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## SUPPORTING PUBLIC UNDERSTANDING IN HANDLING COVID 19 AND PUBLIC EDUCATION IN THE NEW NORMAL ERA

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### **ABSTRACTS**

*Efforts are made to provide support in exploring the potential of the community so that they are empowered and able to participate in preventing the transmission of COVID-19. The method of activity is socialization, health services, checking blood sugar levels, health counseling, fostering active cadres and empowering families which are carried out in synergy with the Benteng District Health Office and puskesmas. The implementation of activities allocated for 6 months in Lubuk Sini Village. Community empowerment activities in Covid-19 prevention at the village level involve various elements in the community, such as; Village heads and officials, health cadres, puskesmas officers and the community in the area. All elements of society have roles and functions in accordance with the conditions that occur in their respective regions. With community empowerment in preventing COVID-19 at the village level, this is done so that everyone is able to identify and recognize risks that can support the implementation of Covid-19 prevention activities in their area and apply a clean lifestyle in the era of the Covid-19 pandemic. The results of socialization and training can increase the knowledge, attitudes and behavior of Village cadres to convey back to the community more broadly about Covid 19. Continuous monitoring and evaluation of cadres needs to be carried out so that cadres play an active role in improving the health of villagers, especially in preventing Covid 19.*

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## A. INTRODUCTION

Coronavirus Disease 2019 (COVID-19) is highly contagious and pathogenic (Zhou et al., 2021) and has spread rapidly in just a few months resulting in a pandemic globally. On October 5, 2021, it was confirmed that 294,763 new cases, 35,109,317 confirmed positive cases and 1,035,341 deaths have occurred worldwide due to COVID-19. On October 6, 2021, the number of confirmed covid cases in the world reached 35,274,993, with 1,038,539 deaths and 235 territorial areas (WHO, 2021).

As of September 28, the Government of Indonesia has announced 278,722 confirmed cases of COVID-19 in 34 provinces in Indonesia, with 10,473 deaths, and 206,870 people have recovered from the disease. The government has also reported 131,361 suspected cases. The highest increase in daily confirmed COVID-19 cases in Indonesia occurred in three consecutive days; on September 23 (4,465 new cases), September 24 (4,634 new cases) and September 25 (4,823 new cases), since the first case of COVID-19 in the country was confirmed in March. However, the recovery rate of patients continues to increase, with 73.5 percent as of September 25. The Minister of Health recently reported that 16,286 intern and volunteer doctors have been mobilized to COVID-19 hospitals and referral laboratories across the country; an additional 3,500 interns, 800 health workers and 685 volunteers such as pulmonologists, anesthesiologists, internists, general practitioners and nurses when needed. Seeing these developments, the Government of Indonesia has designated this non-natural disaster as a national disaster through Presidential Decree of the Republic of Indonesia Number 12 of 2021 concerning the Determination of Non-Natural Disasters for the Spread of Corona Virus Disease 2019 (COVID-19) as a National Disaster (Ministry of Health of the Republic of Indonesia, 2021).

Bengkulu Province is the 32nd province where confirmed positive cases have been found, based on data from the official website related to Covid-19 of the Bengkulu Provincial Government ([covid19.bengkuluprov.go.id](https://covid19.bengkuluprov.go.id)). Data from the Bengkulu Province Covid-19 Task Force stated that as of September 3, 2021, the positive rate of Covid-19 was 7.24 percent, the recovery rate was 58 percent, and the death rate was 7.20 percent. Narrative of the development of Covid 19 in Bengkulu Province on October 5, 2021 from 7,722 samples examined, 755 samples tested positive and 2,607 suspect samples (Bengkulu Province Covid 19 Task Force, 2021). Meanwhile, until now the Bengkulu Province area is in the medium category of Covid-19 risk zones, with details of orange/medium zones in Bengkulu City, Rejang Lebong Regency and Central Bengkulu. For the yellow/low-risk zones in North Bengkulu, South Bengkulu, Kepahiang and Central Bengkulu Regencies as well as the green zone/no cases in Muko-muko, Kaur and Lebong Regencies. Lubuk Sini Village is one of the villages located in Taba Penanjung District, Central Bengkulu Regency. In May 2021, there were 2 villagers who were confirmed positive for Covid 19 (Bengkulu Provincial Covid Task Force, 2021).

Community empowerment in Covid-19 Prevention at the RT/RW/Village level is all efforts made by exploring the potential of the community so that they are empowered and able to participate in preventing the transmission of COVID-19. Community empowerment activities in Covid-19 Prevention at the RT/RW/Village level involve various elements in the community such as RT/RW heads, village heads, Toma/Toga, Bhabinkamtibmas, health cadres, health center officers and communities in the area. All elements of society have roles and functions in accordance with the conditions that occur in their respective regions. With the empowerment of the community in the

prevention of Covid-19 at the RT/RW/Village level, it is carried out so that everyone is able to identify and recognize risks that can support the implementation of Covid-19 prevention activities in their area.

The potential of Lubuk Sini Village that currently exists is to have active posyandu cadres, health workers who support village programs and are assisted villages by the Taba Teret health center. With the condition that the community can work together and supportive community leaders, it is hoped that Lubuk Village here can become a model for other villages in Benteng Regency as a Covid Alert Village.

The coronavirus disease (COVID-19) outbreak caused by the novel coronavirus, SARS-CoV-2, has spread rapidly around the world since the end of 2019, affecting more than 200 countries and territories as of early May. The World Health Organization (WHO) declared the COVID-19 outbreak a public health emergency of international concern (PHEIC) on January 31 (WHO, 2020d) and classified it as a pandemic on March 11 (WHO, 2020b). Globally, as of July 4, 2020, there were 10,922,324 confirmed cases of COVID-19, including 523,011 deaths, with an average of more than 100,000 new confirmed cases per day (Fig. 1), reported to the WHO (WHO, 2020e). More than 2.72 million cases have been confirmed in the United States, with more than 128,000 deaths. In addition, Brazil, Russia, India, the United Kingdom, Spain, Peru, and Chile have diagnosed more than 250,000 people in total, and more than 15 countries have diagnosed more than 100,000 people in total (Yue Xiang <sup>a</sup><sup>b</sup>, Yonghong Jia <sup>c</sup>, et al, 2021).

## **B. METHOD**

The method of community service activities is carried out based on the concept of community empowerment and community participation which consists of:

1. Socialization and Health Counseling/Health Promotion to cadres and residents of Lubuk Sini Village about Covid-19, how to transmit and prevent it.
2. Simulation of how to wash hands correctly, the use of masks (*one man four mask movement*) and the implementation of other health protocols such as implementing a healthy lifestyle, sunbathing, exercising as well as consuming healthy and balanced foods to increase body immunity.
3. Cadre training to accompany residents.

## **C. RESULT AND DISCUSSION**

Community service activities were carried out starting from exploration activities to Central Bengkulu Regency in August and September 2021. Based on the results of the survey, it was found that Central Bengkulu Regency is the locus of Covid-19 for 2021. The results of the exploration with the Central Bengkulu Health Office, the BPBD Office seeks activities focused on the covid-19 locus in Lubuk Sini Village.

The implementation of this PkM activity is a form of attention of universities in an effort to prevent the spread of Covid-19 in Bengkulu Province. The implementation of the activity was supported by the Central Bengkulu Regency Health Office and its staff, the Head of Lubuk Sini Village and local community leaders. The activity was

carried out from September to November 2021. The results of the activity are described and can be seen in the table below:

**Table.1 Activity Results**

It	Dates and Activities	Goal	Person in Charge	Role
1	Socialization about Covid 19, on October 18, 2021	Cadres: 10 people, Community: 30 people, TOMA: 5 people, Other officers: 5 people	Lecturer and student team	Participate in socializing about covid 19
2	Counseling on How to Prevent Covid 19 (PHBS and Health Protocols), on October 23, 2021 Counseling on How to Prevent Covid 19 (how to wash hands correctly and use masks correctly) Simulate how to wash your hands correctly	Cadres: 10 people, Community: 30 people, TOMA: 5 people, Other officers: 5 people	Lecturer Team	Providing training to cadres
			Student	Assisting the lecturer team in preparing learning materials and media
			Student	Assisting in the implementation of technical training in the form of media, etc.
3	Training on how to prevent Covid 19, on November 17, 2021	Cadre	Team of Lecturers and Students the Health Center	Identify the number of cadres to be included, recruit active cadres and monitor the implementation of training

### **Covid 19 Socialization Activities, Prevention and Handling**

The Covid-19 socialization activity was attended by the Bengkulu Ministry of Health Polytechnic Lecturer Team, the Taba Teret Health Center, the Head of Lubuk Sini Village, 10 Health Cadres and others. There were 30 participants who attended. Covid-19 socialization activities were carried out to increase public knowledge about the importance of preventing and handling Covid-19.

### **Cadre Training Activities**

Cadre training was carried out for 1 day on November 17, 2021 which was carried out at the Posyandu Hall, Lubuk Sini Village.

Training activities are divided into 3 stages, namely:

- a. Preparations include the selection of active cadres carried out by the Taba Teret Health Center and the Village Head. Based on the results of the coordination, the number of cadres who participated in socialization and education was a total of 10 cadres in Lubuk Sini Village.
- b. Cadre Cognitive Ability Assessment: Cadre Knowledge related to Covid-19.
- c. As a form of identification of the extent to which the public understands knowledge related to Covid-19 and how to respond to it, a questionnaire is filled out. The results of the questionnaire for the knowledge aspect of all cadres for the village are presented as shown in Table 1. Ten statements were given with the right and wrong choices to see the understanding of village

cadres in Lubuk Sini Village related to Covid-19.

**Table 2. Percentage of Respondents' Knowledge Aspects**

It	Knowledge Aspect	Answer Percentage (%)	
		True	Wrong
1	COVID-19 is a common cold-like disease and is not dangerous	20.00	80.00
2	Coronavirus will not be contagious when speaking	70.00	30.00
3	Coronavirus can survive for a long time in the free/outdoor environment of the human body	40.00	60.00
4	The coronavirus will only be contagious if the person has symptoms	70.00	30.00
5	Healthy people do not need to wear masks when leaving the house	40.00	60.00
6	Children are not at risk of being infected with the coronavirus	70.00	30.00
7	Parents/adults are more vulnerable/easily infected with the coronavirus	70.00	30.00
8	Self-isolation is not necessary if you do not have symptoms even if you are infected with the coronavirus	70.00	30.00
9	The risk of death in COVID-19 patients is higher than that of patients with chronic diseases	70.00	30.00
10	The new normal means returning to the original habits before the emergence of the corona outbreak	70.00	30.00

Table 2. shows that there are four statements that can be categorized as good for the knowledge aspect of the respondents. However, there are six statements that are still categorized that the knowledge possessed by village cadres needs to be given counseling and reinforcement more about the characteristics of covid-19. The six statements include the second statement "The coronavirus will not be contagious when talking", the third statement "The coronavirus can survive for a long time in the free/outdoor environment of the human body", the fifth statement "healthy people do not need to wear masks when leaving the house". The sixth statement "children are not at risk of being infected with the coronavirus", the eighth statement "self-isolation is not necessary if they do not have symptoms even if they are infected with the coronavirus", the tenth statement "the new normal means returning to the original habits before the emergence of the corona outbreak".

Based on the results of the questionnaire, a form of counseling and training was carried out regarding knowledge about Covid-19 and a healthy lifestyle which was responded to very enthusiastically by village cadres. So far, the form they often receive is more socialization from various policy makers without any real action.

**Table 3. Percentage of Respondents' Attitude Aspects**

It	Attitude Aspects	Percentage of Answers(%)			
		Strongly Agree	Agree	Disagree	Strongly disagree
1	To prevent contracting the coronavirus, it is necessary to have a good understanding of its spread	33.30	66.70	0	0
2	I consider corona a shameful disease	0	13.30	33.30	53.40
3	I realize that following health protocols can prevent the transmission of Covid-19	40.00	60.00	0	0
4	I will do a check-up if I feel a fever	26.60	66.70	6.70	0
5	Covid19 sufferers should be excluded so as not to spread	6.60		26.70	46.70
6	Maintaining air circulation and sunlight in the house is important	53.30	40.00	0	6.70
7	I realize a lot of interacting with many people can affect the spread Corona quickly	26.60	46.70	6.70	20.00
8	In my opinion, the prevention of Covid-19 is enough by drinking herbs	0	13.30	40.00	46.70
9	Counseling on health protocols is not necessary because it does not have an impact	0	0	46.70	53.30
10	People who are infected/affected by Covid-19 should not need to inform the environment The surroundings do not panic	6.70	0	40.00	53.30

Results of table 3 analysis. The evaluation of the activity was carried out by looking at the results of the questionnaire on the aspect of attitudes that with the choice of answers strongly agreed, agreed, disagreed, and strongly disagreed. This statement describes the attitude of village cadres in responding to Covid-19. Of the ten attitude statements, it has shown a good category for understanding in daily life. This is because since the Covid-19 pandemic has lasted for approximately nineteen months, at least the cadres have seen a lot of events, both directly and indirectly. This reality at least has an impact on the understanding of the cadres because they are also required to be able to socialize to the community in the village.

As for the behavioral aspects of the respondents, the percentage of answers is presented in Table 4. . The behavioral aspect includes the choice of answers always, often, sometimes and never.

**Table 4. . Percentage of Respondents' Behavioral Aspects**

It	Behavioral Aspects	Percentage of Answers(%)			
		Always	Often	Sometimes	Never
1	Do you always wear a mask when you go out? house?	86.70	13.30	0	0
2	Do you always bring a hand sanitizer every time out of the house?	26.70	13.30	46.70	13.30
3	Whether always avoid crowd a lot of people?	60.00	6.70	33.30	0
4	Do you always clean the house every day, for example, sweeping and mopping the entire room?	80.00	20.00	0	0
5	Do you have any information related to Covid-19 prevention?	33.30	66.70	0	0
6	Do you eat/serve balanced nutritious food such as rice, side dishes, vegetables, and fruit every day?	46.70	20.00	33.30	0
7	Whether sibling always Washing hands before and after activities?	93.30	6.70	0	0
8	Whether sibling Drink Herbal Medicine/Vitamins to Maintain Body Immunity?	20.00	40.00	40.00	0
9	Is there always a hand sanitizer or laundry soap available at home?	86.60	6.70	6.70	0
10	Whether sibling routine Check health?	0	40.00	60.00	0

Analysis of respondent results from table 4. From the behavioral aspect it describes good habits in the good category for almost all statement items. As a cadre who has responsibility, it is not only enough to socialize but this good behavior will be an example for the community.



Figure 1. Socialization Activities



Figure 2. Cadre Training



Figure 3. Health Screening



## **D. CONCLUSION**

From the results of the research and discussion, it can be concluded that: There is an increase in cadre knowledge in preventing the spread of Covid-19, there is an increase in cadre attitudes and behaviors in preventing the spread of Covid-19, There is an increase in public knowledge related to the prevention of the spread of Covid-19, There is an increase in cadre independence in providing education on Covid 19 prevention, There is a change in behavior in the community to prevent Covid-19.

To increase the success of community service activities, there are several suggestions submitted, namely: It is hoped that cadres can apply the knowledge and abilities that have been acquired during training and mentoring to provide education and assistance to every community in their area, Puskesmas and related agency offices are expected to optimize the role of cadres to carry out Covid-19 prevention efforts through periodic monitoring and monitoring treatment needs during the Covid 19 pandemic. For educational institutions, in order to obtain sustainability, this program should continue to be monitored periodically so that *the outcome* of the activity can be achieved. The community should be able to adopt and develop the knowledge and abilities acquired and transmit it to the surrounding community.

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