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The Relationship between Sodium Intake and Nutritional Status with Hypertension Incidence in the Work Area of the Alosika Health Center, Konawe Regency

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Keywords: Hypertension; Sodium; Nutritional

Abstract. Hypertension is a condition where blood pressure exceeds 140/90 mmHg. Hypertension can cause complications of cardiovascular diseases such as stroke, heart disease, and diabetes mellitus. Hypertension at the Alosika Health Center in 2021 was 72 cases and increased in 2022 for the January-March period by 90 cases. The purpose of this study was to determine the relationship between sodium intake and nutritional status with the incidence of hypertension. Quantitative research design, cross-sectional study approach. The sample is partly all patients registered at the Alosika Health Center, Konawe Regency in 2022 for the January-March 2022 period as many as 89 were obtained by Simple Random Sampling. Data were analyzed using the Chi-square test. The results of the study from 89 samples, the incidence of hypertension, most of them had hypertension (66.3%), then based on sodium intake, most were more (67.4%) and based on nutritional status most of 56 people (62.9%) nutritional status normal. Chi-Square test obtained a p-value of .000 for the relationship between sodium intake with the incidence of hypertension and a p-value of 0.001 for the relationship between nutritional status and the incidence of hypertension. This study concludes that there is a relationship between sodium intake and nutritional status with the incidence of hypertension in the work area of the Alosika Health Center, Konawe Regency.

INTRODUCTION

Hypertension, commonly known as high blood pressure, is an increase in blood pressure above the normal threshold, which is 120/90 mmHg¹. Hypertension can lead to heart failure, kidney failure, and stroke which can eventually result in disability or death².

The World Health Organization (WHO) explained that hypertension is one of the causes of premature death in people in the world. Increased blood pressure is estimated to have caused 9.4 million deaths³. WHO has estimated that by 2025, 1.5 billion people in the world will suffer from hypertension each year⁴. The prevalence of hypertension in

Indonesia based on the 2018 Riskesdas survey in residents aged ≥ 18 years was 25.8%, while for all ages in Indonesia was 26.5% and is estimated to be 42% in 2025⁵.

According to data from the Southeast Sulawesi Provincial Health Office, the prevalence of hypertension cases in 2017 was 6.24%, then in 2018 it increased to 9.16%, and it increased even more in 2019 to 10.26%. Likewise, in 2020, the prevalence in Southeast Sulawesi reached 12.81%⁶. Cases of hypertension in Konawe Regency in 2020 rank fifth as the highest cases of hypertension after Kendari City, Central Buton and North Buton Regencies, and Bombana District. In Konawe

Regency in 2018 was 1.12%, then it increased in 2019 to 2.05% and will increase in 2020 to 2.24%⁷.

One of the areas in Konawe Regency that has high cases of hypertension is Alosika District. Research related to hypertension in the community has also never been carried out. Based on the recap of the Top 10 Diseases at the Alosika Health Center in 2022 for the January-March period, cases at the Alosika Health Center rank first with the number of new cases of Hypertension of 90 cases, this is still higher than the previous year, namely In 2021 there were 72 cases of Hypertension⁸.

Several factors that cause hypertension include diet, especially eating habits that are high in salt, which can trigger an increase in blood pressure⁹. Research conducted by Bertalina states that there is a relationship between sodium intake and the patient's blood pressure¹⁰. In addition to sodium intake, hypertension can also be caused by light physical activity which has an impact on nutritional status¹¹.

Based on the results of an initial survey of 10 Alosika residents who had hypertension, it was found that 80% consumed foods high in sodium such as dried fish and smoked fish and 20% had never eaten dried or smoked fish, then 60% were overweight and 40 % of normal nutritional status. That way, important to research "The Relationship between Sodium Intake and Nutritional Status with the Incidence of Hypertension in the Working Area of the Alosika Health Center, Konawe Regency".

METHOD

This type of research is quantitative with a cross-sectional study design. This research was conducted in the working area of the Alosika Health Center, Konawe Regency, in August 2022. The population in this study were all patients registered at the Alosika Health Center, Konawe Regency, for the January-March period of 2022, totaling 114 people. The sample in this study was a portion of all patients registered at the Alosika Health Center, Konawe Regency in 2022 for the January-March 2022 period as many as 89 people. The sampling technique uses simple random sampling.

Data collection using a semi-quantitative food frequency questionnaire (SQ-FFQ) modified form to determine sodium

intake. GEA brand sphygmomanometer to find out data on the incidence of hypertension obtained using a sphygmomanometer, in collecting blood pressure data will be assisted by nurses in diagnosing the incidence of hypertension. Camry brand scales were calibrated with an accuracy of 0.01 cm to determine body weight and GEA brand microtoice to determine height. Data analysis using the chi-square test.

RESULTS AND DISCUSSION

Characteristics of respondents

The characteristics of the sample in this study consisted of age, gender, education, and occupation. In detail presented below:

Table 1. Distribution of sample characteristics

Characteristics of Respondents	n (89)	%
Age (Year)		
Mean	41	
Minimum-Maksimum	20-60	
Gender		
Man	37	41,6
Woman	52	58,4
Education		
Elementary school	48	53,9
Junior High School	22	24,7
Senior High School	18	20,2
S1	1	1,1
Profession		
Housewife	42	47,2
Farmer	32	36,0
Self-employed	6	6,7
civil servant	1	1,1
Student	6	6,7
Honorary	2	2,2

Table 1 shows that of the 89 samples, in terms of age characteristics, the average age is 41 years, with the lowest age being 20 years and the highest age being 60 years. Gender mostly women as many as 52 people (58.4%). Then based on education, the majority of elementary school graduates were 48 people (53.9%) and based on mothers' work, most were housewives as many as 42 people (47.2%).

Table 2. Distribution of Research Variables

Variable	n (89)	%
Hypertension events		

Hypertension	59	66,3
No Hypertension	30	33,7
Sodium Intake		
Enough	29	32,6
Over	60	67,4
Nutritional status		
Normal	56	62,9
Mild Excess Weight	18	20,2
Overweight Weight Level	15	16,9

Table 2 shows the majority experienced hypertension, namely 59 people (66.3%), then based on sodium intake, most of them were more than 60 people (67.4%), and based on nutritional status, some 56 people (62.9%) of the nutritional status of the sample are in the Normal category.

The relationship between sodium intake and the incidence of hypertension.

Table 3. The relationship between sodium intake and the incidence of hypertension in the working area of the Alosika Health Center, Konawe Regency

Natrium Intake	Hypertension events				Total		Ch-Square Test
	Hyper-tension		No Hyperte-nsion				
	n	%	n	%	n	%	
Enough	6	20,7	23	79,3	29	100	<i>p-value 0,000</i>
Over	53	83,3	7	11,7	60	100	
Total	59	66,3	30	33,7	89	100	

Table 3 shows, 29 people consumed enough sodium and 60 people consumed more sodium. Then of the 29 people who consumed enough sodium, the majority did not have hypertension, as many as 23 people (79.3%), the rest had hypertension, and as many as 6 people (20.7%). Furthermore, of the 60 people who consumed more sodium, the majority had hypertension, as many as 53 people (83.3%), the rest did not have hypertension, and 7 people (11.7%).

The results of the statistical that there is sodium intake with the incidence of hypertension. This study shows that out of 64 samples, most of them consume more sodium. The samples have excess sodium intake. Based on interviews using Food Frequency Questionnaire, it was found that respondents are accustomed to consuming foods high in sodium, such as salted fish, with the highest frequency being <3 x a week where the average sample consumes salted fish weighing 20 grams and 1 gram of salted fish contains a

high sodium content of 170 mg sodium and is also used to consuming boiled fish and some respondents also consume shrimp and squid. These four types of food underlie the high intake of sodium in the Alosika community.

This study also showed that the samples that consumed more sodium, mostly 83.3% had hypertension and the samples that consumed enough sodium, most (79.3%) did not experience hypertension, this is because sodium is one of the micronutrients that can trigger an increase in blood pressure, the higher the sodium consumption, the blood pressure will increase. Vice versa, the more sufficient or less sodium consumption, the more blood pressure can become normal. Sodium in the body causes the body to retain water at a rate that exceeds the body's normal limits so that it can increase blood volume and cause blood pressure to increase. Sodium is the main active component in changes in extracellular fluid volume¹².

This study also found that samples consumed more sodium, and 11.7% did not have hypertension. routinely with adequate frequency and duration can normalize blood pressure. In addition, in this study, there were also 20.7% of the sample whose sodium consumption was sufficient, experienced hypertension. This situation is suspected because respondents rarely do physical activity so it has an impact on increasing blood pressure.

According to the researchers' assumptions, this occurs because coastal communities tend to consume foods high in sodium, which are obtained from salted fish, pindang fish, squid, and shrimp.

This research is in line with the research of Abdurrachim, et al., which found that there was a relationship between sodium intake and blood pressure¹³. Likewise, the research by Rahma and Baskari found that there was a relationship between sodium intake and the incidence of hypertension with a value of $p = 0.000$ and OR 115.5 (14). This research is also in line with research conducted by Bertalina (2017) which states that there is a relationship between sodium intake and a patient's blood pressure¹⁰.

This research is reinforced by Shanty's theory (2018) that several factors cause hypertension, including eating habits that are high in salt⁹. Then the theory put forward by Mardalena (2017) is that Sodium is one of the

micronutrients needed by the body in small amounts. Food intake that can trigger the occurrence of hypertension besides fat intake is the intake of food sources of sodium. If sodium intake increases beyond the recommended adequacy limit, it can increase the risk of developing hypertension. Sodium in the body causes the body to retain water at a rate that exceeds the body's normal limits so that it can increase blood volume and cause blood pressure to increase. Sodium is the main active component in changes in extracellular fluid volume¹².

Relationship between Nutritional Status and Hypertension

Table 4. The relationship between nutritional status and the incidence of hypertension

Nutritional Status	Hypertension Event				Total	
	Hypertension		No Hypertension			
	n	%	n	%	n	%
Normal	30	53,6	26	46,4	56	100
Mild Excess Weight	17	94,4	1	5,6	18	100
Overweight Weight Level	12	80,0	3	20,0	15	100
Total	59	66,3	30	33,7	89	100

Table 4 shows that of the 89 samples, there were 56 people whose nutritional status was normal, 18 people were mildly overweight and 15 people were severely overweight. Then of the 56 people whose nutritional status was normal, the majority did not have hypertension, as many as 26 people (46.4%), the rest had hypertension, and as many as 30 people (53.6%). Furthermore, of the 18 people who experienced mild overweight, the majority had hypertension as many as 17 people (94.4%), and the rest did not have hypertension as many as 1 people (5.6%). Furthermore, of the 15 people who were overweight, 12 people (80.0%) had hypertension, the rest had no hypertension, and 3 people (20.0%).

The results of statistical analysis using Chi-Square at the 95% confidence level, obtained a p-value of $0.001 < \alpha (0.05)$, so the alternative hypothesis is accepted, which means that there is a relationship between nutritional status and the incidence of hypertension. This study showed that of the 56 people whose nutritional status was normal, most (46.4%) did not have hypertension, and

the rest (53.6%) had hypertension. Furthermore, of the 18 people who were mildly overweight, the majority (94.4%) had hypertension. Furthermore, of the 15 people who were overweight, most of them had hypertension (80.0%).

This study also had extreme values, namely that 5.6% of the sample was mildly overweight but did not have hypertension and 20.0% of the samples were severely overweight but not hypertensive (20.0%). This is presumably due to other factors that can neutralize blood pressure such as intake of other foods consumed by the sample such as consuming soft drinks such as coca-cola or sprite and some even taking drugs when they have consumed foods high in sodium such as salted fish. Then in this study, there were also 53.6% of the sample whose nutritional status was normal but had hypertension, this situation was suspected to be due to the age factor where the age factor was a factor that could not be controlled where in this study the average sample age was 41 years, with the lowest age being 20 years and the highest age = 60 years and most of the samples are adults to the elderly. This is confirmed by Suiraoaka (2018) that hypertension can also be caused by age. Blood pressure tends to increase with age. In general, people with hypertension are people aged 40 years, but it does not rule out being suffered by young people. Darmoejo stated that various studies in Indonesia showed that 1.8% -28.66% of the population aged over 20 years were sufferers of hypertension¹¹.

According to the researcher's assumption, the more normal a person's nutritional status, the more normal his blood pressure will be, but if the nutritional status is better, it can trigger an increase in blood pressure. Researched Rahma and Baskari (2019) found that there was a relationship between BMI and the incidence of hypertension with $p=0.034$ and $OR=4.85^{14}$. This research is confirmed by the theory of Supariasa, et al., that nutritional status is an expression of a state of balance in the form of certain variables or the embodiment of nutrition in the form of certain variables¹⁵. Nutritional status is related to daily food consumption and is needed to maintain one's health, help the growth of children and support the development of one's achievements¹⁶.

CONCLUSION

There is a relationship between sodium intake and the incidence of hypertension (p-value 0.000) and there is a relationship between nutritional status and the incidence of hypertension (p-value 0.001).

Suggestion For the people to be a source of information to limit high-sodium foods such as salted fish, shrimp and shellfish by substituting fresh fish and consuming fruits and vegetables regularly.

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Nurse's Experience of Caring for Covid-19 Patients in Kendari City Hospital

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Keywords:

experience, nurses, covid-19. ups and downs, psychosocial risk factors, coping strategies, adaptability, the ease of using PPE, and nurses' expectations

Abstract. *The Coronavirus disease has caused fear and tension globally since the pandemic started. The increasing number of cases with high mortality is of course very stressful, especially for medical nurses who are at the forefront of dealing with cases of the world-scale Coronavirus pandemic. The purpose of this research is to investigate the meeting of medical nurses while focusing on Coronavirus patients at Kendari City Hospital. The type of research used is phenomenological research. This research was carried out at the Kendari City Hospital in August 2022 involving 6 participants who used a purposive sampling technique. The triangulation used is data and research triangulation. The results of the study found that the theme of the nurse's experience in the ups and downs category showed that the nurse's care that was expressed was when wearing personal protective equipment, unable to meet with family for a very long time while the joy was that with this pandemic nurses gained new knowledge and experience. Furthermore, the category that causes stress is the problem of using PPE (personal protective equipment) due to difficulty breathing, overheating and dehydration, in the category of how to reduce anxiety, namely nurses by praying a lot and chatting with other nurses, the category of how to adapt, namely by obeying SOPs to be protected from being infected with covid 19. Furthermore, the category of using PPE for nurses stated that they were less comfortable in using personal protective equipment, while in the category of expectations, nurses while caring for Covid-19 patients wanted the pandemic to end soon and the welfare of nurses to remain a priority as well as the hopes of other nurses so that all elements of the community still adhere to the appropriate health protocol. standard operating procedures (SOP). It was concluded that nurses gain new knowledge and experience. It is recommended to improve the quality of nurses when providing services during the Coronavirus pandemic, emphasizing the importance for nurses to receive clear and up-to-date information about best practices in nursing care, prevention, and control of Coronavirus infection.*

INTRODUCTION

Corona Virus Disease 2019 (COVID-19) is a large family of viruses that can cause disease in animals or humans. In humans, several coronaviruses are known to cause respiratory infections ranging from the common cold to more severe illnesses¹.

COVID-19 is a disease caused by a coronavirus (Novel Corona Virus 19) which was first detected in the Chinese city of Wuhan. The target of the disease is the respiratory system so the sufferer suffers from shortness of breath and other manifestations. Based on Covid-19 data (Marwiati et al., 2021) as of the 8th year of 2022 globally, in 230 countries, there were 493,392,853 confirmed cases of Covid-19 with a total of 6,165,833 deaths, while in Indonesia several positive cases were 6,030,168 people with a death toll of 155,556 people².

The high number of pandemic cases in Indonesia was caused by several aspects, namely the lack of compliance with the health protocols set by the Government through the Indonesian minister of health, this has triggered an increase in Covid-19 cases which are getting higher, high the number of cases of 19 triggers an increasing need for health workers, this is accompanied by the large number of nurses working to treat patients who are suspected cases of Covid-19 in Indonesia².

Nurses cannot be like society in general, who can protect themselves at home. Medical workers need to risk their lives while focusing on Coronavirus patients, where the risk of transmission is very high. In addition, they also have to live apart from friends and family for a long time to avoid wider transmission of

infection. Not a few nurses eventually had to die from being infected with the Coronavirus. Thus the readiness of nurses needs to be considered with the higher level of risk faced in handling Covid-19 cases³.

The increased stress experienced by nurses in treating Covid-19 patients raises a feeling of dissatisfaction with the work they produce. In the end, it will make the work productivity of nurses not optimal. The worst impact is the decline in the quality of nursing care for patients in the hospital. In the end, it will lead to patient safety (Musta'in, 2021).

Nurses carry out care for Covid-19 patients based on SOP according to applicable regulations. Thus based on self-quarantine guidelines for Covid-19 patients with mild symptoms, those who carry out care at home, according to WHO and the Indonesian Ministry of Health are to place the patient in a separate room. Make sure the room has good ventilation, limit movement, or at least share in the same room. Make sure the shared room has good ventilation, people who care for or make contact with patients, must wash their hands every time they make contact with patients or objects used by patients. Avoid making contact with the patient's body fluids, especially fluids that come out of the mouth, nose, and feces. Use gloves and masks if you are going to make contact. Masks and gloves should only be used once and thrown away immediately. Even though the mask has only been used for a few minutes and it still looks new (WHO, 2020). Huang's examination results revealed that most health workers detailed the side effects of half of the gloom, out of 1257 health workers experienced anxiety 45%, sleep disturbances 34% and mental tension

71.5%, in Indonesia, nearly 80 medical nurses have been linked to the treatment of Coronavirus cases - 19% of 524 officers with a high level of risk. This takes into account the expansion of attendant presentations and the pressures experienced by medical nurses in caring for Coronavirus patients (Huang et al 2020). The purpose of this study was to explore the experiences of nurses while caring for Covid-19 patients at the Kendari City Hospital

METHODS

This study uses a type of phenomenological research. This research was carried out at the Kendari City Hospital in July 2022 involving 6 participants as a nurse who has treated Coronavirus patients using a purposive sampling technique who met the inclusion and exclusion criteria. The triangulation was used as data and research triangulation. This study used in-depth interview measuring tools conducted for 30-50 minutes by medical staff according to information obtained from officers who treat Coronavirus patients. The tools and materials used in the research were writing instruments, voice recorders, and cell phones as tools for documentation. The type of data used is primary data and secondary data. To test the validity of information, this study uses triangulation so that further information is substantial information for research where one type of checking information from different sources in different ways and at different times with the aim that there are several types of research triangulation.

The list of questions is as follows:

1. What are your ups and downs in treating Covid-19 patients?
2. What things do I do that make you feel stressed in caring for Covid-19 patients?

3. How do you overcome and reduce anxiety in caring for Covid-19 patients?
4. How did you adapt to the Covid-19 situation?
5. Are you comfortable with using level 3 PPE in treating Covid-19 patients?
6. What are the hopes of nurses after the Covid-19 pandemic is over?

Ethics

The authors received approval for this protocol from the Department of Nursing, Sekolah Tinggi Ilmu Kesehatan (STIKES) Karya Kesehatan Kendari, registered number 070/2589/VII/2022 On 2022, on July 19th. Before the interview, all participants were required to sign a written online consent form. In this study, the nurses' personal information was kept confidential. To maintain confidentiality, we used an initial name (for example, Ny. ZK) to refer to the participants in the results section.

RESULTS AND DISCUSSION

A. Characteristics of Participants

Table 1 Characteristics of Participants

Participants	Name	Age (y.o)	Gender	Length of work (y.o)	Educational
1	Tn. ZK	27	Male	1,2	DIII
2	Tn. SR	39	Male	2	DIII
3	Ny. MR	28	Female	1, 2	S1 NERS
4	Tn.LM B	29	Male	2	S1 NERS
5	Ny. SN	31	Female	2	DIII
6	Ny. NN	30	Female	2	DIII
Participants Triangulasi					
1	Ny HI	26	Female	1,5	S1 NERS
2	Tn ,KS	39	Male	2	S1 NERS

Table 1 shows that the implementation of the research with 6

participants did not experience any problems in the meeting between the researcher and the participants because the participants worked at the Kendari City Hospital. The age of the participants in this study was between 27-39 years, then the sex of the participants included 3 men and 3 women, 4 people had worked for 2 years and 2 people worked for 1.2 years while for S1 Nurse education there were 2 people, DIII There were 4 participants while the triangulation participants consisted of 1 woman and 1 other man, each with a nurse professional education.

B. Interpretation of Research Results

The experience of nurses while caring for Covid-19 patients at the Kendari City Hospital is divided into 1 theme, namely experience through 6 categories, namely ups and downs, causes of stress, how to reduce anxiety, how to adapt, the comfort of using PPE and the expectations of nurses. the ups and downs category is identified with the keywords being angry with anger, serving patients, not meeting family, helping people, gathering with family, patients dying, sad, putting on PPE, isolating, and getting incentives to get new knowledge explained as follows:

"Kalau suka dukanya yah itu banyak tapi yang intinya saja,duka nya itu, suka dimarahi-marahi dan dituduhdi positif kan pasien ini demi untuk mendapatkan jasa yang tinggi dan untuk suka nya bisa melayani pasien di Garda terdepan (P1) -- "As for the ups and downs, there are many, but the bottom line is, the grief is, it likes to be scolded and accused of being positive, isn't this patient for the sake of getting high service and for the joy of being able to serve patients at the forefront (P1)

"Ehhh kalau sukanya itu dapat membantu

orang yang butuh perawatan dan dukanya itu pak, pasien yang kita rawat membuat kita tidak bisa bertemu dengan keluarga dalam waktu yang sangat lama (P2)-- "Ehhh, if it's a joy to be able to help people who need care and grief, sir, the patients we care for keep us from being able to meet their families for a very long time (P2)

The categories that cause stress are identified with the keywords meeting family, examination, handling Covid for a long time, fear of being infected, not being able to meet family, being away from family, using PPE, worrying and overheating, blaming officers, explained as follows:

Kalau untuk tingkat stres itu tidak terlalu stres karena pasien Covid-19 ini hampir sama dengan pasien yang sering kami hadapi cuman bedanya pasien Covid-19 ini mengalami gangguan pernapasan yang parah eehhh untuk tingkat stresnya itu hanya karena pemakaian APD saja (P3) -- As for the stress level, it's not too stressful because the Covid-19 patient is almost the same as the patient we often deal with, only the difference is that the Covid-19 patient has severe respiratory problems, uhh, the stress level is only due to using PPE (P3)

Kalau untuk stress nya, merawat pasien Covid-19 beda dengan pasien lain, pasien Covid harus pemakaian APD lengkap dan harus benar (P4) -- As for stress, treating Covid-19 patients is different from other patients, Covid patients must use complete PPE and must be correct (P4)

Yahhh yang buat stres itu yang utama karna penggunaan APD pak yang lama, apa lagi kita tau penggunaan APD itu buat kepanasan pak, dan agak susah beraktifitas pak (P5) -- Well, the main thing that causes stress is the long use of PPE, what's more, we know that

using PPE makes you overheat, sir, and it's rather difficult to do activities, sir (P5)

The category of how to reduce anxiety is synonymous with the keywords exercise, sunbathing, singing, running, playing badminton, praying, watching, worrying, fear of infection, chatting, focusing on work, interacting, praying and exercising, explained as follows:

Berpikir positif, lebih banyak beristigfar dan kita akan melewati masa ini, lebih sering berinteraksi, lebih sering update ilmu (PT1) -- Think positively, pray more and we will get through this period, interact more often, update knowledge more often (PT1)

Banyak Berdoa dan melakukan olahraga seperti jogging (PT2) -- Pray a lot and do sports like jogging (PT2)

The adaptation method category is synonymous with the keywords maintaining physical and mental health, praying a lot, having a strong mentality, using PPE, fearing infection, complying with SOP, not panicking, and maintaining health and mental health, explained as follows:

Dengan mematuhi SOP protokol kesehatan agar terjaga dari terinfeksi Covid-19 (P5) -- By adhering to health protocol SOPs to be protected from being infected with Covid-19 (P5)

Dengan mematuhi SOP/ Standar operasional prosedur protokol kesehatan (P6) -- By adhering to SOP / Standard operating procedures for health protocols (P6)

The comfort category of using PPE is synonymous with the keywords less comfortable and uncomfortable, explained as follows:

Oh tentunya tidak nyaman yah karena itu kan level 3 itu berlapis-lapis pertama itu pakai maskernya ber double - double baru itu

sekitar 3 jam kita memakai pakai baju APD dan lagi pada saat pemakaian APD itu kayak gerak kami itu nda bebas dan susah untuk melakukan sesuatu seperti buang air kecil itu sangat susah dan lagi baju APD itu sangat panas dan biasa kami merasa dehidrasi setelah pemakaian baju APD ini yang berlevel 3 (P1) -- Oh, of course it's not comfortable, because it's level 3, it's layered. First, we use the mask double - it's only about 3 hours that we wear PPE clothes and again when using PPE, it's like our movements are not free and it's hard to do something like urinating it's very difficult and again the PPE clothes are very hot and usually we feel dehydrated after wearing this PPE suit which is level 3 (P1)

Kurang nyaman karena kalau dalam waktu yang lama di pakai, kami merasa panas dan pemakaian APD yang berkali - kali hal ini yang membuat kami merasa kurang nyaman (P2) -- Not comfortable because if we use it for a long time, we feel hot and using PPE many times this makes us feel uncomfortable (P2)

The nurse hope category is synonymous with the keywords the pandemic will end soon, strong, healthy, normal conditions, moral support, nurse welfare, complying with health protocols, attention, explained as follows:

Harapan saya semoga pandemi berakhir mi lagi dan untuk masyarakat tetap mematuhi protokol kesehatan agar kitasaling menjaga 1 sama lainnya. (P3) -- My hope is that the pandemic will end again and for the community to continue to comply with health protocols so that we take care of one another. (P3)

Harapan saya semoga pandemi berakhir, dan kami perawat menghimbau kepada masyarakat agar tetap mematuhi protokol kesehatan (P4) -- I hope that the pandemic will end, and we, nurses, appeal to the

public to continue to comply with health protocols (P4).

C. Discussion

The experience of nurses while caring for Covid-19 patients at the Kendari City Hospital resulted in 6 categories namely ups and downs, causes of stress, ways to reduce anxiety, ways to adapt, comfort in using PPE, and nurses' expectations that almost all of them, namely 6 nurses who fall into the high category, are from the category nurses' expectations where nurses stated that they hoped that the pandemic would end soon because nurses felt uncomfortable and even uncomfortable when using personal protective equipment because it felt hot when used for 3 hours, limited in movement and dehydration. Participants also stated that they recommended continuing to follow the health protocol and wanted to pay attention to their welfare so they could work more enthusiastically. Supported by the same statement by the triangulation participants that the welfare of nurses needs to be a major concern because nurses are the frontline in the recovery care process for Covid-19 patients, in the comfort category of nurses who disturb the comfort of nurses in caring for Covid-19 patients is a problem of use. PPE that takes too long makes it difficult for nurses to urinate and is in the ups and downs category of nurses, which is not in line with the previous participant's statement with the triangulation participant which stated that there had been no previous training related to handling Covid-19 so that the average nurse was isolated due to exposure to Covid-19 19 of the patients.

So that nurses for Covid-19 patients gain experience while carrying out care based on the results that nurses experience sadness when Covid-19 patients die researchers argue that loss can cause feelings of sadness or grief. This is in line with the research by Galehdar et al. (2020); Karimi et al. (2020) which states that the death of patients, especially those of a young age, is a painful experience, as well as strict funeral protocols that limit the patient's family from carrying out a legal farewell and burial procession.

As with previous research, the experience of medical staff in caring for coronavirus patients physically, most nurses feel uncomfortable when using PPE, the physical, psychological, social, and spiritual responses experienced by Covid-19 nurses are in the form of difficulty sleeping, frequent headaches, and appetite. decrease, heart palpitations, response, anxiety, worry about being infected with Covid-19, limiting interactions with family and the surrounding environment, and being more grateful for their health 4.

Other research also shows that the experience of medical staff in caring for Covid-19 patients, namely anxiety, loyalty, feelings, and efforts to prevent the risk of infection where nurses while caring for suspected Covid-19 are still filled with anxiety if they are infected and transmit Covid-19 to others. The anxiety experienced by nurses is caused by the increasing number of cases of Covid-19 infection and so far no Covid-19 drug or vaccine has been found (Dwi & Santoso, 2021). The pandemic conditions set by WHO make the conditions and situations that exist in health services make everyone experience excessive anxiety and the ability to manage the stress that can arise

so that nurses can deal with stressor problems within themselves.

As with previous studies, it was found that the experience of nurses in providing care for Covid-19 patients was the first experience that emerged, causing anxiety from both patients and nurses. The theory explains that experience is a way that is obtained by learning through activities or things that are done directly by the individual⁵.

An extraordinary experience while caring for Covid-19 patients, namely nurses feel happy when patients who have tested positive for Covid-19 can recover. According to the assumption of researchers, the feeling of happiness experienced by nurses is gratitude because they have succeeded in providing support, enthusiasm, and service to Covid patients - 19 during treatment. This is in line with the research conducted by (Yona & Nursasi 2008) regarding the care of infectious patients where it is a great experience while treating patients, nurses feel happy when patients who have tested positive for Avian Influenza can recover. Caring for Covid-19 patients for nurses is a stressor that can cause stress and anxiety for nurses, so if a nurse experiences a stressor from what you see, it will cause the brain to release the hormone cortisol. An increase in the hormone cortisol causes effects on various organs of the body and causes psychosomatic reactions in the form of heart palpitations, rapid breathing, headaches or dizziness, and increased urination 6.

The increase in stress experienced by some nurses in carrying out their duties as nurses caring for Covid-19 patients is inseparable from the use of personal protective equipment (PPE) which must be carried out during a

pandemic, an explanation of the physical changes that occur that are felt by nurses since treating patients with Covid-19 is as a result of using complete personal protective equipment (PPE). The physical changes found in this study were in the form of physical complaints and physical limitations. Physical changes in the form of perceived physical complaints, namely fatigue, and discomfort. While physical changes are in the form of physical limitations, namely limited field of view and limitations in moving (Sukiman, Waluyo, and Irawati, 2021). This was also explained by Lee (2018) in his research entitled "Psychological impact of the 2015 MERS outbreak on hospital workers and quarantined hemodialysis patients" which states that during a pandemic, frontline healthcare providers experience fear, anxiety, and frustration.

Nurses in charge of treating Coronavirus patients hope that the pandemic will end soon. Participants said they hoped the pandemic would pass quickly and Covid-19 patients recover quickly. This is in line with research conducted by Sukiman et al. (2021) which revealed that nurses hope that the pandemic will end soon and patients will recover soon so they can be reunited with their families.

The expectations for the welfare of nurses while treating Covid-19 patients were expressed by the nurses during the interview. The welfare in question is welfare that is financial in nature, such as additional food, then sufficient extra holidays, adequate rest, lodging facilities, vitamins, and moral support. This is in line with research conducted by Sun et al (2020) which states that hospitals must have a reward and welfare system to support and motivate nurses.

The nurse's hope for the community is to implement health protocols while maintaining health to avoid Covid-19. Based on the results of research through interviews, shows that nurses' expectations for the community are to carry out the rules that have been made by the government, namely maintaining distance when interacting with other people, reducing mobility, staying away from crowds, washing hands with running water or using hand sanitizers and wearing masks when leaving the house. According to the researcher's assumption, nurses hope that everyone is aware that implementing health protocols can reduce cases of the spread of Covid-19, which is increasing day by day.

The opinion of the researchers regarding the results of this study was that some participants experienced stress due to the anxiety they felt because of the fear of contracting it which would cause death.

CONCLUSIONS AND SUGGESTIONS

Based on the results of the study, it can be concluded that the experience of nurses in the grief category showed that the nurses expressed grief when wearing personal protective equipment, not being able to meet with family for a very long time while the joy was that with this pandemic nurses gained new knowledge and experience. It is recommended to improve the quality of nurses when providing services during the Covid-19 pandemic, emphasizing the importance for nurses to receive clear and up-to-date information about best practice nursing care, prevention and control of Covid-19 infection.

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Relationship between Husband's Support and Compliance of Injecting Family Planning Adjunct Mothers in Doing Re-Injections in the Working Area of the Puuwatu Health Center

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Abstract . *The acceptor's compliance in re-injecting contraception can be seen from the timeliness of re-injecting where if there is a delay in the acceptor's re-injection it will reduce the effectiveness of the contraception. The purpose of this study was to determine the relationship between husband's support and maternal adherence to injecting family planning acceptors in re-injecting in the Puuwatu Health Center Work Area.. Method. The type of research used is a quantitative study with a cross-sectional study method conducted at the Puuwatu Health Center in July involving a sample of 93 people. Sampling using simple random sampling technique. The data were analyzed using the chi square test. Results. The results showed that in compliance with the use of re-injection family planning, there were 45 people (48.4%) who were obedient and there were 48 people (51.6%) who did not comply and on the support of their husbands, there were 53 people (57%) who received support. both from husbands and the less fortunate as many as 40 people (43%). In addition, there is a significant relationship between husband's support and maternal adherence to injecting family planning acceptors in re-injecting in the Puuwatu Health Center Work Area (p value = 0.025). Discussion. For husbands to support mothers in the use of re-injection family planning .*

INTRODUCTION

The Family Planning Program (KB) is one of the basic and main preventive health services for women who are included in essential reproductive health services that need serious attention because they affect quality family services so as to improve welfare, infant and child health and reproductive health . . The government created a Family Planning (KB) program with the motto "Two Children Is Enough" ² .

Currently, almost 60% of productive age couples around the world use contraception where the use of modern contraception has increased to 57% and is at the level of 62% of contraception users ³ . In Indonesia, family planning injections are the most popular type of contraception, namely around 17,104,340 people (47.78%) of all active family planning participants, as many as 35,795,560 people (75.10%) ⁴ . In Southeast Sulawesi, the number of new family planning participants was 26.43% and active family planning participants were 52.97% ⁵ .

Efforts to use family planning to prevent pregnancy is one of the variables that affect

fertility where one method of contraception that is often used is injectable contraception ^{6,7} . Injecting contraception has very little health risk, it has no effect on the husband-wife relationship ⁸ . This causes acceptors to re-inject where acceptors have poor compliance because they forget to schedule re-injections (Nilawati, 2018).

Acceptor compliance in re-injecting contraception can be seen from the timeliness for re-injecting where if there is a delay in acceptors re-injecting it will reduce the effectiveness of the contraception (Handayani, 2017). There are several factors that affect the adherence of acceptor mothers to re-inject the contraceptive injection, including the support of the husband. The husband is the wife's life partner who has full responsibility in a family where the husband is not only required to earn a living but as a motivator in various policies in a family ⁹ .

Husband support is one type of social support, reciprocal interaction between husband and wife which can lead to a relationship of dependence on one another¹⁰ . Research conducted by Nilawati et al found that there was a significant relationship between husband's support and adherence of injecting family planning acceptors to repeat injections ¹¹ .

Based on this background, researchers have conducted research on the relationship between husband's support and adherence of injection KB acceptor mothers in re-injecting in the Working Area of the Puuwatu Health Center.

METHOD

The type of research used was quantitative research with a *cross-sectional study method* conducted at the Puuwatu Health Center in July involving a sample of 93 people. Sampling using *simple random sampling technique*. Data were analyzed using the *chi square test*.

RESULTS

Characteristics of Respondents

Table 1 Frequency Distribution based on Respondent Characteristics in the Work Area of the Puuwatu Health Center (n= 93)

Characteristics of Respondents	n	Mean±Std. Deviasi
Age of Respondents		
25-30 years	15 (16,1)	36.22±4.204
31-35 years	17 (18,3)	
36-40 years	54 (58.1)	
41-45 years	7 (7,5)	
Last education		
Junior High School	3(3,2)	
Senior High School	73 (78.5)	
College	17 (18,3)	
Profession		
civil		
servants/honorary	7 (7,5)	
Entrepreneur/private	29 (31.2)	
IRT	50 (53.8)	
Husband's Occupation		
civil		
servants/honorary	11 (11,8)	
Self-employed	73 (78.5)	
Trader	9 (9,7)	

Source: primary data, 2022

Table 1 shows that the average age of the respondents was 36.22 years with a standard deviation value of 4.204 which was dominated by respondents aged 36-40 years and the least was 41-45 years as many as 7 people (7.5%), education was dominated by SMA as many as 73 people (78.5%), the majority of jobs are housewives as many as 50 people (53.8%) while the majority of husbands are self-employed as many as 73 people (78.5%).

Table 2 Frequency Distribution based on Independent Variables in the Work Area of the Puuwatu Health Center (n= 93)

Research variable	n	%
Compliance with Re-Injection KB Use		
obey	45	48.4 %
Not obey	48	51.6 %
Husband Support		
Well	53	57 %
Not enough	40	43 %

Source: primary data, 2022

Table 2 shows that based on adherence to the use of re-injection KB, there were 45 people (48.4%) who were compliant and there

were 48 people (51.6%) who were non-compliant, while based on husband's support, there were 53 people (57%) who received support both from husbands and less as many as 40 people (43%) .

Table 3 Relationship between Husband's Support and Compliance of Injecting Family Planning Adjunct Mothers in Doing Re-Injections in the Work Area of the Puuwatu Health Center

Husband Support	Compliance with Re-Injection KB Use						ρ value
	obey		Not obey		Amount		
	n	%	n	%	n	%	
Well	31	33,3	22	23,7	53	57	0.025
Not enough	14	15,1	26	28	40	43	
Total	45	48,4	48	51,6	93	100	

Source: primary data, 2022

Table 3 shows that of the 53 people (57%) who received good husband support, there were 31 people (33.3%) who were obedient in using re-injection KB and there were 22 people (23.7%) who were disobedient, while out of 40 of people (43%) who received less support from their husbands, there were 14 people (15.1%) who were obedient and there were 26 people (28%) who were not obedient. In addition, a ρ value of 0.025 was obtained, which means that $H1_{was}$ accepted and $H0$ was rejected because the value of $\rho < 0.05$ so that there is a significant relationship between husband's support and adherence of injecting family planning mothers in re-injecting in the Puuwatu Health Center Work Area .

DISCUSSION

Husband's Support for Compliance of Injecting Family Planning Acceptor Mothers in Doing Re-Injections in the Working Area of the Puuwat Health Center

The results of this study indicate that the respondents received good support from their husbands regarding re-injection of KB injections as many as 53 people (57%) because the husbands cared about the respondent's physical changes while using KB, the husband took the respondent to health services to control the use of KB and the husband let the mother used family planning, while 40 people (57%) received less support from their husbands

because their husbands never advised their mothers to use family planning, their husbands sometimes paid for transportation and their husbands never reminded their mothers of the schedule for using contraceptive injections.

Like the research conducted by Sri Nilawati, out of 33 respondents, most of them received support from their husbands, namely 21 people (63.6%). And a small proportion did not receive support from their husbands, namely a number of 12 respondents (36.4%) where the role or support of the husband would greatly help him and the husband would increasingly realize that reproductive health problems were not only a woman's (wife's) business ¹¹ .

The theory states that the husband is the leader and protector of his wife, so the husband's obligation to his wife is to educate, direct and understand the wife to the truth, then give her a living physically and spiritually, associate and provide good affection ¹² .

Based on the results of the study, researchers assume that mothers who get less support from their husbands are caused by husbands who work every day outside the home so they have less time to support physically such as taking mothers to the puskesmas or posyandu

Compliance of Injecting KB Acceptor Mothers in Doing Re-Injections in the Work Area of the Puuwatu Health Center

The results of this study indicate that 45 respondents or mothers who were compliant in using re-injection KB were 45 people (48.8%) because the respondents made visits according to the visit schedule listed on the card while those who were not compliant were 48 people (51.6%) caused by respondents making visits not in accordance with the visit schedule.

Such as research conducted by Kalsum (2018) that the frequency distribution of compliance behavior for 1 month family planning acceptors was 23 people (48.9%) very good and as many as 24 people (51.1%) had bad behavior from 47 respondents where there was a lack of adherence to using family planning injection one of which is the level of knowledge of the mother, the attitude of the mother, where a positive attitude about family planning requires good knowledge.

The theory states that the timeliness for re-injection is acceptor compliance because if it is not correct it can reduce the effectiveness of the contraception where the failure of the injection contraceptive method is caused by delays in acceptors to re-inject¹³.

Based on the results of the study, the researchers assumed that respondents who were not compliant in re-injecting family planning were caused by mothers who forgot the schedule and the low level of education of respondents so they had less knowledge regarding injecting family planning, while respondents were obedient in re-injecting due to the mother's work as a mother. Households so that they know the schedule for KB re-injection

Relationship between Husband's Support and Compliance of Injecting KB Acceptor Mothers in the Work Area of the Puuwatu Health Center

The results of this study indicate that there were 31 respondents (33.3%) who had the support of their husbands and were obedient in using re-injection KB because their husbands supported their mothers in using injectable KB. schedule for using family planning while there were 22 respondents (23.7%) who had good husband support but were disobedient in using re-injection KB. used and my husband never advised my mother to join the family planning group.

In addition, the results of this study indicate that there were 14 people (15.1%) who received less support from their husbands but were obedient in using re-injection birth control due to high motivation so that even though they did not get support from their husbands the respondents remained obedient in making repeat visits. , the husband did not recommend using family planning and the husband never accompanied the mother when she was in the action room, while 26 other people (28%) did not get support from their husbands so they were disobedient in using re-injection KB because the husband never supported the mother in using injection KB , the husband never paid for the mother to control the use of family planning and the husband helped the mother in making decisions about the type of family planning to be used.

In addition, the results of this study also indicate that there is a significant relationship between husband's support and adherence of injecting family planning acceptor mothers in re-injecting in the Puuwatu Health Center Work Area caused by the husband accompanying the mother to health services to control family planning use, the husband accompanies the mother during the schedule for using family planning , the husband reminds the schedule for using family planning and the husband allows the mother to participate in socialization regarding family planning.

In line with the research conducted by Suyati, it was found that there was a significant relationship between husband's support and adherence of mothers receiving injections in re-injecting¹⁴. Other previous studies have shown that there is a relationship between husband's support and adherence to family planning during the Covid-19 pandemic at the Kalasan Sleman Health Center in Yogyakarta¹⁵. Husband's support influences acceptors' compliance with family planning (KB) injections at Private Practice Midwife (BPS) Siti Aisyah Amd.Keb Kendangsari Surabaya¹⁶.

Husband's support for his wife in choosing contraception is very important, because acceptors must get comfort in using contraception which can be obtained from family support, especially the husband because the husband is the holder of power in making decisions whether the wife will use contraception or not¹⁷. Efforts to increase husbands' support include providing counseling, outreach and family planning services such as quality communication, information and education to husbands and wives¹⁸.

Based on the results of the study, the researchers assumed that the husband's support was lacking but the respondents were obedient in using re-injection birth control because the mother or the majority of the respondents worked as housewives because the mother had nothing to do other than at home so that the mother routinely exercised control.

Conclusions

Based on the results of the study, it can be concluded that there is a significant relationship

between husband's support and adherence of injection KB acceptor mothers in re-injecting in the Working Area of the Puuwatu Health Center based on a ρ value of 0.025 (<0.05). It is suggested that the health center should frequently carry out outreach related to adherence to repeat family planning injections.

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Differences in Elderly Knowledge After Counseling on Bay Leaf Therapy to Reduce Hypertension Using Video in Ngapainia Village, North Konawe Regency

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Abstract. *The elderly often experience various health problems due to the aging process. Problems that often occur in the elderly include hypertension, impaired uric acid levels, and cholesterol. Hypertension is the most common disease in the elderly, both due to organ changes due to the aging process and an unhealthy lifestyle. Health care for the elderly is advised to use herbs that have minimal side effects. This study aims to determine differences in the knowledge of the elderly after counseling on bay leaf therapy to reduce hypertension using video in Ngapainia Village, North Konawe Regency. This study uses a type of quantitative research with pre-experimental research methods, with a one-group pre-test post-test design approach. The sample of this study was 55 people aged > 60. Data analysis used the Wilcoxon test with significant criteria α (0.05). The results showed that before being given counseling on bay leaf therapy to reduce hypertension using video, the mean value was 5.1091 and the standard deviation was 1.65185. After being given counseling on bay leaf therapy to reduce hypertension using a video, the mean value was 8.0364 and the standard deviation was 1.66626. So the p-value is 0.000. That there is a difference in the knowledge of the elderly before and after being given bay leaf therapy counseling to reduce hypertension using video in Ngapainia Village, North Konawe Regency.*

Introduction

Hypertension is a condition in which systolic and diastolic blood pressure increases 140/90 mmHg more than 2 times the blood pressure measurement in resting conditions.¹ According to WHO 2020, between 2015 and 2020, around 1.13 billion people worldwide will be diagnosed with hypertension or one in three people

worldwide. According to Riskesdas (2018), there were 135,472 cases of hypertension in the Indonesian population over the age of 60 in 2018. 9,441 cases of hypertension were reported in Southeast Sulawesi in 2020². According to data from the Kendari City Health Office, the prevalence of hypertension in the elderly over 60 years was 2,340 cases in 2018, 2,332 cases in 2019, and

2,530 cases in 2020.³ Health care for the elderly is advised to use herbs that have minimal side effects⁴. Hypertension is a disease that can be treated using bay leaves (*Sizyumpolyanthum*) herbal therapy.⁵ Essential oils, eugenol, tannins, and flavonoids found in bay leaves are thought to reduce blood pressure. Bay leaves work by stimulating bile secretion which causes fat to be removed from the intestines and reduces fat clots that accumulate in the blood vessels so that blood flows easily and blood pressure remains normal⁶. Previous research stated that there was an effect of giving bay leaf boiled water to people with hypertension⁵.

Knowledge is needed by the elderly to be able to care for themselves or agree to be treated with a method including the application of lowering blood pressure using bay leaves⁷. Health education is an effort to provide information to the elderly regarding healthcare methods that were not known before⁸.

Method

This study uses a quantitative pre-experimental research method that aims to determine differences in the knowledge of the elderly after counseling on bay leaf therapy using video in Ngapainia Village, with the approach of one *group pretest-posttest design*. *Study pre and post-design* is a study that uses one group of subjects with an explanation of the difference in knowledge of the elderly before and after the intervention.

Research result

Table 1 Frequency distribution by age

Characteristics Of Respondents	N (%)
Age	
60-65 Years (Elderly)	46 (83,6)
66-74 Years (Young Old)	5 (9,1%)
75-80 (Old)	4 (7,3)
Gender	
Man	24(43,6%)
Woman	31(56,4%)
Education	
Sd	22(40,0%)
Junior High School	21(38,2%)
Sma	12(21,8%)
Religion	
Islam	55 (100%)
	55 (100%)

Source: primary data, 2022

Table 1 shows that there are 46 respondents (83.6%) aged 60-65 years. The sex of most respondents was female as many as 31 people (56.4%). All respondents are Muslim as many as 55 people (100%).

Table 2 Knowledge of the elderly about bay leaf therapy to reduce hypertension using video media

Elderly Knowledge	Well	Less
Before counseling	26 (47,3%)	29 (52,7%)
After counseling	50 (90,9%)	5 (9,1%)

Source: primary data, 2022

Table 2 shows that the research variable is the knowledge of the elderly before being given counseling on bay leaf therapy to reduce hypertension using video, 26 elderly people (47.3%) have good knowledge, and 29

elderly people (52.7%) have less knowledge. After being given knowledge counseling, the elderly experienced an increase, with 50 elderly people who had good knowledge (90.9%), and 5 elderly people who had less knowledge (9.1%).

Table 3 Distribution of Wilcoxon test results

Research variable	Mean	std. Deviation	Max-Min	P Value
Pre-test	5.1091	1.65185	800-200	0.000
Post-test	8.0364	1.66626	1000-500	

Source: primary data, 2022

Table 3 shows the values *Value* = 0.000 where the value of $p < \alpha$ (0.05), then H_0 is rejected, meaning there is influence between the dependent and independent variables. Before giving counseling the mean value was 5.1091 with a standard deviation of 1.65185 and after giving counseling it increased to 8.0364 with a standard deviation of 1.66626. The results of the analysis of the effect of providing counseling on bay leaf therapy to reduce hypertension using video obtained values *value*.

Discussion

1. Elderly Knowledge Before and After Counseling on Bay Leaf Therapy to Reduce Hypertension Using Video

Before being given counseling, 26 elderly people had good knowledge who were in the elderly age bracket, namely aged 63-74 years and those who had less knowledge were 29 people who were in the 60-80 year age range. Respondents who had good knowledge were 12 women and 14 men, and respondents who had less knowledge were 18 women and 11 men. The education of respondents who had good knowledge was 15 junior high schools and There were 11 SMAs, and the education of

the respondents who had less knowledge was 23 SDs, 5 SMPs, and 1 SMA.

After being given counseling, 50 elderly people who had good knowledge were in the elderly age bracket, namely 60-75 years old and 5 people who had less knowledge were in the 76-80 year age range. Respondents who had good knowledge were 26 women and 24 men, and respondents who had less knowledge were 3 women and 2 men. The education of respondents who had good knowledge was 15 elementary school students. as many as 28 people and high school as many as 12 people, and the education of respondents who have less knowledge, namely elementary school as many as 4 people, junior high school as much as 1 person.

Age is one of the factors that can affect knowledge, with increasing age a person will experience changes in the physical and psychological aspects⁹. The older a person's ability to receive or remember knowledge will decrease¹⁰. A person's education affects the level of knowledge, the higher a person's education the easier it is to receive information and the more knowledge he has¹¹. Conversely, someone with a low level of education will hinder the development of one's attitude towards acceptance and the values to be introduced¹².

Gender has a direct or indirect relationship to the level of knowledge, the level of knowledge of men tends to be better than the level of knowledge of women¹³. The level of knowledge of women will begin to decline at an advanced age, this is because women will experience menopause which will experience physical changes that will affect their psychological health¹⁴. Previous research that age can affect one's knowledge is in the research of Syamsi & Asmi, (2019)¹⁵. The level of education will affect one's knowledge by Hidayat, et, al, (2022)¹⁶. According to Putri's research, (2021) that the knowledge level of men is better than the level of knowledge of women because of a decrease in the hormone estrogen in

menopausal women so they experience changes in brain function.¹⁷.

2. Differences in Elderly Knowledge After Counseling on Bay Leaf Therapy for Reducing Hypertension Using Video

The pre-test and post-test values have an effect, where before being given bay leaf therapy counseling to reduce hypertension using a video the mean value is 4.7455 with a standard deviation of 1.58953 and after being given bay leaf therapy counseling to reduce hypertension using a video the mean value is 8.2727 with a standard deviation of 1.61537. *Sop value* of 0.000 the results of the analysis show that there is influence, which means that counseling affects the knowledge of the respondents.

Counseling aims to provide information or provide knowledge through various media including print media or electronic media such as video media¹⁸. The advantage of counseling through video media is that it provides good visualization it facilitates the process of absorbing knowledge¹⁹.

Knowledge is something that is obtained or obtained from various information such as from electronic media or health education (counseling).²⁰. Knowledge is a very important dominant, with sufficient knowledge it is hoped that it can have a good influence on people's attitudes in dealing with problems, especially in the health sector²¹.

In this study, 55 respondent data (100%) were obtained, who experienced a lack of knowledge about bay leaf therapy because they had not been given counseling on bay leaf therapy to reduce hypertension using video. After being given counseling on bay leaf therapy, the knowledge of the elderly in Ngapainia Village increased by 90.9%. This research is similar to the research of Rani et al (2021), which stated that there was a significant effect on respondents' knowledge after counseling using video media²¹.

Conclusion

There is a difference in the knowledge of the elderly after counseling on bay leaf therapy to reduce hypertension using video, it was found that the Wilcoxon test was $0.000 < \alpha (0.05)$, so H_0 was rejected meaning there was an influence between the dependent and independent variables.

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Factors Associated with The Behavior of Breaking The Chain of Transmission of Covid-19 In The Community.

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Keywords: Knowledge; Perception; Behavior; Covid-19

Abstract. *Coronavirus disease was first reported in Wuhan, China, precisely in 2019. WHO reports that as of 21 February 2022, there are 423,237,674 (5.4%) confirmed cases of Covid-19, representing 5,878,328 (0.07%) worldwide. Who died? The number of people positive for the new coronavirus at the work site of the Kantai Public Health Center is increasing year by year, reaching 48 and 61 from 2020 to 2021. In 2022, from January to March, he had 17 of her Covid-19 positive cases. One of the efforts to break the Covid-19 chain is to slow and stop the spread of the disease, and a key component is community engagement and support. This can be achieved if people have knowledge, perceptions, and behaviors that tend to be positive. The purpose of this study is to identify the relationship between knowledge, perceptions, and behaviors for breaking the chain of Covid-19 in society. This research method is an analytical survey and the sample size is 95 using a stratified sampling method. The survey instruments used a knowledge questionnaire by Ayu Saphira, a cognitive questionnaire by Gohel, and a modified behavioral questionnaire by Gunawan Susilawati. The results of this study showed a significant relationship between knowledge, perceptions about Covid-19, and actions to break the chain of Covid-19 in communities within the Kansai University Health Center work area with a p-value of 0.000 (<0.05). showed that there is Puskesmas recommends becoming more proactive in educating the public about Covid-19. It is also expected that the community will implement government*

Introduction

Coronavirus disease 2019 or what is usually called covid-19, was first reported in China to be more precise in the province of Wuhan in 2019 and quickly spread throughout the world. Entering 2020, Covid-19 has become a serious threat to global public health (Zhang et al, 2020).)

Reports from WHO as of 21 February 2022 globally there were 423,237,674 (5.4%) confirmed cases of Covid-19, and

as many as 5,878,328 (0.07%) died as a result of it. Southeast Asia reported 55,112,788 (8.4%) positive confirmed cases of Covid-19 (World Health Organization, 2022) Indonesia reported 5,289,414 (2.05%) confirmed positive cases, and 146,798 (0.05%) experience death. Whereas in Southeast Sulawesi Province as of 21 February 2022, there were 23,545 (0.8%) positive confirmed cases and 537 people who had died

(Southeast Sulawesi Covid Task Force, 2022)

The direct impact of the Covid-19 pandemic from the health aspect is the increase in new cases and deaths, as a result the workforce is maximized for handling Covid-19 (Moynihan, 2021). Apart from having an impact on the health aspect, the pandemic has also had an economic impact. McKibbin & Fernando (2020) concluded that all countries affected by the Covid-19 pandemic will experience economic growth at different levels due to changes in the distribution and demand for goods and services due to existing activity restrictions.

One of the efforts to break the chain of Covid-19 is to slow down and stop the spread of the disease, and its main component is community involvement and support. This can be realized if people have knowledge, perceptions, and behaviors that tend to be positive. Research conducted by Moudy J (2020) states that health education regarding Covid-19 that is valid and on target will increase efforts to prevent transmission of Covid-19 in the community. However, in contrast to Maria's research (2021), it is known that there is no relationship between knowledge and perception in the behavior of stopping the transmission of Covid-19.

People around the Kansai University Health Center actively follow news developments on television and social media, as well as information on procedures to end COVID-19 provided by the Kandai University Health Center. knowledge is likely to be very high. However, some people still view Covid-19 negatively. This is demonstrated by many people who fear vaccination because they see it as a health hazard. Action to break the chain of Covid-19 emerges from observations of people in several areas failing to implement government recommendations. This is illustrated by the

fact that they often gather in crowds and that some people still leave their homes without wearing masks when sick.

The number of people infected with the new coronavirus within the work area of the Kansai University Public Health Center is increasing year by year, reaching 48 cases and 61 cases from 2020 to 2021. For 2022, from January to March he had 17 of his Covid-19 positive cases.

Method

The research design is an analytic survey with a cross sectional approach. The cross sectional approach is one of the research designs to collect the necessary data whose data is collected at a certain time/period (Sugiyono, 2018)

The population is people who live in the working area of the Kadai Health Center. The research sample is 95 people. Knowledge was measured with a 10 question questionnaire. Perception was measured with a 10 question questionnaire. As well as behavior is measured by a questionnaire with 9 questions.

Results

The following is the distribution of respondents by gender age and recent education

Table 4.1 Distribution of Respondents' Characteristics

Variabel	Mean ±SD	Total (n)	Persentase (%)
Age			
18-25 year	28,47±	33	34,8
26-35 year	5,43	49	51,5
36-45 year		13	13,7
Gender			
kelamin		36	37,9
Man		59	62,1
Women			
Final Education			
SMA		67	70,5
D3		11	11,6
		17	17,9

S1

Source : Primary Data,2022

Table 4.1 is known to average age 28.47±5.43, which is dominated by respondents aged 25-35 years as many as 49 people (51.5%), based on gender dominated by women, namely 59 people (62.1%), while based on the last education respondents dominated by high school as many as 67 people (70.5%)

The following is the distribution of respondents based on research variables.

Table 4.2 Distribution of respondents by individual variables

Variable	Amount (n)	Percentage (%)
Knowledge		
Well	49	51,6
Enough	32	33,7
Not enough	14	14,7
Perception		
Positive	56	58,9
Negative	39	41,1
Behavior		
Positive	43	45,3
Negative	52	54,7

Source: Primary Data,2022

Table 4.2 is known that 49 people (51.6%) of respondents have good knowledge. Regarding perceptions, it was reported that 56 people (58.9%) had positive perceptions, and there were 52 people (54.7%) respondents who had negative behaviors to stop the transmission of covid-19. The following are the results of the chi-square test used to find relationships between variables.

Table 4.3 Bivariate analysis of knowledge by behavior

Knowle dge	behavior		P- Value		
	Negative	Positive			
	n	%	n	%	
Well	12	12,6	37	39	0.00
Enough	28	29,5	4	4,2	0
Not	12	12,6	2	2,1	

enough

Total 54,7 45,3 100

Source: Primary Data,2022

Table 4.3 is known from the results of the analysis of 37 respondents (38.9%) who have good knowledge have positive behavior, respondents who have sufficient knowledge obtained the results of 28 people (29.5%) have negative behavior, and respondents with less knowledge obtained the results of 12 people (12.6%) have negative behavior. The results of the chi square test obtained a value of $p = 0.000$ so it is known that there is a relationship between knowledge and the behavior of stopping the transmission of covid-19.

Table 4.4 Bivariate analysis of perception and behavior

perception	behavior		P- Value		
	Negative	Positive			
	n	%	n	%	
Positive	33	34,7	6	6,3	0.000
Positive	19	20	37	39	
Amount	54,7		45,3		100

Source: Primary Data,2022

Table 4.4 is known the results of the analysis of 33 people (34.7%) respondents who have a negative perception have a negative behavior, respondents who have a positive perception obtained results 37 people (39%) have positive behavior. The results of the chi square test obtained a value of $P = 0.000$, so it was concluded that there was a relationship between perception and the behavior of breaking the covid-19 chain in the working area of the kandai health center.

Discussion

Relationship between Knowledge and Behavior to Break the Chain of Covid-19

The results of the study found that there was a relationship between knowledge and the behavior of stopping the transmission of covid-19 in the working area of the kandai health center. This is proven through statistical tests that found that $p\text{-value} = 0.000$ (< 0.05) means that there is a meaningful relationship between the two variables. This is also shown by the existence of 39% of respondents who have good knowledge of having positive behaviors which means that respondents have knowledge about the signs of covid-19 symptoms and forms of prevention and actively carry them out in their daily lives such as always wearing a mask outside the home and not going to crowded places. Respondents with sufficient knowledge but positive behaviors as many as 4.2% of respondents have less knowledge but have positive behaviors as 2.1% which means that although some respondents have less knowledge but actively implement prevention of covid-19 transmission in the environment.

Respondents with good knowledge but negative behavior were 12.6% which means that even though they have preventive knowledge about covid-19, respondents do not apply it in their daily lives. Knowledge is sufficient but negative behavior is 29.5% which means respondents have sufficient knowledge about the signs of symptoms and prevention of covid-19 and apply them in daily life. Knowledge is lacking but has negative behavior there are as many as 12.6% which means that respondents have less knowledge about controlling covid-19 and do not implement covid-19 prevention measures properly and correctly.

This research is supported by suryaningrum research (2021) with the results of the relationship between knowledge and community behavior in the rondel wetan Semarang, the community knows that personal hygiene and environmental efforts can affect the spread

of covid-19. This good knowledge is influenced by the role of local community leaders, the education of respondents, and age. Hening ciptiany's research (2022) is known to have a relationship between knowledge and the behavior of global elementary school students. The good knowledge possessed by students is influenced by a proactive environment in educating covid-19 control. Research from Erika untari (2020) states that several factors encourage community behavior in preventing Covid-19, namely age, education, employment, socioeconomic factors, and knowledge levels.

Knowledge can be interpreted as a unity of ideas that humans have about the whole world (Notoadmodjo, 2018). Knowledge is driven by education and age. Education will encourage someone in the learning process, someone with higher education will find it easier to receive and obtain information as they get older their way of thinking/mindset will develop so that they gain more knowledge (Yuliana, 2017) Information about covid-19 is fundamental and it is important to make someone's behavior responsive in helping to overcome Covid-19 (Waryani, 2020).

Based on the results of the study, the researchers concluded that respondents who had good knowledge would have positive behavior in breaking the chain of Covid-19. It is recommended that the Kandai Health Center be more aggressive in educating the public, directly or indirectly, regarding the prevention of Covid-19

The Relationship between Perception and the Behavior of Breaking the Covid-19 Chain

The results of the study found that there was a relationship between knowledge and the behavior of breaking the Covid-19 chain in the working area of the Kandai

Health Center. This is proven through statistical tests which found $p\text{-value} = 0.000 (<0.05)$ meaning that there is a significant relationship between the two variables. This is also indicated by the presence of 6.3% of respondents who perceive it negatively but have positive behavior, often wearing masks outside the home and when they feel unwell. Meanwhile, 20% of respondents with positive perceptions who have negative behavior often travel to crowded places and rarely do sports.

Supporting research from Suryaningrum (2021) states that there is a relationship between perceptions and people's behavior in the Srandol Wetan Semarang sub-district, people feel that someone is at risk of contracting Covid-19 if they don't prevent its spread. This positive perception is influenced by the living environment that provides an education that builds a positive outlook. Tria Wardani's research (2021) found that there was a relationship between perception and the behavior of Covid-19 prevention in the Ronowijayan Village. People who have negative perceptions about Covid-19 also have negative behaviors. This is influenced by the lack of education directly by the government of the Ronowijayan sub-district. Nugroho's research (2021) states that there is a relationship between perception and adherence to implementing health protocols in Buniayu village, Tambak sub-district, Banyumas district, where people are very obedient in using masks.

Perception is a state of assembling, identifying, and translating sensory information in order to provide an overview of what is seen (Alizamar, 2016). Perception is the result of the concretization of thought, then gives birth to different ideas, even though the object seen is the same (Rahmadani, 2015). A good perception of health will raise each individual's awareness of their behavior in

overcoming these health problems (Sudarsono, 2016).

Based on the research results, the researchers concluded that respondents' negative perceptions also have negative behavior in breaking the chain of Covid-19. It is suggested Kandai Health Center be more aggressive in educating the public directly or indirectly regarding the prevention of Covid-19 to build a positive perception of the community

Conclusions

From this research it is concluded:

- 1) There is a meaningful relationship between knowledge and the behavior of breaking the chain of Covid-19 as evidenced by a $p\text{-value} = 0.000 (<0.05)$
- 2) There is a significant relationship between perception and the behavior of breaking the chain of Covid-19 in the community in the working area of the Kandai Health Center with a $p\text{-value} = 0.000 (< 0.05)$ Suggestion

From this research, the following suggestions are put forward:

- 1) For scientists
It that can develop knowledge regarding factors related to the behavior of breaking the chain of transmission of Covid-19 in the community.
- 2) government
will be more active in providing information to the public about Covid-19.
- 3) For the community
It that people can implement government regulations and Covid-19 in their respective environments.
- 4) For further research
he can increase research in evaluating other factors related to the behavior of breaking the chain of Covid-19.

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