium for disseminating health information during a pandemic and new normal is an opportunity and the best choice as an effective and efficient health promotion medium.

Utilization of Social Media on Self-Efficacy

Effective use of social media to find information can support increased confidence in individuals. This can be seen from the p-value of 0.000 ($p < 0.05$) or the t-statistic value> 1.96 which indicates that there is a positive and significant influence between the variables of social media utilization and self-efficacy. The results of this study are in line with research conducted by Huang and Zhang (2020 which states that the use of social media to seek information is positively correlated with self-efficacy possessed by individuals. Further research was conducted by Valkenburg et al. (2016) which found that material using social media can unconsciously change the behavior and beliefs of individuals. In addition, research conducted by Furutani et al. (2009) shows that internet use has a positive effect on self-efficacy.

The use of social media allows people to be able to interact with one another even though they have different backgrounds. This is an assessment that social media has a positive effect on self-efficacy. Social media can provide social support functions, including assessment support in the form of the ability to talk to other people, social interaction which is the ability to network with several individuals who have the same interests or views, and

self-esteem support which means the ability to compare oneself and others positively (Huang and Zhang, 2020). Communities in the Province of Bali can educate themselves on topics related to health by utilizing their social media, and receiving social support and advice from other people who have the same situation so that by using social media the community can influence their efficacy.

Self-Efficacy on Healthy Behavior

Based on the results of data analysis in this study, it shows that there is a significant relationship between self-efficacy and healthy behavior. This can be seen from the p-value of 0.000 ($p < 0.05$) or from the t-statistic > 1.96. The outcomes of this are consistent with preceding research carried out by Hendiarto and Hamidah (2014) and Sarafino and Smit (2014). The outcomes of this study show that high self-efficacy can influence a person's healthy behavior. Self-efficacy is one of the main keys to regulating one's motivation and influencing any changes. Self-efficacy is also able to influence a person's thinking ability to make a plan and strategy to achieve the desired goals and try to pursue and solve all challenges. Further research conducted by Suhamdani et al. (2020) found that if a person has high self-efficacy when faced with a difficult situation it will be easier to take a stand and be able to control the situation. Conversely, if you have low self-efficacy, a person will give up more quickly in difficult situations. Other research conducted by Wibowo and Ghozali (2021, revealed that there was a significant relationship between self-efficacy and adherence to the Covid-19 preventive health protocol. Based on this, during the Covid-19 pandemic situation, people in the Province of Bali were urged to carry out healthy behaviors so that they could reduce the surge in cases of contracting Covid-19 in the Province of Bali. Communities are encouraged to understand and implement healthy behaviors when carrying out religious activities that tend to involve many people so that people still feel safe and comfortable worshiping during pandemic conditions.

Self-Efficacy on Changes in Religious Behavior Activities

The concept of self-efficacy is a belief in an individual's ability to organize and implement an action taken to obtain significant results (Wibowo and Ghozali, 2021). The stronger the self-efficacy that is instilled and felt by an individual, the greater the individual will get, maintain or improve religious behavior and healthy behavior. The implementation of religious activities in the Province of Bali currently must adapt to new habits due to the Covid-19 pandemic. Changes in people's behavior when carrying out religious activities during the Covid-19 pandemic in the Province of Bali are encouraged to implement health protocols that require social distancing, wearing masks, and limiting gatherings in society, where this is inversely proportional to the characteristics of carrying out religious activities in Bali which involve many people and are carried out collectively.

Based on the results of data analysis in this study, it shows that there is a significant relationship between self-efficacy and religious behavior. This can be seen from the p-value of 0.000 ($p < 0.05$) or from the t-statistic > 1.96. The results of this study are in line with research conducted by Thaha and Rustan (2017) where in this research it is known that self-efficacy affects the ability and confidence in individuals to behave such as by applying one's spiritual values and religious appreciation. Self-efficacy helps a person to understand deep things that are considered important and valuable. When it is related to religious activities in the Province of Bali, the

community considers religious activities such as religious ceremonies to be very important to carry out, so leaders at places of worship (temples) in the Province of Bali always collaborate with the government to implement health protocols. Leaders in the temple area emphasize the use of the spatial layout of the temple with the *Tri Mandala* concept as local wisdom in responding to the prevention of the massive spread of the Covid-19 virus. The Balinese people are familiar with *Tri Mandala* and have practiced implementing health protocols long before the Covid-19 pandemic occurred. Practicing the layout of the temple space, such as the insulting *mandala* used for hand washing and temperature checking, as well as optimizing the use of masks. Furthermore, from the *Madya mandala* to the *Utama mandala*, visitors must pass through the temple door (*paduraksa*) which has been divided into entrances (*ngeranjing*) and exits (*medal*) which can only be passed by one person so that the implementation of maintaining distance between temple visitors when going to and after doing prayer (Agung and Suryada, 2012). Adaptation of new habits to religious activities following the Covid-19 prevention health protocol in the Province of Bali still requires time and an adjustment process so that it can be carried out by the Balinese people, especially in religious ceremonies which are considered very sacred (Paramita, Dwipayana and Saputra, 2021).

Healthy Behavior toward Changes in Religious Behavior Activities

Based on the results of data analysis in this study, it shows that there is a significant relationship between health behavior and religious behavior. This can be seen from the p-value of 0.000 ($p < 0.05$) or from the t-statistic > 1.96. The results of this study are in line with previous research conducted by Defpri et al. (2020) and Nashriyah (2021) which found that religious behavior based on belief in religious teachings has an important role in shaping a person's personality and behavior, one of which is implementing healthy behavior.

Religious behavior is interpreted as an appreciation and act of religious practice in a person. Religious behavior in Hinduism is defined as the process of carrying out individual and group activities based on religious teachings as a whole where the Covid-19 situation is encouraged to implement health protocols so that religious activities can continue to run wisely and safely. The *Tri Mandala* concept that is applied in the temple area is like the *nista mandala* which is used for hand washing and temperature checking, as well as optimizing the use of masks. Furthermore, from the *Madya mandala* to the *Utama mandala*, visitors must pass through the temple door (*paduraksa*) which has been divided into entrances (*ngeranjing*) and exits (*medal*) which can only be passed by one person so that the implementation of maintaining distance between temple visitors when going to and after doing prayer (Agung and Suryada, 2012). By implementing the *Tri Mandala* concept, it is hoped that religious activities in the temple area carried out by the Balinese people can still be carried out in a sacred manner and comply with regulations implementing health protocols.

CONCLUSIONS

The results of this study indicate that the use of social media and self-efficacy can increase public confidence in healthy behavior in changing religious behavior activities in the new normal era. This is because the dissemination of information through social media helps to provide encouragement and public trust/confidence regarding correct information related to

policy information during the Covid-19 era and ways to deal with it. The understanding and knowledge gained through social media, it can influence a person's behavior in healthy behavior in changing religious behavior activities.

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