



HEALTHY BEHAVIOR MANAGEMENT IN THE IMPLEMENTATION OF THE NEW NORMAL ERA IN THE COVID-19 PANDEMIC

Musdalifah¹, Pattola², Nurul Hasyifah³, Fefi Budiharta⁴, Ida Rosyida⁵, Ayu Magfirah⁶, Nildawati⁷

¹ Nursing Study Program, Institut Kesehatan dan Bisnis St. Fatimah Mamuju, West Sulawesi, Indonesia

² Nursing Study Program, STIKES Marendeng Majene, West Sulawesi, Indonesia

^{3,4,5,6,7} Department of Public Health, Faculty of Medicine and Health Science, UIN Alauddin Makassar, Indonesia

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CORRESPONDENCE

Phone: -
Email: musdalifah_ikbfatihmah@yahoo.com

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ABSTRACT

Background: Health behavior and Covid 19 have a close relationship with social interaction in the era of new normal implementation in the midst of this Covid-19 pandemic.

Objective: The purpose of this study is to find out the health behavior of the new normal during the Covid-19 pandemic in the community.

Method: This research is a type of quantitative research with a descriptive approach. Sampling was conducted by Non Probability Sampling technique using accidental sampling method of 120 respondents and conducted by using online questionnaire (google form), the questionnaire was shared in the form of links to social media that can be accessed by the public

Result: The results showed that the health behavior of the community in the implementation of the new normal era during this pandemic showed 32.5% of respondents are well category, 57.5% of respondents are quite good category, and 10% of respondents are less good category

Conclusion: From this research data can be concluded that health behavior in the implementation of the new normal era in the midst of the Covid-19 pandemic the majority of respondents are quite good category. It is influenced by age, education, employment, and gender factors.

INTRODUCTION

At the beginning of 2020, the world was shocked by the outbreak of a new virus, namely a new type of coronavirus (SARS-CoV-2) and the disease is called Coronavirus disease 2019 (COVID-19 originally

originated from Wuhan, China. (WHO, 2020).

This virus is very small in size. (120-160 nm) which mainly infect animals, including bats and camels. Currently, human-to-human transmission has become the main source of transmission so that the spread of this virus is

very aggressive. Transmission of this disease occurs from positive COVID-19 patients through droplets that come out when coughs and sneezes (Han Y, 2020). However, it is also estimated that this virus spreads from people who are asymptomatic but the results of the examination show positive for covid-19. In addition, it has been investigated that this virus can live in aerosol media (generated through a nebulizer).) for at least 3 hours (Susilo et al., 2020).cases of There are 6,472,662 confirmedCovid-19 in the world. however, as many as 2,985,901 patients have recovered, and 381,697 people have died. Currently, there are 3,105,064 active cases, with details of 3,050,591 patients with mild conditions and 54,473 in serious conditions. The death toll of Covid-19 patients, which has crossed 380,000 people, shows that the corona virus pandemic is still a serious problem. Among the main epicenter countries of coronavirus infection, the United States, Italy and Brazil have the highest death rates. Meanwhile, the total number of Covid-19 cases in Indonesia is 28,233. Of these, 8,406 patients have recovered and 1,698 people have died (who.int, 2020).

In the midst of the pandemic, the government issued a health protocol policy in a new normal situation on May 20, 2020 through the Decree of the Minister of Health Number HK.01.07/Menkes/328/2020 concerning Guidelines for Prevention and Control of Corona Virus Disease 2019 (Covid-19) in Office Workplaces. and

Industry in Supporting Business Continuity in a Pandemic Situation and Circular Letter Number HK.02.01/Menkes/335/2020 concerning Protocols for Prevention of Corona Virus Disease (Covid-19) Transmission in the Workplace of the Service and Trade Sector (Public Area) in Supporting Business Continuity. The government has given authority to 102 regencies/cities with green zones to carry out activities and be safe from Covid-19 (Kompas, 2020).

The new normal scenario has been echoed in all sectors in providing freedom of economic and social activities with the discipline of implementing strict health protocols. WHO provides six new normal criteria, namely (1) the transmission of Covid-19 is under control; (2) the health system can detect, test, isolate, track cases and quarantine Covid-19 patients; (3) the risk of transmission can be reduced especially in places with high vulnerability such as nursing homes, mental health facilities and crowded places; (4) preventive measures in the work environment such as physical distancing, hand washing facilities, and etiquette when sneezing and coughing; (5) prevention of Covid-19 cases from abroad; and (6) community appeals to participate in the new normal transition period (who.int, 2020). Meanwhile, the Ministry of National Development Planning/Bappenas uses the criteria for epidemiological control; health system; and surveillance (bappenas.go.id, 2020).

Health behavior and Covid 19 have a close relationship with social interaction in the current era of implementing the new normal. Health behavior is the behavior of healthy people to prevent disease and improve health. Also called preventive behavior (actions or efforts to prevent illness and other health problems: accidents) and promotive (actions or activities to maintain and improve health). Examples: 1) Eat a balanced diet, 2) Regularly exercise/physical activity, 3) Do not consume foods/drinks that contain addictive substances, 4) Get enough rest, 5) Recreation/control stress (Iiet al., 2009). The public can carry out activities while maintaining strict health protocols, including using masks, washing hands frequently, using hand sanitizers, maintaining a safe physical distance, checking body temperature, and covering mouth and nose when coughing or sneezing. This is to avoid the occurrence of a second wave and subsequent waves that are more dangerous, deadly, and paralyzing the national health care system. Although the PSBB reduction will be enforced, it is possible that the PSBB will be reinstated if there is an increase in cases in the time span until 2022 when the COVID-19 vaccine and definitive therapy are implemented en masse.

New normal is basically an adaptation to a new reality. In the context of carrying out activities when the COVID-19 pandemic is still shackled to human life, the new normal policy requires implementing good health protocols. This policy is enforced so that

humans are protected from the virus. In the new normal policy, the government needs to ensure the availability of representative health facilities and infrastructure (Nanggala, 2020).

There are several relevant studies related to the health behavior of the implementation of the new normal in the midst of the COVID-19 pandemic, one of which is an analysis of the behavior of the Indonesian people in dealing with the Corona Virus (Covid-19) pandemic and tips for maintaining mental well-being which discuss cognitive biases, namely: there are still many Indonesian people who do not comply with the appeal. from the government to deal with the corona virus pandemic, caused by one of the concepts in psychology called cognitive bias. To be able to overcome this cognitive bias, the steps that can be taken by the Indonesian people are to maintain a prosperous mentality, the aspects that can be carried out are related to, first, happy people are people who understand the meaning in their lives, second people who take care of themselves in their lives. positive emotions, and the third is people who continue to hone their spiritual self (Buana, 2020). There is also an article that discusses a rapid survey of the behavior, social and economic impact of the community in Bone district, South Sulawesi, Indonesia. Which discusses public health behavior such as social distancing, using cloth face masks (non-medical), and the practice of washing hands with soap as well as the use of communication channels and

information related to covid-19 by the community. (Heribertus, 2020) The purpose of this research is to find out health behavior in the implementation of the new normal during the Covid-19 pandemic in the community.

METHODS

This study uses a quantitative research type with a descriptive approach that aims to determine health behavior in the implementation of the new normal era during the Covid-19 pandemic in the community. Sampling was carried out using the Non Probability Sampling technique using the Accidental Sampling method with a sample size of 120 respondents.

Accidental Sampling is a sampling technique based on chance, that is, anyone who coincidentally meets a researcher can be used as a sample, if the person they meet is suitable as a data source (Sugiyono, 2001: 60).

Data collection in this study was carried out using an online questionnaire (google form), the questionnaire was distributed in the form of links to social media that can be accessed by the public. People who filled out the questionnaire were used as research samples.

RESULT

Characteristics of Respondents

The results of research conducted on 120 respondents in September 2020. Data on the characteristics of respondents were

obtained which include gender, age, last education and occupation of the respondent.

Table 1 shows that of the 120 respondents, the sex distribution in this study was dominated by women, namely 72 respondents (60.0%) and only 48 respondents (40.0%). The majority of respondents in the 18-24 year age group were 91 respondents (75.8%) and the lowest in the 55-64 year age group was 2 respondents (1.7%). The distribution of the characteristics of the last education of respondents is dominated by high school as many as 69 respondents (57.5%) and at least not in school, namely 1 respondent (0.8%). Meanwhile, the characteristics of respondents based on occupation were dominated by students, 72 respondents (60.0%) and for daily workers only 2 respondents (1.7%).

Table 1. Distribution of Respondents

Characteristics	(N)	(%)
Gender		
Male	48	40.0
Female	72	60.0
Total	120	100.0
Age		
<18	4	3.3
18-24	91	75.8
25-34	14	11.7
35-44	6	5.0
45-54	3	2.5
55-64	2	1.7
Total	120	100.0
Last Education		
No School	1	1.8
SMA	69	57.5
D3	9	7.5

PT	41	34.2
Total	12	100.0
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occupation		
PNS/ASN	7	5.8
TNI/POLRI	2	1.7
Private	13	10.8
Non-profit organization	3	2.5
Own business	8	6.7
Daily work (ojek/ojol, market traders, laborers, etc.)	2	1.7
Students	2	1.7
Students	72	60.0
IRT	2	1.7
Not working	9	7.5
Total	12	100.0
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Source: Primary Data, 2020

Results obtained from primary data through an online questionnaire that given to 120 respondents, the frequency distribution of health behavior was obtained in the implementation of the new normal era as shown in table 2.

Table 2 Distribution of Health Behavior in the implementation of the New Normal Era

Category	(N)	(%)
Good	39	32.5
Enough	69	57.5
Less	12	10.0
Total	120	100.0

Source: SPSS Processed Data, 2020

Table 2 shows that of 120 r respondents, the majority of respondents who are categorized as sufficient about health behavior are 69 respondents (57.5%) while respondents who are categorized as less about health behavior are 12 respondents (10.0%)

DISCUSSION The

data of this study were obtained from 120 respondents consisting of people who live in the territory of Indonesia, with the majority of women as many as 72 respondents (60%) and men as much as 48 respondents (40%), dominated by 18-24 years old as many as 91 respondents (82%), dominated by high school education as many as 69 respondents (57.5%), and the majority of students viewed from the type of work with 72 respondents (60%).

Not without reason, the new normal policy is a double-edged sword, if it is not implemented with full awareness. This policy has the potential to keep the Indonesian people shackled by the Covid-19 pandemic. The community has an important role in breaking the chain of transmission of COVID-19 so as not to cause new sources of transmission in places where people move, interact between people and gather many people. The community must be able to return to activities in the COVID-19 pandemic situation by adapting to new habits that are healthier, cleaner, and more obedient, which are carried out by all components in the community and empower all existing resources. The role of the community in being able to break the chain of transmission of COVID-19 (risk of contracting and transmitting) must be carried out by implementing health protocols (Kemenkes RI, 2020).

The enactment of the new normal policy is not without reason, especially so that

people can return to meeting their needs by implementing certain conditions. So that it is an effort to minimize infection from the Covid-19 pandemic. Of course, in the successful implementation of the new normal policy, it is not only the responsibility of the government, but all levels of society, especially the younger generation. In fact, their role is very much needed, especially in helping Indonesia free from the epidemic. The Covid-19 pandemic is very difficult to predict when it will end because it spreads so quickly in infecting every human being, the vaccine has not yet been found. It is undeniable, with this reality, the Covid-19 pandemic will continue to shackle human life, for a relatively long time (Nanggala, 2020).

In Indonesia, the term healthy behavior has long been known. This is because in the last 15 years the concept of behavior related to health is growing rapidly (Salan, 1988 in Smet, 1994). General definitions of behavior that are often put forward by a number of experts include: "Those personal attributes such as beliefs, expectations, motives, values, perceptions, and other cognitive elements, personality characteristics including affective and emotional states and traits: and overt behavior patterns, actions and habits that relate to health maintenance, to health restoration, and to health improvement." (Gochman in Smet, 1994),

GC Stone (1979) says: "health behavior are behaviors undertaken by people

to enhance or to maintain their health" (in Taylor, 2003. p. 55). In addition, healthy behavior serves as a prevention of disease where individuals try to do it to maintain or develop health and prevent disease. From the definition of behavior that has been described above, it can be concluded that healthy behavior is all actions, attributes and personal characteristics possessed by individuals related to the maintenance, healing and improvement of individual health.

One way to prevent transmission of COVID-19 in the community is to use personal protective equipment in the form of a mask that covers the nose and mouth to the chin, if you have to leave the house or interact with other people whose health status is unknown (who may transmit COVID-19). (Minister of Health RI, 2020). Other behaviors are keeping a distance and also diligently washing hands and maintaining cleanliness as described in a Hadith of the Prophet SAW.

Cleanliness is a condition for the realization of health, and health is one of the factors that can provide happiness. On the other hand, dirty not only spoils beauty but can also cause various diseases, and illness is one of the factors that causes suffering.

In accordance with the definition of healthy in accordance with Law no. 23 concerning Health is a state of well-being of body, soul, and social that enables everyone to live socially and economically productive lives.

Based on the results of the study, it showed that health behavior during the implementation of the new normal during the COVID-19 pandemic showed that of the 120 respondents, the majority of respondents who were categorized as sufficient about health behavior amounted to 69 respondents (57.5%) while respondents who were categorized as less about health behavior amounted to a total of 69 respondents. 12 respondents (10.0%).

Research on influenza, influenza-like illness, and coronaviruses in humans provides evidence that the use of medical masks can prevent the spread of droplets that can cause infection from infected people to others and possible environmental contamination due to these splashes (WHO, 2014). 2020).

In addition, only some people during the implementation of the new normal implemented health behaviors such as the habit of washing hands (after activities, using soap and running water, using and providing hand sanitizer), bathing after returning from a trip, washing/changing clothes, consuming fruit and vegetables, physical activity, use of masks when sick and covering your nose / mouth when sneezing or coughing

CONCLUSION

Data from this study we can conclude that *health behavior* the current publicat the application of normal new era in the middle of the 19th Covid pandemic reasonably well. This is influenced by the lack of public awareness about the importance of implementing *health* behavior. In addition,

the factors of age, education, gender and occupation also greatly affect the implementation of *health behavior* in the implementation of the new normal era in the midst of the Covid-19 pandemic.

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