

Health and Safe Behavior of Traditional Market Traders in Minimizing the Risk of Covid-19 in Pontianak

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Abstrak

Latar Belakang : Penerapan protokol kesehatan harus memperhatikan titik sumber penularan Covid-19. Pasar menjadi tempat yang aktif setiap harinya. Penelitian ini mengukur penerapan *healthy and safe behavior* pedagang pasar yang dinilai dari 2 indikator utama yaitu penerapan protokol kesehatan dan keikutsertaan dalam vaksinasi Covid-19. Hasil pengamatan awal yang dilakukan peneliti menunjukkan bahwa sebanyak 30% pedagang pasar yang menggunakan masker selama beraktivitas di pasar, sebagian besar pedagang tidak menerapkan *physical distancing*. Sebanyak 45% pedagang yang baru mengikuti program vaksinasi, Penelitian ini bertujuan untuk mengidentifikasi faktor-faktor yang berhubungan dengan *healthy and safe behavior* pedagang pasar tradisional di Kota Pontianak.

Metode : Desain penelitian ini adalah *observasional analitik* dengan pendekatan *cross sectional*. Sampel dalam penelitian ini sebanyak 105 pedagang pasar tradisional yang ada di 7 pasar terpilih. Sampel diambil melalui teknik *accidental sampling*. Data penelitian dikumpulkan dengan menggunakan aplikasi Kobo *collect*. Luaran penelitian akan dipublikasi di jurnal terakreditasi Sinta sebagai salah satu bentuk diseminasi hasil penelitian.

Hasil : Data menunjukkan bahwa faktor yang berhubungan dengan *healthy and safe behavior* pedagang pasar tradisional adalah pengetahuan, sikap, keberadaan fasilitas cuci tangan, dukungan sosial tempat kerja, ketersediaan media edukasi di pasar. Sedangkan faktor usia, jenis kelamin, pendidikan, pendapatan dan dukungan keluarga bukan merupakan faktor yang berhubungan dengan *healthy and safe behavior* pedagang pasar tradisional di Kota Pontianak.

Kesimpulan : Diharapkan hasil penelitian ini dapat menjadi tambahan *support* kebijakan penerapan protokol kesehatan di pasar dan peningkatan kesadaran para pedagang pasar dalam meningkatkan perilaku yang sehat dan aman selama bekerja serta mengikuti vaksinasi secara lengkap dikarenakan Covid-19 belum sepenuhnya berakhir.

Kata kunci: Pedagang Pasar, *Healthy and Safe Behavior*, Pekerja Informal

Abstract

Background : Implementation of health protocols must pay attention to the point of transmission of Covid-19. The market is an active place every day. This study measures the implementation of healthy and safe behavior by market traders as assessed by 2 main indicators, namely implementation of health protocols and participation in the Covid-19 vaccination. The results of initial observations made by researchers showed that as many as 30% of market traders wore masks during their activities in the market, most traders did not apply physical distancing. As many as 45% of traders who have just joined the vaccination program. This study aims to identify factors related to the healthy and safe behavior of traditional market traders in Pontianak.

Method : The design of this research is analytic observational with cross sectional approach. The sample in this study were 105 traditional market traders in 7 selected markets. Samples were taken through accidental sampling technique. Research data was collected using the KoboCollect application. Research outputs will be published in Sinta accredited journals as a form of dissemination of research results.

Results : The data shows that the factors associated with the healthy and safe behavior of traditional market traders are knowledge, attitude, availability of hand washing facilities, workplace social support, availability of educational media in the market. While the factors of age, gender, education, income and family support are not factors related to the healthy and safe behavior of traditional market traders in Pontianak.

Conclusion : It is hoped that the results of this research can be additional support for the policy of implementing health protocols in the market and increasing awareness of market traders in increasing healthy and safe behavior while working and following complete vaccinations because Covid-19 has not completely ended.

Key words: Market Traders, Healthy and Safe Behavior, Informal Worker

INTRODUCTION

Coronavirus Diseases, known as Covid-19, is still a problem in various regions, one of which is in West Kalimantan. Coronavirus is a group of viruses that can cause disease in animals or humans (1). Several types of coronavirus are known to cause respiratory infections in humans ranging from cold coughs to more serious ones such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). Covid-19 can have a negative impact resulting in huge losses in all sectors. In particular, the most pronounced economic losses will continue even after the Covid-19 cases subside.

Update data on Covid-19 cases in West Kalimantan in 2022 are as many as 64,595 positive cases with a total of 64,404 recovered cases and 1,143 with death status. The district/city with the highest number of Covid-19 cases still occurs in Pontianak, namely 15,964 positive cases (2).

Covid-19 can be transmitted directly or indirectly. Direct transmission comes from people who are infected and have symptoms to other people who are at close range via droplets. While indirect transmission can occur through objects and surfaces contaminated with droplets around an infected person. The health protocol is expected to increase efforts to prevent and control Covid-19 for the community in public places and facilities. The application of the health protocol must pay attention to the point of transmission of Covid-19 such as the type of activity, the size of the activity, the location of the activity, the number of people involved, and the vulnerable groups involved in the activity. The market is an active place every day that is crowded with people, so it

becomes a concern in implementing health protocols such as wearing masks, maintaining a minimum distance of 1 meter between fellow traders.

According to the Pontianak City Government, the government's efforts in handling the prevention of transmission of Covid-19 disease in the market have issued Pontianak Mayor Regulation Number 58 of 2020 concerning the Implementation of Discipline and Law Enforcement of Health Protocols as an Effort to Prevent and Control Corona Virus Disease 2019 that it is mandatory to wear a mask that covers the nose and mouth to chin, washing hands with soap, and limiting physical interactions (physical distancing). One of them has been implemented in Pasar Flamboyan. Several other markets in Pontianak City have not been optimal in implementing the health protocol. This study measures the implementation of healthy and safe behavior by market traders as assessed by 2 main indicators, namely implementation of health protocols and participation in the Covid-19 vaccination. Occupational health and safety of market traders is one of the main concerns, considering they are a group of informal sector workers who have not been touched by Occupational Health and Safety programs.

The results of preliminary observations made by researchers showed that as many as 30% of market traders wore masks during their activities in the market, almost 100% of traders did not apply physical distancing. As many as 45% of traders who have just joined the vaccination program are not yet complete. The average new first vaccine. The researchers also got the opinion of traders that Covid-19 had disappeared when conducting the survey. Information media

related to minimizing the risk of Covid-19 in the market is still minimal, as are hand washing facilities (3).

Many factors play a role in triggering the low implementation of health protocols for traditional market traders, including the knowledge and attitudes of traders about the importance of preventing Covid-19, education level, age, existence of standard sanitation/handwashing facilities, weak monitoring from market supervisors, regulations that have not been implemented properly, as well as a social environment consisting of family support, workplace support and support from fellow traders.

The implementation of the health protocol in the market can run optimally if it is supported by community participation, especially traders in the market. Traders in the market who implement health protocols properly can reflect healthy and safe behavior which can become a good work culture. This study aims to identify factors related to the healthy and safe behavior of traditional market traders in Pontianak.

METHOD

This study used an analytic observational design with a cross-sectional design. The research was conducted at traditional markets in Pontianak from September to October 2022. The population in this study were traditional market traders in Pontianak. The sample was calculated using the Cochran formula, a total of 105 samples spread across 7 traditional markets, namely Flamboyan Market, Kemuning Market, Purnama Market, Dahlia Market, Ampera Market, Wahidin Market and Teratai Market. The sample in this study was taken through accidental sampling technique.

The dependent variable in this study is the healthy and safe behavior of market traders, while the independent variables include the characteristics of traders (age, sex, education and income), knowledge, attitudes and social support, family support, and availability of hand washing facilities and educational media. All data in this study will be collected through interviews and direct observation of the target group using a

questionnaire prepared through the KoboCollect application. Data analysis was performed by univariate analysis and bivariate analysis using the Chi square test with a confidence level of 95% and a significant level of 5%.

RESULT

The implementation of the research was carried out by adjusting the operational time of traditional markets. There is 1 traditional market that operates in the afternoon until evening. While other traditional markets operate from 02.00 – 10.00 WIB. The results of the research can be seen in the following presentation.

Results of Univariate Analysis of Research Variables

Based on the research that has been done, the results can be presented as follows:

Table 1. Results of Univariate Analysis

Variable	F	%
Age		
Age < 38,2 years old	54	51,4
Age ≥ 38,2 years old	51	48,6
Sex		
Female	49	46,7
Male	56	53,3
Level of Education		
Elementary School	24	22,9
Junior High School	10	9,5
Senior High School	67	63,8
Bachelor Degree	4	3,8
Income		
< UMK (Rp. 2.343.328)	19	18,1
≥ UMK (Rp. 2.343.328)	86	81,9
Working Duration		
Working Duration ≥ 8 hours	53	50,5
Working Duration < 8 hours	52	49,5
Working Period		
Working Period ≥ 6 years	61	58,1
Working Period < 6 years	44	41,9

Variable	F	%
Body Mass Index		
Over	61	58,1
Normal	44	41,9
Smoking Behavior		
Smoke	24	22,9
Do Not Smoke	81	77,1
Knowledge		
Poor	24	22,9
Good	81	77,1
Attitude		
Less Supportive	51	48,6
Supportive	54	51,4
Availability of Hand-Washing Facilities		
Not Available	45	42,9
Available	60	57,1
Possession of Handsanitizer		
Do Not Have	63	60,0
Have	42	40,0
Social Support		
Social Support Less Supportive	41	39,0
Social Support Supportive	64	61,0
Availability of Educational Media		
Not Available	64	61,0
Available	41	39,0
Vaccination Status		
Not Vaccinated	49	46,7
Vaccine Dose 1	8	7,6
Vaccine Dose 2	33	31,4
Booster	15	14,3
Family Support		
Less Supportive	33	31,4
Supportive	72	68,6
Healthy and Safe Behavior		
Poor	52	49,5
Good	53	50,5

Based on table 1, it can be seen that the respondents who were less than the average age (38.2 years) were 54 respondents (51.4%) and the respondents who were the

same age or more than the average age were 51 respondents (48, 6%). Most of the respondents were male with a total of 56 respondents (53.5%) and 49 respondents (46.7%) female. 24 people (22.9%) graduated from Elementary School, 10 people (9.5%) graduated from Junior High School, 67 people (63.8%) graduated from Senior High School, and 4 people (3.8 %) of respondents graduated from College. Most of the respondents with a total of 86 respondents (81.9%) have income above the UMK. Of the 105 respondents, 53 respondents (50.5%) worked for more than 8 hours and 52 respondents (49.5%) worked less than 8 hours. The number of respondents who had worked as market traders for the same or more than 6 years was 61 respondents (58.1%). A total of 61 respondents (58.1%) had over nutritional status and 44 respondents (41.9%) had normal nutritional status. The proportion of respondents who did not smoke (77.1%) was more than the respondents who smoked (22.9%).

Most of the respondents had good knowledge about COVID-19 with a total of 81 respondents (77.1%). There were 51 respondents (48.6%) who were less supportive and 54 respondents (51.4%) who supported health and safe behavior. At work locations or markets, 45 respondents (42.9%) did not have hand washing facilities available, while at work locations or markets, another 60 respondents (57.1%) had hand washing facilities available. Of the 105 respondents, most or as many as 63 respondents (60%) did not have hand sanitizer. As many as 41 respondents (39%) did not receive social support from fellow traders, while 64 other respondents (61%) received support in carrying out health and safe behavior from fellow traders in the market. In the work area, 64 respondents (61%) did not provide educational media about Covid-19, while some others (39%) provided educational media about Covid-19. Respondents who had not been vaccinated were 49 respondents (46.7%), had vaccine dose 1 by 8 respondents (7.6%), had vaccine dose 2 by 33 respondents (31.4%), and had booster vaccines by 15 respondents (14.3%).

Families of 72 respondents (68.6%) provided good support regarding health and safe behavior and another 33 respondents (31.4%) received less support from families regarding health and safe behavior. Of the 105 respondents, 52 respondents (49.5%) had poor health and safe behavior and 53

respondents (50.0%) had good health and safe behavior.

Results of Bivariate Analysis of Research Variables

The result of the bivariate analysis of the research variables can be described as follows.

Tabel 2. Results of Bivariate Analysis

Variable	Healthy and Safe Behavior						P value	PR (95% CI)
	Poor		Good		Total			
	N	(%)	N	(%)	N	(%)		
Age								
Age < 38,2 years old	28	51,9	26	48,1	54	100	0,767	1,102 (0,747-1,625)
Age ≥ 38,2 years old	24	47,1	27	52,9	51	100		
Sex								
Female	28	57,1	21	42,9	49	100	0,206	1,333 (0,905-1,965)
Male	24	42,9	32	57,1	56	100		
Level of Education								
Elementary School	14	58,3	10	41,7	24	100	0,076	-
Junior High School	6	60,0	4	40,0	10	100		
Senior High School	28	41,8	39	58,2	67	100		
Bachelor Degree	4	100	0	0,00	4	100		
Income								
< UMK (Rp. 2.343.328)	12	63,2	7	36,8	19	100	0,289	1,358 (0,900-2,049)
≥ UMK (Rp. 2.343.328)	40	42,6	46	43,4	86	100		
Knowledge								
Poor	39	72,2	15	27,8	54	100	0,000	2,833 (1,723-4,660)
Good	13	25,5	38	74,5	51	100		
Attitude								
Less Supportive	35	68,6	16	31,4	51	100	0,000	2,180 (1,411-3,368)
Supportive	17	31,5	37	68,5	54	100		
Availability of Hand-Washing Facilities								
Not Available	29	64,4	16	35,6	45	100	0,014	1,681 (1,141-2,477)
Available	23	38,3	37	61,7	60	100		
Social Support								
Social Support Less Supportive	29	70,7	12	29,3	41	100	0,001	1,968 (1,344-2,883)
Social Support Supportive	23	35,9	41	64,1	64	100		
Availability of Educational Media								
Not Available	37	57,8	27	42,2	64	100	0,050	1,580 (1,003-2,488)
Available	15	36,6	26	63,4	41	100		

Family Support

Variable	Healthy and Safe Behavior						P value	PR (95% CI)
	Poor		Good		Total			
	N	(%)	N	(%)	N	(%)		
Less Supportive	18	54,5	15	45,5	33	100	0,627	1,151 (0,778-1,716)
Supportive	34	47,2	38	52,8	72	100		

The table above shows that market traders with poor knowledge tend to have less good healthy and safety behavior (72.2%) than market traders with good knowledge (25.5%). Market traders whose attitude is less supportive tend to have unhealthy and safety behavior that is not good (68.6%) greater than market traders whose attitude is supportive (31.5%). Market traders whose work locations do not provide hand washing facilities tend to have unhealthy and safety behavior that is not good (64.4%) greater than market traders whose work locations provide hand washing facilities (38.3%). Market traders whose social support is not supportive tend to have unhealthy and safety behavior that is not good (70.7%) greater than market traders whose social support is supportive (35.9%). Market traders who do not have educational media available at their workplace tend to have unhealthy and safety behavior that is not good (57.8%) greater than market traders who have educational media available at their workplace (35.9%). Market traders with poor family support tend to have unhealthy and safety behavior that is not good (54.5%) greater than market traders with good family support (47.2%).

DISCUSSION

Age

The results of statistical analysis obtained p value = 0.767 which means that there is no significant relationship between age and healthy and safe behavior in market traders in Pontianak City. This result is supported by the CI value which contains a value of 1 with a range of CI = 0.747-1.625, so that the age factor is concluded not to be a factor that influences the healthy and safe behavior of market traders in Pontianak.

This is in line with the research by Pangkey et al. (2022) which also shows that there is no relationship between age and

COVID-19 mitigation behavior (4). A person's maturity, awareness, and will are not determined by age. From the data analysis that has been carried out, the results show that both respondents who are less than the average age (38.2 years) and those who are the same or above that age have more or less the same proportion of health and safe behavior.

Sex

The results of statistical analysis obtained p value = 0.206 which means that there is no significant relationship between gender and healthy and safe behavior in market traders in Pontianak. This result is supported by the CI value which contains a value of 1 with a range of CI = 0.905-1.965, so that the gender factor is concluded not to be a factor affecting the healthy and safe behavior of market traders in Pontianak.

The results of this study are in line with previous research which showed that there was no relationship between gender and COVID-19 prevention behavior (p value 0.427) (5). In research by Barnas and Ridwan's (2019), there were results that the knowledge, attitudes and behavior of female students in maintaining the cleanliness of the campus environment was better than male students (6). However, with conditions in which men and women have the same possibility of contracting Covid-19, it can affect the behavior that is reflected, thus enabling men and women to have the same level of healthy and safe behavior.

Level of Education

Education is also one of the variables examined in relation to health and safe behavior. With p value = 0.076, education level is not related to health and safe behavior of traditional market traders in Pontianak. This is contrary to the results of Hutami's research (2022) which shows that there is a relationship between education and Covid-19

prevention behavior in the West Mejasem Village, Kramat District, Tegal Regency (7). Although a person's learning process while studying can indirectly change a person's mindset, the higher the level of education, the higher the level of knowledge possessed, and vice versa (8). However, it cannot guarantee that all highly educated people have good understanding and awareness to behave in a healthy and safe manner.

Income

The results of the study obtained a value of $p = 0.289$ which means that there is no significant relationship between income and healthy and safe behavior for market traders in Pontianak. This result is supported by the CI value which contains a value of 1 with a range of 0.900-2.049, so it is concluded that the income factor is not a factor that influences the healthy and safe behavior of market traders in Pontianak.

These results are in line with previous research which also obtained the result that there was no relationship between income and behavior to prevent the spread of Covid-19 in Buleleng District (9). Although respondents with income below the UMK tend to have unhealthy and safe behavior that is not good, respondents with income above the UMK also do not guarantee that they have good healthy and safe behavior, depending on awareness, willingness, and other factors such as facilities and infrastructure.

Knowledge

The results of the study on the knowledge variable show a p value = 0.000 which means that there is a significant relationship between knowledge and healthy and safe behavior among market traders in Pontianak. The prevalence ratio (PR) value shows a value of 2.833, which means that respondents who have poor knowledge have the opportunity to apply unhealthy and safe behaviors that are not good by 2.833 times greater than respondents who have good knowledge.

The same results were found in previous studies which stated that there was a significant relationship between the level of knowledge and behavior to prevent the transmission of Covid-19 (10,11). Knowledge

of a person will increase his understanding of an object. This understanding will turn into a perception and belief, then awareness will emerge until it is reflected in the person's behavior.

Attitude

On the attitude variable, the results of the Chi-Square test show p value = 0.000; $p < 0.05$. This value indicates that there is a significant relationship between attitude and health and safe behavior of market traders. It is supported by the prevalence ratio (PR) which shows a value of 2.180, which means that respondents whose attitudes are less supportive have the opportunity to apply healthy and safe behaviors that are not good by 2.180 times greater than respondents whose attitudes are supportive.

This finding is in line with previous research (12–14) which states that attitudes are related to Covid-19 prevention behavior. Like knowledge, behavior is also a reflection of one's attitude. Attitude is a form of one's assessment of something. This assessment can be in the form of an opinion, for example agreeing or disagreeing, and often reflects a person's personality. It will make a person behave in accordance with the personality of each person (15).

Availability of Hand-Washing Facilities

The availability of hand washing facilities is one of the variables related to health and safe behavior. The results of the statistical analysis obtained a value of $p = 0.014$ which means that there is a significant relationship between the presence of hand washing facilities and healthy and safe behavior among market traders in Pontianak. The prevalence ratio (PR) shows a value of 1.681, which means that respondents whose work locations do not provide hand washing facilities have the opportunity to implement unhealthy and safe behaviors that are not good by 1.681 times greater than respondents whose work locations provide hand washing facilities.

This finding is in line with previous research (16), with the availability of hand washing facilities in the market area, it will be easier for traders to wash their hands. Places for handwashing that are close to the

workplace, function properly and are equipped with soap, so that traders don't feel the hassle of washing their hands. Traders who work in markets that are not equipped with adequate hand washing facilities have a 1,681 chance of not doing this behavior.

Social Support

Health and safe behavior can also be influenced by social support from fellow traders. The value of $p = 0.001$ obtained in the statistical test shows that there is a significant relationship between workplace social support and healthy and safe behavior for market traders in Pontianak. Healthy and safe behavior increases for traders who receive support or are reminded by fellow traders to implement preventive behavior. In this study it was also found that most traders were also motivated to take precautions when other traders around them implemented preventive behavior.

In line with several previous studies (16–18), these findings strengthen the perception that social support can affect health and safe behavior.

Availability of Educational Media

Market traders whose work areas provide educational media tend to have good health and safe behavior (63.4%). The results of the statistical analysis obtained a value of $p = 0.050$ which means that there is a significant relationship between the availability of educational media in the market and the healthy and safe behavior of market traders in Pontianak.

The availability of educational media around traders will make these traders see, read, understand and remember the messages conveyed. This is related to increased knowledge. With increased knowledge, an assessment will arise which we call attitude. If a positive attitude is formed, awareness will emerge and positive behavior will also be reflected. This is supported by the prevalence ratio (PR) which shows a value of 1.580, which means that respondents whose workplaces do not provide educational media have the opportunity to apply healthy and safe behaviors that are not good by 1.580 times greater than respondents whose workplaces provide educational media. This is in line with

previous research (19) which concluded that there was an increase in the community's knowledge and behavior of preventing Covid-19 after receiving education through posters and videos.

Family Support

Based on the research results that have been analyzed using statistical tests, a p value = 0.627 is obtained, which means that there is no significant relationship between family support and healthy and safe behavior for market traders in Pontianak. This result is supported by the CI value which contains a value of 1 with a range of CI = 0.778-1.716, so that the family support factor is concluded not to be a factor influencing the healthy and safe behavior of market traders in Pontianak.

This is not in line with previous research which found that there was a significant relationship between family support and adherence to the Covid-19 preventive health protocol (20). Family is one of the factors that can influence a person's behavior. As the closest person, family support can be a consideration for someone in making choices or in doing something. However, it is not only family opinion that becomes a consideration or determining factor for a person's behavior. Position in the family can also be one of the factors for a person to accept and implement this support or not.

CONCLUSION

Based on the research that has been done, the data shows that factors related to the healthy and safe behavior of traditional market traders are knowledge, attitude, availability of hand washing facilities, workplace social support, availability of educational media in the market. While the factors of age, gender, education, income and family support are not factors related to the healthy and safe behavior of traditional market traders in Pontianak. It is hoped that the results of this research can be additional support for the policy of implementing health protocols in the market and increasing awareness of market traders in increasing healthy and safe behavior while working and following complete vaccinations because Covid-19 has not completely ended.

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