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Study of Knowledge, Attitudes, Behavior and Efforts to Prevent The Covid-19 Pandemic Through Culture As Local Wisdom In West Kalimantan Province

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ABSTRACT

The spread of COVID-19 was so fast, the first case appeared in Wuhan, China. Then in a short time, almost 86 other cases were reported from various countries such as Taiwan, Thailand, Vietnam, Malaysia, including Indonesia. The development of COVID-19 cases in West Kalimantan Province was reported by the West Kalimantan Provincial Health Office (2020), the death rate (CFR: 0.8%), all 14 districts and cities have found COVID-19 cases. This research was carried out on knowledge, attitudes, and social construction on the implementation of the COVID-19 pandemic health protocol for West Kalimantan Province. This research uses a mixed methods research design, which is a research step that combines two forms of research approaches, namely qualitative and quantitative. Quantitative using observational by distributing questionnaires via Google Forms. Meanwhile, qualitative uses ethnography with interviews. The sampling technique used random sampling, with the number of respondents who filled out the g-form being 673 people distributed in 14 districts/cities. The following is an overview of the research results, namely: 1) The distribution of COVID-19 cases on Kalimantan Island, West Kalimantan Province is at the lowest number of COVID-19 cases. 2) Knowledge of how to prevent COVID-19 for the majority of 286 respondents (43%) was in a good category/ Apart from that, knowledge of increasing body immunity, the majority of 581 respondents (86.32%) answered that it was not perfect. 3) Attitudes and behavior to prevent COVID-19. Then the social construction as local wisdom in implementing health protocols (5m) during the COVID-19 pandemic at the border

Keywords: Knowledge, Attitudes, Behavior, Social Construction, local wisdom, COVID-19

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INTRODUCTION

Since the first case in Wuhan, there has been an increase in COVID-19 cases in China. According to Kuswandi (2022), this disease was declared a pandemic on March 11, 2020, which has spread to 213 countries. Thus, the spread of the COVID-19 virus spread very quickly. This is in line with a study conducted by Adityo, et al (2020) that being aware of COVID-19 is a necessity, due to the rapid rate of transmission, and the mortality rate which cannot be underestimated, especially since definitive therapy has not yet been found. It first appeared in the city of Wuhan, the capital of Hubei, then spread to other regional cities and then spread to other countries. Within a short period of time, WHO declared it to be a pandemic that hit the world. The status of a global pandemic marks the spread of COVID-19 which is taking place very quickly, in almost no country in the world (Qadarudddin, 2020). In other words, globally, almost the entire world population has been infected with this virus, including in Indonesia.

COVID-19 was first reported in Indonesia on March 1 2020 in 2 Indonesian citizens domiciled in Depok (Gani, T. et al., 2020). Initially, COVID-19 occurred because the two Indonesian citizens interacted with an infected Japanese citizen. One of the things that causes the rapid rate of infection is due to the transmission process via airborne (aerosolized droplet and droplet transmission). According to Setiawan & Sosiawan (2021), transmission using aerosols has a large potential risk in the process of transmitting COVID-19 from an infected person to another person. This means that transmission can occur when a person breathes normally, where an infected person transmits the virus through the air, which is then inhaled

through the nose by other people around them. This is supported by research by Van Doremalen., et al (2020) that SARS-COV-2 is at least viable in aerosols for 3 hours, with a decrease in infection titer from 103.5 to 102.7 TCID50 per liter of air. Apart from that, according to studies that have been conducted, the reproductive number (R_0) for COVID-19 ranges from 1.4 to 6.9 with an average R_0 of 3.28 (Liu et al., 2020). This means that one sufferer can infect three people. If compared, the value of R_0 in Indonesia is stated if $R_0 < 1$, then there has actually been a decline. West Kalimantan Province is also one of the provinces that has $R_0 < 1$.

Apart from that, the rapid rate of infection is also influenced by transmission from sick people to healthy people. Based on scientific evidence, COVID-19 can be transmitted from human to human through coughing/sneezing (droplets). People who are most at risk of contracting this disease are people who have close contact with COVID-19 patients, including those caring for COVID-19 patients. Transmission of COVID-19 from symptomatic patients occurs through droplets released when coughing or sneezing. Thus, COVID-19 is very vulnerable to causing transmission in clusters in society, especially in family clusters. This is in line with the opinion of Han & Yang (2020) that in several cities cluster transmission accounts for 50% - 80% of all COVID-19 cases. Clusters in epidemiological terms refer to groupings of disease events related to time and distribution patterns in a place, or limited geographical area (Sumintro & Budiharta, 2018). In simple terms, clusters are used to define the same health events in one group at the same time and relatively close together. Family clusters occur



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within the family, for example, father, mother, children, or other families. There are also clusters of schools, offices, religious studies, and so on. In this way, transmission of the COVID-19 virus occurs in one interconnected group. This causes great vulnerability to faster transmission where 1 person who is infected with COVID-19, either with symptoms or without symptoms, will transmit the virus to a group where he lives and does activities.

With this transmission process, it can be said that the spread of COVID-19 is difficult to contain. As of May 15, 2020, the Task Force for Accelerating Handling of COVID-19 and the Indonesian Ministry of Health RI (2020), reported a total of 4,347,359 confirmed cases with 297,241 deaths (CFR: 6.836%) where cases were reported in 216 countries/regions. With a distribution of 5,688 cases in DKI Jakarta, 1,023 in Central Java, 1,556 in West Java, and 1,772 cases in East Java. Meanwhile, Kalimantan province ranks 18th.

Meanwhile, the development of COVID-19 cases in West Kalimantan Province was reported by the West Kalimantan Provincial Health Office (2020), the total number of confirmed cases was 129 with 3 deaths (CFR: 0.8%). Where cases were reported in 12 regencies/cities out of 14 regencies/cities, local transmission status has been determined in three areas, namely Pontianak City, Singkawang, and Ketapang Regency. Although nominally the case and death rate (CFR) in the West Kalimantan region is relatively smaller than in all provinces on the island of Kalimantan. If we look in more detail, at cases in the Kalimantan region, the highest cases on May 14 2020 were in South Kalimantan Province, namely 363 (2.2%), Central Kalimantan 227 (1.4), Central Kalimantan 141

(0.9) and East Kalimantan 251 (1.5%) (RI Ministry of Health, 2020).

The various strategies and policies taken in dealing with the non-natural disaster of the COVID-19 pandemic are tiered policies and strategies starting from the central, and provincial to West Kalimantan provincial levels, which have a clear legal framework and are based on applicable legislation. One of them is limiting community activities to prevent the spread of COVID-19 which is also part of the policy taken by the West Kalimantan Provincial government, such as limiting the operating hours of business activities for shopping centers, malls, modern shops, restaurants, restaurants, cafes and entertainment venues until 20.00 WIB. This restriction was most recently regulated in the Circular Letter of the Governor of West Kalimantan No. 443.1/0537 of 2021.

The policies and strategies taken by the central and regional governments in dealing with the COVID-19 pandemic, including in West Kalimantan Province, have been made in such a way that they all have a clear legal framework and are based on applicable legislation. However, at the implementation level, there are still problems that occur in implementing disaster management strategies and policies to deal with the COVID-19 pandemic, especially in the West Kalimantan Province region, where these problems are problems faced globally, nationally and locally in various regions of West Kalimantan (Bangun, 2022).

However, changing people's social behavior is not an easy job. Various countries with all their limitations experience obstacles that are not simple, even developed countries in Europe and the United States are very overwhelmed. General policies that require



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people to carry out social and physical distancing (maintaining a safe distance between individuals and avoiding crowds) are not something that is easy for people who are used to social behavior (Muhyiddin, 2020). So it can be seen that the implementation of health protocol policies is still not as expected. Lack of awareness from the public is also an obstacle in enforcing health protocol discipline during this pandemic.

The policy of handling health protocols is possible because of centralized compliance with inconsistent regulations in several regions due to the complexity of our diverse society. Basically, the situation of Indonesian society is very complex because it has cultural diversity and each group has its own uniqueness. This situation has very serious consequences for the implementation of law in society, especially in the field of law enforcement (Rahardjo, 2007).

However, on the other hand, the diversity of cultures and groups which have their own uniqueness, one of which is the various cultures and beliefs of society, provide color to the reality of facing COVID-19. This gives rise to a form of social construction in society. Social construction has a broad meaning. According to Peter L. Berger (1990), social construction is a theory that talks about social processes with the actions and interactions of each individual or group in creating a form of reality that is shared and experienced subjectively (Pratama dan Fauzi, 2022). In this research, the form of reality that is subjectively experienced and owned is a form of culture or ritual that is owned by a particular area within a region.

Construction also takes place in a process with three simultaneous processes: externalization, objectivation, and internalization. Externalization is an adjustment

to the cultural world of society as a result of being formed by humans themselves. Objectivity is social interaction regarding things that have a reciprocal effect on other things that are passed through the process of a new societal norm to become part of a social institution so that it is known, recognized, appreciated, and obeyed in everyday life. Internalization is the moment when an individual identifies themselves in the midst of a social institution or organization of which the individual is a part (Suyanto dan Sutinah, 2005).

In this case, the externalization view that is formed is the culture that exists within a society itself in a certain area, giving rise to adaptation to that society. Then objectivity contains how a particular culture that is formed has the same connection with other things, in this case, so that it becomes part of society to know, acknowledge, and obey it in the form of the ongoing context of life. Next is internalization, where understanding the culture of the local community becomes a moment for individuals to identify themselves and make that culture a part of it.

The concept of social construction can be used as a perspective in analyzing how a culture in a particular region's society becomes a form that is in line with the ongoing COVID-19 pandemic. This means that what exists in this culture, for example, is related to community culture in efforts to overcome various disease outbreaks that occur in the community in line with efforts to handle COVID-19. The social construction process which is divided into three elements provides an illustration that the externalization element is a process for individuals to see social reality in accordance



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with their subjective self, which in this case is the cultures in their area.

The characteristics of the cultures that exist in a region become the initial picture that each person sees and interprets subjectively. So that subjective reality is formed in the minds of individuals based on the views or experiences of the cultural community itself. If an individual has a culture with meaning in mind, that culture is indeed in line with their actions in dealing with the pandemic. In the current situation of the COVID-19 case, people easily trust the information disseminated by the government and the media that disseminate information in dealing with the pandemic.

With this information, among regional communities who are attached to culture, one of which is several regions in West Kalimantan, it is finally possible to connect that some community cultures or rituals have an influence that is in line with handling COVID-19. When more and more people believe it, a second element is formed, namely objectivation. Objectivation is the process when social reality escapes from the individual and becomes social reality itself. In this objectification process, culture or rituals that already exist and are believed by local people are considered true, and this reality becomes a general truth in society. So that it becomes an objective reality, which in this case is a true event and experience.

Then the third element process is formed, namely internalization. This process is also called how a person interprets the reality of society from his own subjective point of view. When a culture or ritual becomes a shared truth, other individuals also adopt that reality through a process of socialization among themselves. So culture or rituals in dealing with a disease or

epidemic that exists in a particular regional community are considered as a form of handling or prevention that is in line with dealing with a pandemic, which is a shared social construction that is considered an objective reality.

Thus, handling efforts really depends on how effective the government's COVID-19 policy is and is closely related to the social construction that exists in a society to comply with the COVID-19 protocol. Based on the description above, researchers are interested in conducting a descriptive study about the condition of COVID-19 in West Kalimantan. The general objective of this research is to describe the level of knowledge, attitudes, prevention efforts, and the impact of the COVID-19 pandemic felt by the community in West Kalimantan Province. Meanwhile, there are several specific objectives, namely:

- Know the knowledge and attitudes in efforts to prevent the spread of COVID-19 in West Kalimantan
- The social construction of implementing health protocols (5m) during the COVID-19 pandemic at the border
- Get recommendations for handling similar outbreaks in the future

METHOD

Research Design

This research is a mixed methods research, namely a research step that combines two forms of research approaches, namely qualitative and quantitative. Mixed research is a research approach that combines qualitative research with quantitative research (Creswell, 2010). Meanwhile, according to (Sugiyono (2011), mixed methods are a research method



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that combines two research methods at once, qualitative and quantitative, in research activity, so that more comprehensive, valid, reliable and objective data will be obtained future.

The Quantitative Method uses a descriptive observational design. Descriptive observational research is research on a sample that is used to describe in depth the distribution and patterns of conditions related to health status in community groups (Keman, 2013). This means that this research is able to provide specific information regarding COVID-19. Apart from that, it is a cross-sectional study design. According to Budiarto & Anggraeni (2002) that Cross-sectional is research that is used to obtain data for a certain period about the prevalence of disease or describe the condition of the population experiencing health problems in a certain area. Thus, the research study attempts to describe the knowledge, attitudes, and prevention efforts of the population in preventing COVID-19 in 2021 among the people in West Kalimantan.

Then, for the qualitative method, ethnography is used by conducting a study of group culture in natural conditions through interviews (Ramdhan, 2021). In this case, interviews were conducted with several regional communities in West Kalimantan to find out how the culture or rituals that exist among regional communities shape the social construction culture as local wisdom of the community in facing COVID-19.

Research Respondents

This population is people who are at risk of transmitting COVID-19 in the West Kalimantan area. The sampling technique in this research is in the category of probability sampling. Probability sampling is a sample selection

technique that provides equal opportunities for each member of the population (Siregar et.al., 2021). In this case, this research opens up the widest range of people in the Ka-Bar area to fill out the questionnaire. Thus, in more detail, this research refers to sampling, namely simple random sampling.

The criteria for respondents in this study were aged 15 - 67 years, male or female, domiciled in a district or city in the West Kalimantan region, and willing to fill out the research questionnaire. The total number of respondents in the research was 673 people, distributed in 14 districts/cities in the West Kalimantan region.

Then interviews were conducted with 2 subjects to obtain data related to social construction culture as local wisdom. in implementing health protocols (5M) during the COVID-19 pandemic at the Border. The subjects interviewed were local people who knew the social and cultural conditions of the people in the border area.

Data Collection

In this research, researchers used a quantitative approach using a questionnaire. The questionnaire form is contained via g-form media and distributed online. Thus, it can be said that this research uses data collection via Internet surveys. Internet surveys are a popular method used today, especially since the world was hit by the COVID-19 pandemic. According to Swarjana (2016), an internet survey is a method for distributing questions in a questionnaire via the internet network, for example, by e-mail or posting on a website.

Semi-open question type is used in this questionnaire. This question model is the result of modifying open and closed questions



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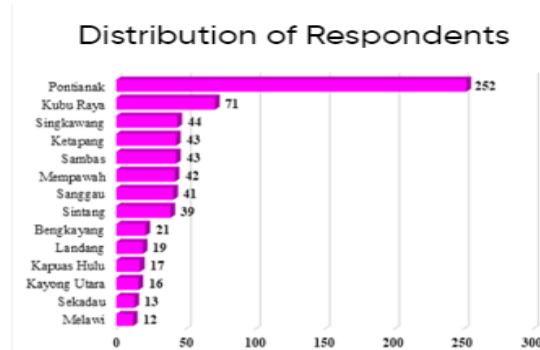
(Swarjana, 2016). The purpose of this is that in this research, researchers provide more than one possible answer option for respondents to choose, in this case relating to the respondent's condition related to COVID-19. The following are the topics asked in this research questionnaire covering several components, namely:

- Personal identity
- Knowledge of how to prevent COVID-19
- Attitudes and Behaviors to Prevent COVID-19

Qualitative data was obtained by interviews with questions related to the social construction of implementing the health protocol (5M) during the COVID-19 pandemic at the border, including moments of externalization of the implementation of the 5M, moments of objectification of the implementation of the 5M, and moments of internalization of the implementation of the 5M as part of community culture as local wisdom.

RESULTS

Respondent Characteristics



Picture 1. Distribution of Respondents

Based on picture 1, it shows the distribution of respondents. Based on the data above, there were 673 respondents who participated in this research. Distribution based on gender, consisting of 524 female respondents or 78%, and 149 male respondents or 22%. The majority of respondents were from Pontianak

City. Meanwhile, from other city districts in the West Kalimantan region, there were representatives of respondents, although the distribution was uneven and the lowest was from Melawi Regency. The lowest respondent age was 15 years and the highest was 67 years.

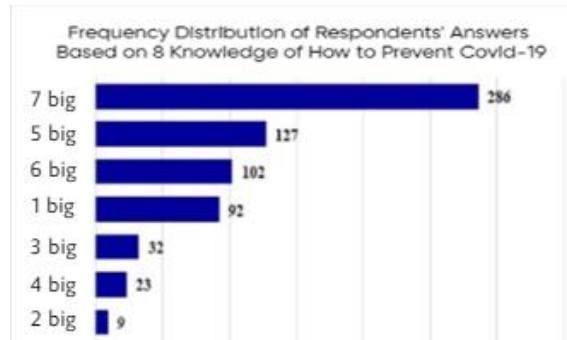


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Knowledge of how to prevent COVID-19

1. How to prevent COVID-19

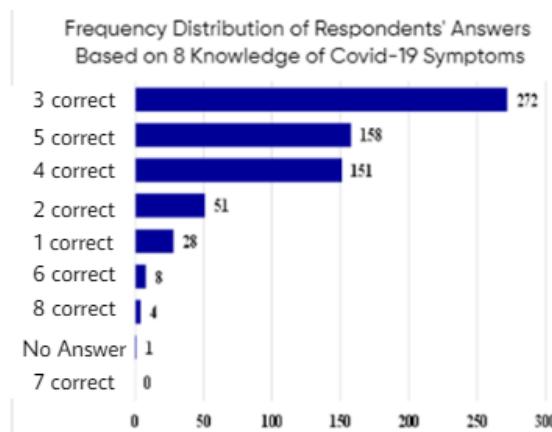


Picture 2. How to prevent COVID-19

Based on picture 2, it shows knowledge of how to prevent COVID-19. Based on the data above, a small percentage of subjects answered

8 questions correctly. A total of 286 respondents were able to answer the 7 choices provided.

2. Knowledge of COVID-19 Symptoms



Picture 3. Knowledge of COVID-19 Symptoms

Based on picture 3 below regarding knowledge of COVID-19 symptoms. The picture shows that 4 respondents were able to show 8 symptoms correctly. Most respondents were

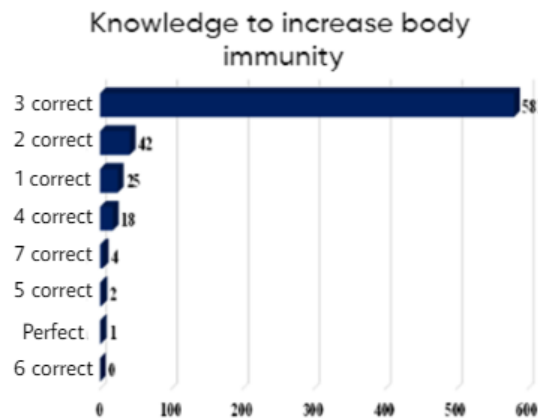
able to answer 3 to 5 symptoms correctly from the choices provided.



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3. Knowledge increases body immunity



Picture 4. Knowledge increases body immunity

Based on picture 4, it shows that knowledge increases the body's immunity. Based on the data above, 1 respondent could answer 8

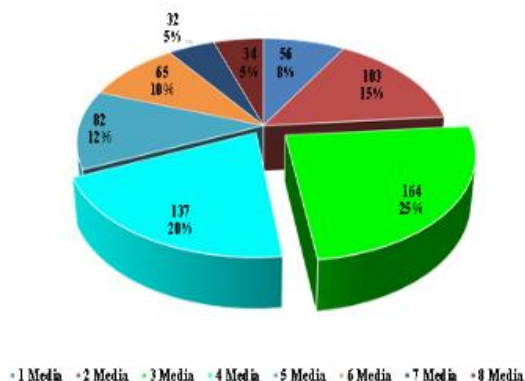
4. Sources of COVID-19 Information

Based on picture 5, it shows the type of media used to obtain respondent information about COVID-19. This research also asked how

answers correctly. The majority of 581 respondents were only able to answer the 3 choices provided.

much media was used and the type of information sources.

Number of Types of Media Used as a Source of Respondents' Covid-19 Information



Picture 5. Sources of COVID-19 Information

Types of media choices for obtaining information are (1) Television, (2) Radio, (3) Social media, (4) Health workers, (5) Leaflets or banners, (6) Friends, family or neighbors, (7) Newspapers and (8) RT, RW, village or sub-district administrators.

Based on the results of data processing, 34 respondents used all types of media. Meanwhile, 56 people use one media with the largest choice being social media at 44 people. If we look at the number of respondents who received the most COVID-19 information in the



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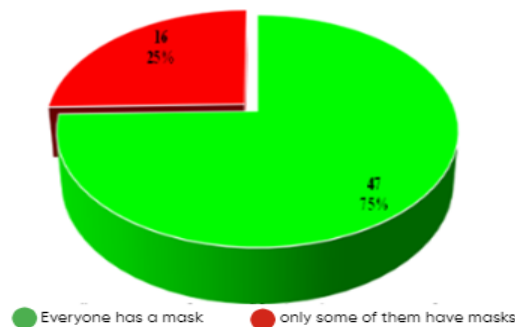
group that used 3 media. From these groups, the combinations used are: The largest combination uses (1) Television, (2) Social media, and (3)

Health workers. Next, the combination of media used is (1) Television, (2) Social media, or (3) Friends, Family or Neighbors

Attitudes and Behaviors to Prevent COVID-19

1. Ownership of Masks

Masks Owned by the ODP Family



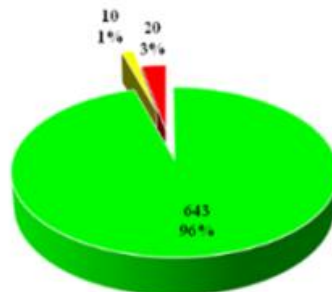
Picture 6. Ownership of Masks

Based on picture 6, shows the ownership of masks among ODP families. From the data, it was found that it was highly suspicious that around 63 respondents had ODP in their

families, but this was still around 16 people, or 25%. There are not enough masks for all family members.

2. Practice social distancing

Implement social/physical distancing when outside the house



Picture 7. Practice social distancing

Based on picture 7, it shows a diagram regarding the implementation of maintaining distance. The majority or around 96% of those who answered practice physical distancing when

leaving the house. Apart from using masks, physical distancing, which is the main key to accelerating the handling of COVID-19, still has



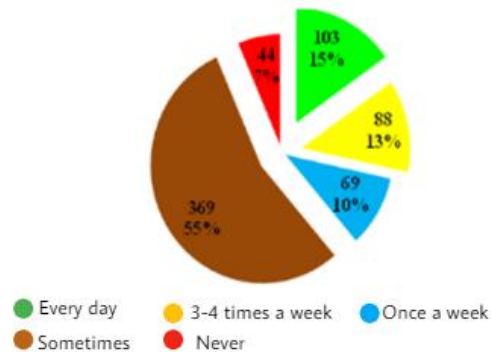
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problems. But unfortunately, there are still 4% who do not implement it.

3. Sports Activities

Respondent's Sports Activities

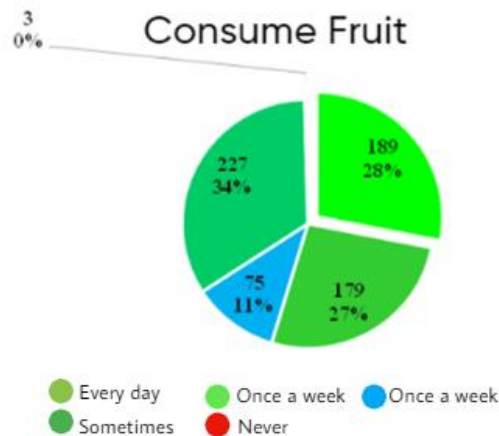


Picture 8. Sports Activities

Based on picture 8 regarding respondents' sports activities. Data shows that 631 respondents (93%) do sports in different

time periods. However, there were 44 respondents, or 7% of people who never exercised in their daily lives

4. Consume Fruit



Picture 9. Consume Fruit

Based on picture 9 regarding fruit consumption. The data shows that the distribution of data is almost even in the fruit

consumption group. Only 0% or no respondents never consumed fruit



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DISCUSSION

General description

The development of Covid 19 in Indonesia still tends to show a trend in cases. Judging from the situation with the spread of COVID-19, which has almost reached all provinces in Indonesia. The Indonesian government has issued Presidential Decree Number 11 of 2020 concerning the Determination of the Corona Virus Disease 2019 (COVID-19) Public Health Emergency. The Presidential Decree determines COVID-19 as a type of disease that causes a Public Health Emergency (KKM). One of the government's decisions is one of the regulations that serves as a reference for handling COVID-19. Formulating a policy requires a study which is not easy. In the end, we can formulate policies that can be a solution to COVID-19 in Indonesia, not add to the complexity of the problem. One example of a rule used by the government is social distancing. This rule requires us to keep our distance from each other. In fact, many people still find it difficult to avoid gathering. Being associated with gathering is part of society's culture. According to Masrul. et.al (2020) that social restrictions if studied in community traditions are fewer than in gathering traditions. The tradition of social distancing is found in the jungle tradition where people who are sick (cenenggo) to prevent infection must separate themselves (bersesandingan) from their group (Aritonang, et al., 2010). In other words, those who are in isolation or quarantined are at least 500 meters away from the group settlement. However, in general, the majority of people in society, for example, refraining from gathering during a pandemic, is inevitable.

In the implementation of public policy, there are often pros and cons in society. So that this does not happen, the formulation of non-compliance must be carried out carefully based on the problem being faced. This is in line with the opinion of Ilmar (2020) that in formulating policies it is necessary to go through planned steps, starting from formulating the problem, then the policy needs to be formulated, and in the end, it becomes a policy that is based on law. Thus, it is important for policymakers, especially in the problem formulation step, to understand the general condition of society so that policies can be formulated appropriately.

Knowledge, Attitudes in Efforts to Prevent the Spread of COVID-19 in West Kalimantan

In general, respondents were able to answer the knowledge aspect of preventing COVID-19, with 486 (68%) respondents in the very good category. Thus, the majority of respondents were also able to answer the symptoms of COVID-19 well, namely those specifically related to the respiratory system, namely coughing, difficulty breathing, and reduced taste function. As stated in the 5th COVID-19 guideline, Ministry of Health of the Republic of Indonesia, Director General of Disease Control and Environmental Health (2020), clinical signs of pneumonia that occur in adolescent/adult patients include fever, cough, dyspnea, rapid breathing, and no signs of severe pneumonia. Apart from that, the clinical symptoms of pneumonia are mild in children, experiencing coughing or difficulty breathing, rapid breathing, respiratory frequency <2 months around $\geq 60x/\text{minute}$; 2–11 months $\geq 50x/\text{minute}$; 1–5 years $\geq 40x/\text{minute}$ and no signs of severe pneumonia.



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Thus, knowing the symptoms of COVID-19 is very important. This is reinforced by health promotion efforts which must always be encouraged, especially during the COVID-19 pandemic. According to Eliana & Sumiati (2016), the main aim of health promotion in general is to improve welfare. Thus, one of the initial efforts to achieve a prosperous life is to increase early awareness to avoid contracting disease by increasing knowledge.

If you look at the results of this research, it is very good and has the potential for early awareness because the majority have good knowledge. This is due to ignorance or lack of knowledge of the symptoms and treatment of a disease, which has a large potential for accelerating transmission, due to the possibility of decreased awareness. In the end, it could lead to a spike in cases.

In line with this, we all know that the spread of COVID-19 is the exposure of healthy people to people who are sick or who are carriers of the COVID-19 pathogen. In the opinion of Irwan (2017), this type of transmission is a type of transmission that refers to the theory of contagion, meaning that contact between one person and another is necessary to cause a disease. Therefore, if the individual does not have high alertness, due to the lack of knowledge, this is where the vulnerability of contact can lead to pathogen transmission.

For both individuals and groups, this ignorance often becomes a new problem, namely delays in seeking help in treatment and the necessary actions to prevent the severity of the disease and even becoming a source of infection for others without realizing it. It is important to understand that most infectious diseases, either directly or indirectly, can

become a "domino" risk that continues to become large and widespread, giving rise to extraordinary events (KLB) at the local area level (epidemic), even spreading throughout the world (pandemic). like what is happening to the world in this century, namely the COVID-19 pandemic (Nakada & Urban, 2021).

Therefore, there is a need for massive education related to the importance of immunity to prevent contracting COVID-19, especially for people who actively carry out work activities and other activities outside the home, which has a very large chance of being exposed to COVID-19. Innovativeness in the use of media is very necessary, as in this study the majority of respondents chose to use social media, most respondents got information from media in order namely television, social media, and health workers. Meanwhile, the lowest amount of COVID-19 information received by respondents was from RT/RW/kelurahan. This is an interesting phenomenon that efforts to convey information by government officials still need to be improved, as part of the government's efforts and an extension of its role, even as the spearhead of the central/regional government in providing information and services to the public (WHO, 2020b).

Aspects of good knowledge and media play an important role in prevention, according to research results by Jesica Moudy et al., using analytical observational methods with a cross-sectional design. The sample numbered 1096 from all over Indonesia via an online questionnaire. There is a significant relationship between knowledge and attitudes ($p=0.000$) and knowledge and individual actions ($p=0.000$). Efforts to prevent COVID-19 are influenced by the knowledge of the Indonesian people.



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Providing specific, valid, and targeted knowledge can improve community prevention behavior against COVID-19 infection (Moudy & Syakurah, 2020).

Efforts to Prevent the Covid-19 Pandemic Through Culture as Local Wisdom

One example of a rule used by the government is social distancing. This rule requires us to keep our distance from each other. In fact, many people still find it difficult to avoid gathering or if it is related that gathering is part of the culture. According to Masrul. et.al (2020) that social restrictions if studied in tradition are fewer than in the tradition of gathering. The tradition of social distancing is found in the traditions of jungle people where people are sick (cenenggo) to prevent infection, you must separate yourself (bersesandingan) from his group (Aritonang, et al., 2010). In other words, those who are in isolation or quarantined are at least 500 meters away from the group settlement. However, in general, the majority of people in society, for example, refraining from gathering during a pandemic, is inevitable.

The role of culture is very large for the order of life of society, both individually and in groups, namely to regulate how humans can relate to their surroundings, the function of which is so that humans better understand and understand how they should carry out an action, carry out an action, and determine attitudes in the social environment (Soekanto, 2011). Culture that has been structured and constructed from the past until now is impossible to change, considering that this is the identity or belief of the community in carrying out culture. According to Sodik (2020) Law enforcers in dealing with this pandemic, of

course, have to look at socio-cultural factors, in handling this outbreak it is not enough to only involve medical aspects, because disease outbreaks and aspects of society and culture are two coins that cannot be separated on one side, the disease will easily It spreads because of certain cultures in society, or at least the people's ways of life are a causal factor.

However, on the other hand, there are people in a certain group who have their own cultural style which can construct a pattern of life that is in accordance with the conditions of reality that occur. This illustrates that people's thought patterns and behavior can change according to the needs of that community. Community needs can change according to situations and conditions. Behavioral transitions in society cannot occur directly without going through an intermediary. The existence of this pandemic is proof that people need warnings about the situation that is occurring before they can have self-awareness so they can adapt to what is happening around them. Until later, if a pandemic or similar outbreak occurs, the public needs to know what things need to be prepared to go through the process of leading to a pandemic.

It turns out that culture or rituals that already exist in society can have a positive impact, especially during the COVID-19 pandemic. The existing culture or rituals become a bridge for the community to be able to make correct health decisions and become helpers for the people of border areas in West Kalimantan. Apart from that, the government and parties acting as the parties that serve as guidelines for society must be able to embrace and provide accurate information regarding the COVID-19 pandemic.



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Due to social construction in society, the implementation of health protocols during a pandemic in border areas has its own perception in the minds of the public. The community believes that the implementation of social protocols, one of which is social restrictions, provides a view that is in line with the culture practiced in the border area. Thus strengthening public perception regarding the implementation of health protocols. Several social constructions in society that are in line with health protocols are explained as follows:

Moment of Externalization of Implementation of 5 M, From a social construction perspective, the formation of action patterns is caused by the existence of objective reality which then becomes a stock of knowledge that influences the actions of individuals in border communities. The objective reality in question is in the form of actions to prevent disease from becoming endemic in a community area in the border area. In Entikong, for example, there are social restriction activities which begin with the Nyigan Ider Disease Ritual (Getting Rid of Disease Pestilence) after which for 1 (one) day people are not allowed to leave the house. At the Jagoi Babang Border there is the Basamsam ritual, which marks the restriction of human mobility for a certain period of time if a disease outbreak occurs.

According to ESS (40 years old), originating from a Javanese entity who was born and settled in Sontas Hamlet, Entikong Village, Entikong District, Sanggau Regency, said that the majority in the border area, especially in Entikong Village, are Dayak and Malay. However, in terms of population, the Dayak ethnic group is more numerous than the Malay ethnic group. In the past, according to him, the action taken by Malik Saepudin, et al : Study of Knowledge, Attitudes, Behavior and Efforts to Prevent The Covid-19 Pandemic Through Culture As Local Wisdom In West Kalimantan Province

parents when facing a disease almost like COVID-19 was to carry out a ritual to save the village which was then followed by prohibiting people from leaving the house for a certain period of time. This is mainly done by the Dayak community, while the Malay community only follows the "taboo" of not leaving the house, while the rituals are not followed. So according to ESS, another thing that underlies this action is the belief that if an epidemic disease occurs, it is necessary to hold a village rescue. Apart from that, the absence of medical personnel such as doctors is also one of the reasons why they chose to carry out this action collectively.

DM, aged 62 years who is the Chief of the Dayak Bidayuh, informed that around the 70s there was a widespread disease outbreak such as vomiting and *gerumut*. At that time, to overcome the increasingly massive spread of disease, each village took different actions. In Entikong, which is the village where DM lives, for example, they perform traditional rituals ***Membuang Sampar*** or in local language it is called "***Pemobi Binua***" which in literal language means "***Pendingin Kampung***", The goal is that the epidemic disease will quickly disappear, by asking for help from the Spirit who they believe can convey their requests to the Almighty.

After ther ritual ***Pemobi Binua*** is performed, The village community abstains from leaving the house for 3-4 days, apart from that, guests or outsiders are not allowed to enter or visit the village area. Objects that smell fishy, such as fish, including bamboo shoots and ferns, are also not permitted to be brought during the ritual. The end of the village is marked with "objects to close the village" such as rattan (widudok) and Tingi (rattan strung together in the shape of a cross) which are installed around



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the village from the front to the back of the village. The "village covering objects" were then installed in five pieces each, this number means **"Rime Gerumuh Nyiang Nyaga Gunua"** (to be strong in protecting the village and Mandau from attacks by venomous and stinging animals). If someone is affected by the same disease, then this is a sign that there are residents who are believed to have violated taboos, therefore, so that the same disease does not become an epidemic, the ritual process is repeated again and residents who violate these rules will be subject to sanctions. The following is DM's (62 years old) explanation regarding the sanctions imposed.

"[If it violates] So the sanctions given..... the village must carry out the ritual again in accordance with the first ritual carried out if the first ritual used Pigs, then the ritual carried out again also uses Pigs, and carried out in accordance with the village agreement" (DM, 62 Years).

This reality is a paramount reality (the most important reality) in the behavior of individuals in communities in border areas, especially in terms of making efforts to reduce community mobility within a certain period of time. If it is related to prevention efforts during the COVID-19 pandemic, especially if viewed from the 5 M steps (Washing Hands; Wearing a Mask; Maintaining Distance; Staying Away from Crowds; and Reducing Mobility), then it can be concluded that at the moment of externalization, reducing mobility, is a collective effort preventing disease outbreaks, namely carrying out village salvation ceremonies followed by efforts to isolate border areas for a certain period of time (lockdown), this is an objective reality or stock of knowledge which

plays a role in shaping the actions of individuals and communities at the border.

This method is identical to that used by previous generations. This is also a sign that the presence of objective reality in the people on the border, especially the Dayak people, is taken for granted to be adopted in their actions. The taken-for-granted nature of the actions of border communities is strengthened by the understanding that the COVID-19 disease that has hit all regions, including border areas, has relatively the same characteristics as the outbreak that has hit border areas. ESS (40 years) says:

"The disease COVID-19 is equally invisible, indigenous peoples know COVID-19 as a pestilence, [every] 50 or so years it definitely happens to humans, plants and animals, our grandfathers, our fathers felt it, now [pestilences such as] dead pigs, cattle FMD [Foot and Mouth Disease] are emerging, the impact is causing many victims" (Entikong/Interview July 2022).

Moment of Objectification of Implementation of 5 M, relation to implementing the 5 M health protocol: (1) washing hands; (2) wearing a mask; (3) keeping your distance; (4) staying away from crowds; and (5) reducing mobility. The understanding of these individuals then increases in the realm of dialectics (read: discussion) further, to give birth to a unique society with certain characteristics. These unique (*sui generis*) community characteristics contain knowledge regarding efforts to prevent COVID-19 at the border which are understood and carried out collectively in the same situation. Therefore, structure then emerges along with roles. Structure and roles are needed so that the institutionalization process initiated by the externalization process can



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result in the deposition of behavior which is then passed on to the next generation.

In this objectification process, the culture or ritual that has existed in the externalization element as one of the social constructions in the implementation of 5M is considered true, and this reality becomes a general truth in the local community. When something is seen as a shared truth, then it is also called objective reality. Shared truths that exist in society are also interpreted by individuals in the social realm, and the process of objectification ultimately affects individuals as well.

The structures and roles that emerge serve to encourage prevention efforts to be understood and carried out collectively by individuals or target groups in the region so that they make sense. In this paper, the target group referred to is families. In the case of implementing health protocols in border communities, the mother is the most important structure in the nuclear family who plays a role in "traditionizing" the implementation of the 5 M health protocol at the household scale.

Moment of Internalization of the Implementation of the 5 M, The next moment in the dialectic of social construction is the moment of internalization. This process is included in the third element, namely internalization. This process is also called how a person interprets the reality of society from his own subjective point of view. At this moment humans are able to interpret objective reality into subjective reality by involving cognitive experience. This means that objective reality is no longer taken for granted but is starting to be questioned. Several cognitive experiences from the informants then gave birth to a new subjective reality, where in

their understanding, to overcome the problem of an epidemic disease such as COVID-19 it is not enough to just rely on the old stock of knowledge as in the moment of externalization, but it is necessary to have another attitude as an action to overcome it. or control the spread of a disease that is endemic and is occurring in the area.

When culture or rituals are believed to be a shared truth, other individuals also adopt that reality through a process of socialization among themselves. Berger's social construction theory gives us a deeper understanding of the general truths that exist in this phenomenon. Existing cultures or rituals are considered moments in the implementation of 5M, a shared social construction that is considered an objective reality.

This shows that the externalization stage process can be seen when society begins to adapt to pandemic conditions by implementing health protocols as a form of self-protection from contracting the virus. Then objectification is seen from people who follow health protocols to avoid the virus. Finally, the internalization stage is where the community understands the dangers of the coronavirus and the importance of implementing health protocols obtained through socialization because other attitudes are needed as measures to overcome or control the spread of the disease that is currently occurring in their area.

The various findings that have been obtained in this research can serve as recommendations for reviewing public policies in local governments in handling COVID-19. Some of these recommendations include: the first, Massive education is needed regarding the importance of immunity to prevent contracting COVID-19. This is especially important for people



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who actively carry out work activities and other activities outside the home, which have a very high chance of being exposed to COVID-19. Apart from that, innovation is needed in the use of sharing media that is easily accepted by the public, namely television, social media, and health workers. Another thing that can be done through educational efforts in community-based prevention of COVID-19 is through empowering community leaders, namely RT/RW heads in each sub-district. Second, recommendations Examples and examples from officers and local community leaders are needed, the importance of carrying out prevention efforts with the 3 M's (using masks, maintaining distance, and washing hands), apart from that, assistance is also needed through social safety networks, especially in order to fulfill the need for masks and other needs, urgently needed by society. Third recommendation is The government needs to consider efforts to prevent the Covid-19 pandemic through culture as local wisdom. This is because the cultural context or rituals believed by people in certain areas are one of the factors that can help the handling process in several areas which turns out to be in accordance with handling epidemics in general.

CONCLUSION(S)

Based on the results of research regarding knowledge, attitudes, behavior, and the impact of the COVID-19 pandemic on society in West Kalimantan Province, the following conclusions can be drawn:

1. Characteristics of the respondents who participated in this research were 673 people consisting of 524 women (78%) and 149 men

(22%). Respondents were spread across all regencies/cities in West Kalimantan Province but with different distributions. The highest distribution of respondents was in Pontianak City, 252 respondents (37%), Kubu Raya Regency, 71 respondents (11%) and Singkawang City, 44 respondents (7%), and the smallest was from Melawi Regency, namely 12 respondents (2%).

2. Most of the 286 respondents (43%) had knowledge of how to prevent COVID-19 in the good category, namely being able to answer the 7 choices provided. Regarding knowledge of increasing body immunity, the majority of 581 respondents (86.32%) answered only 3 correct answers. The source of information on COVID-19 for the majority of respondents received information from TV media, social media, and health workers.
3. Attitudes and Behavior to Prevent COVID-19: Respondents practice physical distancing when leaving the house, and agree that physical distancing is one of the main keys to accelerating handling of COVID-19. In terms of maintaining immunity, the majority of respondents, or in this case 631 respondents (93%), do exercise at different time intervals. As well as efforts to consume as many fruits as all respondents tried to do, but with variations in quantity and time span.



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4. Efforts to Prevent the Covid-19 Pandemic

Through Culture as Local Wisdom, namely using the concept of social construction as a perspective in analyzing the culture or rituals that already exist and are believed by the people of certain regions in West Kalimantan regarding the COVID-19 pandemic, especially regarding views on handling that are in line with the culture that already exists in the communities of certain regions. People's views and experiences of culture have an influence on people's views on handling COVID-19 because there is a consistent handling culture. So, to deal with similar outbreaks, the government also pays attention to the cultures that exist in society as support in smoothly handling outbreaks that might occur in the future.

CONFLICT OF INTEREST

The author(s) declare that they have no conflict of interest.

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