

IMPLEMENTATION OF HEALTH COMMUNICATION FOR THE PREVENTION AND TRANSMISSION OF COVID-19 IN COMMUNITIES IN THE WORKING AREA OF UPT PUSKESMAS SIMPANG EMPAT 1, BANJAR DISTRICT

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Abstract

Health communication is used as an effort to prevent transmission of COVID-19. The problem is that until now the community does not know how to prevent the spread and break the chain of transmission of COVID-19. Researchers chose the practice of implementing health communication held in the work area of UPT Puskesmas Simpang Empat 1, Banjar Regency, South Kalimantan Province for prevention and transmission through the COVID-19 health protocol. The research method used is a descriptive case study method. The object of his research is the practice of implementing health communication to prevent the transmission of COVID-19 by implementing the Adaptation of New Habits (IMR). The research results show that the implementation of health communication is influenced by three aspects, namely input, process and output. The risk-based health communication that has been carried out has proven to bring changes to the knowledge, attitudes and behavior of the community in dealing with the COVID-19 pandemic.

Keywords: Health Communication, COVID-19, Adaptation to New Habits.

Introduction

COVID-19 caused by Severe Acute Respiratory Syndrome- CoronaVirus-2 (SARS-CoV-2) was officially declared a pandemic by WHO in March 2020 (Ali, Siddiqui, Arshad, Iqbal, & Arif, 2022). The COVID-19 pandemic has changed the face of the world (Lestari & Sularso, 2020). Coronaviruses are a large family of viruses that cause disease in humans and animals. In humans, it usually causes respiratory tract infections, ranging from the common cold to serious diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS) (Yunus & Rezki, 2020). A disease which then makes many things unusual in human life. As explained by the World Health Organization (WHO), COVID-19 is a type of disease that has never infected humans in previous years and was only discovered to

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have appeared in 2019 (Mona, 2020). Everyone seems to be facing a terrible epidemic that threatens the lives of every human being affected by COVID-19.

The virus that originated in Wuhan, China, spread quickly to almost all parts of the world, including Indonesia. The spread of the COVID-19 pandemic, which is so deadly at this time, is a crisis that is sweeping humanity. We cannot avoid this crisis, but the whole society must face it together. A crisis is basically an event that doesn't go well and causes instability to an individual or a group of people. Crisis is a situation that will threaten the integrity or sustainability of an individual or group. Crises can occur because of information that is not in accordance with facts and can also occur because of communication that is not going well. To deal with the current crisis, all stakeholders must work together in efforts to prevent and deal with the Corona Virus.

At present all policy implementers, namely the central government and regional governments, must cooperate with all media in providing actual and clear information, so that there is no confusion of information. Various efforts to minimize risk must be made so that it can suppress and reduce the spread of the COVID-19 pandemic (Zulfani & Warsono, 2022). In addition, this pandemic has not only caused public concern, mainly on how this virus has an impact not only on the health dimension but also on the human, social and economic dimensions more broadly. The Indonesian government responded to this by issuing Presidential Decree (Keppres) Number 7 of 2020 concerning the Task Force for the Acceleration of Handling the Corona Virus which is under and responsible to the President. Furthermore, through Presidential Regulation No. 82 of 2020 concerning the Committee for Handling Coronavirus Disease 2019 (COVID-19) and Economic Recovery, the Task Force was later renamed to the Task Force (Satgas COVID-19). Simultaneously, the Ministry of Health through the Directorate of Health Promotion and Community Empowerment began implementing the second phase of the campaign with the theme Adaptation of New Habits (IMR). The new habit scenario is a change in behavior to continue carrying out normal activities but with the addition of implementing health protocols to prevent transmission of COVID-19 (Buana, 2020).

The correlation of this pandemic to the health sector generates extra work apart from adapting to new conditions, being at the forefront is its main task as well as disseminating information about implementing health protocols. One of the efforts to tackle the spread of COVID-19 is by conducting health communication to the public about this outbreak. The purpose of this health communication is so that people, groups or individuals can find important information about health problems and change their behavior to conform to health values. Health communication has enormous benefits both for individuals and for society. For individuals, health communication can help increase knowledge about health, generate motivation to increase awareness of health. For the community, health communication can make health an important issue and topic so that the dynamics of health information can develop more quickly.

Health communication is a systematic effort to positively influence the health practices of large populations. The main goal of health communication is to make health

improvements related to practice and in turn. As previously mentioned, health communication plays a role in preventing the transmission of a disease. This section will review the ins and outs of health communication and the position of health communication in the realm of communication science. Research on health communication will be influenced by theories, perspectives and various things in health communication that have relevance in efforts to prevent and transmit COVID-19.

A number of experts have outlined theories in the field of health communication. One of them was written by Judith A. Graeff and her friends in the book *Communication for Health and Behavior Change* (1996). Some of the theories put forward are called models. The model is a simplified form of theory. Among the various theories and models of health behavior, which are currently prominent in the field of health promotion and communication, according to Graeff, are the Health Belief Model, the Communication for Persuasion Theory, the Theory of Reasoned Action (Theory of Action), Reasoned Action), Transtheoretical Model, Precede-Proceed Model, Diffusions of Innovation Model Model), Social Understanding Theory (Social Learning Theory) and Applied Behavior Theory (Applied Behavior Theory).

Various definitions of health communication have been put forward, and there may be some differences between them. This is because health communication can basically be applied in several ways, therefore the meaning of health communication will differ according to the context that follows it. However, this is certainly not a big problem, because when experts try to examine health communication, the important point that forms the basis is that health communication can be used to influence and support individuals, communities, medical workers, decision makers, and other groups. to implement behaviors or rules that will ultimately improve health status.

Talking about health communication cannot be separated from its relation to the concept of communication. To be able to understand health communication, it is necessary to define the meaning of the word communication first. The word communication according to the Encarta Dictionary: English, North America contains several things (Lerut et al., 2007). First, the process of exchanging information between individuals, for example by speaking, writing, or through certain symbols. Second, order. Third, the act of communication. Fourth, there is a similarity of meaning and sympathy. Fifth, communication channels or liaison. One of the important roles of communication is to create a situation or situation that can easily accept new ideas so that important information can be disseminated, understood, absorbed, and discussed in a program that is being planned. To create such an atmosphere, of course, requires a deep understanding of the target audience to be achieved. Things that need to be considered include needs, beliefs, prohibitions, behavior, and lifestyles as well as social norms that guide communication in certain communities.

The above understanding can at least be used as capital in designing health communication programs. The fundamental thing of communication is the exchange of information, therefore health communication should also contain elements of two-way information exchange using public channels. In addition, health communication must be

easily accessible and in the end be able to create a common understanding of meaning among members of the communication team or the targets to be achieved by a health communication program. Finally, what is important and must be considered is the use of effective communication channels, such as the mass media.

One of the major issues in health communication is influencing individuals and communities. The goal is to improve health status by sharing information about health. The Centers for Disease Control and Prevention defines health communication as the study of using communication strategies to inform and influence individual or group decisions to improve health (Lerut et al., 2007). The word influence is also contained in the definition of health communication according to (Soekidjo Notoatmodjo, 2007) which is a systematic effort to positively influence public health behavior by using various principles and methods of communication, both using interpersonal communication and mass communication. The main goal of health communication is to change public health behavior which will further affect the increasing degree of public health. In order to succeed in public health, the use of health communication services must be increased. All analyzes regarding efforts to improve the quality of human life must include the role of communication science, especially communication strategy, with the aim of disseminating information that can influence individuals and communities to make the right decisions to maintain their health.

The distribution of COVID-19 pandemic cases in the Simpang Empat 1 Health Center work area for the June 2021 period, namely, 14 people were suspected and 9 people recovered after isolation. The distribution of COVID-19 pandemic cases in Banjar Regency as of June 30 2021 reached 2,768 people recovered with 145 people confirmed positive and 93 people died. Meanwhile, the development of the COVID-19 case in South Kalimantan Province as of June 30 2021 reached 34,224 people recovered, 786 people confirmed positive and 1,066 died.

Based on this description, the researcher is interested in conducting research related to the application of health communication for the prevention and transmission of COVID-19 in the community in the work area of the UPT Puskesmas Simpang Empat 1, Banjar Regency. The research question for this research is: "how is the application of health communication for the prevention and transmission of COVID-19 in the community in the work area of the UPT Puskesmas Simpang Empat 1, Banjar Regency?".

Efforts to prevent and control COVID-19 in Banjar Regency are currently limited to treating sufferers and quarantine, while ways to prevent transmission of COVID-19, as well as implementing health protocols for the wider community, are still not optimal. This is due to limited health protocol guidelines and health promotion information related to the incidence of COVID-19. One of the efforts to tackle the spread and transmission of COVID-19 is by providing health education about this pandemic.

As with health education, in health communication there is a learning process. In learning activities there are three main issues namely input, process, and output. The

Implementation of Health Communication for The Prevention and Transmission of Covid-19 in Communities in The Working Area of UPT Puskesmas Simpang Empat 1, Banjar District

input issue concerns the subject or learning objectives themselves with various backgrounds. The problem of the process is the mechanism or process of changing the ability of the subject to learn. While the output is the result of the study itself which consists of new abilities or new changes in the subject of study.

According to Carlyon, the notion of health education is an activity with clear objectives with knowledge, attitudes and behavior designed for the purposes of health initiatives, disease prevention, or changes in individual or group health status (Sepa & Rusminingsih, 2015). Health communication is part of health education. As part of the health education process, health communication efforts can make a significant contribution to improving public health status. Health communication is in fact very effective because it is carried out based on the orientation of the community as the focus. The main purpose of health communication is to change health behavior towards targets that are more conducive so that it is possible to increase health status as a result of health communication programs (Soekidjo Notoatmodjo, 2011). With the application of proper health communication, it is hoped that it can raise awareness to break the chain of transmission of COVID-19, such as knowledge of adapting to new habits or preventing disease transmission that is safe and effective.

Green and Keuter said that through a learning process that actively involves participants, more solid knowledge will be obtained, so that increased knowledge will last longer as a basis for behavior change. The main principle of health education is a learning process that aims to change the knowledge, skills and behavior of the target in accordance with the goals that have been set. It is on the basis of this theory that a research concept is designed, in an effort to increase the knowledge, attitudes and behavior of community members in preventing the transmission of COVID-19 by providing education through health communication.

The application of proper health communication is considered capable of contributing to preventing the transmission of COVID-19 in the work area of the UPT Puskesmas Simpang Empat 1, Banjar Regency. By implementing effective health communication programs, the community can get important information they need to know about COVID-19. This will lead to changes in knowledge, attitudes and behavior that can prevent transmission of leptospirosis in the community. Based on the description above, it is necessary to conduct research to see the application of health communication and its role in increasing knowledge of the attitudes and behavior of community members in the work area of the UPT Puskesmas Simpang Empat 1, Banjar Regency in an effort to prevent the transmission of COVID-19. For this purpose, this research will use the case study method to observe the application of health communication in efforts to prevent transmission of COVID-19.

Metode Penelitian

This research will use the case study method to see the application of health communication in efforts to prevent and transmit COVID-19. The choice of this method is based on the ability of the case study method to answer research questions "why" and

how. By using this method, it is hoped that researchers can answer questions about how to communicate health for the prevention and transmission of COVID-19 to the community in the work area of the UPT Puskesmas Simpang Empat 1, Banjar Regency. This research not only describes but also tries to integrate, not only classification but also organization. The objects in this study were the people in the work area of the UPT Simpang Empat 1 Health Center, Banjar Regency, who had received counseling from Health Promotion officers and the Simpang Empat UPT Health Center regarding the prevention and transmission of COVID-19 and ways to implement health protocols to adapt to new habits. Health communication activities carried out by health center staff provide stimulation for residents' actions in an effort to prevent the transmission of COVID-19.

The research was conducted at UPT Puskesmas Simpang Empat 1 which consisted of 9 (nine) villages. Initial observations in this study of an increase in COVID-19 cases that hit Simpang Empat District, Banjar Regency were carried out from January to March 2021. Meanwhile, field research was carried out for one month from May to June 2021. The data collection technique used in this study was descriptive research. also according to Wood referred to as observational research (Rakhmat, 1984) which is useful for explaining and detailing the symptoms that occur. This technique is used to obtain data directly in the field by paying attention to the application of health communication in the community. This data collection technique was carried out by conducting interviews with respondents by asking several questions related to the data needed for research purposes. The conversation was carried out face to face or face to face with the respondent (physically) while adhering to health protocols. The technique used in data analysis is pattern matching. Research objectives and designs are based on the propositions from which the research questions are developed. The proposition of this research is the application of a health communication strategy consisting of input, process and output.

Hasil dan Pembahasan

In this section an analysis of various matters related to program implementation such as problems, patterns, and trends that occur in the application of health communication for the prevention and transmission of COVID-19 in the work area of UPT Puskesmas Simpang Empat 1 will be described. Analysis is carried out thoroughly on *input*, process, and *output*. Analysis was also carried out on internal and external factors that influence health communication programs. The results of the analysis are described in a coherent manner starting from the planning to the *output* the health communication program.

A. Input

In suppressing the negative impact of COVID-19, what must be done first is to disseminate important information about this pandemic to all citizens. Residents' knowledge of a disease will influence their attitude and behavior in breaking the chain and preventing transmission of the disease. It is on this basis that the Banjar

Implementation of Health Communication for The Prevention and Transmission of Covid-19 in Communities in The Working Area of UPT Puskesmas Simpang Empat 1, Banjar District

District Health Office has made a policy in the form of procuring a health communication program to implement health protocols. District Health Office Policy Banjar to organize a health communication program as an early response to a pandemic in the Simpang Empat 1 Health Center work area is in line with what other countries are doing in an effort to break the chain of transmission.

Through a health promotion program at Community Health Centers with a Risk Communication Strategy for Public Health Emergencies, WHO South-East Asia Region, 2019-2023. This acceleration program is carried out with a series of campaigns. Risk communication system (*structure*), internal coordination and with partners (*partnering*), public communication during emergencies (*public communication*), communication with affected communities (*community engagement*) and handling of perceptions, risky behavior and misinformation (*listening*). It is important for communicators to pay attention and prioritize key behavior change objectives that are considered essential to effectively and efficiently reduce COVID-19 cases. The application of health communication by the Community Health Center to prevent transmission of a disease is also in accordance with the theory of communication for persuasion (*communication for persuasion theory*) which asserts that communication can be used to change health attitudes and behaviors that are directly linked in the same causal chain (Graeff, 1996). The effectiveness of a given communication effort depends on various *inputs* (stimuli) and *outputs* (responses to stimuli). According to this theory, changes in knowledge and attitudes are preconditions for changes in health behavior and other behaviors.

Planning carried out by the health communication program communicator for the prevention and transmission of COVID-19 is in accordance with the stages in the *P-Process* framework. All the parts needed have been involved and the division of tasks is also described in detail. However, not all stages in the *P-Process* can be applied when planning a health communication program for the prevention and transmission of COVID-19 in the Simpang Empat 1 Health Center UPT work area because it is hampered by the limited time for planning. The COVID-19 case in Simpang Empat District occurred suddenly, so handling it requires fast action. This causes the communicator does not have much time. In this planning process almost all stages have been carried out properly, the situation analysis carried out was quite comprehensive and was able to map the problems faced by the Simpang Empat District area related to the COVID-19 case.

The importance of planning before implementing a health communication program according to the *precede-proceed*. Lawrence Green and his colleagues developed the *precedent-proceed model*, which is now well-known for planning health education programs. The *precedence* model is the "true" model, which is more directed at pragmatic efforts to change health behavior than just theory development efforts.

Figure 2 below describes how messages and key message derivatives for behavior change communication are related to one another. Messaging consistency is essential when running this AKB campaign.

B. Process

At this stage, the previously planned health communication program is realized through the implementation of counseling in the Simpang Empat 1 Health Center UPT work area. communication, namely interpersonal channels and community-oriented channels. Interpersonal channels are realized through direct visits by Puskesmas officers, such as Suspected and/or Confirmed COVID-19 cases to homes. In addition, direct education or counseling is given. This channel was chosen because it reduces physical contact with other residents for monitoring self-isolation or quarantine at home. In addition, most residents have absolutely no knowledge about COVID-19. Not even a few of them are hearing about this pandemic for the first time after the cases and deaths occurred. Apart from these reasons, the selection of this channel is also due to the fact that many residents are still illiterate and do not speak Indonesian fluently.

In overcoming this obstacle, officers and health workers who go around the community in carrying out socialization and educational processes use the Banjar language more. This aims to make it easier for people to accept the material provided. Officers also use terms that are easily understood by the public. The use of medical and medical terms sometimes actually hinders the process of understanding because village people tend to find it difficult to pronounce and remember these terms. However, in fact, from the results of the interviews with the residents of Tanah Intan Village, it was found that there were still some members of the community who did not understand the matters given by the health workers. According to information from residents, they acknowledged that they did know about the COVID-19 pandemic from several electronic media such as television broadcasts and also social media. They think that residents who live in villages and are far from urban areas will not be exposed, but the mobility of villagers is also high to go to the district capital, namely Martapura City and some even go to Banjarmasin City. So that efforts to provide education is needed.

In implementing health communication programs, health promotion officers and health workers as communicators play a very important role. The communicator as the spearhead of implementing a program at least contributes to determining the success of the program. Whether a program is effective or not depends on the methods officers use in socializing and educating the public. The participation of officers, cadres and health workers in implementing communication programs to stimulate behavior change is contained in the innovation diffusion model. This model emphasizes the role of agents of change in the social environment. Relatively speaking, neighbours, health workers or other change agents help produce behavior change in certain ways, for example by increasing the need for change, building the necessary interpersonal relationships, identifying

Implementation of Health Communication for The Prevention and Transmission of Covid-19 in Communities in The Working Area of UPT Puskesmas Simpang Empat 1, Banjar District

problems and their causes, setting goals and appropriate solutions. potential, motivating a person to accept and maintain action, and breaking ties that return a person to old behavior.

The second other communication channel used in the health communication program to prevent transmission of COVID-19 is a community-oriented channel. This channel is realized through the provision of Health Promotion counseling with cross-sectoral assistance, namely the TNI/POLRI to conduct education using mobile ambulances and providing information through loudspeakers for prayer rooms/mosques as well as educating visitors at the Puskesmas. Counseling is carried out in stages starting from the highest level (district) to the lowest level (village) using the principle of community empowerment. A health communication program that pays attention to aspects of community empowerment in it is in accordance with one of the elements of health communication. In one of the common elements usually contained in health communication, it is stated that health communication empowers people by providing knowledge and understanding about health issues (Lerut et al., 2007).

The reason for selecting this communication channel is due to its effective function when dealing with societal norms, as well as providing opportunities for audience members to reinforce one another's behavior. During counseling, in addition to socializing and educating about COVID-19, extension workers also conduct training for village community health cadres or local village officials. These health cadres are trained to be able to give a first approach to sufferers who are close to themselves and can be an example for the surrounding community. Some opinions say that a person's perception or behavior is influenced by the perceptions and behavior of members of the group in which he is a member, or by his network of personal relationships. People tend to rely on others especially when the situation is very uncertain, or could be interpreted differently, and when objective evidence is not available. The tendency of people to imitate or imitate the behavior of others is in line with the explanation from social understanding theory. Social understanding theory or social learning theory emphasizes the triangular relationship between "people" (concerning cognitive processes), behavior and the environment in a "reciprocal deterministic" process (or "reciprocal causality"). If the environment determines or causes most behavior to occur, then an individual uses his cognitive processes to interpret the environment and the behavior he is carrying out, and reacts by changing the environment and receiving better behavioral results. In simple terms, it can be said that when we see another person (a model) carrying out a behavior, then our ability to "reproduce" that behavior increases.

In addition, dissemination of information/campaigns using technology and channels through digital/social media such as Instagram UPT Puskesmas Simpang Empat 1 (@puskesmas_simpangempat1) has been carried out in accordance with applicable policies to convey key messages of behavior change. Media landscape

has two different but mutually supportive poles, namely offline and online. Simply offline defined as all communication activities that are not mediated by the internet. The results observed were the delivery of key messages through offline traditionalFor a pandemic situation, this media placement is carried out in health facilities such as the Community Health Center (Puskesmas) and Posyandu or village-level health services. Its function is to ensure that services continue to run but by practicing preventive measures for both health workers and for patients/participants. All standards and protocols for health workers must follow the existing regulations.

From the researchers' observations, there are several things that need to be observed regarding the implementation of the health communication program to prevent the transmission of COVID-19 in the Simpang Empat 1 Health Center UPT work area (both through the first channel and the second channel). First, regarding the intensity of counseling implementation. The amount of outreach that has been carried out is felt to be insufficient to meet the information needs of residents about COVID-19.

In all villages in the working area of the UPT Puskesmas Simpang Empat 1, during the June 2020 period, there were 12 (twelve) suspected cases with 10 (ten) confirmed cases but no deaths. This condition causes residents to become traumatized and afraid of new cases of this pandemic. Therefore, some people expect the District Health Office. Banjar and UPT Simpang Empat 1 Public Health Center held more counseling about the dangers and ways to deal with leptospirosis.

The second thing that needs to be observed is the lack of attention from the communicator in documenting each program that has been implemented. Ideally, every program that has been implemented has documented evidence. The only documentary evidence that exists is in the form of a list of attendees and photos during the program implementation. Apart from that, the notes, the list of questions, and the results of the discussions between the participants and the extension workers have not been documented. Documentation is used as one of the proofs of program implementation, it also functions to find out important things that happened during the program. Documentation has great benefits, especially in carrying out monitoring and evaluation activities. From the existing documentation, it can be seen the deficiencies and errors of the previous program, so that it will influence the strategy for the next program.

C. Output The

Output of the health communication program in the Simpang Empat 1 Health Center UPT work area is an increase in knowledge, attitudes and changes in behavior in the surrounding community. This is evident from interviews and observations conducted by researchers with respondents who are residents of Tanah Intan Village. In addition, many people who visit the Puskesmas have applied the adaptation to new habits (IMR). Starting from wearing a mask, washing hands and keeping a safe distance while at the Puskesmas. The resulting behavior here is

Implementation of Health Communication for The Prevention and Transmission of Covid-19 in Communities in The Working Area of UPT Puskesmas Simpang Empat 1, Banjar District

health behavior. In line with the limitations of behavior according to Skinner, health behavior is a person's response to stimuli or objects related to health-illness, disease, and factors that affect health-illness (health) such as the environment, food, drink, and services. health (Notoatmodjo, 2010). In other words, health behavior is all activities or activities of a person that can be observed (observable) or those that cannot be observed (observable) related to maintaining and improving health. This maintenance of health includes preventing or protecting oneself from disease and other health problems, promoting health, and seeking healing when sick or having health problems.

Changes in human behavior resulting from increased knowledge and attitudes are stated in the explanation of the health belief model. In this model it is explained that health behavior is a function of knowledge and attitude. In particular, this model emphasizes that a person's perception of the vulnerability and efficacy of preventing and transmitting COVID-19 can influence a person's decisions about their health behaviors. Meanwhile, the belief model expressed by Becker states that a person's behavior is determined by several things, including believing that they are susceptible to certain health problems, taking this problem seriously, believing in the effectiveness of treatment and prevention goals, being inexpensive, and receiving suggestions for taking action (S Notoatmodjo, 2019).

It has become a general understanding that behavior is a determinant of health which is the target of health communication activities. In other words, health communication aims to change behavior (behavior change). Changes in behavior that are expected from the health communication program to break the chain of transmission of COVID-19 include increasing understanding, perception, attitude towards risks, causes, symptoms, prevention of transmission of COVID-19 for each stakeholder involved. In addition, risk communication efforts are used as a reference to provide information about the dangers and consequences of not adapting to new habits.

Changes in human behavior use the main concept, namely the "Extended Parallel Process" model which discusses feelings of threat (to COVID-19) and efficacy (belief in one's own abilities) to respond to this threat. The key is in the balance between the two factors. If the threat (feeling of threat) is not high, people will not see the pandemic as important for their lives. Likewise, if people are very afraid of the threat, then they will not dare to take any initiative.

The ideal balance is to convince people that the condition of COVID-19 can be controlled if they are willing to take action and respond according to the suggestions/messages conveyed. Of course, the message is effective in reducing transmission, easy to understand and can be done by everyone.

After observing the research object and analyzing the data found, it is known that the application of health communication to prevent the transmission of COVID-19 in the Simpang Empat 1 Health Center UPT work area is influenced by several important factors. These factors more or less determine the success of the

health communication program. These factors can be grouped into internal factors and external factors. Internal factors are related to the parties who become communicators in the health communication program, which include the number of available health workers, the ability of officers to deliver material for key messages, and the quality of the material provided during counseling. While external factors relate to aspects of the intended audience of the health communication program, including the interest and ability of the community to follow and receive the information conveyed.

The obstacle encountered in the implementation of health communication was the limited number of health workers who acted as communicators, both from the Banjar Regency Health Office and from the Simpang Empat 1 Health Center UPT. Villages in the Simpang Empat 1 Health Center work area. In addition, the low level of attention and ability of residents to understand counseling material is also an obstacle in implementing health communication for the prevention of COVID-19 in the Simpang Empat 1 Health Center work area.

Conclusions

The COVID-19 pandemic as an infectious disease is still a major public health problem in Indonesia. Infectious disease, also known as infectious disease in medical terms, is a disease caused by a biological agent. Infectious diseases are usually acute and attack all levels of society. The higher the level of one's knowledge of a disease, the greater the willingness to take preventive action. The risk communication strategy is critical in increasing public awareness and changing people's behavior to prevent COVID-19 transmission. A comprehensive behavior change communication strategy will provide alignment and strengthen the COVID-19 prevention and control program in Indonesia at the central, regional, health center, and village/kelurahan levels. The policy from the Banjar District Health Office, in collaboration with the UPT Puskesmas Simpang Empat 1 Health Promotion Program, to hold a risk communication program has proven to be quite effective in implementing IMR to break the chain and prevent transmission of COVID-19. Flash planning is usually done due to time constraints. In practice, the forms of health communication program activities are in accordance with the targets and goals to be achieved.

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Implementation of Health Communication for The Prevention and Transmission of Covid-19 in Communities in The Working Area of UPT Puskesmas Simpang Empat 1, Banjar District

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