



## Door to Door Campaign Method Can Increase Public Knowledge About COVID-19

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### ARTICLE INFORMATION

Received: September, 1, 2021

Revised: September, 22, 2021

Available online: September 2021

### KEYWORDS

Counseling, Covid-19, Behavior, Knowledge, Education

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### A B S T R A C T

Based on COVID-19 monitoring data from the Indramayu District Health Office, there were 210 additional confirmed cases of COVID-19 on June 20, 2021. This number was the highest daily confirmed cases during the pandemic in Indramayu Regency, the data still increase until now. Of the total number of 9,795 confirmed cases, 1,179 people were still being treated, 8,353 had recovered and 263 had died. Based on observations, it was known that there were still many people who did not comply the health protocols regulation. Therefore, education was needed so that public knowledge about the signs, symptoms, prevention and reporting flow of COVID-19 cases able to increase. The target of the activity was the head of RT and RW in Pekandangan Jaya Village, Indramayu District, Indramayu Regency. This activity aimed to determine the public knowledge change before and after being given education about COVID-19. The method of implementation was door to door to RT and RW houses using educational media in the form of posters for 3 days from 14 to 16 July 2021, held every 10.00 to 15.00 WIB, knowledge measurement was carried out by giving pre and post test questions. The results of providing education were known to increase public knowledge about signs and symptoms, prevention efforts and the flow of COVID-19 case reporting by 19%. It is known that 56.2% before being given counseling and 75.2% after being given counseling. Further community service is needed to measure changes in community behavior in Pekandangan Jaya Village.

## INTRODUCTION

Coronavirus disease (COVID-19) is an infectious disease caused by the newly discovered coronavirus. Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people and those with underlying medical problems such as cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illnesses (WHO, 2021).

Currently, the Government of the Republic of Indonesia has reported data case, from January 3, 2020 to July 7, 2021, there were 2,379,397 confirmed cases of COVID-19 with 62,908 deaths. Due to the new delta variant virus that had entered Indonesia, the government is currently conducting an emergency micro PPKM to reduce COVID-19 cases and also prevent spawning by complying the 5M health protocol (Ministry of Health, 2021).

Since the discovery of the COVID-19 case in Indonesia in early March 2020, the number of COVID-19 transmissions in the West Java province government has continued to increase. According to data from the National COVID-19 Handling Task Force, as of July 8, 2021 a total of 425,206 confirmed cases have

been reported. The increase of COVID-19 cases occurred in almost all areas in West Java. The increasing number of COVID-19 transmissions in Indonesia caused various impacts on society (Pikobar, 2021).

Based on COVID-19 monitoring data from the Indramayu District Health Office, there was an additional 210 confirmed cases of COVID-19 on June 20, 2021. This number was the highest record daily confirmed cases during the pandemic in Indramayu Regency. The data probably still increase until now (Republika.co.id, 2021).

Of the total 317 beds available 300 beds have been already filled. The beds for COVID-19 patients are spread across nine hospitals in Indramayu Regency. The nine hospitals are MA Sentot Hospital, Pertamina Balongan Hospital, Indramayu Hospital, Bhayangkara Hospital, Mitra Plumbon Indramayu Hospital, MIS Krangkeng Hospital, MM Hospital, Al Irsyad Haurgeulis Hospital and Sentra Medika Hospital. Of these hospitals, there were still four beds for COVID-19 patients at the MA Sentot Hospital, six beds at Indramayu Hospital, six beds at MIS Krangkeng Hospital and one bed at Al Irsyad Haurgeulis Hospital. Meanwhile, other hospitals were already full (Republika.co.id, 2021).

Based on data from the plumbon community health center COVID-19 task force team, there were 21 confirmed positive cases in Pekandangan Jaya Village. The data could still increase every day if not addressed immediately. Based on observations, it was known that there were still many people who did not comply the health protocols regulation and did not understand how to prevent and report the COVID-19 cases. Based on this background, the people of Pekandangan Jaya Village need to be given health education about the prevention, control of COVID-19 and the reporting flow if there are people who are confirmed to be COVID-19. It was expected that after the community were given education, the COVID-19 case can be controlled and the community was more obedient in implementing health protocols.

## **METHOD**

This community service activity was carried out for 3 days from 14 to 16 July 2021, every day starting at 10:00 to 15:00 WIB. The method used was door to door directly to RT and RW homes. The area used in this community service was Pekandangan Jaya Village, Indramayu District, Indramayu Regency. The target of the educational activity was the head of RT and RW in Pekandangan Jaya Village, Indramayu District, Indramayu Regency. The areas were selected because still many COVID-19 cases in the community and people who had symptoms of COVID-19, tend to not report to the RT or RW and many resident refused to do a swab test.

### **a. Participant**

The participants of this COVID-19 counseling activity were 20 RT heads and 10 RW heads in Pekandangan Jaya Village. However, during the implementation of the 20 RT and 10 RW that could be given counseling consisted of 16 RT and 5 RW, so that as many as 4 RT and 5 RW were not given

counseling because of sickness. Therefore, considering the safety and health in implementing street vendors so the counseling were not provided.

#### b. Educational Materials and Media

In this outreach activity, material about COVID-19 was given, including the following; understanding COVID-19, how to prevent COVID-19, five important things to prevent COVID-19, increasing immunity, prevention of COVID-19 in religious activities, role of RT/RW in prevention of COVID-19, flow of community reporting if confirmed COVID-19 in Indramayu district. The educational media was in the form of printed posters.

#### c. Data analysis

Data were analyzed using Excel to describe the difference in knowledge between before and after being given education.

## RESULT AND DISCUSSION

The level of knowledge of respondents before and after being given education were measured as the data result of this community service activities. The following is the result of measuring the respondent's level of knowledge:

Table 1. Summary of Value *Pre* and *Post Test* Education in Rural Community Pekandangan Jaya sub-district of Indramayu, Indramayu district year 2021

No	Respondent	Job Position	Pre-Test Score	Post Test Score
1	Respondent 1	RT 01	80	100
2	Respondent 2	RT 02	20	80
3	Respondent 3	RT 04	80	100
4	Respondent 4	RT 05	40	60
5	Respondent 5	RT 07	40	100
6	Respondent 6	RT 09	60	60
7	Respondent 7	RT 10	60	80
8	Respondent 8	RT 11	80	100
9	Respondent 9	RT 12	40	80
10	Respondent 10	RT 13	40	40
11	Respondent 11	RT 14	100	100
12	Respondent 12	RT 15	20	60
13	Respondent 13	RT 16	80	100
14	Respondent 14	RT 18	40	60
15	Respondent 15	RT 19	60	60
16	Respondent 16	RT 20	40	40
17	Respondent 17	RW 01	80	100
18	Respondent 18	RW 03	20	20
19	Respondent 19	RW 04	60	100
20	Respondent 20	RW 08	100	100
21	Respondent 21	RW 09	40	40
<b>Amount</b>			<b>1180</b>	<b>1580</b>
<b>Percent %</b>			<b>56.2%</b>	<b>75.2%</b>

Based on the results of the pre-test and post-test, it was showed that there was an increase in the knowledge of the RT and RW heads. The results of the pre-test & post-test showed that there was an

increase of 19% in total. This achievement occurred because of direct education using the door to door method to the heads of RT & RW. This method made easy for the RT & RW heads to understand the roles that were conveyed so that the knowledge of the RT and RW heads after being given education increases, according to Notoatmodjo (2012) explaining that knowledge is everything that has been known and this happens after people perform sensing actions on a case. certain. The act of sensing occurs through the human senses, namely the senses of sight, hearing, smell, taste and touch. Most of everything that has been known to human has been acquired through sight and hearing. The increase in knowledge that occurs to the RT & RW heads is expected to change the RT & RW head attitudes and behavior.

Based on Lawrence Green's theory, the individual health behavior is influenced by two factors, namely behavioral and non-behavioral factors. The behavioral factor is influenced by predisposing factors (factors that facilitate the occurrence of a person's behavior, these factors are manifested in one's knowledge), Supporting factors (factors that facilitate a person's behavior, which is included in the supporting factors are health facilities and infrastructure), and the driving factor (factor that encourages or strengthens the occurrence of a behavior, the driving factor is manifested in the attitudes and behavior of community leaders or health workers who are a reference group for community behavior (Notoatmodjo, 2010).

Behavior is the result of all kinds of experiences and human interactions with their environment which are manifested in the form of knowledge, attitudes, and actions. In other words, behavior is a response or reaction of an individual to a stimulus that comes from outside or from within himself (Notoatmodjo, 2015). Based on this theory, the increase of the knowledge of the RT and RW heads which was good about the symptoms, prevention, and reporting flow of COVID-19, there can be changes in their behavior for the better and can redistribute the information to the community. So that the COVID-19 case in Pekandangan Jaya Village can be controlled.



Figure 1. Activity of giving education door to door to the house of the RT and RW heads

After the activity was completed, it is expected that the function of caring for or maintaining family health in Pekandangan Jaya Village can be well formed, after the head of the RT or RW educated its citizens, it is hoped that all residents in Pekandangan Jaya Village are aware of the importance of realizing this function. All citizens can carry out health care practices to prevent health problems and or treat sick family members, especially COVID-19 disease, families who can carry out health tasks are able to solve health problems (Handayani, 2013).

The educational activities had a limitation which have not measured the educational media effectiveness and have not measured the changes in people's behavior in Pekandangan Jaya Village. The activities carried out were only limited to measuring changes in the level of knowledge of respondents descriptively between before and after being given education. So it is necessary to carry out further community service to see the effectiveness of education on changing the behavior of the people of Pekandangan Jaya Village.

## CONCLUSION

After education was carried out using poster media using the door to door method to the houses of the RT and RW heads. It was found that there was an increase in public knowledge about the signs and symptoms, prevention efforts and the flow of COVID-19 case reporting by 19%. It is known that 56.2% before counseling and 75.2% after being given counseling, so that the heads of RT and RW became more concerned with the community to educate and be at the forefront if there were people who were confirmed to be COVID-19. However, it is necessary to carry out further community service to see the effectiveness of education on changing the behavior of the people of Pekandangan Jaya Village.

## UNKNOWLEDGEMENTS

Our gratitude goes to all parties who have supported this community service activity, namely the Village Head, RT and RW in Pekandangan Jaya Village, the big family of the STIKes Indramayu Public Health Study Program who fully support this community service activity.

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