

## Conference Paper

# Knowledge Level of Families For Anticipate Covid 19 in Sukabumi

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Many members of the public have admitted that they are confused by the threat of Covid-19. Contagion risk between family members is high. The family must be able to decide what to do if any of its members are infected. The goal of this study was to identify the knowledge held by families in a specific region relating to the virus' nature, the source of contagion, the infection mechanisms, and infection prevention methods. Data collection was conducted on 1,719 families aged from 20 – 95 years using the cross-sectional method. Respondents were chosen from the green zone area using Purposive Sampling. They were asked to fill the questionnaire using a Google form. The information sources used by the respondents were television, internet, and social media groups. The results show eight criteria of knowledge relating to Covid-19.

**Keywords:** anticipate Covid-19, knowledge, family

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## 1. Introduction

The spread of Covid-19 is closely related to the behavior of not keeping distance, not wearing masks and not washing hands and the movement of people [1]. The first 2 patients occurred in Depok City on March 2, 2020 [2]. As of May 14, 2020, 16,006 cases have been recorded across Indonesia and more than 213 other countries have been affected. On June 3, 2020, East Java became the highest contributor to 183 cases, followed by Jakarta 82 and Banten 71 cases [3]. The government is starting to instruct the everyone to do more at home now. Because of Indonesia's geographical conditions, the large number of people who are not exposed to information related to Covid-19 may increase the risk of transmission among family members. Family knowledge must be assessed immediately to formulate a prevention plan. If the family plays their role properly, transmission of Covid-19 can be prevented [4.] In South Kalimantan, Women have better knowledge of Covid-19 than men because they have more time at home

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[5]. But women in Indonesian culture do not play the role of family leaders, so trying to change family behavior can be difficult. The purpose of this study is to identify the level of family knowledge in the city of Sukabumi because it is the only area in West Java that falls into the green zone category.

## 2. Methods

### 2.1. Methods

Respondents were selected based on criteria; android cellphone users, have never received counseling about Covid-19, Sukabumi residents were recorded and stated that they were willing to be respondents. A total of 1719 family heads participated as respondents and filled in all the questions. All data were collected simultaneously within 1 month. More than 625 students of the Muhammadiyah Sukabumi University were involved as volunteers to assess Covid-19 prevention skills in each respondent's home.

### 2.2. Instrument

The level of family knowledge was measured using 8 information criteria; namely the causes of disease, the principle of infection prevention, cough/sneezing skills, skills on how to keep a distance, how to wash hands, material of handwashing at home, availability of masks, and adherence to health protocols. Information is obtained using the google form application media which is distributed through the Whatsapp Group network with a Guttman's scale. Value 1 is given if the respondent answers; "yes", and a value of 0 is given if the respondent answers; "not". The error value is searched first before testing the validity of the instrument [6, 7]. The validity test for eight aspects of knowledge is measured using the Coefficient of Reproducibility formula with a result of 0.98, and the Coefficient of Scalability value with a result of 0.69. The reliability test resulted in a value of 0.851 with a significance level of 5%. Research instruments have been discussed in the discussion of the Sukabumi City Nurses Association. Volunteers went to each family's house to validate their answers after they had finished filling out the google form.

### 3. Result

Respondent is a person who is selected and is considered capable of representing other family members. They have spent more than 12 hours at home during the pandemic. The youngest is 20 years old and the oldest is 95 years old. Gender of respondents 70% are women with junior high school education. The most common sources of information are television, internet and social media applications. The level of family knowledge in the 8 criteria is recorded in table 1.

TABLE 1: 8 criteria for family knowledge about preventing the spread of Covid-19 (n = 1719)

The topics	Level of knowledge	Frequency
1st Criteria: understanding of 3 causes of transmission	Get it right	1.510 (87,84%)
	Don't understand properly	209 (12,16%)
2nd Criteria: understanding of 3 ways to prevent transmission	Get it right	1.572 (91,45%)
	Don't understand properly	147 (8,55%)
3rd Criteria: skills about Cough & sneeze skills	Able to practice	1.273 (74,05%)
	Not being able to practice	446 (25,95%)
4th Criteria: skills about Skills to maintain distance	Able to practice	1.501 (87,32%)
	Not being able to practice	218 (12,68%)
5th Criteria: skills about handwashing skills	Able to practice	1.377 (80,10%)
	Not being able to practice	342 (19,90%)
6th Criteria: the habit of providing handwashing tools	Ready	1.556 (90,52%)
	Not willing	163 (9,48%)
7th Criteria: the habit of providing masks	Ready	1.601 (93,14%)
	Not willing	118 (6,86%)
8th Criteria: willingness to be involved implementing preventive protocols	Ready	1.655 (96,28%)
	Not willing	64 (3,72%)

### 4. Discussion

The results showed that most of the families (89.65%) had good knowledge. They usually use television, the internet and social media as sources of information. Indonesians use the internet for 7 hours, 59 minutes per day, use social media for 3 hours, 26 minutes per day and watch television for 3 hours, 4 minutes per day.[8]. As many as 93.31% of families are also willing to comply with virus transmission prevention protocols. There is a relationship between public knowledge and compliance with the use of masks as an effort to prevent Covid-19 disease in Ngronggah. [9]. There are only 19.51% of families who need training because they do not have the skills to prevent virus transmission.

Good knowledge will form the basis of good attitudes and skills as well. But not necessarily forming new habits or cultures. The question is; how can the virus prevention protocol become a new culture for all families in Indonesia?. The government must

follow up on the mandatory application of wearing masks, washing hands and keeping a distance so that it becomes a new culture. Protecting each other is the ethical and responsible thing to do now. Japan, Hong Kong, Taiwan, Thailand, Singapore and South Korea, wearing a mask had become culturally acceptable since the SARS pandemic of 2003 [10]. No one knows when the Covid-19 outbreak will end. What is certain is the SARS-CoV-2 genomic diversity found in most countries (with sufficient sequences) essentially recapitulates the global diversity of Covid-19 from the 7666-genome dataset. Contagion started when people are in direct or close contact with an infected person. The virus can also spread after infected people sneeze, cough on, or touch surfaces, or objects, such as tables, doorknobs and handrails at home [1]. So wearing a mask, washing hands and keeping your distance is the best defense as long as a vaccine has not been found.

## 5. Conclusion

Good knowledge does not necessarily form a habit. Habits will remain stable overtime, consistently prompt behavior, and override conscious deliberative tendencies [11]. The results of the study illustrate that most of the families have a good level of knowledge regarding efforts to prevent the spread of the virus. Having a cellphone allows Indonesian families to get Covid-19 information easily. Nevertheless, families still need assistance by health workers during the period of limiting social activities so that it becomes a new cultural habit.

## Ethical Consideration

Research permission is obtained from the local government. All respondents were given information about the respondent's rights, research objectives, procedures, risks, benefits of participating and the duration of the research period. Respondents voluntarily stated that they were involved in the research with all data and information of respondents being kept confidential.

## Conflict of Interest

The all authors have no conflict of interest to declare

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