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A Cultural Approach (Socio Demography) in Preventing Covid-19 Disease in the Family



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Abstract

Handling the Covid-19 pandemic can be assisted by a cultural approach as disease and culture are two related things, disease is often caused by culture or in other words, disease can occur due to certain cultures that exist in social life. In addition, the disease can have a socio-cultural effect. Thus, socio-cultural factors generally affect efforts to control and prevent Covid-19 disease. In addition, the involvement of the family in the control and prevention of Covid-19 is very important, in addition to controlling the transmission, it also stabilizes the control of the spread of the virus. The aim of this study was to identify the influence of culture on the prevention of Covid-19 in the family. This study used an associative analytical design through a transversal approach. The population consisted of all families affected by the Covid-19 case in South Kalimantan. Bivariate data were analyzed with chi-squared and multivariate with multiple logistic regression. There was a relationship between sex, education, marriage, occupation, income and distance from health services with the prevention of covid 19 in the family ($p < 0.05$), and there is a shared influence between gender, education, marriage and work on the prevention of covid 19 in the family ($p < 0.05$). It is up to the community to redouble its efforts to prevent covid 19 disease in the family, so it is necessary to take a cultural approach to prevent covid 19 in the family.

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INTRODUCTION

Covid-19 is still a problem in the world today caused by SARS-CoV-2 (Lin, L. et al., 2020). According to WHO, the prevalence of COVID-19 is estimated on April 20, 2020, to spread to 213 countries. Overall, on April 20, 2020, there were 2,285,210 confirmed cases of COVID-19 and 155,124 deaths (6.79%) (WHO, 2020), while in Indonesia on March 29, 2020, there were 1,285 cases of COVID-19, deaths of 114 people. and recovered 64 people.

According to WHO, effective strategies to control COVID-19 that can be implemented are washing hands, applying effective coughing, avoiding direct contact with anyone showing symptoms of respiratory disease such as sneezing and coughing. Meanwhile, the strategy implemented in Indonesia is implementing social distancing, physical distancing and large-scale social restrictions, but this is considered less successful because there are still additional Covid-19 cases in Indonesia up to 100 people per day (Nurhalimah, 2020).

Efforts to handle the Covid-19 pandemic can be assisted through a cultural approach because disease and culture are two related things, disease is often caused by culture or in other words disease can arise due to certain cultures that exist in social life. In addition, the disease can have a socio-cultural effect. Thus, socio-cultural factors generally affect efforts to control and prevent COVID-19 disease.

A culture is a form of human relationship that sometimes becomes a habit and is difficult to change. Culture can affect human behavior in its social relationships. Culture and knowledge about illness have a close relationship as a habit and belief that is used as knowledge about health. One form of cultural application in health is traditional medicine which is done when suffering from illness based on values, local wisdom, knowledge and experience.

Prevention and control of COVID-19 should use a cultural approach in society, both modern medical and traditional medicine as well as self-management of health (self-treatment). Meanwhile,

health prevention and control efforts include: health promotion, preventive measures, treatment and recovery after illness.

Family involvement in the control and prevention of COVID-19 is very important, in addition to controlling transmission, it is also stabilizing control in the spread of the virus. Information about culture in the community about COVID-19 is still minimal, so it is very important to be able to use it in preventing and controlling COVID-19 in the family and community.

Socio-cultural issues related to the transmission of COVID-19 include; family and community habits during prevention which are influenced by knowledge, attitudes, perceptions and beliefs about the transmission of covid-19 (Ningsi, & Nurjana, 2010). The purpose of the study was to identify the influence of culture (socio-demographic) on the prevention of COVID-19 in the family.

METHOD

The design of this study used associative analytics with a cross sectional approach. This study examined the effect of a cultural approach (sociodemographic) on the prevention of COVID-19 in the family. The population was all of the families affected by the Covid-19 case in South Kalimantan, a total of 11,400 families. The sample was some families affected by the COVID-19 case in South Kalimantan totaling 570 families

This study used a cultural approach (socio-demographic) including age, gender, education, marriage, occupation, income, distance to health services and knowledge. and prevention of COVID-19 in the family.

The data collection method used an online questionnaire. The researcher also conveyed the objectives of the study to the respondents written in the online questionnaire. After the prospective respondent understood and agreed, then they filled in the existing questions.

The analysis of the data used univariate analysis, bivariate analysis with chi square and multivariate with multiple logistic regressions. The values were set on $p < 0,05$.

RESULT

Distribution of cultural variables

Table 1: Distribution of cultural variables on the prevention of covid19 in the family

Research Variable	Frequency (f)	Percentage (%)
Prevention of covid 19 in the family		
Enough	245	43

Good	325	57
Total	570	100
Age		
Early Adult < 45 years	447	78,4
Mature Adult ≥ 45 years	123	21,6
Total	570	100
Gender		
Male	208	36,5
Female	362	63,5
Total	570	100
Education		
Basic	0	0
Middle	324	56,9
Higher	246	43,1
Total	570	100
Marital Status		
Not married yet	289	50,7
Married	281	49,3
Total	570	100
Work		
Does not work	259	45,4
Work	311	54,6
Total	570	100
Income		
Under UMP	158	27,8
Above UMP	412	72,2
Total	570	100
Distance to Health Services		
< 5 km (near)	395	69,2
> 5 km (far)	175	30,8
Total	570	100
Knowledge		
Enough	51	8,9
Good	519	91,1
Total	570	100

Bivariate analysis

Table 2: Bivariate analysis of factors that influence the prevention of covid 19 in the family

Variabel Bebas	Pencegahan Covid 19						OR	ρ Value (0,05)
	Cukup		Baik		Total			
	n	%	n	%	n	%		
Age								
Early Adult < 45 years	166	37,03	281	62,97	447	100	0,452	0,063
Mature Adult ≥ 45 years	69	56,52	54	43,48	123	100		
Total	235	41,23	335	58,77	570	100		
Gender								
Male	117	56,48	91	43,52	208	100	3,010	0,000
Female	18	43,11	244	69,89	362	100		
Total	235	41,23	335	58,77	570	100		
Education							1,659	0,026

Middle	140	43,29	184	56,71	324	100		
Higher	95	31,51	151	68,49	246	100		
Total	235	41,23	335	58,77	570	100		
Marital Status								
Not married yet	65	22,73	224	77,27	289	100	0,247	0,000
Married	170	54,39	111	45,61	281	100		
Total	235	41,23	335	58,77	570	100		
Work								
Does not work	58	22,65	201	77,35	259	100	0,275	0,000
Work	177	51,59	134	46,41	311	100		
Total	235	41,23	335	58,77	570	100		
Income								
Under UMP	47	29,47	111	70,53	158	100	0,585	0,037
Above UMP	188	41,67	224	58,73	412	100		
Total	235	41,23	335	58,77	570	100		
Distance to Health Services								
Near	176	44,58	219	55,42	395	100	2,506	0,000
Far	59	24,29	116	75,71	175	100		
Total	235	41,23	335	58,77	570	100		
Knowledge								
Enough	18	35,48	33	64,52	51	100	0,875	0,733
Good	217	38,61	302	61,39	519	100		
Total	235	41,23	335	58,77	570	100		

Multivariate analysis

This logistic regression test was carried out in several stages so that independent variables were actually found which together affected the dependent variable.

Stage 1

Table 3: The influence of shared culture on the prevention of covid 19

Variable	OR	95 % CI	p
Gender	0,427	0,250 - 0,730	0,002
Education	0,302	0,172 - 0,527	0,000
Marital Status	2,835	1,427- 5,633	0,003
Income	1,524	0,848 - 2,740	0,159
Work	2,044	0,980 - 4,266	0,049
Distance	0,660	0,376 - 1,157	0,147

Based on table 3 above, there is a relationship between gender, education, marriage, occupation, income and distance to health services with the prevention of covid 19 in the family.

Stage 2

Table 4: The influence of shared culture on the prevention of covid 19

Variabel	OR	95 % CI	P
Gender	0,430	0,254 - 0,730	0,002
Education	0,307	0,177 - 0,532	0,000
Marital Status	3,154	1,587 - 6,270	0,001
Work	2,172	1,038 - 4,547	0,040

Based on the table 4 above, there is a joint influence between gender, education, marital status and work on the prevention of covid 19 in the family.

DISCUSSION

The relationship between age and prevention of covid 19 in the family

Based on table 2 above, it shows that the prevention of COVID-19 disease is better in early adulthood than in late adulthood. The value of $\chi^2 = 0.063$ means that there is no relationship between age and prevention of covid 19 in the family. The OR value = 0.452, which means that elderly adults have a 0.452 time opportunity to behave fairly in preventing COVID-19 disease compared to early adulthood. In theory, this result contradicts the theory that older people have better responsibility and accuracy than younger people (Nursalam, 2014). So maybe there are other factors that are more closely related to awareness in preventing covid 19.

The relationship between gender and prevention of covid 19 in the family

Based on table 2, there are 69.89% of female respondents and 43.52 % of male respondents doing the prevention of covid 19 in the family well. The value of $\chi^2 = 0.000$ means that there is a sex relationship with the prevention of covid 19 in the family. The OR value = 3.010, which means that female respondents have 3.01 times the opportunity to prevent COVID-19 in their families compared to male respondents. So that there are differences in the prevention of covid 19 in the family carried out between male and female respondents. This is in accordance with the results of study which says that there is a relationship between gender and a healthy lifestyle (eko dan sinaga, 2018), and Lawrence Green's theory which states that one of the predisposing factors for behavior is gender (Notoatmodjo, 2010). So, gender that related to a healthy lifestyle can determine good actions to prevent covid 19.

The relationship between education level and prevention of covid 19 in the family

Based on table 2, there are 68.49% of respondents with higher education and 56.71% with secondary education doing the prevention of covid 19 in the family well. The value of $\chi^2 = 0.026$ means that there is a relationship between education and prevention of covid 19 in the family. The OR value = 1.659, which means that respondents with higher education have 1.659 times the opportunity to prevent COVID-19 in their families compared to

respondents with secondary education. This is in accordance with the results of research which states that there is a relationship between the level of education and prevention of DHF (Putri dan Naftassa, 2017), This study is in line because DHF and Covid 19 both need good prevention to overcome their disease, and study which says that the level of education affects the community when carrying out prevention (Gannika dan Sembiring, 2020), and Lawrence Green's theory which states that one of the predisposing factors for behavior is the level of education (Notoatmodjo, 2010)

The relationship between marital status and prevention of covid 19 in the family

Based on table 2, there are 77.27% of respondents with unmarried status and 45.61% with married status doing prevention of covid 19 in the family well. The value of $\chi^2 = 0.000$ means that there is a relationship between marriage and the prevention of covid 19 in the family. The OR value = 0.247, which means that respondents with unmarried status have 0.247 times the opportunity to prevent COVID-19 in their families compared to respondents who are married. This is in accordance with the results of research which says there is a relationship between marital status and behavior for healthy living (Adliyani, 2015). Thus, marital status is one of the factors in preventing COVID-19 behavior

The relationship between work status and prevention of covid 19 in the family

Based on table 2, there are 77.35% of respondents who do not work and 46.41% who work can prevent covid 19 in the family well. Value = 0.000 means that there is a relationship between work and prevention of covid 19 in the family. The OR value = 0.275 means that respondents who do not work are 0.275 times to prevent covid 19 in their families compared to those who work. This is in accordance with Lawrence Green's theory which states that one of the predisposing factors for behavior is work (Notoatmodjo, 2010). Work status is related to income and behavior which will have an impact on meeting the needs for the prevention of covid 19

The relationship between income and prevention of covid 19 in the family

Based on table 2, there are 70.53% of respondents who earn below the UMP and 58.73% of respondents who earn above the UMP do the prevention of covid 19 in their families well. The value of $\beta = 0.037$ means that there is a relationship between income and prevention of covid 19 in the family. The value of OR = 0.585 means that respondents with income below the minimum wage have 0.585 times the opportunity to prevent covid 19 in their family compared to respondents who earn above the minimum wage. This is in accordance with research which states that there is a relationship between income and clean and healthy living behavior (Roni, Ruhmawati, Sukandar, 2013). and Blum's theory (1974) which states that social, cultural, economic, and political factors influence health behavior, where education and income are social factors of the community (Notoatmodjo, 2010). So good income will be able to meet the needs for health and prevention of covid 19.

The relationship between distance to health services and prevention of covid 19 in the family

Based on table 2, there are 75.71% of respondents who are far away from health services and 55.42% of respondents who are close to health services are doing prevention of covid 19 in their families well. The value of $\beta = 0.000$ means that there is a relationship between distance to health services and prevention of covid 19 in the family. The OR value = 2.506 means that respondents who are far away from health services have 2.506 times the opportunity to prevent COVID-19 in their families compared to respondents who are close to health services. This is in accordance with Lawrence Green's theory which states that distance to health facilities is an enabling factor for a person to behave (Notoatmodjo, 2010). So, the ease of accessing health services can make it easier to get information about the prevention of covid 19.

The relationship between knowledge and prevention of covid 19 in the family.

Based on table 2, it was found that 64.52% of respondents had sufficient knowledge and 61.39% had good knowledge and were able to prevent covid 19 well. The value of $\beta = 0.733$ means that there is no relationship between knowledge and prevention of covid 19 in the family. The OR value = 0.875 means that respondents with sufficient knowledge have 0.875 times the opportunity to prevent COVID-19 in their families compared to those with good knowledge. This result contradicts the theory which

explains that one of the predisposing factors for a person to behave is knowledge (Notoatmodjo, 2010). Maybe there are other factors that make the discrepancy between facts and theory such as obstacles in meeting the needs of preventing covid 19.

The influence of shared culture on the prevention of covid 19

Based on the table 4, there is a joint influence between gender, education, marital status and work on the prevention of covid 19 in the family. This is in accordance with Blum's theory (1974) which states that social, cultural, economic, and political factors influence health behavior, where education and income are social factors of the community (Notoatmodjo, 2010). So that, in preventing covid 19, you must pay attention to gender, education, marriage and work status in family.

CONCLUSION

The majority of COVID-19 prevention in the family is good, the age of the respondents is dominated by less than 45 years, the majority of respondents are women, the majority of respondents have secondary education, more respondents are unmarried, more respondents are working, the average respondent's income is above the minimum wage, the distance to the majority of health services is close (less than 5 km), and the majority of respondents' knowledge about covid 19 is good.

There is a relationship between gender, education, marriage, employment, income and distance to health services with the prevention of covid 19 in the family. There is a shared influence between gender, education, marriage and work on the prevention of covid 19 in the family.

SUGGESTION

This study recommends for the community in order to further increase efforts to prevent COVID-19 in the family. While for researchers, it is by conducting research with other variables such as the role of health workers in preventing COVID-19 in the family.

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CONFLICTS OF INTEREST

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REFERENCE

- Adliyani, Zaraz O. N. (2015). *Pengaruh Perilaku Individu Terhadap Hidup Sehat*. Medical Journal of Lampung University Vol 4 No. 7. Universitas Lampung: Lampung
- Eko, S., Sinaga, N. (2018). *Antara Jenis Kelamin Dan Sikap Dalam Gaya Hidup Sehat Mahasiswa*. Jurnal Media informasi Poltekkes Kemenkes Tasikmalaya vol 14 no.1. Poltekkes Kemenkes Tasikmalaya: Tasikmalaya
- Gannika, L., Sembiring, Erika E. (2020). Hubungan Tingkat Pendidikan dengan Perilaku Pencegahan Coronavirus Disease Pada Masyarakat Sulawesi Utara. NERS Jurnal Keperawatan Vol 16 No.2 Universitas Andalas: Makasar
- Lin, L. et al. (2020) *'Hypothesis for potential pathogenesis of SARS-CoV-2 infection--a review of immune changes in patients with viral pneumonia.'*, *Emerging microbes & infections*. Taylor & Francis. Doi: 10.1080/22221751.2020.1746199
- Nurhalimah (2020). *Recovery Pariwisata Banyuwangi Pasca Covid 19*. Jurnal Media Bina Ilmiah jilid 15 terbitan 3
- Ningsi, N. & Nurjana, M. A. (2010). *Aspek sosial budaya masyarakat berkaitan dengan kejadian malaria di Desa Sidoan Kabupaten Parigi Moutong Sulawesi Tengah*. Media Penelitian dan Pengembangan Kesehatan
- Nursalam (2014). *Managemen Keperawatan: Aplikasi dalam Praktik Keperawatan*. Jakarta. Salemba Medika
- Notoatmodjo, S. (2010) *Ilmu Perilaku Kesehatan*. Jakarta: Rineka Cipta
- Putri.R dan Naftassa.Z (2017). *Hubungan Tingkat Pendidikan dan Pengetahuan Masyarakat dengan Perilaku Pencegahan Demam Berdarah Dengue di Desa Kemiri Kecamatan Jayakarta Karawang*. Magna Medica vol 1 no 4
- Sulistiyawati, I (2010). *Hubungan antara Pekerjaan, Pendapatan, Pengetahuan, dan Sikap Lansia dengan Keaktifan Kunjungan ke Posyandu Lansia*. FKM. Universitas Jember
- Roni T, Ruhmawati T, Sukandar D (2013). *Hubungan Pendidikan dan Penghasilan dengan Perilaku Hidup Bersih dan Sehat*. Jurnal Kesehatan Lingkungan Indonesia. Vol 12 no 1. Universitas Diponegoro. Semarang