



Description of the Knowledge, Attitudes, and Behavior of the Community Behavior about Toward Coronavirus Disease Self-isolation in the Working Area of Pauh Health Care in 2021

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Abstract

BACKGROUND: Coronavirus disease-19 (COVID-19) was a disease caused by SARS-CoV-2. The positivity rate for COVID-19 at the Pauh Health Center until August 2021 reached 34.95%.

AIM: The aim of this research to find out about knowledge, attitudes, and behavior the community behavior toward coronavirus disease (COVID-19) self-isolation in the working area of Pauh Health Care.

METHODS: This study used a political and logical approach with descriptive and cross-sectional design. The research was conducted from August to September 2021 in Cupak Tengah, South Limau Manis, and Koto Luar. The research data were obtained by filling out the respondent's questionnaire and guided interview.

RESULTS: The problem found using the Hanlon method was the high positivity rate of COVID-19 at the Pauh Health Center. This was due to several factors, such as the lack of public knowledge about COVID-19 and self-isolation, lack of awareness in implementing health protocols, lack of concern and negative stigma toward people who are confirmed to have COVID-19, lack of strict supervision of health protocols by cross-sectors, and obstacles in purchasing Standard Personal Protective Equipment (PPE).

CONCLUSION: The solution to the high COVID-19 positivity rate in the Pauh Health Center work area was to form an independent isolation module using the Plan, Do, Check, and Action (PDCA) flow, making this module can be an outcome in helping to improve people's behavior and educating the public to behave well according to the rules.

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Introduction

Coronavirus disease-19 (COVID-19) is a disease caused by novel coronavirus (2019-nCoV) or what is now called SARS-CoV-2 which is a new type of virus that has never been identified before in humans and first appeared in Wuhan, China [1].

On January 7, 2020, China identified the case as a new type of coronavirus. On January 30, 2020, the World Health Organization (WHO) designated the incident as a Public Health Emergency of International Concern (PHEIC). On February 11, 2020, the WHO declared the disease caused by this new virus as COVID-19 [1].

The addition and spread of COVID-19 cases globally are taking place quite quickly [2], [3], [4], [5]. On March 29, 2020, the WHO risk assessment included it in the very high category where a total of 571,678 cases of infection were reported with a total of 26,494 deaths. As of September 11, 2021, there are 219,000,000 confirmed cases and 4,550,000 deaths [6]. The first confirmed case of COVID-19 in Indonesia was found on March 2, 2020 [5], this case continues to grow with a

total of 4,160,000 confirmed cases and 138,000 cases of death as of September 11, 2021 [6]. Nationally, through Decree Number 13 A of 2020, the status of a certain state of emergency has been determined for an outbreak of disease caused by the coronavirus in Indonesia and COVID-19, including non-natural disasters [7].

The number of COVID-19 cases in West Sumatra Province has shown quite a significant number in recent months. This is because West Sumatra has become the center of activity and very high community mobility, besides the spread of cases has illustrated the existence of sub-clusters and local transmission [8]. The number of confirmed cases of COVID-19 in West Sumatra as of September 11, 2021, was 88,189 cases with 2058 deaths and the cases in Padang until September 11, 2021, there were 41,640 cases with 535 deaths [9].

As of 2019, there are 10,134 health centers as the spearhead of health services throughout Indonesia. The health center is the front line in breaking the chain of transmission of COVID-19 because it is located in every subdistrict [10]. Although this is currently a priority, it does not mean that the health center can

leave other services that are the function of the health center, namely, implementing Community Health Efforts (UKM) and Individual Health Efforts (UKP) following the Regulation of the Minister of Health of the Republic of Indonesia (Permenkes RI) Number 43 of 2019 concerning Centers for Public health [11].

Based on Bloom's theory, health status is influenced by four interrelated factors, such as the environment (40%), health behavior (30%), health services (20%), and genetics (10%). Of the four factors, behavior and environment have a big influence [12]. This factor is strongly influenced by the behavior of the community itself, therefore, the implementation of the Healthy Living Community Movement (Germas) in promoting a culture of healthy living and cross-involvement is encouraged. The role of health center is very important in realizing community independence through community empowerment in changing behavior and the environment which is in line with Bloom's theory, namely, that people are encouraged to have healthy living behaviors that have awareness, willingness, and ability to live healthily and live in a healthy environment [12].

Based on the positivity rate, the Pauh Health Center until August 2021 had already set a figure of 34.95% [13], [14], [15]. This is a very important point of concern to pay attention to considering the spread of cases in the city of Padang illustrates the existence of local transmission, cases of people without symptoms who can transmit this disease at any time. In addition, there are still many people who do not understand self-isolation, especially when they have a history of contact with confirmed cases, a history of traveling to and from outside the city, and have symptoms similar to COVID-19 so they are still in contact with other family members so that a family cluster will appear [14].

The availability of special COVID-19 rooms in hospitals is still limited so that in the Guidelines for the Prevention and Control of COVID-19, people who have mild symptoms can self-isolate at home [13]. Based on interviews with the head of the health center, program holders, the person in charge of UKM and UKP, as well as the person in charge of surveillance and reviewing the COVID-19 cohort report at the Pauh Health Center, it was found that 61% of the residents in the Pauh Health Center working area were self-isolating at home family cluster and there were 28% of deaths from confirmed COVID-19 who were self-isolating at home [15].

Based on the initial preliminary survey that the author conducted on residents living in three urban villages with the highest positivity rate in the working area of the Pauh Health Center, namely, Cupak Tengah (44.39%), South Limau Manis (41.89%), and Koto Luar (40.56%) [15], it was found that 81.82% of respondents had poor knowledge about self-isolation, 76.36% of respondents had a negative attitude regarding self-isolation, and 78.20% of respondents had bad actions related to self-isolation.

Of all the existing problems, a solution is needed to increase public knowledge to bring up quality attitudes and actions, this is in accordance with Notoadmojo's theory which states that the element of knowledge that should be owned by the community will be very influential in the formation of a closed reaction to produce a good one action or practice [16]. The solution that can be given is to use educational media that can be used by the community as a guide in self-isolation as a manifestation of the public health mission, namely, preventive and promotive actions [11].

One way of delivering health information that is considered effective is through health promotion media. One of the examples of health media is the module [17]. The module is the smallest unit of the learning education program, arranged systematically and attractively which includes material content, methods, and evaluations that can be used independently to achieve an understanding or competence. The selection of this module as the basis for taking the media used as health promotion is the geographical condition of the Pauh Health Center, approximately 30–40% of the people living in hilly areas such as the Lambung Bukit subdistrict lack online and internet media accessibility, the second reason that underlies not all communities the work area of the Pauh Health Center which understands electronics, because most of the dissemination of information including health promotion in electronic media, besides that there is no need to collect large and repeated masses in promotions regarding COVID-19 self-isolation and the briefings provided, especially during the COVID-19 pandemic. Thus, apart from the advantages of the module as a real item which can be substituted for the function of educators, the module has concise information that can be read repeatedly and evaluate one's understanding of the educational material.

Based on the explanation above, the author is interested in suggesting a solution to the problem in the form of an innovative module related to COVID-19 self-isolation (MODUSMAN) as a promotive and preventive education medium in the Pauh Health Center working area with outputs so that people can understand how to implement self-isolation properly while at home. In addition, from the manufacture of this module, research was carried out on behavioral descriptions in the form of community knowledge, attitudes, and actions regarding COVID-19 self-isolation in the Pauh Health Center work area.

Methods

This research was conducted with two approaches, namely, a logical approach and a political approach. Identification of health problems through

a logical approach is done by viewing and analyzing existing data. The sources of information used were the Pauh Health Center Annual Report 2020, the Pauh Health Center COVID-19 Cohort Report 2021, field research regarding the level of community knowledge, attitudes, and actions regarding COVID-19 self-isolation in the Pauh Health Center work area, and discussions with supervisors and field preceptors, heads of the health center, program holders, persons in charge of SMEs and UKPs, and persons in charge of COVID-19 surveillance.

Determination of the priority causes of the problem used the Hanlon method. The Hanlon method uses the following criteria: Urgency is the urgency of the problem being solved, the possibility of intervention, namely, whether it is easy or not, including the ability of the manpower and time of the person who will provide the intervention, the cost is expensive or not an intervention is implemented, and the possibility to improve the quality of the intervention. An indicator of how high the quality or satisfaction will be if the intervention is implemented. Then, the knowledge score calculated with Arikunto (2013) questionnaires:

$$\text{Percentage} = \frac{\text{Total correct number}}{\text{Total of question}} \times 100$$

The research method uses a mixed method (quantitative and qualitative) with this type of research that is descriptive with a design using a cross-sectional study (cross-sectional). The variables of this study are the level of knowledge, attitudes, and actions of the respondents regarding self-isolation. The research was conducted from August to September 2021 in the working area of the Pauh Health Center.

The population of this research is the entire community in the working area of the Pauh Health Center who resides in the Village of Cupak Tengah, Limau Manis Selatan, and Koto Luar as many as 29,364 people. The research sample selected was the community in the three village wards with the highest positivity rate at the Pauh Health Center that met the research criteria. Subject inclusion criteria were respondents aged 15 years and over, residents living in three urban villages with the highest positivity rate, willing to become respondents by signing an informed consent after receiving an explanation about the study, and filling out the research questionnaire in full. Subject exclusion criteria were respondents who were unable to read and write and respondents who were carrying out COVID-19 self-isolation at the hospital or their respective residences. Samples were taken using the probability sampling method with proportionated stratified random sampling technique. Sample size determination in this research is practical manual used Lemeshow theory. The population in the working area of the Pauh Health Centre is 29.364, and 10% would be 2.936 people.

Research data were obtained by filling out questionnaires by respondents and guided interviews

to get in-depth answers related to the results of the questionnaire. The questionnaire used is a questionnaire of knowledge, attitudes, and community actions about COVID-19 self-isolation which was made by the author and has been validated and obtained $r\text{-table} > r\text{-count}$ (0.164) with Cronbach alpha knowledge 0.658, attitude 0.729, and action 0.684 (alpha Cronbach = reliable > 0.6).

The data were analyzed statistically based on the variables assessed using a computerized system, namely, univariate analysis. Univariate analysis was conducted to see the frequency distribution of each variable.

Results

Based on the review of the Pauh Health Center annual report document, observations, and interviews with the head of the health center and the program holder at the Pauh Health Center, eight problems with the highest gaps were found from all programs, including SME-Essential, SME-Development, UKP, and Minimum Service Standards (SPM) for Health Center. Of the eight problems that have been identified, through the Hanlon method, one priority is determined for the problem to be solved. The following are the results of the priority problem analysis (Table 1).

Table 1: Problem priority analysis

Section	Problem	U	I	B	M	Total	R
UKM	High COVID-19 positivity rate at Pauh Health Center (34.95%)	5	4	3	4	16	1
Essential (P2P)	Low coverage of screening suspected TB	3	2	4	3	12	2
UKM	Health services for tuberculosis patients	3	2	4	3	12	2
SPM	The low achievement of health efforts for the elderly	2	3	4	2	11	3
UKM-P	Low achievement of public health care programs	2	2	4	2	10	4
SPM	The low achievement of services for patients with hypertension	3	3	3	3	12	2
UKP	The implementation of the ER is not optimal	2	2	4	2	10	4
UKP	Recording of medical records that have not been optimal	1	2	3	2	8	5
Total		21	20	29	21	91	

U: Urgency, I: Possible intervention, B: Cost, M: Possibility of quality improvement, T: Total score, R: Rank.

The problem of the high COVID-19 positivity rate in the work area of the Pauh Health Center is a priority problem based on an assessment of urgency, possible interventions, costs, and the possibility of quality improvement.

In terms of urgency, this problem is very important or very urgent to be solved. This is because the COVID-19 pandemic is a health problem throughout the world, including the current working area of the Pauh Health Center with a positivity rate that is almost 7 times higher than that allowed by the WHO ($<5\%$). A positivity rate $>10\%$ indicates that the pandemic is not under control in the area and the high rate of transmission. This condition can be caused by various

things, including the emergence of family clusters. More than half of the people who were confirmed positive were self-isolating (61%). This condition certainly has great potential for transmission of virus transmission to other family members if they do not know the correct procedures for self-isolation at home. If it is not handled properly, the rate of virus transmission in the work area of the Pauh Health Center will continue to increase. In addition, there is no health promotion media and information regarding self-isolation at the Pauh Health Center, either in print or electronic media.

Interventions that can be implemented to control the increasing transmission of COVID-19, especially due to the emergence of family (Table 2) clusters, are in the form of Communication, Information, and Education (CIE) such as counseling or the creation of educational media in the form of self-isolation procedures at home that the public can always read. CIE interventions are relatively easy to do.

Table 2: Frequency distribution of knowledge levels, attitudes, and actions in general community working area of Pauh Health Center

	f	%
Knowledge		
Good	7	12,7
Moderate	15	27,3
Less	33	60
Attitudes		
Positive	19	34,55
Negative	36	65,45
Actions		
Good	10	18,2
Poor	45	81,8
Total	165	100%

After the priority of the problem is obtained, the next step is to analyze the causes of the problem through the Ishikawa diagram by assessing human factors, methods, and funds. The causal factors were obtained through a preliminary survey, in-depth interviews with the community, and COVID-19 program holders at the Pauh Health Center and observation. The causes of problems from the human factor are as follows:

1. Lack of public knowledge about COVID-19.

In the knowledge, attitude, and action questionnaires, there are knowledge questions about COVID-19 that show an overview of knowledge.

The planned alternative solution is to conduct counseling inside or outside the building about COVID-19 in terms of preventing the transmission of COVID-19.

2. Lack of public knowledge about how to self-isolate at home in the midst of the emergence of family clusters.

In the knowledge, attitude, and action questionnaires, there are items of knowledge questions about self-isolation at home that show an overview of self-isolation knowledge in the community (Table 3).

The alternative problem-solving that is planned is to form an independent procedure module at home and socialize the self-help procedure module at home to the community in the working area of the Pauh Health Center.

Table 3: Frequency distribution of knowledge levels, attitudes, and actions regarding community self-isolation in the work area of Pauh Health Center

	f	%
Knowledge		
Good	0	0
Moderate	10	18,18
Less	45	81,82
Attitudes		
Positive	13	23,64
Negative	42	76,36
Actions		
Good	12	21,8
Poor	43	78,2
Total	165	100%

3. Lack of public awareness in implementing health protocols.

In the knowledge, attitude, and action questionnaire, there are questions about health protocols that describe public awareness in carrying out health protocols (Figure 1).

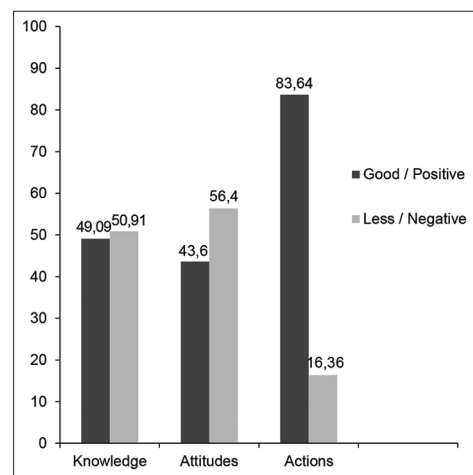


Figure 1: Distribution of knowledge levels, attitudes, and actions about public health promotion in Pauh Health Center work area

The alternative solution to the planned problem is to conduct counseling inside or outside the building regarding the COVID-19 health protocol and create educational media in the form of educational videos related to the implementation of the COVID-19 health protocol.

4. Lack of concern for people who have been confirmed COVID-19.

In the knowledge, attitude, and action questionnaire, there are question items regarding public concern that reflect the level of public concern for COVID-19 confirmed patients (Figure 2).

Even though the community knows that they should care about people who are self-isolating, in real action, quite a lot of people do not care and have never provided assistance to neighbors affected by COVID-19.

This is in accordance with in-depth observations and interviews with COVID-19 program holders at the Pauh Health Center that the community does not know the condition of their neighbors and has no concern for finding out which neighbors or surrounding communities have been confirmed positive for COVID-19. Until now,

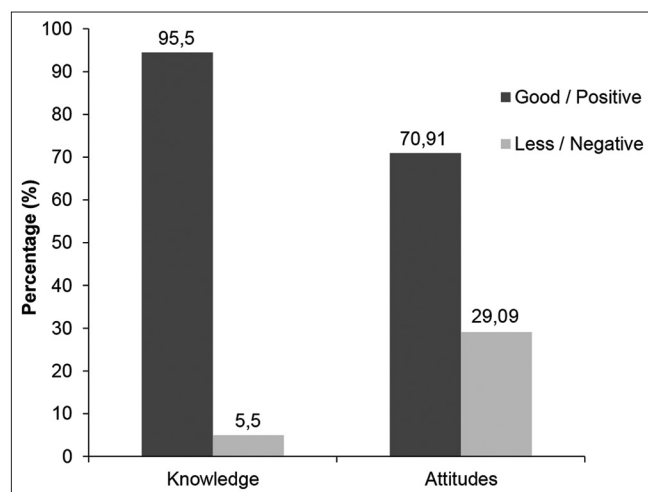


Figure 2: Distribution of knowledge levels and attitudes about community concern for patients with confirmed COVID-19 working area of Pauh Health Center

some people have never given real assistance to neighbors whom they know are positive for COVID-19. This is according to interviews with the community and COVID-19 program holders:

"... so far never, afraid of spreading the virus to other neighbors..." (Informant 8)

"...never, don't even know who is positive..." (Informant 14)

"...At first, the community wanted to help at the beginning of the pandemic, but now that many have been exposed, it is no longer possible to help each other between neighbors. Even though there are actually people who care, there are also many who don't care..." (COVID-19 program holder)

The alternative for solving the problem that is planned is to form a COVID-19 alert village in nine villages in the working area of the Pauh Health Center.

5. Negative stigma in society toward confirmed COVID-19 patients.

In the knowledge, attitude, and action questionnaire, there is an item on the question of stigma against COVID-19 which describes the stigma of society toward confirmed COVID-19 patients (Figure 3).

This is in accordance with in-depth interviews with COVID-19 program holders at the Pauh Health Center that most people think that COVID-19 is a disgrace to themselves and their families. Many people also deny that they are sick, including some community leaders who should be good examples in handling COVID-19. This is according to interviews with COVID-19 program holders: *"...the negative stigma in society is still strong, there are still many people who deny that they are sick, denying COVID-19 and some even feel that being exposed to COVID-19 is a defamation..." (COVID-19 program holder).*

The planned alternative solution to the problem is to form interesting information media related

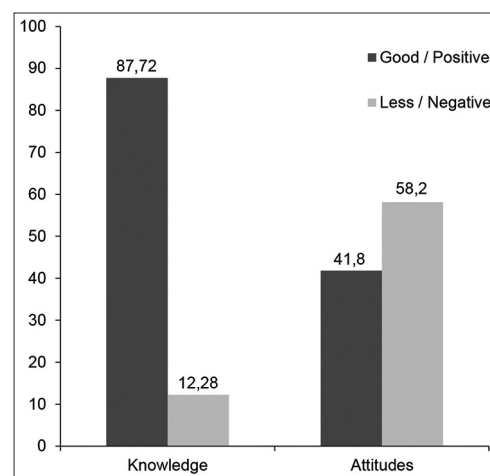


Figure 3: Distribution of knowledge levels and attitudes about community stigma against COVID-19 confirmed patients in Pauh Health Center work area

to information about COVID-19 including preventing hoaxes so that negative stigma in the community is reduced, as well as empowering the Pauh Health Center website to disseminate information on COVID-19 including information related to hoaxes.

The cause of the problem from the method factor is the lack of strict supervision of health protocols by cross-sector. Based on a preliminary survey through in-depth interviews with the community in the working area of the Pauh Health Center, it was found that there were still many people who violated health protocols so that cross-sectoral supervision of health protocols needed to be increased. The public also hopes that stricter supervision of health protocols can reduce the number of COVID-19 cases so that the pandemic will end soon. This is following interviews with the Pauh community:

"...yes, so that this COVID will disappear quickly and we can carry out activities as usual." (Informant 11)

"...yes, because of the many violations from the community such as lax health protocols..." (Informant 20)

The alternative problem-solving plan is policy advocacy related to the supervision of health protocols to relevant cross-sector to increase public awareness in implementing health protocols.

Meanwhile, from the financial factor, there is an increase in economic needs during the pandemic that people find it difficult to purchase standard Personal Protective Equipment (PPE). Based on a preliminary survey through in-depth interviews, more than half of the people complained about the increased spending during the pandemic, especially people who had coexisting conditions. This condition is caused by several things, such as the need to purchase personal protective equipment such as masks and hand sanitizer. The allocation for the purchase of PPE can even reach Rp. 500,000.00 per month. Even though there is direct

cash assistance (BLT) from the government, it is deemed insufficient which causes people to continue to work outside their homes even though the government has issued a recommendation to limit community activities. This is following interviews with the Pauh community:

“...expenditures during the pandemic have increased because, in addition to meeting primary needs to buy personal protective equipment such as masks, gloves, hand sanitizer, it also costs almost the same as basic daily needs...” (Informant 12)

“The BLT that was given was only Rp. 700,000, and even then it has been used for electricity and internet costs for online school children at home. Meanwhile, for personal needs it has not been calculated in it, so the BLT is not enough to meet daily needs...” (Informant 15)

“...The BLT given was unfair and unequal, some received Rp. 300,000, some are Rp. 600,000, I only got 1 time while other neighbors already got 2 to 3 times...” (Informant 49)

“...yes, I set aside up to Rp. 500,000 just to buy PPE, not yet for other daily needs...” (Informant 19)

“...I don't think PPKM needs to be extended because it will harm small parties in the economic sector...” (Informant 13)

“...No, because PPKM is enforced as it is customary to violate the community for various reasons for economic work and other activities...” (Informant 15)

The planned alternative solutions to the problem are public policy advocacy related to the procurement of PPE for the community in the Pauh Health Center working area and cross-sectoral cooperation in terms of procuring PPE for the mask industry, hand sanitizer, and room cleaners as well as community empowerment in making PPE independently.

Similar to determining the priority of problems that will be solved previously, determining the priority of alternative problem solving that may be carried out at the Pauh Health Center also uses the Hanlon method. The following are the results of the analysis of alternative problem-solving priorities (Table 4).

Based on the results of the analysis of alternative problem-solving priorities, it was found that the most likely solution to the problem was the creation of an independent isolation module at home which was intended for the community in the working area of the Pauh Health Center.

Discussion

Coronavirus disease (COVID-19) is an infectious disease caused by a type of coronavirus with

the characteristics of a positive single strain ribonucleic acid (RNA) virus, encapsulated, and not segmented. There are several groups of people who are at risk of contracting the SARS-CoV-2 virus, including the elderly and individuals with serious illnesses, such as heart disease, diabetes mellitus, chronic respiratory disease, and cancer [3], [6]. In addition to being more at risk for COVID-19, people in this group also have a risk of worsening if they are infected with the SARS-CoV-2 virus [18], [19], [20], [21].

Table 4: Problem-solving alternative priority analysis

Problem-solving alternative	U	I	B	M	T	R
Indoor and outdoor counseling on COVID-19	4	4	4	3	15	2
Making a module on self-isolation procedures at home and disseminating the module using the focus group discussion (FGD) method to the community	5	4	3	4	16	1
Indoor and outdoor counseling regarding the COVID-19 protocol and making educational videos about health protocols	4	4	4	3	15	2
Establishment of the COVID-19 alert village in the work area of the Pauh Health Center	4	2	2	3	11	5
Formation of information media and empowerment of Pauh Health Center website for dissemination of COVID-19 information including hoax prevention	3	4	4	3	14	3
Policy advocacy related to supervision of health protocols to cross-sectors related to efforts to increase public awareness	3	1	4	2	10	6
Public policy advocacy regarding PPE procurement and cross-sectoral in the procurement of PPE to the PPE industry or community empowerment in making PPE	4	2	2	4	12	4

Patients with confirmed COVID-19 are symptomatic and asymptomatic. The grouping of COVID-19 patients based on their symptoms such as confirmed patients without symptoms and patients with confirmed symptoms of mild, moderate, severe, and critical. There are several terms in diagnosing COVID-19 patients, namely, patients under supervision (PDP), people under monitoring (ODP), probable cases, and confirmed cases [3], [5].

Management of patients with confirmed COVID-19 according to symptom criteria. In confirmed patients without mild symptoms, as well as mild symptoms, it is enough to self-isolate at home with education about self-isolation and pharmacological therapy in the form of multivitamins, antivirals, paracetamol if fever, and continue taking regular medication if you have comorbid diseases. Meanwhile, moderate, severe, or critical symptoms need to be immediately referred and treated at a hospital that has a COVID-19 treatment room [5].

Data on confirmed cases of COVID-19 in the Pauh Health Center working area from January to July 2021 have reached 1202 cases with a positivity rate of 34.95%. This of course has exceeded the limit set by the WHO, which is <5% [22]. The subdistricts with the highest positivity rate in the working area of the Pauh Health Center include Cupak Tengah (44.39%), South Limau Manis (41.89%), and Koto Luar (40.56%). The high positivity rate in the work area of the Pauh Health Center shows the uncontrolled spread of COVID-19 cases and can be a threat to the Pauh community.

The health center has a role in handling COVID-19, namely, providing health promotion with 3M (wearing masks, maintaining distance, and avoiding crowds, and washing hands with soap) as

well as assisting the government in implementing the 3T (testing, tracing, and treatment) program and administering vaccinations. As a First Level Health Facility, it also has a role to educate and monitor the condition of people who are self-isolating at home or in facilities provided by the government in accordance with their respective working areas [5].

Health promotion media can be used in the prevention of COVID-19 including the procedures for implementing self-isolation are modules. The module is the smallest unit of the learning education program, arranged systematically and attractively which includes material content, methods, and evaluations that can be used independently to achieve an understanding or competence [18].

Based on research conducted by Novia and Septia in 2020 regarding the provision of pocket modules as a media for COVID-19 education, the results were very helpful in increasing public knowledge regarding COVID-19, from 500 residents in Koto Baru, Solok, who were given pocketbooks, 88% were obtained. Citizens have good knowledge, 72% have a positive attitude, and 80% have good actions [19]. This research is also supported by qualitative research by Tri *et al.* In 2019, it was found that the provision of modules related to COVID-19 to the people of Kalinyamatan District, Jepara, found that the community was satisfied with the module because the module already contained education related to COVID-19, besides that the module included a clear flow of information services and packaged with mind mapping method [20].

The intervention carried out by the author aims to shape public behavior that is more aware of COVID-19 self-isolation. In addition, the module that has been created will directly serve as a guide in implementing the Pauh community's self-isolation. A behavior change will form a strong memory in the community. In addition to making modules, other interventions carried out were socialization and evaluation in the form of pre- and post-tests in collaboration with the Pauh Health Center. Direct contact with the community, Pauh Health Center health workers, and Pauh area officials can provide an understanding of the contents and benefits of the COVID-19 self-isolation module.

The implementation of the COVID-19 self-isolation module consists of Plan, Do, Check, and Action (PDCA) with the following details.

Plan

The planning stage started from an internal discussion with the head of the Pauh Health Center. The purpose of the discussion is to analyze the problem and verify the annual report that describes the health problems at the Pauh Health Center. The analysis resulted in a problem that became the topic of the problem, namely,

the high positivity rate of COVID-19 cases in the work area of the Pauh Health Center.

After distributing the questionnaires, it was found that the knowledge, attitudes, and actions of the community in the Pauh Health Center working area toward self-isolation were still low. Therefore, to answer the existing problems, the author makes a self-isolation module which is expected to increase community compliance when self-isolation. The following are the details of activities at the planning stage:

1. Observation and problem analysis from Pauh Health Center annual report and COVID cohort data January 19–July 2021.
2. Discussions with field supervisors and preceptors, health center leaders, and program holders to confirm the problem of the high COVID-19 positivity rate at Pauh Health Center.
3. Consultation with the head of the health center and program holders regarding the planned program to be appointed.
4. Conduct a field study to assess the initial conditions regarding the knowledge, attitudes, and actions of the community in the Pauh Health Center working area regarding COVID-19.
5. An initial preliminary survey with questionnaire validation first on the knowledge, attitudes, and actions of the community regarding COVID-19.
6. Dissemination of questionnaires to assess the level of knowledge, attitudes, and actions of the community in the Pauh Health Center working area regarding COVID-19 and the problem was that knowledge, attitudes, and actions regarding self-isolation were still low.

Do

Implementation is carrying out and implementing work procedures and work instructions according to the activities that have been prepared in the plan. At this stage of implementation, it is expected that all parties involved in the activity can act according to their respective responsibilities so that things that have been planned can run as expected. The following are the activities at the implementation stage:

1. Making the Pauh Health Center Self-Isolation Module

In the stage of making this module, the team compiles written materials from trusted sources and packaged in language that is easily understood by the public. This self-isolation module is printed in the form of a book and will also be distributed in the form of soft files and QR codes that can be downloaded by the Pauh community freely.

2. Launching of Pauh Community Health Center Self-Isolation Module



Figure 4: Display of the COVID-19 independent isolation module (MODUSMAN) media for health promotion project results for junior doctors, Faculty of Medicine, Andalas University

After the printing of the module was completed, the author launched the module at the Pauh Health Center by involving the health center and cross-sectors such as the Head of the Pauh Camat, the Head of the Lurah in the Pauh area, the Police, the TNI, and others. At this launch, an independent isolation module (Figure 4) was introduced which can be used by the Pauh community as a guide when undergoing self-isolation.

1. Socialization of the Pauh Health Center's Independent Isolation Module

Simultaneously with the launch, socialization of the module was carried out to regional supervisors and the Pauh community. In this socialization, an explanation of self-isolation according to the module was given and a pre- and post-test were held to evaluate the knowledge of the participants in the socialization of the self-isolation module that had been made.

The success of the implementation of the self-isolation module at the Pauh Health Center can be seen from the following indicators:

1. The implementation of the self-isolation module at the Pauh Health Center.
2. Increased knowledge of the community in the working area of the Pauh Health Center on self-isolation.
3. There is a change in the behavior (attitudes and actions) of the community in the work area of the Pauh Health Center towards self-isolation according to the guidelines.

Action

Action is the stage to take necessary action on the results of the evaluation. Based on the concept of the check, it can be concluded that the activity indicators have been achieved or not. The next stage of the program for making the self-isolation module at the Pauh Health Center is expected to be:

1. Massive promotion of the self-isolation module to all communities in the working area of the Pauh Health Center.
2. Continuous use of self-isolation modules for the community during the COVID-19 pandemic.

Conclusion

The high COVID-19 positivity rate in the Pauh Health center working area is caused by several factors such as lack of public knowledge about COVID-19, lack of public knowledge about how to self-isolate at home amid the emergence of family clusters, lack of public awareness in implementing health protocols, negative stigma against people who are confirmed to have COVID-19, as well as increasing economic needs during the pandemic so that people find it difficult to purchase standard PPE. This problem solving uses the Plan, Do, Check, and Action (PDCA) flow. The result of solving the problem is the formation of an independent isolation module for the community in the working area of the Pauh Health Center through the stages of an initial preliminary survey, module design, and the manufacture of an independent isolation module as an educational medium related to the implementation of self-isolation. Making this module can be output in helping to improve community behavior and educating the community to behave well according to the rules.

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