

The Influence of Family Empowerment with Participatory Rural Appraisal (PRA) Methods on Covid19 Prevention Compliance

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ABSTRACT

Rural area many communities do not implement the Health protocol, due to lack of knowledge and participation of families and communities. By having a good knowledge of COVID-19 disease is very important so as not to cause an increase in the number of cases of COVID-19 disease, COVID-19 transmission can be prevented with health protocols to the community, one of which is the family. The aim of this study is to analyze the effect of family empowerment method Participatory Rural Appraisal (PRA) on the prevention of COVID19.

Research design uses Quasy Eksperiment with the Two Group Pre Test – Post Test design approach. The sample was taken by 32 treatment groups and 32 control groups. Sampling technique using Probability sampling with simple random sampling technique. Family empowerment research dependent variables with Participatory Rural Appraisal (PRA) method, Independent Variables of COVID19 prevention compliance. Data collection techniques using questionnaire sheets. Statistical tests using Mann whitney

The results of the study after being given treatment obtained the results of the Mann Whitney p-value 0.012 ($p < 0.05$) so that it can be concluded that there are differences in family empowerment to the compliance of covid-19 health protocols between the two groups.

Keywords: Family Empowerment, Participatory Rural Appraisal, COVID19

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BACKGROUND

Coronavirus Disease 2019 (COVID19) is becoming a worldwide pandemic including Indonesia, where handling and prevention can be done with regard to health protocols. But rural communities don't care about health protocols. Such as, not washing hands, not using masks, still clustered, so that there is an increase in the number of COVID-19, then with the compliance of the use of masks as an effort to prevent the COVID-19 virus, there is a need for educational efforts for the community in the community related to the prevention of COVID-19, including through the habit of 3M using masks, washing hands, maintaining distance. (Utami et al., 2020).

On March 25, 2020, the first time Indonesia contracted the coronavirus, this coronavirus transmitted from human to human and increasingly this coronavirus increased so that the government implemented PSBB using 3M COVID-19 protocol but rural communities do not care about the COVID-19 protocol such as, not washing hands, not using masks, still clustered, so that there is a number of COVID-19 confirmed in Indonesia in January 2021 positive cases of COVID-19 increased by 8,072 to 751,270 cases, patients recovered increased by 6,839 to 617,936 people, patients died increased by 191 to 22,329 people. The number of confirmed cases in East Java in January 2021 of COVID-19 coronavirus positive patients was 887 people. Thus, the total positive cases of Corona COVID-19 until January 2021 reached 85,039 in East Java.

COVID-19 disease not only affects urban areas but in rural areas there are also many people affected by COVID-19. The cause of the COVID-19 incidence rate is because rural communities pay less attention to the presence of 3M and do not comply with internal and external factors.

Internal factors that can affect the prevention of COVID-19 include knowledge, attitudes and behavior. The knowledge studied is about understanding the process of disease transmission, information related to prevention that can be done, information about the distribution of cases. Knowledge is very important in continuing the aspect of attitude and behavior because if someone does not know then no real action will be taken. Public knowledge in preventing disease transmission will suppress further COVID-19 transmission. (Grewal et al., 2020)

Attitude is a response or reaction of someone who is still closed to an object, stimulus, or topic. Attitude can also be interpreted as a predisposing factor to a behavior, so that it can comply with the complete program on COVID-19 (Usman et al., 2020) Disciplined behavior is a behavior that is obedient and obedient in the regulations that the government has proposed in complying with 3M (wearing a mask, maintain distance, wash hands) during the Covid-19 pandemic (Sobol et al., 2020)

External factors that can affect the prevention of COVID-19 include economic, cultural and environmental factors, economic factors, due to the corona virus then around the world social distancing economy in disrupted by the COVID-19 pandemic is also happening in people to buy daily needs can not afford (Ndonesia & Growing, 2017). Cultural factors strengthening existing cultures can be an effective solution such as by increasing the sense of gotong royong in the prevention of the spread of the corona virus or COVID-19, which specifically appears in the joint spraying of disinfectants carried out by rural communities in various bloods in Indonesia, In addition to this pandemic the opposite can also occur The existing socio-cultural system can change due to demands as an effective solution in the midst of the outbreak (Sandra & Purwanto, 2017). Environmental factors in the countryside many people do not meet health protocols finally began to be reduced as a form of social distancing which became one of the solutions to prevent the spread of

COVID-19 Of course rural communities inevitably must be able to adapt to these circumstances (Najamudin et al., 2007).

The family as the smallest social unit in the community, for that it needs to be regulated about the development of a prosperous family but the family also has a risk of COVID-19 transmission if one family member is infected and transmitted to other family members, so that one household contracted COVID-19 while at home (Sulistyo Widyashadi 2020). The role and support of the family plays an important role in the process of prevention of covid 19. This is because in people, in carrying out daily activities will be very dependent on others, especially the next of kin and also the surrounding social environment. Her one-on-one family support is a very important place to provide health care support such as instrumental support, informational support, assessment support and emotional support. Preventive behaviors carried out by the community begin with the perception of these health behaviors. Becker's research (1974) in Pramono (2018) on the health belief model states that every individual must have a willingness to participate in health interventions or behaviors based on the positive perception that healthy is a very valuable outcome.

Solution if the implementation of COVID-19 in accordance with the rules of the health protocol the problem can be resolved according to the plan. The PRA method is an approach method in the process of empowerment and increased community participation, whose pressure is on community involvement in overall development activities.

Researchers conduct education to one of the family members to play an important role in their health protocols with the form of family empowerment, family empowerment is the process of giving strength / encouragement so as to form transformative interactions to the family. Efforts to mobilize families to be able to play a role in the ambition of strategic decisions and actions. Facilitation efforts so that families know the problems faced, plan and solve problems by utilizing the potential of the family as needed (Kaddi et al., 2020).

METHODS

Study design

This research uses this type of research design research using Quasy Eksperiment with the two group pre test approach – post test design. Family empowerment research dependent variables with Participatory Rural Appraisal (PRA) method, Independent Variables of COVID19 prevention compliance

Respondents

The sample was taken by 32 treatment groups and 32 control groups. Sampling technique using Probability sampling with simple random sampling technique.

Data Collection

Data collection techniques using the COVID19 protocol compliance questionnaire sheet. Statistical tests using Mann whitney Then researchers ask for approval from study respondents by giving a letter of approval to be a respondent (informed consent). After obtaining approval from respondents, observations were made using observation sheets to respondents by beginning to pre-test, namely COVID19 preventive compliance assessment before being given family empowerment measures with participatory rural appraisal method. Then researchers conducted family empowerment with participatory rural appraisal method for 3 weeks by involving the whole family, 1 family was appointed as a leader who was able to organize the family in compliance with COVID19 prevention by implementing health protocols, and supervising all other family members. After that,

researchers conducted a post test every 1 week after the provision of family empowerment with the Participatory Rural Appraisal method by re-measuring the level of family compliance to find out the effectiveness of providing family empowerment with the Participatory Rural Appraisal method

Ethical considerations

Ethical principles that are fulfilled include the approval of respondents with evidence of filling out the approval sheet to be a respondent, ensuring that the value of usefulness is greater than the risks received by respondents, and also paying attention to the rewards received by respondents as a form of compensation and the importance of maintaining the confidentiality of respondents' data

RESULT

Based on table 1. Sociodemographic characteristics can be seen that the age of the most respondents is around the age of 26-35 years with the number of respondents as many as 13 people or with a percentage of 40.6%. While the gender factor of respondents was dominated by the male sex of 18 people or 56.2%. The last level of elementary school education became the highest level of education of respondents with a total of 17 respondents or 53.1%.

Table 3.1 Distribution of patient frequency based on age.

Age (year)	Group 1		Group 2	
	Frekuensi	Presentase (%)	Frekuensi	Presentase (%)
17-25	9	28.2	12	37.5
26-35	13	40.6	11	34.4
36-45	10	31.2	9	28.1
Jumlah	32	100	32	100

Source: primary data *September 2021*

Table 3.2 Distribution of patient frequency by gender

Gender	Group 1		Group 2	
	Frekuensi	Presentase (%)	Frekuensi	Presentase (%)
Man	18	56,2	19	59,4
Woman	14	43,8	13	40,6
Jumlah	32	100	32	100

Source: primary data *September 2021*

Distribution of frequency of compliance of covid-19 health protocol before and after family empowerment in treatment groups

The results showed that after the Mann Whitney test obtained a p-value of 0.012 so that the signification was smaller than the degree of error set by researchers, namely 0.05 ($0.012 < 0.05$). So it can be concluded that there is a difference in compliance with the covid-19 health protocol between the treatment group and the control group after family empowerment with the Participatory Rural Appraisal (PRA) method.

DISCUSSION

The results showed that after the Mann Whitney test obtained a p-value of 0.012 so that the signification was smaller than the degree of error set by researchers, namely 0.05 ($0.012 < 0.05$). So it can be concluded that there is a difference in compliance with the covid-19 health protocol between the treatment group and the control group after family empowerment with the Participatory Rural Appraisal (PRA) method. Evident from the results of the above study shows changes in compliance with the treatment group carried out by family empowerment with participatory rural appraisal (PRA) methods related to compliance with the covid-19 health protocol, and vice versa in the control group that was not given empowerment participatory rural appraisal (PRA), there was no change in compliance with the covid-19 health protocol in the group.

This is in line with research (Kaddi et al., 2020) which states that there is an empowerment influence on family knowledge. In his research using learning media with coaching or mentoring to the family for 1 month. In this case, the family's ability to maintain and improve the health of its members is obtained through the process of learning from health workers who provide health information to the family. Knowledge that the family already has about treatment, treatment that will give rise to will or will.

In family empowerment activities Participatory Rural Appraisal (PRA) conformity of conditions experienced by families today in the form of threats from Covid 19 disease and low protocol compliance is characterized by lack of knowledge. Therefore, researchers distinguished families with participatory rural appraisal (PRA) methods in treatment groups to increase knowledge and adhere to health protocols such as diligently wearing masks, washing hands and maintaining distance, in the process of adaptation of new habits must be consistently implemented to suppress the spread and addition of new cases of covid-19.

Finally regarding the variable family empowerment method Participatory Rural Appraisal (PRA) the majority of individuals showed positive results. This means that the majority of individuals feel they already have enough support from those closest to them to implement health protocols. The more positive cues to action, the higher the compliance of health protocols undertaken by the community. But in this study the perception of vulnerability had no influence on compliance with health protocols during the COVID-19 pandemic.

The description above shows that the spreading factor of information about the benefits obtained when running health protocols in the era of the COVID-19 pandemic is important to be the basis of the government's approach in order to comply with health protocols. The dissemination of information about health protocols is very important to be implemented through mass media or social media that people use in their interaction spaces. One of them is social media which is a medium that is quite effective for the dissemination of information about health protocols.

CONCLUSION

This research study shows there is an Influence on Family Empowerment with Participatory Rural Appraisal (PRA) methods Against Covid19 prevention compliance differences in covid-19 Health protocol compliance between those provided by family empowerment and those that are not given family empowerment.

This research is a response to the perceptions and needs of today's society. The underlying goal is to improve the current conditions and behavior of society. Perception has a big role in changes in health behavior including adhering to health protocols. So that one of the

recommendations of efforts to change perceptions is such as increasing the quantity and quality of dissemination of information about the implementation of health protocols directly or through social media about the benefits of implementing health protocols and utilizing the presence of community leaders or religious leaders in each village to convey the implementation of health protocols by the community in the village environment.

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