

## Dampak Model Promosi Kesehatan Nola J Pender Terhadap Tingkat Kepatuhan Masyarakat Dalam Pelaksanaan Protokol Kesehatan COVID-19

### *Impact of the 'Nola J Pender' Health Promotion Model Towards the Level of Community Compliance in Implementing COVID-19 Health Protocols*

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#### ABSTRACT

**Background:** Indonesia is facing COVID-19 waves in almost all provinces. Based on data from the COVID-19 Response Acceleration Task Force, there were 57 districts with a compliance level of wearing a mask by less than 60%, while 51 districts had a compliance level of keeping distance and avoiding crowds by less than 60%. **Objective:** The aim of this study is to analyze the effect of the Health Promotion Model (HPM) in increasing people's compliance level on the implementation of COVID-19 health protocols. **Methods:** Quasi-experiment with a single-group interrupted time-series design was conducted in June-September 2021 in West Lombok district and Central Lombok district, West Nusa Tenggara Province. The samples were 326 respondents from purposive sampling with criteria: adult group or elderly of the healthy category and not being positively confirmed of COVID-19. **Results:** There was a significant effect of HPM in increasing people's compliance level on the implementation of the health protocols (5M) measured by the Wilcoxon Signed Rank Test ( $p$ -value  $< 0,05$ ). The health protocols (5M) included wearing a mask ( $p=0,000$ ), keeping distance ( $p=0,000$ ), cleaning hands ( $p=0,000$ ), avoiding crowds ( $p=0,000$ ), and reducing mobility ( $p=0,000$ ). **Conclusion:** The Health Promotion Model (HPM) is a strategy to conduct health promotion activities that can influence the attitudes and behaviors of community groups marked by increasing knowledge and awareness of people in the Lombok area for the implementation of the 5M COVID-19 health protocols.

**Keyword:** COVID-19; Compliance; Health Protocols; Health Promotion Model

#### INTRODUCTION

The World Health Organization (WHO) has established COVID-19 as a global pandemic since March 2020 (Dong & Bouey, 2020; WHO, 2020). The SARS-CoV-2 virus was first discovered in Wuhan in December 2019. The spread of COVID-19, which initially only occurred in China, has since expanded to almost all countries in the world, including Indonesia (Hozhabri et al., 2020; Khan et al., 2020). Based on data from worldometers.info on November 7th, 2021, COVID-19 cases reached 250,252,390 cases, the US ranked first with 47,312,631 cases, while Indonesia reached 4,247,721 cases in November 2021 (Kementerian Kesehatan Republik Indonesia et al., 2020; Worldometers.info, 2021). The

transmission rate is still all over the provinces of Indonesia, although the Community Activities Restrictions Enforcement or CARE has been conducted for 8 months. The cases have significantly increased in some provinces with a high transmission risk. It also happens in Nusa Tenggara Barat Province (NTB) with 27,699 cases reported in November 2021 (Dinkes Prov.NTB, 2021). From the results of a preliminary study by the team on the level of community compliance in two districts of Lombok island, it ranged between 52-56%.

Based on data from the COVID-19 Response Acceleration Task Force, there were 57 districts with a compliance level of wearing a mask by less than 60%, while 51 districts had a compliance level of keeping distance and avoiding crowds by

less than 60%. The spokesperson of COVID-19 said that the increase of COVID-19 cases in June 2021 was caused by the low compliance level (Kementerian Kesehatan Republik Indonesia et al., 2020). It was proven by research conducted by Wiranti et al. (2020), which showed that 44,6% of people in Depok city had less understanding on the implementation of the health protocols of wearing a mask, cleaning hands, and keeping distance (Wiranti et al., 2020). Sagala, et al. (2020) reported that people's awareness was low (Sagala et al., 2020).

Therefore, a strategic approach to the community is needed with an activity to increase public understanding and change their behaviors towards promotive and preventive health behaviors. Health Promotion Model (HPM) is a model based on the efforts of empowerment of individual abilities to increase the quality of health of people. The HPM model can help health workers to protect individuals and groups that are at risk of getting infected by COVID-19 (Habibzadeh et al., 2021; Pender, 2015). This model also can identify the risk factors to health and behavior possessed by individuals, groups or people in the case of health protocols of COVID-19 (Liveng et al., 2018; Tong et al., 2020). Research study from Agustina (2017) showed that the HPM model affected the increase of perception about the benefit in helping to overcome obstacles, the increase of attitude, and support of family that could increase the respondent's knowledge about pulmonary tuberculosis transmission (Agustina et al., 2017). Imanis (2019) found that there was an effect of family support with the HPM approach to the compliance of medicine consumption of the client. The implementation of HPM focused on the increase of patient abilities of behavioral change (Nadhilah, 2019).

Based on the above phenomena, the concept of the Health Promotion Model (HPM) was used as an intervention strategy to provide health information education related to the prevention of COVID-19 transmission. This study aims to analyze the effect of HPM in increasing people's compliance level in implementing health protocols of COVID-19 (5M), such as "wearing a mask" (M1), "keeping distance" (M2), "cleaning hand" (M3), "avoiding crowds" (M4), and "reducing mobility" (M5).

## METHODS

*Quasi-experimental* with a single-group interrupted time-series design was used to determine the effectiveness of treatment assessed by comparing pretest and posttest. The Health Promotion Model (HPM) was used as an intervention strategy of the health protocol model to measure people's compliance in implementing the health protocols of COVID-19 (5M). The HPM is a concept of empowerment strategy for individuals or groups in the community to change their health behavior, which is implemented by forming groups in the community, then the formed groups are given health education and training, with the aim that they can carry out health promotion activities in the community. The population was determined from the group of adults and elderly, with the samples of 326 respondents consisting of 96 men and 230 women. Purposive sampling technique was used with criteria: a group of adults or elderly included as healthy and not positively confirmed of COVID-19. Furthermore, inclusion criteria in this study were as follows; early adulthood (21-30) to late adulthood (31-60); elderly group (60-75); then respondents who could read.

This study began in June 2021 by preparation for a group formation helped by health cadres groups in 2 research locations, Beleka Village Lombok Barat District and Bagu Village Lombok Tengah District. The intervention was the implementation of the HPM program in order to increase the people's compliance level in implementing health protocols of COVID-19 (5M) by giving research modules of HPM+5M before the intervention. The HPM+5M (Health Promotion Model + 5M) module was an intervention tool to ease the team in conducting data collection. This model consisted of 5M: Wearing mask (M1), Keeping distance (M2), Cleaning hands (M3), Avoiding crowds (M4), and Reducing mobility (M5). This module was a guidebook for respondents to comprehend this HPM research and 5M health protocols. It was also equipped by daily TSM (*Target Sehat Mandiri* or Independent Health Targets) as a healthy lifestyle goal that must be implemented by respondents during COVID-19. This intervention was conducted 8 times in 2 months, the meeting design with the respondents was

a direct meeting with health protocols and physical checking before the activity started. Before conducting the HPM research activity, the researchers coordinated with the community, community leaders, and heads of local villages. Then during the research activity, the team was accompanied by health cadres in the process of data collection. The overall activity process has been described in Table 1 below.

Data collection was conducted in July-September 2021. The characters of research respondents were measured with a questionnaire-based paper during the visit in the research location. The questionnaire was independently developed to determine the respondent's compliance level in implementing the 5M health protocols, such as Wearing a mask (M1), Keeping distance (M2), Cleaning hands (M3), Avoiding crowds (M4), and Reducing mobility (M5). This questionnaire consisted of 25 items, then the scores obtained were categorized into

3 criteria of compliance level; (score 0-8 was categorized as low), (score 9-16 was categorized as medium), and (score 17-25 was categorized as high). Data collected were analyzed for validity using the Pearson correlation test with the lowest value of 0.534 and the highest value of 0.910, while the reliability test showed a consistency value of Alpha Cronbach of 0.81.

Data analysis was processed using the SPSS 25 version. Univariate test was used to describe the respondent characteristics (age, gender, education level), while bivariate test was used to analyze the differences of pretest and posttest means with the Wilcoxon signed-ranks test ( $p$  value < 0,05). This study was conducted after getting the permission and ethical clearance from the Research Ethics Committee of Faculty of Health of Universitas Qamarul Huda Badaruddin Bagu (No. 045/EC/FKES-UNIQHBA/YPPQH/V/2021).

**Table 1.** Stages of Implementation of HPM Program

The table below describes the process of HPM research activities.

<b>Activity</b>	<b>Duration</b>
Session 1: Orientation session - Pre-test of health protocol compliance (5M) instrument	40 Minutes
Session 2: Group Formation - Forming a cadre group, "the HPM group cares about COVID-19"	60 Minutes
Session 3: Discussion session - Giving explanation to the respondents about research instrument and transmission mechanisms of COVID-19	60 Minutes
Session 4: Discussion session - Giving explanation to the respondents about 5M health protocols	60 Minutes
Session 5: Discussion session - Giving explanation about how to implement healthy lifestyle (TSM) during pandemic COVID-19	60 Minutes
Session 6: Exercise Session - Giving training to respondents to implement 5M health protocols	90 Minutes
Session 7: Implementation session - The "HPM group" implements health education or promotion about HPM+6M to the public directly	90 Minutes
Session 8: Evaluating HPM Program - Post-test of health protocol compliance (5M) instrument	40 Minutes

## RESULT AND DISCUSSION

**Table 2.** Respondent Characteristics

The table below describes the characteristics of the respondents, such as; age, gender, and education level.

Variable View	Minimum -Maximum (Years)	Mean $\pm$ SD
Age	30-68	48,33 $\pm$ 8,07
	F	%
<b>Gender</b>		
Men	96	29,4
Women	230	70,6
<b>Education</b>		
Elementary School	30	9,2
Junior High School	57	17,5
Senior High School	185	56,7
Diploma	24	7,4
Bachelor	30	9,2
<b>Total</b>	<b>326</b>	<b>100</b>

Table 2 shows that the respondent characteristics with the age range of 30-68 years had a mean value of 48,33 years with a deviation standard of (8,07). The gender of the respondents was dominated by women by 230 respondents (70,6%) then men by 96 respondents (29,4%). The majority had an education level of Senior High School by 185 respondents (56,7%).

### Respondents' level of compliance with the COVID-19 health protocols

Table 3 shows that the level of compliance with the health protocol of wearing a mask at pre-test was dominated by the high category of 236 respondents (72,7%) and increased during the post-test to 296 respondents (90,8%). Keeping distance at pre-test was dominated by the medium category of 182 respondents (55,8%) and post-test was dominated by the high category of 248 respondents (76,1%). Cleaning hands during pre-test was dominated by the medium category of 182 respondents (55,8%) and post-test was dominated by the high category of 293 respondents (89,9%). Avoiding crowds during pre-test was dominated by the medium category of 171 respondents (52,5%) and post-test was dominated by the high category of 290 respondents (89%). Reducing mobility during pre-test was dominated by the medium category of 171 respondents (52,5%) and post-test was dominated by the high category of 264 respondents (81%).

**Table 3.** The Distribution of Compliance with Health Protocols

Health Protocols	Category	Pre-test		Post-test	
		F	%	F	%
Wearing a Mask (M1)	Low	6	1,8	0	0
	Medium	83	25,5	30	9,2
	High	237	72,7	296	90,8
Keeping Distance (M2)	Low	12	3,7	3	0,9
	Medium	182	55,8	75	23
	High	132	40,5	248	76,1
Cleaning Hands (M3)	Low	3	0,9	0	0
	Medium	182	55,8	33	10,1
	High	141	43,3	293	89,9
Avoiding Crowds (M4)	Low	12	3,7	0	0
	Medium	171	52,5	36	11
	High	143	43,9	290	89
Reducing Mobility (M5)	Low	12	3,7	3	0,9
	Medium	171	52,5	59	18,1
	High	143	43,9	264	81

**Tabel 4.** The Differences of “Mean of Pretest and Posttest” of Compliance Level in Implementing Health Protocols in Lombok

	Analysis Results of Wilcoxon Signed Rank Test			
	Information	N	Mean $\pm$ SD	P Value
<b>HPM - Health Protocol 5M</b>				
1. Wearing a Mask	Pre-test	326	18,31 $\pm$ 3,2	0,000
	Post-test	326	20,81 $\pm$ 2,91	
2. Keeping Distance	Pre-test	326	16,45 $\pm$ 3,31	0,000
	Post-test	326	19,4 $\pm$ 3,36	
3. Cleaning Hands	Pre-test	326	16,96 $\pm$ 2,82	0,000
	Post-test	326	20,66 $\pm$ 2,77	
4. Avoiding Crowds	Pre-test	326	16,6 $\pm$ 3,23	0,000
	Post-test	326	20,66 $\pm$ 2,89	
5. Reducing Mobility	Pre-test	326	16,65 $\pm$ 3,24	0,000
	Post-test	326	20,18 $\pm$ 3,2	

Table 4 shows that there were positive influences to successful level in giving health promotion model to increase Lombok people's compliance in implementing the 5M health protocols measured by the Wilcoxon signed rank test to differ the mean of pretest and posttest with p-value < 0,05 : (1) Wearing a mask with p = 0,000 < 0,05; (2) Keeping distance with p=0,000 < 0,05; (3) Cleaning hands with p=0,000 < 0,05; (4) Avoiding Crowds with p=0,000 < 0,05; and (5) Reducing Mobility with p=0,000 < 0,05, which means all hypothesis were accepted.

The implementation of the HPM Program was a strategy used by the researcher as a health promotion model given to the respondents to increase their compliance in implementing health protocols of COVID-19 (5M). Furthermore, this HPM model was also able to identify the risk factors of respondents to the health behavior that has been conducted

and TSM (*Target Sehat Mandiri*) that should be reached in the case of compliance of 5M health protocols. It was explained in the HPM+5M module which was made as an activity guidebook of the research to the respondents.

Research results showed that respondent's compliance level in implementing the 5M health protocols before the HPM activity started, was mostly in the “medium” category with a mean value of 16,99. This indicates that most individuals have realized the benefits if they implemented the health protocols. It is in accordance with the report of Kaim et al (2021) that more than a half of people in Israel have realized the importance of health protocols, proven by the compliance level of people in Israel that was categorized as medium (53,9%) and high (40,6%) (Kaim et al., 2021). While the main factor reported by the respondents who resisted the compliance of health protocols was the desire to maintain

normal lives before COVID-19, followed by the fear of economic loss. The least common factor was because of the lack of trust in the effectiveness of the government's policy (Kaim et al., 2021). It is also in accordance with the statement of Regi et al (2020) that the majority of people would feel very easy to avoid getting infected by coronavirus if they implemented health protocols required by the government (Jose et al., 2021).

During 2 months of the activity of the HPM program, there was an increase in the mean value of compliance level (20,34). Most of the respondents were categorized as "high" in implementing health protocol of COVID-19 (5M) which consisted of: Wearing a mask (M1), Keeping distance (M2), Cleaning hands (M3), Avoiding crowds (M4), and Reducing mobility (M5). It shows that there was an increase of most respondents' knowledge accompanied by attitude and behavior changes in an effort to prevent COVID-10. This finding is in accordance with the study conducted by Madan *et al* (2021) about implementing health protocols and lockdown policy in India, that 78% of respondents preferred strict restrictions, 82% of respondents preferred cleaning hands regularly as the best way to decrease the spread of COVID-19, 60% of respondents assumed that staying at home was the important way to keep distance, and 67% of respondents felt that wearing a mask and gloves was the significant way to decrease the probability of getting COVID-19 infection (Madan et al., 2021). It is in accordance with the research of Afro (2021) in East Java Province, Indonesia, which identified that perception of benefits was the most influential factor to people's compliance behavior in better implementing health protocols, because it was obtained by people when they implemented health protocols such as wearing a mask, keeping distance, and cleaning hands thus it would give significant benefits to avoid COVID-19 infection and would result in a high compliance level of health (Afro, 2021). It is in line with the statement of Hall (2012) that people would take action to prevent illness if they believed that the benefits of the action taken were bigger than the resistance felt or the cost needed (Chen et al., 2021).

Health promotion has a long tradition in helping communities to

increase the control on the factors that determine people's health. Ottawa charter emphasized the importance of direct community involvement in the health need analysis, problem priority setting, empowerment program, partnerships strengthening, and health policy support (Aung et al., 2020; Barmania & Reiss, 2020; Cortez et al., 2020; van den Broucke, 2021). Model innovation, intervention strategy, and people empowerment activity that can be done by the researcher and health promotion practitioners may provide guidance for people to face the COVID-19 pandemic (Rahmatina & Erawati, 2020; Ratima, 2019). Then, it is adopted in this study related to the Health Promotion Model (HPM) that the activity combines education and training and is closed by the formation of health cadres group, since people's involvement as direct respondents can determine substantial differences in the results of the HPM activity and strengthen their capacity to overcome problems of TSM that must be reached for health behavior changes to prevent the spread of COVID-19 (Khoshnood et al., 2018; Pender, 2015; Wiguna et al., 2021).

## CONCLUSION

The Health Promotion Model (HPM) is an intervention strategy allowing the team to conduct health promotion activity that aims at attitude and behavior changes of people, which indirectly makes the respondent group a model of health promotion. As a health promotion, respondents can forward benefits information about how to prevent COVID-19 in their environment. This activity also affects other people's awareness within the region of the research location in implementing the health protocols of COVID-19 (5M). For further research, the authors hope that it will be conducted to a bigger population from all age categories and be able to analyze the dominant factors that affect people's compliance level in implementing the newest policy of the Government of Indonesia, which is the 6M health protocols.

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