

Health Promotion Strategy with MHP (Mask-wearing, Hand-washing and Physical Distancing)

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ABSTRACT

The purpose of this study was to determine the relationship between health promotion strategies and the MHP activities (Mask-wearing, Hand-washing and Physical Distancing). The design in this research is Cross Sectional. The population consists of people of productive age (15-59 years) after the December 2020 period totaling 2,738 people. The number of samples was 96 respondents who were taken by systematic random sampling. Data collection is done by using interviews. The instrument in this study was a questionnaire. The data were statistically analyzed using the Chi Square test at a significance level of 5% (0.05). The results of the statistical test showed that advocacy ($p = 0.009$), social support ($p = 0.023$) and community empowerment ($p = 0.001$) had a significant relationship with the MHP activities in Prajawinangun Wetan Village in 2021. The results of this study can be followed up by conducting counseling and counseling by health workers involving community leaders regarding the MHP activities including using masks, washing hands, maintaining distance regularly and conducting evaluations to ensure the continued application of MHP activities.

Keywords: Advocacy, Social Support, Community Empowerment, Mask-wearing, Hand-washing, Physical Distancing



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1. INTRODUCTION

The determination of Covid-19 as a pandemic is based on the consideration that the Novel Coronavirus Infection (2019-nCoV infection) has been declared by WHO as a Public Health Emergency of International Concern (KKMMD) / Public Health Emergency of International Concern (PHEIC). In addition, the widespread spread of COVID-19 to various countries (García-Basteiro et al., 2020) with the risk of spreading to Indonesia related to population mobility, requires efforts to overcome the disease (Kesehatan, 2020).

According to the West Java Province Covid-19 Information and Coordination Center (PIKOBAR), as of February 4, 2021, the number of confirmed cases of Covid-19 in Indonesia was 1,111,154 cases. In West Java, the number of confirmed cases of Covid-19 was 157,611 (*Pusat Informasi Dan Koordinasi Covid-19 Jawa Barat*, n.d.).

According to the Cirebon Regency Covid-19 Data and Information Center, as of February 3, there were 5,215 active confirmed cases. While in the working area of UPTD Kaliwedi Health Center from August to December, there were 18 cases, namely four patients from Kalideres Village, six patients from Prajawinangun Wetan Village, two patients from Guwa Kidul Village, two patients from Guwa Lor, and four patients from Ujungsemi Village. The village with the highest risk of contracting COVID-19 is Prajawinangun Wetan Village, which has six patients (*Pusat Informasi Dan Data Covid-19 Kabupaten Cirebon*, n.d.).

The preliminary survey results found that the residents of Prajawinangun Wetan Village had the highest risk of COVID-19 when compared to other villages in the Kaliwedi sub-district. The results of the observations found that people are indifferent to MHP (Mask-wearing, Hand-washing and Physical Distancing); there are still crowds of people who do not use masks, which will impact an increase in the number of confirmed COVID-19 cases (Iswara N, 2021). The best preventive efforts to avoid exposure to viruses are based on PHBS (Clean and Healthy Living Behavior). To achieve this goal, the main steps that the community wants to take are the use of masks to cover the mouth and nose when sneezing or coughing, washing hands regularly with soap or disinfecting them with hand sanitizer containing at least 60% alcohol, avoiding contact with infected people. Keep your distance from people and refrain from touching your eyes, nose, and mouth with unwashed hands (Tiraihati, 2018).

Health promotion enables, empowers, and empowers communities and individuals to improve their health status (Badura, 1993; Nutbeam, 2019; Van den Broucke, 2020). A health promotion strategy is needed to expedite or accelerate and maximize the achievement of health promotion goals (Hone et al., 2018). The health promotion strategy includes advocacy, social support, and community empowerment (Beresford, 2019; Gayatri Setyabudi & Dewi, 2017; Harris & White, 2018; Nadra, 2018).

Advocacy is an activity that provides health assistance to the community through decision-makers and policymakers (Popović, 2020) so that regulations that benefit health are issued (Iin et al., 2017). Iin Riska Ananda's research found a relationship between advocacy health promotion strategies and disease prevention in Madrasah Ibtidaiyah Negeri 19 Darul Iman District with P-Value = 0.005. The 3M movement includes wearing masks, washing hands, and keeping a distance as one of the preventions efforts to break the chain of transmission of COVID-19 in Indonesia. (Ananda, 2020)

The social support strategy is to convince the community to accept and implement the health program delivered (Ocloo et al., 2021). Efforts to foster through a socio-cultural approach allow for the rapid acceptance of programs to realize public health. The provision of community support for programs issued by the Puskesmas (Public health center) will get support from the community (Yusuf et al., 2010).

As the primary target for health promotion, the community is empowered to be willing and able to maintain their d out by health workers is an effort to mobilize or organize the community. The results of research from Candra Saputra on Empowerment of Covid-19 Response for Health Officers show that empowerment can increase knowledge about Covid-19 prevention from 40% to 90% and additional logistics in the form of donations of Personal Protective Equipment for health workers (Candra Saputra, 2020). The common public knowledge about Covid-19 prevention will support increasing the number of Covid-19 incidences (Sembiring, Rinawati;Suryani, 2020). This study aimed to determine the relationship between health promotion strategy and MHP (Mask-wearing, Hand-washing, and Physical Distancing).

2. METHOD

This research used a quantitative approach. The research design used a cross-sectional to determine the dynamics of correlation between health promotion strategies and MHP (Mask-wearing, Hand-washing, and Physical Distancing) activities (Riyanto, 2011). The independent variables in this study were health promotion strategies (advocacy, community empowerment, atmosphere building) and the MHP activities.

The population in this study is people of productive age (15-59 years) after December 2021, totaling 2,738. The sample size, according to the Slovin formula (R Nur Abdurakhman et al., 2022), is to get a sample of 96 respondents. This sampling method uses systematic random sampling. The instrument used in this study was a questionnaire. Data collection through interviews taken directly by the respondents.

The univariate analysis aims to describe each research variable with the frequency distribution and percentage of each variable. The bivariate analysis determines the relationship between health promotion strategies (advocacy, social support, community empowerment), with the dependent variable (MHP activity) with the Chi-square test with a significance limit of 5% (Amaliah et al., 2022; Siswanto, 2016).

3. RESULTS AND DISCUSSION

3.1 Results

Advocacy

The results showed that respondents who stated that advocacy in Prajawinangun Village was 62.5% higher than respondents who stated that advocacy was not good (37.5%).

Social Support

The results showed that respondents who stated that social support was good in Prajawinangun Village were 58.3% higher than respondents who stated that social support was not good (41.7%).

Community Empowerment

The results showed that respondents who stated that community empowerment in Prajawinangun Village was good were 68.8% higher than respondents who stated that community empowerment was not good (31.8%).

MHP activity

The results showed that respondents who applied the MHP activity in Prajawinangun Village were 57.3% higher than respondents who did not apply the MHP activity (42.7%).

Statistical Results of Advocacy and MHP

Table 1. Relationship between Advocacy and MHP

Advocacy	MHP				Total		P value
	Not Applying		Applying		N	%	
	n	%	n	%			
Not good	22	61.1	14	38.9	36	100	0.009
Good	19	31.7	41	68.3	60	100	
Total	41	42.7	55	57.3	96	100	

Table 1 shows that most respondents who stated that advocacy was not good (61.1%) did not implement the MHP, while respondents who stated that advocacy was good mostly applied the MHP movement (68.3%). The statistical results obtained at P-value = 0.009 (<0.05) show Ho = rejected, meaning there is a significant relationship between advocacy and the MHP movement.

Statistical Results of Social Support and MHP

Table 2. Relationship between Social Support and MHP

Social Support	MHP				Total		P value
	Not Applying		Applying		n	%	
	n	%	n	%			
Not good	23	57.5	17	42.5	40	100	0.023
Good	18	32.1	38	67.9	56	100	
Total	41	42.7	55	57.3	96	100	

Table 2 shows that more than half of respondents who stated that social support was not good (57.5%) did not implement the MHP, while respondents who stated that social support was good mostly applied the MHP (67.9%). The statistical results obtained P-value = 0.023 (<0.05) show Ho = rejected, meaning there is a significant relationship between community empowerment and the MHP

Statistical Results of Community Empowerment and MHP

Table 3. Relationship between Community Empowerment and MHP

Community Empowerment	MHP				Total		P value
	Not Applying		Applying		n	%	
	n	%	n	%			
Not good	21	70.0	9	30.0	30	100	0.001
Good	20	30.3	46	69.7	66	100	
Total	41	42.7	55	57.3	96	100	

Table 3 shows that the respondents who stated that community empowerment was not good were mostly (70.0%) not implementing the MHP. In contrast, respondents who stated that community empowerment was good mostly implemented the MHP (69.7%). The statistical results obtained P-value = 0.001 (<0.05) show Ho = rejected, meaning there is a significant relationship between community empowerment and the MHP.

3.2 Discussion

The Relationship of Advocacy with the MHP Activity

The study's results showed a significant relationship between advocacy and MHP (P value 0.009). This study's results align with research on interventions that target social-ecological models such as empowerment, advocacy, and policy change showing the success of public health (Golden & Earp, 2012). The MHP activity includes wearing masks, washing hands, and keeping a distance as one of the preventions efforts to break the chain of transmission of COVID-19 in Indonesia.

Advocacy is a planned effort or process to get commitment and support from related parties so that the community is empowered to play an active role in every effort to provide health (Ananda, 2020). Circular to the Covid-19 Handling Task Force, each individual must apply and comply with the MHP health protocol: wearing a mask, keeping a distance and avoiding crowds, and washing hands with soap or using hand sanitizer. The MHP movement is the central pillar in preventing COVID-19. The MHP activity can avoid splashing droplets that can cause Covid-19 transmission.

Advocacy carried out by Puskesmas officers is to take a direct approach to the community with existing programs at the Puskesmas to see the condition of the community. The main effort is socialization and routine supervision regarding implementing the MHP, both directly and through the media. Advocacy has played an essential role in responding to public health problems, and an advocacy-based approach will be fundamental in creating behavior change (David et al., 2020).

The Relationship of Social Support with the MHP Activity

The results showed a significant relationship between social support and the MHP movement (P value 0.023). Social support has been suggested to influence cognition positively (Eisele et al., 2012). Cognition is one of the factors that cause changes in people's behavior (Dupai, La; Majid, Ruslan; Kamaluddin, Syawal; Rahman; Sabilu, 2019). This social support approach is felt as a supporter by the community so that they want to carry out the behavior introduced in this study to apply MHP behavior (Deru R Indika SE., MBA., 2017).

Health promotion strategies through social support can foster collaboration between organizations to refer to specific experts to provide appropriate health promotions and convey positive messages to form a frame of mind for the community to change Covid-19 prevention behavior with more disciplined MHP activities.

The Relationship of Community Empowerment and MHP Activity

This study's results indicate a significant relationship between community empowerment and the MHP activity (P value 0.001). The effect of community empowerment in increasing campaign capacity has successfully prevented dengue fever (Farich et al., 2020). Associated with this research is the prevention of Covid-19 transmission with MHP behavior.

Community empowerment is an effort to grow and improve the knowledge, willingness, and ability of individuals, families, and communities to play an active role in implementing every health effort (Ananda, 2020; Williams & Cooper, 2019). Empowerment activities in the PHBS (Clean and Healthy Lifestyle) effort can be made by counseling and home visits (Aswadi et al., 2020). Home visits are the most appropriate strategy to change people's mindsets (Iin et al., 2017).

Community empowerment in disseminating health information can improve public health quality (Daraz et al., 2019; Ferdinand et al., 2020; Rodiah et al., 2019). Research on the effectiveness of empowerment to improve health shows that empowerment strategies are a measure of health improvement and depend on predicting health outcomes for the better (Wiggins, 2012).

4. CONCLUSION

Health promotion strategies (advocacy, social support, and community empowerment) are related to implementing the MHP activity. Strengthening appropriate health promotion strategies can disseminate information and increase public knowledge supported by policy support and collaboration between community leaders and health workers. It will be more effective to implement MHP behavior to prevent the transmission of Covid-19.

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