

**DETERMINANTS OF COMMUNITY COMPLIANCE IN OBEDIENCE  
WITH HEALTH PROTOCOLS TO PREVENT THE SPREAD OF COVID-  
19**

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**ABSTRACT**

This study aims to examine the effect of knowledge, environment, facilities and infrastructure, gender, age of education, occupation, and income on community compliance in complying with health protocols to prevent the spread of COVID-19. This type of research is quantitative research, while the sample in this study is 100 respondents from the people of West Nusa Tenggara Province with data collection techniques through questionnaires. The results showed that the knowledge variable and the facilities and infrastructure variable had an effect on community compliance in complying with health protocols to prevent the spread of covid-19 in West Nusa Tenggara Province. Then the environmental variables, gender, age, education, occupation, and income has no effect on community compliance in complying with health protocols to prevent the spread of covid-19 in West Nusa Tenggara Province. The results of this study contribute to the community in West Nusa Tenggara Province to continue to comply with health protocols to protect themselves from the spread of COVID-19.

**Keywords:** Determinants, Community Compliance, Health Protocols, Covid-19.

**I. Introduction**

Since December 2019, the world has been shocked by the emergence of a new virus, namely Coronavirus Disease 2019 (Covid-19), which spread from the city of Wuhan, China. In Indonesia, the Covid-19 pandemic has been inaugurated as a type of disease that gave rise to a Citizen's Health Emergency on March 31, 2020, according to Presidential Decree No. 11 of 2020 concerning the Determination of a Citizen's Health Emergency of Coronavirus Disease (COVID-

19). The decision that has been determined is a countermeasure that must be tried and needs to be adjusted to the laws and regulations in the period of suppressing the spread of Covid-19.

Various efforts to control and prevent the spread of Covid-19 have been carried out by the government, including implementing health quarantine. The implementation of this health quarantine itself is a shared responsibility between the central government and the Regional Government as a form of protection for the health of citizens from infectious diseases so that outbreaks and health emergencies of citizens suffering from Covid-19 can be immediately overcome, but it turns out that the number of new cases of COVID-19 in Indonesia still continues to increase. Plus the Indonesian government's decision to immediately implement the new normal to encourage economic growth.

The New Normal policy allows people to start activities outside their homes, such as offices, schools, and shopping centers starting to open while still observing health protocols and limiting behaviors that can cause the Covid-19 virus to spread. Behavior in preventing infectious diseases is explained in the Protection Motivation Theory which states that warning health information can change individual behavior attitudes. Guidelines for preventing disease in the New Normal era are stated in the Decree of the Minister of Health Number HK.01.07/MENKES/328/2020 concerning Guidelines for the Prevention and Control of Covid-19 in Office and Industrial Workplaces in Supporting Business Continuity in Pandemic Situations.

Various rules were issued by the government to deal with New Normal conditions and provide sanctions for people who violate these rules. Even the West Nusa Tenggara provincial government itself has often conducted raids for people who do not comply with the Covid-19 Health protocol and as a result, many people still violate and do not pay attention to these regulations. In general, violations occur in motorized vehicle users on the highway who do not wear masks. This public health behavior is a reflection of the level of public awareness which is still very low. This public health behavior is a reflection of the level of public awareness which is still very low.

Results Putra, et al (2020) research shows that the existence of established knowledge about Covid-19 contributes to the more obedient a person in complying with health protocols. With knowledge, it will form a person's mindset to understand, be aware, and be responsible for the risk of spreading Covid-19, so implementing the Covid-19 health protocol is one way out of the outbreak. In line with this, Webster, et al, (2020) stated that quarantine compliance is mostly carried out by people who have knowledge about the disease they are suffering from and quarantine procedures.

Public perception is also needed to protect themselves and their environment, which will ultimately have an impact on the transmission of Covid-19. Therefore, deeper knowledge is needed regarding the compliance and obedience of the people of West Nusa Tenggara Province in realizing the hopes and goals coveted by the people of West Nusa Tenggara Province, especially during the current pandemic, where knowledge and concern for information on the spread of Covid-19 is very important. because in principle obedience and adherence to the Covid-19 handling protocol is the main heart in maintaining public health in West Nusa Tenggara Province in the face of the Covid-19 Pandemic. So from this this study aims to examine the effect of knowledge, environment, facilities and infrastructure, gender, age of education, occupation,

## **II. Theoretical Study**

According to the World Health Organization abbreviated as WHO (2020), that Corona Virus Disease is a group of viruses that can cause disease in animals or humans. Several types of coronavirus are known to cause respiratory tract infections in humans ranging from coughs and colds to more serious ones such as Middle East Respiratory Syndrome (MERS) and Severe Acute Syndrome (SARS). A new type of coronavirus was discovered to cause the disease COVID-19. This new virus and the disease it causes were unknown before the outbreak began in Wuhan, China, in December 2019. COVID-19 is now a pandemic occurring in many countries around the world.

The most common symptoms of COVID-19 are fever, dry cough, and feeling tired. Other, less common, symptoms that some patients may experience include aches and pains, nasal congestion, headache, conjunctivitis, sore throat, diarrhea, loss of sense of taste or smell, skin rash, or discoloration of fingers or toes. The symptoms experienced are usually mild and appear gradually. Some people become infected but have only mild symptoms. Most (about 80%) of infected people recover without the need for special treatment. About 1 in 5 people infected with COVID-19 suffer from severe pain and difficulty breathing. Elderly people (elderly) and people with co-existing medical conditions such as high blood pressure, heart and lung disorders, diabetes, or cancer have a greater chance of experiencing more serious illness. However, anyone can become infected with COVID-19 and become seriously ill. People of all ages who have a fever and/or cough accompanied by difficulty breathing/shortness of breath, chest pain/pressure, or loss of ability to speak or move should seek medical attention immediately. If possible, it is advisable to contact the health care provider or health facility in advance, so that the patient can be directed to the right health facility. or loss of ability to speak or move should seek immediate medical attention. If possible, it is advisable to contact the health care provider or health facility

in advance, so that the patient can be directed to the right health facility. or loss of ability to speak or move should seek immediate medical attention. If possible, it is advisable to contact the health care provider or health facility in advance, so that the patient can be directed to the right health facility.

Personal catches COVID-19 from other people who are infected with this virus. COVID-19 can spread mainly from person to person through droplets from the nose or mouth that come out when a person infected with COVID-19 coughs, sneezes or talks. These sparks are relatively heavy, do not travel far and fall to the ground quickly. People can become infected with COVID-19 if they breathe in the droplets of an infected person. Therefore, it is important for us to maintain a distance of at least 1 meter from other people. These sparks can stick to objects and other surfaces around people such as tables, doorknobs, and handrails. People can become infected by touching these objects or surfaces, then touching their eyes, nose, or mouth. This is why it is important to wash your hands regularly with soap and clean running water, or clean them with an alcohol-based hand rub. WHO continues to review developments in research on how COVID-19 spreads and will share the latest findings.

Step To prevent yourself from transmitting COVID-19 is to practice hand and respiratory hygiene (using a mask). If possible, keep a distance of at least 1 meter from other people, especially if you are near someone who is coughing or sneezing. Since some infected people may not yet show symptoms or their symptoms are still mild, it is best to keep a physical distance from everyone if you are in an area where COVID-19 is spreading. This is the best way to protect others and yourself.

Efforts to prevent the spread of COVID are also carried out by self-isolation and self-quarantine. Quarantine means limiting activities or separating people who are not sick but may be exposed to COVID-19. The goal is to prevent the spread of the disease when the person is just starting to develop symptoms. During self-quarantine, monitor your symptoms. Because people who are infected with COVID-19 can transmit the infection quickly to others, self-quarantining immediately can prevent others from catching the infection.

Currently, the Indonesian people are facing challenges that require human resources to adapt to the situation of the Coronavirus Disease 2019 (COVID-19) pandemic. The absence of a vaccine and definitive treatment for COVID-19 is predicted to prolong the pandemic period, so the country must prepare for a new balance in the lives of its people. Health, social, and economic aspects must go hand in hand and support each other in order to achieve the expected goals. For this reason, various policies to accelerate the handling of COVID-19 must continue to support

the sustainability of the economy and social aspects of society (Decree of the Minister of Health of the Republic of Indonesia Number HK.01.07/Menkes/382/2020).

The public has an important role in breaking the chain of transmission of COVID-19 so as not to cause new transmission sources/clusters in places where the movement of people, the interaction between humans and gatherings of many people occur. The community must be able to return to activities in the COVID-19 pandemic situation by adapting to new habits that are healthier, cleaner, and more obedient, which are carried out by all components in the community and empower all existing resources. The role of the community in being able to break the chain of transmission of COVID-19 (risk of contracting and transmitting) must be done by implementing health protocols.

The substance of the health protocol in the community must pay attention to critical points in the transmission of COVID-19 which include the type and characteristics of the activity/activity, the size of the activity, the location of the activity (outdoor/indoor), the duration of the activity, the number of people involved, vulnerable groups such as pregnant women, toddlers, children, the elderly, and people with comorbidities, or persons with disabilities involved and so on. Implementing the health protocol, it must involve the role of the relevant parties, including the apparatus who will carry out control and supervision and academics/researchers who conduct empirical studies on community behavior and compliance.

### **III. Research Methodology**

This research is quantitative research. Quantitative analysis in this study uses factor analysis, which is to identify factors that influence public compliance in complying with Health protocols to prevent the spread of Covid-19. With the research location being carried out in West Nusa Tenggara Province, which is spread over 10 regencies/cities namely West Lombok Regency, Central Lombok Regency, East Lombok Regency, North Lombok Regency, West Sumbawa Regency, Sumbawa Regency, Dompu Regency, Bima Regency, Mataram City, Bima City. The population in this study is the entire community of West Nusa Tenggara Province. Due to the number of people in West Nusa Tenggara Province, in terms of determining the sample, the study uses the Rao formula as follows:

$$n = \frac{Z^2}{4 (moe)^2}$$

$$n = \frac{1,96^2}{4 (0,1)^2}$$

$$n = 96$$

Description :

n = Number of samples

Z = Level confidence needed in determining the sample 95% = 1.96

Moe = Margin of error or maximum tolerable error, usually 10%

From the calculation above, it can be seen that the number of samples used in this study were 96 people. To facilitate the research, the researchers took a sample of 100 respondents. The data collection technique is through the distribution of questionnaires to 100 respondents.

To analyze the data in the study, the data quality test includes the validity test and the reliability test. Furthermore, the classical assumption test was carried out including the normality test, multicollinearity test, and heteroscedasticity test. Then the determination test, model feasibility test, hypothesis testing, and multiple linear regression analysis. In this test, researchers used the SPSS application in processing data.

#### **IV. Results And Discussion**

The existence of a provincial status, for NTB does not come by itself. The struggle for the formation of the NTB Province lasted for quite a long time. The province of West Nusa Tenggara had previously been part of the State of East Indonesia in the conception of the United States of Indonesia, and became part of the Lesser Sunda Province after the recognition of the sovereignty of the Republic of Indonesia. Along with the dynamics of the times and after experiencing several processes of changing the constitutional system after the proclamation of the Independence of the Republic of Indonesia, the Province of NTB was formed. NTB, officially obtained status as a province as it is now, since 1958, starting with the enactment of Law Number 64 of 1958 dated August 14, 1958 concerning the Establishment of Level I Self-Registered Regions in Bali, NTB and NTT, and the one who was entrusted to be the first Governor was AR. Moh. Ruslan Djakraningrat.

Although legally the Level I Region of NTB which includes 6 Level II Regions was formed on August 14, 1958, the administration of government is running based on the Law of the State of

East Indonesia Number 44 of 1950, and Law Number 1 of 1957 concerning Principles of Government Area. This overlapping situation lasted until December 17, 1958, when the Local Governments of Lombok and Sumbawa were liquidated. This liquidation day marks the official formation of the NTB Province. Times continue to change, consolidation of power and government continues to occur. In 1968 in a situation that was still not encouraging as a result of various national crises that were biased towards the regions, the first Governor of AR. Moh. Ruslan Tjakraningrat was replaced by HR. Wasita Kusuma as the second Governor.

In 1978 HR Wasita Kusuma was replaced by H. Gatot Soeherman as the third Governor of NTB Province. During his tenure, development efforts were further strengthened and the Province of NTB, known as a minus area, turned into a self-sufficient area. In 1988 Drs. H. Warsito, SH was elected to lead NTB as the fourth Governor of NTB to replace H. Gatot Soeherman. Drs. H. Warsito, SH controlled the reins of government in the province of NTB for two terms, before being replaced by Drs. H. Harun Al Rasyid, M.Si on August 31, 1998. Drs. H. Harun Al Rasyid M.Si (the fifth Governor of NTB) struggled to build NTB by trying to improve the quality of human resources through the Gema Prima Program. From 2003 to 1 September 2008 Drs. H. Then Serinata and Deputy Governor Drs. HB Thamrin Rayes leads NTB as the sixth Governor of NTB. At this time various kinds of efforts were made in developing NTB and catching up in various fields and sectors. In this era, a number of programs were launched, such as the E-Mas Gate with the Village Build Gold Program. In addition, at this time the construction of Lombok International Airport in Central Lombok has begun to be realized and is targeted for completion by mid 2009.

Furthermore, in accordance with the times and political developments, the people of NTB entrusted the mandate to lead regional development to the seventh governor, namely TGH. M. Zainul Majdi and Deputy Mr. Ir. Badrul Munir, MM who fought for the vision of NTB to compete with faith and competitiveness and for his success in leading in the first period, the people of NTB again entrusted the control of the government for the second time to Mr. DR. TGH. M. Zainul Majdi as Governor and Mr. H. Muhammad Amin, SH, M.Si as Deputy Governor in the period 2013-2018 through the vision and mission of realizing NTB which beliefs in being cultured, competitive and prosperous. NTB Province is now led by the best pair of sons and daughters, namely the Governor of NTB, Dr. H. Zulkieflimansyah, and Deputy Governor Dr. Hj. Siti Rohmi Djalilah (<https://www.ntbprov.go.id/profil-region>, 2021). Based on the table above, all statements used in this study are valid, this is because the calculated r-value is more than 0.197. Then the reliability test is carried out, as stated in the table below.

**Table 1 Reliability Test Results**

Variable	Cronbach Alpha value	Standard Value of Cronbach Alpha	Decision
Inner Community Obedience Adhere to Health Protocols	0.8990	0.6000	Reliable
Knowledge	0.9060	0.6000	Reliable
Environment	0.8920	0.6000	Reliable
Facilities and infrastructure	0.8100	0.6000	Reliable

Source: SPSS Processed Results (2021)

The results of the reliability test showed that all variables were declared reliable because the Cronbach alpha value was more than 0.7. So it can be continued to the next test. Test The classic assumption in this study consists of a normality test through the Kolmogorov-Smirnov test, wherein this normality test the number of respondents was initially 100 with a significance level of 0.000 so that the data was declared not normally distributed because the significance value was less than 0.05. From these results, the researchers carried out data transformation. The results of the data transformation are then retested so that the significance value shows the number 0.070 so that the data is normally distributed with the number of respondents being 45. The next test is the multicollinearity test, where the results show that there is no one independent variable that has a tolerance value of less than 0.10 and VIF value is more than 10, so the data is free from multicollinearity problems. Below is a table of the results of the determination test.

**Table 2 Determination Test Results**

Description	Mark
Adjusted R Square	0.763

Source: SPSS Processed Results (2021)



Based on the table above, as many as 0.763 or 76.3% of the variables of community compliance in complying with health protocols can be explained by the variables of knowledge, environment, advice and infrastructure, gender, age, education, occupation, and income. While the rest (100%-76.3% = 23.7%) is influenced by variables that are not included in this study. The following table presents the results of the model's feasibility test.

**Table 3 Model Feasibility Test Results**

Description	Mark
F value	18,702
Significance Level	0.000

Source: SPSS Processed Results (2021)

From the table above, the calculated F value is 18,162 with a significance level of 0.000, because the significance value is less than 0.05, the regression model can be used to predict community compliance in complying with health protocols or it can be said that knowledge, environment, advice and infrastructure, gender, age, education, occupation, and income together affect the community's compliance in complying with health protocols. Below are presented the results of hypothesis testing.

**Table 4 Hypothesis Test Results**

Variable	T count	T Table	Significance Level	Decision
Knowledge	5,462	1.9861	0.000	Take effect
Environment	0.892	1.9861	0.379	No effect
Facilities and infrastructure	3,375	1.9861	0.002	Take effect
Gender	-0.778	1.9861	0.442	No effect
Age	-0.067	1.9861	0.947	No effect
Education	-0.930	1.9861	0.359	No effect

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Work	1.363	1.9861	0.181	No effect
Income	1.044	1.9861	0.303	No effect

Source: SPSS Processed Results (2021)

Based on the table above, the variables of knowledge and variables of facilities and infrastructure have an effect on community compliance in complying with health protocols, this is because the t-count value of these variables is more than 1.9861 and the significance level of each variable is less than 0.05. Then the environmental variables, gender, age, education, occupation, and income have no effect on community compliance in complying with health protocols, this is because the t-count value of these variables is less than 1.9861 and the significance level of each variable is more than 0,05. The multiple linear regression equation in this study is as follows:

$$KM = 1.350 + 0.398PG + 0.058LK + 0.270SP - 0.075JK - 0.004US - 0.026PD + 0.048 PK + 0.110PH + E$$

Description:

KM = Community Obedience in Obeying Health Protocols

PG = Knowledge

LK = Environment

SP = Facilities and Infrastructure

JK = Gender

US = Age

PD = Education

PK = Job

PH = Income

E = Error

Based on the above equation, it can be interpreted as follows:

1. The value is 1.350, meaning that if the variable value of knowledge, environment, facilities and infrastructure, gender, age, education, occupation, and income is 0, then the community's obedience in complying with health protocols is 1.350.
2. The value is 0.398PG, meaning that with the assumption that the environment, facilities and infrastructure, gender, age, education, occupation, and income are of fixed value, every 1 unit increase in knowledge will Upgrade community obedience of 0.398.

3. A value of 0.058LJK, meaning that with the assumption that knowledge, facilities and infrastructure, gender, age, education, occupation, and income have fixed values, every 1 unit increase in the environment will Upgrade community obedience of 0.058.
4. The value of 0.270SP, meaning that with the assumption that knowledge, environment, gender, age, education, occupation, and income are of fixed value, every 1 unit increase in facilities and infrastructure will Upgrade community obedience of 0.270.
5. The value is -0.075JK, meaning that with the assumption that knowledge, environment, facilities and infrastructure, age, education, occupation, and income are of fixed value, every 1 unit increase in gender will reduce community compliance by 0.075.
6. The value is -0.004US, meaning that with the assumption that knowledge, environment, facilities and infrastructure, gender, education, work, and income are of fixed value, every 1 unit increase in age will reduce community obedience by 0.004.
7. The value is -0.026PD, meaning that with the assumption that knowledge, environment, facilities and infrastructure, gender, age, occupation, and income are of fixed value, every 1 unit increase in education will reduce community compliance by 0.026.
8. The value of 0.048 PK, meaning that with the assumption that knowledge, environment, facilities and infrastructure, gender, age, education, and income are of fixed value, every increase in work of 1 unit will Upgrade community obedience by 0.048.
9. The value is 0.110PH, meaning that with the assumption that knowledge, environment, facilities and infrastructure, gender, age, education, and work are of fixed value, then every 1 unit increase in income will Upgrade community obedience by 0.110.

Based on the hypothesis test, the t-count value is 5.462 and the significance level is 0.000, it can be concluded that knowledge affects the obedience of the people of West Nusa Tenggara Province in complying with health protocols. The existence of knowledge possessed by the community can mean that the community understands the disease, how to prevent, and treat COVID-19. The results of this study are in line with research conducted by Muhith, et al (2021) that knowledge affects the implementation of the COVID-19 health protocol. Having good knowledge about preventing the transmission of COVID-19 will increase the level of vigilance and understanding of the importance of preventing the transmission of COVID-19. Test results The hypothesis shows that the t-count value is smaller than the t-table, namely  $0.892 < 1.9861$  and the significance level is more than 0.05 so it can be concluded that the environment has no

effect on people's obedience in complying with health protocols. Whereas the environment is one of the reinforcing factors in carrying out/implementing health policies. People who work outside the home or spend a lot of time outside the home have wider environmental coverage than those who do not work. The results of this study are in line with research conducted by Tetartor, et al (2021) that the environment has no relationship between the environment and the COVID-19 health protocol.

#### Relationship of Facilities and Infrastructure with Community Obedience in Complying with Health Protocols

Based on the hypothesis test, the t-count value is greater than t-table, namely  $3.375 > 1.9861$  and the significance level is less than 0.05, so it can be concluded that facilities and infrastructure affect public health protocol compliance in complying with health protocols. This is in line with the results of research by Muhith, et al (2021) in which to behave in a healthy manner, requires supporting infrastructure such as hand washing facilities and soap/hand sanitizers as well as social distancing limits in public places. The availability of facilities and infrastructure is needed as a supporting tool to achieve a goal. In implementing the current health protocol, facilities and infrastructure are very important. Test results The hypothesis shows that the t count is smaller than the t table, namely  $-0.778 < 1.9861$  and a significance level of more than 5% so it can be concluded that gender has no effect on the obedience of the people of West Nusa Tenggara Province in complying with health protocols. The results of this study are in line with the results of research by Muhith, et al (2021), where when threatened and awareness of the importance of healthy living to avoid disease appears, every resident, both male and female, will be motivated to comply with the implementation of existing health protocols.

The results of the hypothesis test show that the t count is smaller than the t table, namely  $-0.067 < 1.9861$  and the significance level is more than 5%, so it can be concluded that age has no effect on people's adherence to health protocols. The results of this study are in line with research conducted by Sari, et al (2020) that there is no effect between age on the prevention of covid-19, this is because there is an almost equal proportion between the adolescent and adult age groups with good covid-19 prevention behavior. . Even though age is also one of the factors that affect one's knowledge, so that age indirectly affects one's compliance with a rule.

Test results The hypothesis shows that t count is less than t table, namely  $-0.073 < 1.9861$  and a significance level of more than 5%. This indicates that education has no effect on community compliance in complying with health protocols in West Nusa Tenggara Province. In contrast to the results of research conducted by Riyadi and Larasaty (2020) that education affects the level

of community compliance in complying with health protocols. Where someone with a higher level of education will tend to always be obedient and obedient in implementing health protocols, given their knowledge regarding the dangers of COVID-19 and information regarding controlling the spread of COVID-19. Based on the hypothesis test, the t-count value is less than the t-table, namely  $1.363 < 1.9861$  and a significance value of more than 5%, so it is concluded that work does not affect community compliance in complying with health protocols. The results of this study are in line with research conducted by Sari, et al (2020), there is no relationship between work status and COVID-19 prevention behavior. However, it is also undeniable that while working, respondents will tend to obey health protocols in the work environment. Every office has been urged by the government to implement policies related to health protocols.

Based on the hypothesis test, the t-count value is less than the t-table, namely  $1.044 < 1.9861$  and the significance value is more than 5%, so it is concluded that income does not affect people's obedience in complying with health protocols. As many as 81% of the total respondents have an income below 3 million, they tend to leave the house to meet the necessities of life. Low-income people cannot stay at home all the time, they need to carry out trading activities and provide services. This activity is carried out in a crowd of people who often ignore the COVID-19 health protocol (Putra, et al, 2020).

## **V. Conclusion**

Based on the description above, it can be concluded that the knowledge variable and the facilities and infrastructure variable affect the community's obedience in complying with health protocols to prevent the spread of covid-19 in West Nusa Tenggara Province. Then the environmental variables, gender, age, education, occupation, and income have no effect on people's obedience in complying with health protocols to prevent the spread of covid-19 in West Nusa Tenggara Province. The results of this study contribute to the community in West Nusa Tenggara Province to continue to comply with health protocols to protect themselves from the spread of COVID-19. Then for the government to continue to provide education to the public in dealing with the spread of COVID-19. For further researchers can add other variables that are not included in this study.

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