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POLITEKNIK KESEHATAN KEMENKES PALANGKA RAYA: HEALTH FORUM AND INTERNATIONAL SEMINAR
THE NEW NORMAL : Creating a Pleasant Virtual Communication

The government's efforts in tracing covid-19 patients: Problems in the community

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Coronavirus disease 2019 (COVID-19) is a contagious disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). SARS-CoV-2 is a new type of coronavirus that has not been previously identified in humans. Two types of coronavirus lead to diseases and can cause severe symptoms, namely Middle East respiratory syndrome (MERS) and severe acute respiratory syndrome (SARS) (Indonesian Ministry of Health, 2020). COVID-19 has reached almost all Indonesian provinces on several occasions. The increase in fatal cases has had an impact on social, economic, political, cultural, defense, and security aspects, as well as the welfare of the people in Indonesia. Due to this, the Indonesian government has stipulated Presidential Decree Number 11 of 2020 concerning the Determination of the Coronavirus Disease 2019 (COVID-19) as a health emergency in the community. This decree confirms COVID-19 as a health emergency in Indonesia, for which the provisions and regulations must be made (Indonesian Ministry of Health, 2020).

In addition, the COVID-19 dispersal has grown in the range of sufferers and asset losses, expanded affected location coverage, and had implications for broad socio-economic aspects in Indonesia. The Presidential Decree Number 12 of 2020 concerning the Determination of Non-Natural Disasters has also been issued stating COVID-19 as a national disaster. This decree was quickly issued after the World Health Organization (WHO) designated COVID-19 as a public health emergency of international concern (PHEIC) on January 30th, 2020.

These guidelines are used as a reference for the central government, provincial government, regency/city government, health service facilities, personnel health, and all related parties in making efforts to prevent and control COVID-19. The government has announced the use of epidemiological tracking as a control effort, especially for confirmed positive cases. The government has also formed a task force for the acceleration of handling COVID-19, which aims to quicken COVID-19 management. They intend to achieve this through synergies between ministries/departments and local governments through the Presidential Decree Number 7 (Indonesian Ministry of Health, 2020a) and tiered communication arrangements with the publication of public communication protocol. The latter regulates the provision of information by national government agencies to local governments (Indonesian Ministry of Health, 2020b). In regard to the following protocols, the community refused to be tested despite the schedule having been submitted several days earlier. This is partly due to a lack of knowledge and inaccurate information regarding COVID-19.



Figure 1. The quite fish market in Pasar Besar during the scheduled rapid testing

Even though the government has conveyed a lot of information about COVID-19 through television, mass media, and social media, it seems that there are still lots of people who do not fully understand or even oppose the government's efforts to carry out COVID-19 rapid tests. A local newspaper stated that the traders in the Palangka Raya City market refused to be tested for various reasons. One of these reasons was they were afraid of the test results. Many locals also argued that the gloves and needles used were not sterile. Traders also was afraid of isolation if their rapid test results were declared reactive (Faisal, 2020). This would hinder them from carrying out activities such as earning a living for their daily needs (Gunawan et al., 2020).

The government has made many efforts to increase understanding of COVID-19 such as screening confirmed positive cases. If someone has contracted the virus but does not display symptoms (asymptomatic), they can still harm others around them due to fast transmission through droplets. COVID-19 can be transferred through direct contact with an infected person and indirect exposure to surfaces or objects contaminated (e.g., a stethoscope or thermometer) (Indonesian Ministry of Health, 2020b).



Figure 2. Scheduling rapid tests by health workers at the Sampit District market



Figure 3. Rapid testing by health workers at the Karang Mulya Sub-District, Kotawaringin Barat District



Figure 4. Rapid testing by health workers at the Kotawaringin Barat District market

The coordination of reverse transcription-polymerase chain reaction (RT-PCR) examinations in each Indonesian province and city/regency is under the authority of the provincial health office and city/regency health office, respectively. Rapid tests discover antibodies that are produced in reactions to antigens (viruses). Generally, new antibodies are formed seven days after infection (Aryati, 2020). Two main factors that can influence health are behavioral factors and non-behavioral factors. According to Bloom, there are three domains of behavior: knowledge-based approach, scientific attitude, and scientific practice (Notoatmodjo, 2012). Health behavior is influenced and determined by three factors: predisposing factors, supporting elements, and reinforcing (Notoatmodjo, 2012).

Predisposing sociodemographic factors in society include differences in age, sex, education, occupation, educational/occupational background, and area of origin. The sociodemographic characteristics can affect community behavior and public health outcomes (Widayati et al., 2012). In a study by Syakurah and Moudy (2020), a significant correlation was found between individual knowledge and individual attitudes towards COVID-19 ($p = 0.000$). Individuals who lacked knowledge were likely to have 4,992 times more chance of showing a negative attitude than individuals with good knowledge. Based on social psychology, this is closely related to a person's level of expertise or knowledge of the object in question.

Although there have been many efforts by the government to increase understanding of COVID-19 and prevent its transmission, continuous education is still needed to increase public understanding of COVID-19

effects. For reference, Japan has been declared a country that has succeeded reducing COVID-19 cases without strict policies (CNN, 2020); the Japan government fostered the following three main pillars as effective strategies to reduce the COVID-19 spread. The implementation of these three main pillars is closely related to and has implications for each other (Budianto, 2020).

1. Early detection and rapid response to deployment clusters.
2. Optimization of intensive care facilities, especially for those who are in poor/critical condition.
3. Modification of community behavior.

Consent

The respondents have given their consent on photographs used in this study

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