

ORIGINAL ARTICLE

Community Leaders Support in Implementing Healthy Behaviours during the COVID-19 Pandemic: A Qualitative Case Study

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ABSTRACT

Introduction: As a primary concern of health issues nowadays, COVID-19 Pandemic needs to be controlled with healthy behavior. Healthy behavior is proactive behavior that helps to maintain and improve a community's health. The purpose of this study was to explore the support of community leaders in the implementation of healthy behaviors. **Methods:** The study design was descriptive qualitative with a case study approach. Data collection from 15 respondents was conducted online with open questions. The inclusions criteria for this study were active health volunteers and village apparatus, and five years minimum work experience. In contrast, the exclusions criteria were not willing to participate and were unable while collect data. The data were analyzed using a qualitative categorial analysis. **Results:** The study obtained four categories regarding community leaders' support in implementing healthy behaviors during the COVID-19 pandemic: emotional, informative, reward, and instrumental supports. The focus point was attention, information, reward, and instrumental in complying with healthy behaviors, including compliance with the health protocol of COVID-19. **Conclusion:** Emotional, informative, reward, and instrumental supports are forms of support that can carry out healthy behaviors. Therefore, community leaders are expected to be role models in the implementation of healthy behaviors.

Keywords: Community Leaders, Social Support, Healthy Behaviors, COVID-19

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INTRODUCTION

The COVID-19 pandemic has hit the world since the end of 2019 and being a major concern. Handling COVID-19 is not only the government's responsibility, but it also requires the participation of every element of society (1).

Healthy behaviors or Perilaku Hidup Bersih dan Sehat (PHBS) defined as proactive behaviors to maintain and improve health, prevent the risk of disease, protect oneself from the threat of disease, and play an active role in the public health movement. Unfortunately, the general description of a healthy lifestyle before the pandemic was bad, especially in physical activity and diet (2), including the low condition of a healthy lifestyle in Indonesia. However, based on the 2017 basic health research data, implementing healthy behaviors in Indonesia was 60.89%. Meanwhile, in 2018 the percentage of implementing healthy behaviors in Indonesia increased to 70.62% (3).

A healthy behavior formed, including reinforcing

factors that manifested in the attitudes and behaviors of health workers (4). The attitude of community leaders is a dominant factor in the implementation of healthy behaviors (4). The support of community leaders is basically to socialise health programs (5); thus, people are willing to accept and want to participate. If the support of community leaders is only limited to socializing the program, the sustainability of the health program will be disrupted (6). The support of community leaders is currently still limited to just getting involved and being part of the activity (6). The previous study results indicate that community leaders' support in implementing healthy behavior needs to develop. Efforts to create the support of community leaders must begin with identifying the support that has been running so far. Therefore, this study aimed to determine the support of community leaders in the implementation of healthy household behaviors. As for this study, the community leaders included the health volunteers and the village apparatus.

MATERIALS AND METHODS

This study was a case study using a qualitative approach. This study design had applied in many studies (7,8). The population is community leaders who live in rural areas surrounded by health institutions and health education institutions, where the site is often exposed to public

health promotions and services. The inclusions criteria for this study were active health volunteers and village apparatus, and five years minimum work experience. In contrast, the exclusions criteria were not willing to participate and were unable while collect data. Fifteen health volunteers and the village apparatus participants were obtained using random sampling.

The Research Ethics Committee has approved this study of Universitas Padjadjaran with letter number 41/UN6. KEP/EC/2020. April 2020, data were gathered through semi-structured individual interviews. One interview was conducted online with WhatsApp, while the others were conducted over text messenger. Each text messenger interview is undertaken only once and is limited to 30–40 minutes. All interviews were conducted and recorded in Bahasa.

The data analysis technique was descriptive qualitative categorical analysis which had applied in other studies (9,10). This study was implemented in three ways, namely: a) data reduction, a form of data analysis that sharpens, classifies, directs, discards unnecessary data, and organizes data in such a way that conclusions can be drawn; b) data display, an activity when a set of information arranged to give the possibility of concluding. The form of data presentation is in the form of narrative text or matrix, and c) drawing conclusions and verification, the results of the analysis that can be used to take action. At last, a presentation of the themes was prepared by supplementing relevant quotes from participant interviews. Four major themes were identified as a result of the analysis.

The credibility, dependability, confirmability, and transferability guidelines developed (11) were used to support trustworthiness in this study. The data collection was reviewed twice for credibility, including the research perceptions and the enumerators. Defining clear study stages, keeping research diaries, having regular weekly coordination, and ensuring accurate data coding all contributed to dependability. Confirmability was ensured by evaluating the research process during meetings, as well as reading and analyzing data as a team (9). Transferability strategies included purposefully sampling according to the study criteria and objectives to obtain a diverse range of experiences and provide a description of the community leaders' support.

RESULTS

Fiveten community leaders participated in this study, consisting of 13.3% males and 86.7% females aged early adulthood between late elderly. The most common education level was that senior high school. In addition, most of the participants did health community volunteering (see Table I).

The results of this research were categorized into four

Table I: Characteristics of Respondents

Participant	Gender	Age (year)	Education	Employment
P1	Female	50	Senior High School	Village apparatus
P2	Female	55	Senior High School	Health volunteer
P3	Female	46	Senior High School	Health volunteer
P4	Male	42	Senior High School	Village apparatus
P5	Male	51	Senior High School	Retired
P6	Female	42	Senior High School	Village apparatus
P7	Female	51	Senior High School	Health volunteer
P8	Female	56	Junior High School	Health volunteer
P9	Female	50	Junior High School	Health volunteer
P10	Female	41	Junior High School	Health volunteer
P11	Female	50	Junior High School	Health volunteer
P12	Female	57	Elementary school	Health volunteer
P13	Female	55	Senior High School	Health volunteer
P14	Female	45	Senior High School	Health volunteer
P15	Female	52	Senior High School	Health volunteer

categories as follows.

Community leaders' activities in the form of emotional support for the implementation of healthy behaviors include 1) inviting the community always to live healthily and implement health protocols, cooperation in maintaining environmental cleanliness, and 2) guiding the community to make handwashing places with running water and using soap. This can be seen from P2, P5, P6, and P15 quotes are as follows:

"....by inviting the community to always community self-help and also always to keep the surrounding environment clean thus that it remains healthy will motivate the community to carry out healthy behavior..." (P2)

".... what I do hence that people can implement healthy behavior is to engage people always to wash their hands with soap and work together to clean the environment regularly..." (P5)

".... guiding the community to make a simple sink for washing hands..." (P6)

".... I guide people always to wash their hands with soap and use running water to maintain health to avoid disease...." (P15)

Activities of community leaders in the form of information support for the implementation of healthy behaviors include: 1) disseminating and explaining to

the public about healthy behavior and the COVID-19 pandemic through community activity forums and 2) providing information and understanding to implement health protocols consistently. This can be seen from P4, P7, P8, and P9. Participants' quotes, where five similar quotes from some of the respondents are as follows:

".... socializing about healthy behavior and the health protocol of COVID-19 through community activity forums....and I always provide counselling about the importance of implementing healthy behavior to prevent COVID-19..." (P4)

".... Provide an understanding of the problems that exist in the community and the importance of participation of the entire community to participate in implementing healthy behaviors..." (P7)

"...Socializing to the public about the importance of cleanliness, especially washing hands to prevent COVID-19..." (P8)

".... socialization about the prevention of COVID-19 and invites the community to work together to clean the environment...." (P9)

Activities of community leaders in the form of reward support for the implementation of healthy behavior include: 1) giving praise and guidance to people who have implemented health protocols and healthy behavior, and 2) providing motivation not to slack off implementing health protocols and always living a healthy life, such as frequently washing hands with running water and soap, wearing a mask, and keeping a distance. This can be seen from P10, 11, P13, and P14 participants' quotes, where four similar quotes from some of the respondents are as follows:

".... I always give praise and guidance in the field about healthy behavior by directly setting an example in the community such as always wearing a mask when leaving the house, always washing hands properly and working together in cleanliness...." (P10)

".... motivation to stay healthy and always pay attention to health protocols of COVID-19 such as wearing masks when leaving the house, maintaining distance and washing hands...." (P11)

".... motivate the community that implementing healthy behavior is very important for the prevention of COVID-19...." (P13)

".... always engage and motivates the public to prevent COVID-19 by living a healthy life such as washing hands frequently, don't litter and always reminding residents/ neighbors to always implement health protocols of COVID-19....." (P14)

Activities of community leaders in the form of instrumental support for the implementation of healthy behaviors include: 1) being a COVID-19 task force team member, 2) carrying out cleaning activities, 3) taking an active role in clean lifestyle activities and health protocols of COVID-19, and 4) providing facilities for healthy behavior activities. P1, P3, P9, P11, and P12 participants' quotes, where four similar quotes from some of the respondents are as follows:

"...from the village budget can facilitate the construction of posyandu buildings in several households..." (P1)

"...I became a village level COVID-19 task force..." (P3)

"...Always take an active role in healthy behavior activities as a form of implementing the health protocol of COVID-19..." (P9)

"...carry out direct activities such as carrying out weekly cleaning activities in all village areas and cooperation in cleaning the environment" (P11)

"...assist communities affected by the COVID-19 pandemic such as rice boxes, masks, and hand sanitizers..." (P12)

DISCUSSION

This study succeeded in producing a categorical model related to the activities of community leaders in implementing healthy behaviors during the COVID-19 pandemic (Figure 1).

Support from community leaders in implementing healthy behaviors during the COVID-19 pandemic plays a vital role. People are said to have healthy behaviors if they apply all indicators of healthy behavior (11). Those

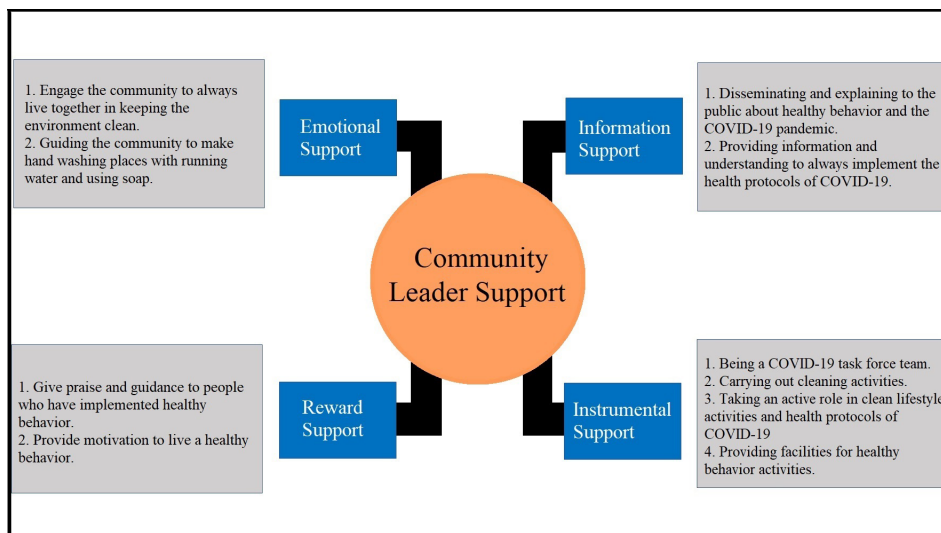


Figure 1. Model of the category of support for community leaders in healthy behavior during the Covid-19 pandemic

indicators were childbirth assisted by health workers, immunization and weighing of toddlers, healthy latrines, clean water access, handling waste, nail hygiene, family nutrition, not smoking and using drugs, and having STD/AIDS information having health care insurance/health fund (11). Therefore, community leaders are role models who should provide support to the community in healthy behavior. The support consists of emotional support, information, rewards, and instruments (12).

The emotional support given by community leaders is to provide care and attention and invite the community to carry out a healthy life. The emotional support carried out in implementing healthy behavior during the COVID-19 pandemic is to engage the public always to live healthily and implement health protocols of COVID-19. According to Huxhold et al. (2013), emotional support would impact something expected and significantly have a strong relationship with subjective health (14). Another emotional support given by community leaders is to engage the community to prepare a simple handwashing place. With these facilities, people will get used to washing their hands with clean water as an indicator of healthy behavior (15). The results of this study are the following (15), which states that emotional support includes expressions of empathy such as listening, being open, showing an attitude of belief in what is being complained about, wanting to be understood, expressions of affection, concern, and attention. For the public to have more confidence in their leaders, it is hoped that community leaders will always respond to any public complaints in implementing healthy behavior and health protocols. Community leaders must always be open in helping the community; hence, people feel cared for.

Informative support by community leaders in providing the information is in the form of advice, suggestions, and input about healthy behavior during the COVID-19 pandemic. This study indicates that the form of informative support carried out by community leaders is to socialize and explain to the public about healthy behavior during the COVID-19 pandemic through community activity forums. This study follows the theory of Smet, 1994 in Akbar (16), which states that informative support is to provide advice, instructions, input, or explanations about how someone behaves. In providing information, every community leader always develops two-way communication. Kurniawan's two-way communication theory (17) stated that two-way communication is communication where the communicant and communicator always take turns providing information and conveying messages.

Community leaders are needed as change agents to address healthcare changes (18). The rewards support given by community leaders in implementing healthy behavior is to give praise and guidance to people who have implemented healthy behavior and provide

motivation for healthy behavior by implementing health protocols of COVID-19. Thus, community leaders provide support, guidance, motivation, and direction to the community (1). This activity is intended to reinforce the community; hence, they always get used to living healthy because living habits are behaviors that all people must carry out in preventing COVID-19. The support of community leaders by giving praise and motivation to the community will foster community enthusiasm in implementing healthy behavior. Regarding the form of appreciation support and providing motivation, community leaders also show respect and encouragement in appreciation and praise to people who have implemented healthy behaviors. This form of appreciation is given by helping the community solve health problems in their environment. The results of this study follow the theory of Smet, 1994 in Akbar that appreciation support includes expressions of respect, encouragement to move forward, and helping a person see the positive aspects that exist in themselves to be compared with others (17). Appreciation support serves to increase self-esteem and approval of individual ideas or feelings. By consistently providing motivation, the community's understanding of the implementation of healthy behavior is getting stronger.

Instrumental support refers to the tangible assistance received from others and is comprised of the things that physically do or provide to assist the community (13). The type of instrumental support by community leaders is to provide direct assistance according to community needs, such as equipping and repairing health facilities. Instrumental support has been the form of direct activities, such as being a COVID-19 Task Force team member, carrying out direct activities such as Friday cleaning activities, helping the community to get used to clean living and health protocols to maintain health, providing facility assistance, and taking an active role in healthy behavior activities. The budget for the fulfilment of instrumental support comes from the Village Articles of Association, non-governmental organizations, assistance from outside parties and local government budgets. The form of instrumental support from community leaders that is most benefited by the community is the facilitation of the physical construction of the Posyandu buildings. Another instrumental support is the assistance provided to the community by completing several facilities; hence, the community can carry out healthy behavior properly. Instrumental support is indicated by giving direct assistance according to community needs (1). This research shows that instrumental support provided by community leaders serves as an enabling factor to change people's behavior.

CONCLUSION

The support of community leaders during the COVID-19 pandemic can be grouped into emotional support, rewards, information, and instrumental support.

Emotional support, for example, is to provide care, concern and engage the community to carry out a healthy life together. Reward support is given by giving praise and motivation to people who are accustomed to implementing healthy behaviors. Informative support by community leaders provides information by providing advice, suggestions, feedback, and socializing about healthy behaviors. Finally, instrumental support is the procurement of integrated service post buildings, carrying out activities in integrated service posts, cleaning the environment together, and equipping health facilities. Leaders are expected to give examples and be role models in the implementation of healthy behaviors, provide guidance, and respond to any complaints from the community in the performance of healthy behavior. Hence, people feel cared for and always motivate the community to consistently practice healthy behaviors.

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REFERENCES

- Rosidin U, Rahayuwati L, Herawati E. Perilaku dan Peran Tokoh Masyarakat dalam Pencegahan dan Penanggulangan Pandemi Covid-19 di Desa Jayaraga, Kabupaten Garut. *Umbara*. 2020;5(1):42–50.
- Donnelly TT, Fung TS, Al-Thani AABM. Fostering active living and healthy eating through understanding physical activity and dietary behaviours of Arabic-speaking adults: A cross-sectional study from the Middle East. *BMJ Open*. 2018;8(4).
- Anggraini DT, Hasibuan R. Gambaran Promosi Phbs dalam Mendukung Gaya Hidup Sehat Masyarakat Kota Binjai pada Masa Pandemic Covid-19 Tahun 2020. *Menara Med*. 2020;3(1).
- Notoatmodjo S. Promosi Kesehatan dan Perilaku Kesehatan. Jakarta: Rineka Cipta; 2014.
- Solehati T, Eli Kosasih C, Susilawati S, Lukman M, Paryati SPY. Effect of school community empowerment model towards handwashing implementation among elementary school students in Dayeuhkolot subdistrict. *Kesmas*. 2017;11(3):111–6.
- Rosidin Udin, Sumarna Umar ET. Determinan Pelaksanaan PHBS Rumah Tangga di Desa Jayaraga Tarogong Kidul Kabupaten Garut. *J Keperawatan BSI*. 2019;7(1).
- Lukman M, Ibrahim K, Yani DI, Sari SP, Juniarti N. Exploring strategies to improve the performance of community health volunteers for tuberculosis care and prevention: A qualitative study. *Int J Community Based Nurs Midwifery*. 2019;7(4):270–8.
- Adistie F, Mediani HS, Lumbantobing VBM, Maryam NNA, Hendrawati S. The Nurse as an Information Broker for Children with Terminal Illness: A Qualitative Study. *Open Nurs J*. 2021;14(1):317–24.
- Widiasih R, Ermiati, Emaliyawati E, Hendrawati S, Susanti RD, Sutini T, et al. Nurses' Actions to Protect Their Families from COVID-19: A Descriptive Qualitative Study. *Glob Qual Nurs Res*. 2021;8.
- Yani DI, Hidayat YF, Amrullah AA. Erratum To: Knowledge, Attitude, and Practice of Cough Etiquette in Patients With Tuberculosis in the Community Health Centers. *Belitung Nurs J*. 2020;6(5):186.
- Polit DF, Beck CT. *Nursing research: Generating and assessing evidence for nursing practice*. 10th ed. Wolters Kuwer Health; 2017.
- Kemenkes RI. Pedoman pembinaan perilaku hidup bersih dan sehat (PHBS). Jakarta Kementerian Kesehatan RI. 2011;
- Sarafino EP, Smith TW. *Health Psychology Biopsychosocial Interactions*. 2011.
- Huxhold O, Fiori KL, Windsor TD. The dynamic interplay of social network characteristics, subjective well-being, and health: The costs and benefits of socio-emotional selectivity. *Psychol Aging*. 2013;28(1):3.
- KEMENKES. Pedoman Umum PHBS. 2011;
- Akbar MA, Gani HA, Istiaji E. Dukungan Tokoh Masyarakat dalam Keberlangsungan Desa Siaga di Desa Kenongo Kecamatan Gucialit Kabupaten Lumajang (Community Leaders' Support in the Sustainability of Alert Village in Kenongo Village, Sub District of Gucialit, Lumajang Regency). *Pustaka Kesehat*. 2015;3(3):522–9.
- Kurniawan D. Komunikasi Model Laswell Dan Stimulus-Organism-Response Dalam Mewujudkan Pembelajaran Menyenangkan. *J Komun Pendidik*. 2018;2(1):60–8.
- Nieuwboer, M. S., van der Sande, R., van der Marck, M. A., Olde Rikkert, M. G. M., & Perry, M. (2019). Clinical leadership and integrated primary care: A systematic literature review. *European Journal of General Practice*, 25(1), 7–18. <https://doi.org/10.1080/13814788.2018.1515907>