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# Policy implementation and public satisfaction index concerning COVID-19 pandemic handling in East Lombok Regency

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## **ABSTRACT**

The 2019's coronavirus disease is an infectious illness brought on by the SARS-CoV-2 coronavirus. Compliance with health protocols by the public is declining. Physical distance-keeping is no longer common in public spaces, and many people no longer wear masks when leaving the house. The populace feels that specific areas, such as schools, campuses, and places of worship, are the only ones under surveillance and supervision. Federal, state, and local governments have set up rules to prevent the spread of the disease. This study employs quantitative survey research techniques. The researchers used surveys on policy execution and a public satisfaction score. The Spearman rank and multiple linear regression tests were employed in the data analysis for this investigation. There were 300 respondents who filled out a questionnaire followed by data analysis. The results of data analysis using the Spearman rank test obtained a p-value of 0.000<0.05 with a Spearman correlation value of 0.26. The p-value for handling is 0.000<0.05 with a Spearman correlation value of 0.232. The multiple linear regression test resulted in a COVID-19 prevention policy by adding a community satisfaction index of 21.8% and a COVID-19 handling policy by adding a community satisfaction index of 15.7%.

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#### 1. INTRODUCTION

The giant virus family known as the coronaviruses are responsible for various disorders with mild to severe symptoms. Coronaviruses can cause respiratory infections, including Middle East respiratory syndrome (MERS) and severe acute respiratory syndrome (SARS). A brand-new coronavirus is responsible for the illness [1]. The prevalence of confirmed cases of COVID-19 in the province of West Nusa Tenggara also experienced an increase in the number of COVID-19 cases. As of November 30, 2020, there were 4,752 cases with 253 death tolls [2]. Data show that COVID-19 cases in East Lombok Region or NTB have spread to all regencies in NTB. As of November 30, 2020, the highest number of cases remained in Mataram City, with 1,287 cases, followed by West Lombok Regency with 728 cases, and East Lombok Regency in the third position with 563 cases [2].

Based on the death influence index of healthcare workers due to COVID-19, Indonesia is getting worse. Currently, Indonesia ranks 741, meaning that 741 Indonesian residents are losing one health worker who should have provided services [3]. This pandemic shows that Indonesia's COVID-19 pandemic is already at a critical point that affects multi-dimensional aspects in the social, political, economic, and cultural fields. The Government has established several policies to prevent coronavirus from spreading and transmitting further throughout society [4]. The Indonesian Government has issued several policies to combat and eradicate

the COVID-19 pandemic, including: i) staying at home; ii) social restrictions (social distancing); iii) physical distancing (physical distancing); iv) use of personal protective equipment (masks); v) maintaining personal hygiene (washing hands); vi) work and study from home (work/study from home); vii) postpone all activities that gather large crowds; viii) large-scale social restrictions (PSBB); ix) the implementation of the new normal policy; and x) The COVID-19 vaccination program [5].

The handling of COVID-19 in West Nusa Tenggara Province, Indonesia, has made the local Government issue its policies in clearer and firmer regional regulations to discipline the community. One of the policies issued by the NTB Regional Government is the Regional Regulation on Handling of Communicable Diseases Number 7 of 2020, and the NTB Provincial Government will impose fines for violators of the health protocol to prevent COVID-19 [6]. In June 2020, the East Lombok Regency Government signed a regent regulation regarding village-based social restrictions (PSBD) by the East Lombok Regent. This regulation encouraged public participation and participation in the fight against COVID-19. The village government is expected to actively carry out surveillance and prevention, with anticipatory steps from the village head in a humanistic manner [6].

In addition, the East Lombok Regency Government has also begun to limit visits and travel between regions by tightening the entry and exit process in several transportation sectors, such as airports, stations, ports, bus terminals, and health facilities [7]. Handling positive confirmed cases is also the focus of the East Lombok Government, campaigns for complementary activities to routine services to achieve high population coverage, and outbreak handling to address health threats [8]. Fundamentally, the Government cannot avoid death from the coronavirus and other impacts from the spread of this virus [9]. Therefore, through various initiatives, the Government must try to safeguard its citizens from the COVID-19 pandemic [10]. According to the institutional model, the Government is primarily responsible for making policy. All decisions and actions taken by the Government are, therefore, public policies. Put, public policy is what the Government owns and implements [11].

The COVID-19 outbreak in this nation cannot be controlled by good policies alone. Also, the community must pledge to abide by all guidelines and directives the Government gives. Only if the community shares the same values as the Government will comply with the law arise [12]. Therefore, evaluating the policies implemented in East Lombok Regency regarding handling the spread of COVID-19 is necessary. The first step that can be taken is to evaluate the implementation of policies implemented by the Government by compiling the public satisfaction index; it is called *index kepuasan masyarakat* (IKM), which refers to the success or failure of program implementation in public service institutions [13]. The COVID-19 outbreak in East Lombok Regency made the researchers look into the link between how policies are implemented and how satisfied the public is.

# 2. METHOD

#### 2.1. Participants, procedure, and measurement instrument

The research was quantitative, using a survey method. The sampling technique was non-probability with an accidental sampling type. The number of samples was 300 respondents with inclusion criteria, namely people living in the East Lombok District, willing to be respondents, excluding the people of East Lombok but living outside East Lombok. Sampling was carried out in a span of one month, starting from May to June 2021. The questionnaires were divided into two parts, i.e., a questionnaire measuring the policy implementation concerning the COVID-19 pandemic, where the researchers created a questionnaire referring to the policy implementation model of Korten and a questionnaire measuring the Public Satisfaction Index modified from the IKM questionnaire Decree of the Minister of State Apparatus Empowerment No. KEP/25/M.PAN/2/2004 concerning Guidelines for the Preparation of IKM Government Institutional Service Units that have categories based on interval values of 25-43.75 category D (not good), 43.76-662.50 category C (not good), 62.51-81.25 category B (good), and 81.26-1100.00 category A (very good). This questionnaire has been tested for validity and reliability. The instrument was tested on a sample of 50 people who were given questionnaires. From the results of the product moment validity test, it was found that all question items had r-table results of 0.05, which means that all question items were declared valid. The reliability test used Cronbach's alpha, with results of 0.958<0.90, which shows that all questions are reliable.

## 2.2. Statistical analysis

Respondent characteristics of age, sex, education, and occupation were analysed using SPSS. Data analysis in this study used the Spearman correlation test for bivariate techniques and multiple linear regression analysis for multivariate techniques using SPSS, where the variables tested were community satisfaction index variables and COVID-19 control policy implementation. The validity test is performed before the questionnaire is used for data retrieval. The test results using product moment correlation were obtained that all COVID-19

policy implementation question items have a value of p=0.00 and all public satisfaction index concerning COVID-19 handling question items have a value of p=0.00 where r calculates  $\geq$  r-table (2-sided test with sig. 0.05). Test of reliability, researchers use Cronbach's Alpha with the results obtained alpha value for COVID-19 handling policy implementation 0.958>0.90 (perfect reliability) and alpha value for public satisfaction index concerning COVID-19 handling 0.987>0.90 (perfect reliability). There were 300 respondents who followed the study process; 95 filled out the questionnaire using a Google form link, and 205 people filled out the questionnaire using a questionnaire sheet. The final sample size consisted of 300 participants. This study was designed and performed following ethical principles issued by Universitas Negeri Mataram. Ethical clearance was acquired from the Research Ethics Committee, Faculty of Medicine, Universitas Negeri Mataram (No. 164/UN18.F7/ETIK/2021).

## 3. RESULTS AND DISCUSSION

### 3.1. Overview of respondents

This research was conducted in the East Lombok Regency, located at the eastern end of Lombok Island. The demographic data in this study included respondent characteristics based on age, gender, education, and occupation. This data can be seen in detail in Table 1.

Table 1. Demographic characteristics of respondents

Respondent characteristics	Category	Frequency	Percentage	Mean $(\bar{X})$
Age	19-25 Years	117	39 %	30.01
	26-35 Years	111	37 %	
	36-45 Years	45	15 %	
	46-55 Years	22	7.3 %	
	56-65 Years	5	1.7 %	
Sex	Female	195	65 %	1.35
	Male	105	35 %	
Educational Level	Primary school and under	9	3 %	4.04
	Middle school	11	3.7 %	
	High school	86	28.7 %	
	Diploma	46	15.3 %	
	Undergraduate	148	49.3 %	
Occupation	Civil servant/army/police	48	16 %	3.35
	Private sector	57	19 %	
	Entrepreneur	25	8.3 %	
	Student	81	27 %	
	Others (farmers, merchants, labourers, homemakers)	89	29.7 %	
Total		300	100	

#### 3.2. Bivariateariate test

## 3.2.1. Public satisfaction index

The service quality results showed that the IKM value was 65.93 which means that the public satisfaction index was in category B (good). As a result, the public satisfaction index for the COVID-19 pandemic control in East Lombok Regency was good. The detailed questionnaires are shown in Table 2.

Table 2. Public satisfaction index analysis

No.	Service elements	∑Score/element	NRR/element	Weighted NRR/element
U1	Service procedure	785	2.617	0.186
U2	Service requirements	779	2.597	0.184
U3	Service officer clarity	812	2.707	0.192
U4	Service officer discipline	780	2.600	0.185
U5	Service officer responsibility	815	2.717	0.193
U6	Service officer ability	784	2.613	0.186
U7	Service speed	806	2.687	0.191
U8	Justice in receiving service	795	2.650	0.188
U9	Officer politeness and hospitality	814	2.713	0.193
U10	Service cost fairness	781	2.603	0.185
U11	Service cost certainty	783	2.610	0.185
U12	Service schedule certainty	809	2.697	0.191
U13	Environmental comfort	791	2.637	0.187
U14	Service safety	809	2.697	0.191
	Total			2.637

Therefore, the IKM score is: IKM=Weighted NRR per element X 25, IKM= 2.637 x 25, IKM=65.93

#### 3.2.2. Spearman rank test

Applying the COVID-19 control policy to the community satisfaction index is significant, as shown by the Spearman correlation analysis results, which yielded a significance value of 0.000<0.05. Table 3 presents the findings of thorough data analysis in detail. The Spearman correlation value of 0.258 indicates that the correlation is positive with a weak correlation strength.

Table 3. Spearman rank correlation test results

Table 5. Spearman rank correlation test results				
COVID-19 control policy implementation		Public satisfaction index		
COVID-19 prevention policy		0.260		
	p	0.000		
	n	300		
COVID-19 handling policy	r	0.232		
	p	0.000		
	n	300		

Adopting the COVID-19 prevention and handling policy with the community satisfaction index is significantly correlated with the Spearman correlation analysis result, which was achieved with a significance value of 0.000<0.05. The implementation of the COVID-19 preventive policy had a Spearman correlation value of 0.26, which shows a weak relationship going in a positive direction. However, the Spearman correlation value for adopting the COVID-19 handling policy is 0.232, indicating a positive correlation direction with a weak connection.

#### 3.3. Multivariate test

In discovering the relationship between independent and dependent variables, the researchers used the multiple linear regression analysis, where the result of the analysis produced the equation: y=constant +a1x1 +a1x1+...+aixi IKM=20.834+0.218 (prevention policy) +0.157 (handling policy), which means that for every success of the COVID-19 handling policy, the public satisfaction index will rise by 0.157/15.7%, and for every success of the COVID-19 prevention policy, it will rise by 0.218/21.8%. According to Colton in [14], the correlation is moderate, with r=0.26 to 0.50, and the summary model indicates that the correlation coefficient value is r=0.272. The adjusted R square value was 7.4%, meaning the resulting equation can account for 7.4% of the Public Satisfaction Index, presented in detail in Table 4.

Table 4. Multiple linear regression multivariate analysis results

Step	Variable	Coefficient	Correlation coefficient	р
	Constant	20.834		.000
1	Prevention Policy	0.218	.221	.003
	Handling Policy	0.157	.081	.269

## 3.4. Discussion

The global community is facing an unprecedented threat from the COVID-19 epidemic [13]. The Indonesian and regional governments make policies to contain Staying home, studying, working at home, and wearing masks to prevent the spread of COVID-19. The public thinks that some rules are stringent while others are more relaxed. In every region, the public's perception of the policy varies greatly [15]. Research on the COVID-19 control policy's implementation in the East Lombok Regency produced the following findings across nine (village-scale social restrictions (PSBD), health protocol, activity restriction, transportation restrictions, execution of violation sanctions, vaccination, patient discovery at healthcare facilities, epidemiologic examinations, treatment) assessment categories: Village-scale social restrictions have an average value of 9.26, and the excellent category's most significant proportion is 52.7%. Village-scale social restrictions (PSBD) is a subset of large-scale social restrictions (PSBB), which are governed by Government Regulation No. 21 of 2020 on Large-Scale Social Restrictions for Accelerated Handling of Coronavirus Disease (2019) (COVID-19). The COVID-19 epidemic is thought to be most effectively controlled by imposing social restrictions at the village level [16]. The number of confirmed instances of COVID-19 has decreased in the last two months, from 23 cases in May to 17 cases in June, contributing to the high percentage of excellent replies [2]. In addition, health officers/security officers (police) have an active role in supervising the PSBD implementation process [17].

They are implementing the health protocol with the highest percentage in the excellent category, 53.7%, with an average value of 9.76. The high number of responses in the "good" category is affected by how

well the community follows the health protocol daily. This compliance can be seen in shopping centres where visitors must wash their hands and wear masks before entering. This regulation is by East Lombok Regent's Regulation Number 30 of 2020 on the Implementation of Discipline and Law Enforcement of the Health Protocol as an Effort to Prevent and Control Coronavirus Disease 2019 [18]. In addition, strict policies can improve the practice of wearing masks and maintaining distance. On the other hand, policies that are not strictly enforced have a low level of compliance. The use of masks and social distancing are positively correlated [13].

The average score for activity restriction is 8.88, and 49.3% of people think it is good. Activity restriction here includes studying, working from home, the high number of answers in the excellent category according to the issuance of the circular letter of the East Lombok Regent Number: 003/553/DIKBUD/2021 regarding Face-to-face Learning during the COVID-19 pandemic. All learning processes at the kindergarten, elementary, junior high, high school, and college levels are stopped to prevent the transmission of COVID-19 in the school environment [19]. A retrospective and prospective study conducted by Portegijs *et al.* discovered that during the activity restriction policy, which aims to prevent the spread of COVID-19, people actively spend more time at home than before the COVID-19 activities pandemic [20].

The average number of people who like restrictions on how people use transportation is 51%. Many nations or areas have partially or entirely shut down local and international transportation modes because of the COVID-19 epidemic [21]. The East Lombok Regency Government has imposed restrictions on air, sea, and land transportation (bus) between regions to limit tourist visits or outsiders who will enter the NTB or East Lombok Region—the Republic of Indonesia Ministry of Transportation's Regulation No. PM 18 of 2020 Concerning Transportation Control in Avoiding the Spread of Coronavirus Disease 2019 sets out this transportation mode restriction (COVID-19). The extremely high virus dissemination rate and human mobility are the two main contributors to the spread of COVID-19 [22].

Execution of violation sanctions had the highest average score of 9.26 and the highest percentage of 42.3% in the excellent category. Sanctions for breaking the East Lombok Regent's Regulation Number 30 of 2020 About the implementation of discipline and law enforcement of the health protocol as an effort to prevent and control the coronavirus disease. There are 2,019 sanctions for breaking the execution of the health protocol [18]. Individuals, commercial actors, managers, organisers, or those in charge of public facilities are all subject to sanctions for violations. Verbal and written warnings, facility cleaning, and administrative sanctions are all used as sanctions.

The vaccination with the highest percentage in the excellent category has an average value of 9.59 and a value of 50.3%. The federal, state and local governments' COVID-19 public health measures aim to counter them with vaccinations that provide immunity. Stop the COVID-19 pandemic; this aligns with Presidential Regulation No. 99 Years 2020 about getting and using vaccines. During a pandemic, the Government must force people to get vaccinated to provide "public goods," which are public health functions everyone must do [23]. The Government will fully cover all vaccine expenditures. Vaccinations are one of the most critical steps forward in public health in the 21st century. One of the most significant global health challenges is vaccine reluctance. The outcome of research by research of [24] revealed that worry about the vaccination's unforeseen future consequences is the most typical unfavourable attitude about COVID-19 immunisation.

Patient discovery at healthcare facilities had the highest number of excellent scores (56.3%), averaging 9.50. Contact tracing should be done if a suspected or potential case is discovered. For 14 days, close contacts will be restricted. Monitoring can end if there are no symptoms after 14 days of quarantine. However, if someone with close contact is being watched and shows symptoms, they must be separated immediately and swabbed for RT-PCR [25]. Following the Decree of the Minister of Health of the Republic of Indonesia, Number HK.01.07/MENKES/446/2021, about the Use of Antigen Rapid Diagnostic Tests in the Examination of Coronavirus Disease 2019, screening is being conducted to identify instances of

COVID-19. At healthcare facilities or in public locations like airports, stations, and terminals, screening to identify patients is done by collecting specimens and looking at rapid diagnostic test antigens or RDT-Ag. Health professionals should carry out the sampling and examination. In a study done in Paris, nasopharyngeal swab testing for Sars-CoV-2 was done on 44 people. Sars-CoV-2 was definitively diagnosed in 37 (84.1%) of 44 individuals after real-time-polymerase chain reaction [RT-PCR] testing. According to Péré *et al.*, 33 of 37 nasal samples also tested positive. Many studies have found that the nasopharyngeal swab is still the best test in many countries. Discovering suspected or probable cases, followed by efforts for isolation and laboratory analyses, is the foundation of efforts to limit COVID-19. Giving therapy by the protocol is the following step [25].

The percentage of epidemiologic examinations that fell into the "good" category was the greatest at 53.7%, with an average of 9.37%. This work is mostly about contact tracing, which is a way to find, evaluate, and manage people who have much contact with confirmed or likely disease cases to stop the disease from spreading [26]. Contact tracing is a first-step health intervention that must be done in the community [27]. Its goal is to control and find people who may have been exposed to Coronavirus-2 (SARS-CoV-2), the virus that

caused the COVID-19 pandemic [28]. Tracking is quite heavily used in many nations, not just in hospitals. China and South Korea have implemented smartphone technology for tracking. The US, Singapore, Poland, Israel, and South Korea are among the other countries that use smartphones to track patients [29].

Treatment with a 51.7% average value and the highest percentage of good services. There is currently no treatment for COVID-19. The term "service" in this context refers to the quarantine and provision of medical care for people who are positive for the COVID-19 virus. Also, those who have recently returned from places with COVID-19 instances or those suspected of having contact with patients who have tested positive for the virus are subject to the quarantine regime. A study conducted by Harapan, self-isolation of infected patients strongly recommended self-quarantine [30]. Zitek [31] stated that patients with mild symptoms do not need to come to a health facility for treatment or do a COVID-19 test but are recommended to self-isolate.

The results show that the public received the East Lombok Regency's COVID-19 control policy well. The IKM score of 2,637 for the 14 components and a conversion value of 65.93 for the IKM serve to illustrate this. It indicates that government policies, especially in East Lombok, have high discipline. Service officer duty is the indication with the most excellent IKM value, having an IKM value of 0.193 and an IKM conversion value of 4.825. It is essential to preserve or raise the importance of the IKM service officer's role in COVID-19 prevention in the East Lombok Regency.

A significance value of 0.000<0.05 was obtained from the bivariate test result using the Spearman rank test, indicating that the COVID-19 control policy implementation with the public satisfaction index is significant. The Spearman correlation value of 0.258 shows that the correlation is weak and going in the right direction. These results strongly link a policy and the community's happiness. Although the link is minor, the direction of the association is positive, indicating that the level of community satisfaction will be influenced by how well the policy is executed. Multivariate analysis using multiple linear regression, the multivariate test results can be used to come up with the equation: IKM=20.834 + 0.218 (prevention policy) + 0.157 (handling policy); y = Constant + a1x1 + a1x1 + ... + Pixi. Every time the COVID-19 prevention strategy is successful, the public satisfaction index will rise by 0.216 points or 21.8%, and every time the COVID-19 handling policy is successful, it will increase by 0.157 points or 15.7%.

The adoption of the COVID-19 prevention policy with the public satisfaction index has a significance value of 0.00<0.05, according to the analysis results using the Spearman rank, which shows that it is significant. A Spearman correlation value of 0.26 illustrates the direction of the positive connection. The correlation results show that the COVID-19 prevention program put in place by the Government in East Lombok Regency is linked in a good way. The more effectively policies are implemented, the more satisfied people will become. The Spearman rank correlation analysis shows that the relationship between the adoption of the COVID-19 handling policy and the public satisfaction index has a significance value of 0.00<0.05, which means that it is significant. A Spearman correlation value of 0.232 shows that the correlation is positive in direction. The correlation results directly link the COVID-19 handling policy and how happy people are with their neighbourhoods. The more effectively the COVID-19 handling policy is implemented, the more satisfied the community will be. Stopping the spread of COVID-19 can be done by working with the local health office or healthcare facilities to do close contact tracing, lab tests, and other necessary steps [25].

The limitation of this study is that this research was conducted with a sample that focuses on people who can access and use Google Forms. Researchers should be given free access to data collection or meetings with potential respondents regarding health protocol policies. There may be differences in understanding in each respondent because, in collecting data online, researchers cannot provide information directly related to the purpose and purpose of this study; researchers only convey research information through the research information form for respondents.

#### 4. CONCLUSION

In this study, it was found that handling COVID-19 and implementing prevention measures both had a positive impact on the public satisfaction index. The level of public satisfaction in East Lombok Regency with how the COVID-19 pandemic was handled is linked to both strategies for preventing and dealing with it. Policies issued by the central and regional governments are very effective in controlling COVID-19 in Indonesia; besides, the level of community compliance is also an important point in supporting all policies related to COVID-19 control.

#### REFERENCES

- [1] World Health Organization (WHO), "WHO coronavirus disease (COVID-19) dashboard WHO coronavirus disease (COVID-19) dashboard." 2020. Accessed: October 12, 2020. [Online]. Available: https://covid19.who.int/table.
- [2] GERMAS, "COVID-19 NTB." Jul. 2021. Accessed: October 23, 2020. [Online]. Available: https://corona.ntbprov.go.id/.

- [3] BNPB, "Handling task force COVID-19 (in Indonesia: "Satgas Penanganan COVID-19)," covid19.go.id. 2020. Accessed: February 10, 2020. [Online]. Available: https://covid19.go.id/peta-sebaran.
- [4] R. Güner, İ. Hasanoğlu, and F. Aktaş, "COVID-19: prevention and control measures in the community," *Turkish Journal of Medical Sciences*, vol. 50, no. 3, p. 571, 2020, doi: 10.3906/SAG-2004-146.
- [5] P. W. Lestari, L. Agestika, and G. K. Dewi, "Predisposing, enabling, and reinforcing factors of COVID-19 prevention behavior in indonesia: a mixed-methods study," *Journal Preventive Medicine Public Health*, vol. 56, no. 1, pp. 21–30, Jan. 2023, doi: 10.3961/JPMPH.22.340.
- [6] D. G. Sudibya, D. Lina, O. Suendra, and K. R. Mulyawati, "Customary sanctions for violation of health protocols amid the covid-19 pandemic in the traditional village of Tabanan City," Proceedings of the 1st Warmadewa International Conference on Science, Technology and Humanity, WICSTH 2021, 7-8 September 2021, Denpasar, Bali, Indonesia, Jun. 2022, doi: 10.4108/EAI.7-9-2021.2317687.
- [7] J. Shen et al., "Prevention and control of COVID-19 in public transportation: Experience from China," Environmental Pollution, vol. 266, p. 115291, Nov. 2020, doi: 10.1016/J.ENVPOL.2020.115291.
- [8] World Health Organization, "Community-based health care, including outreach and campaigns, in the context of the COVID-19 pandemic," World Health Organization (WHO), 2020.
- [9] R. M. Anderson, H. Heesterbeek, D. Klinkenberg, and T. D. Hollingsworth, "How will country-based mitigation measures influence the course of the COVID-19 epidemic?" *The Lancet*, vol. 395, no. 10228, pp. 931–934, Mar. 2020, doi: 10.1016/S0140-6736(20)30567-5.
- [10] T. Susanto, Kumboyono, I. F. Kusuma, A. Purwandhono, and J. Sahar, "Community-based intervention of chronic disease management program in rural areas of Indonesia," *Frontiers of Nursing*, vol. 9, no. 2, pp. 187–195, Jun. 2022, doi: 10.2478/FON-2022-0021.
- [11] D. W. Parsons, *Public policy: an introduction to the theory and practice of policy analysis*, Translate. Jakarta: Kencana Prenada Media Group, 2011.
- [12] H. Harsoyo and S. Suparno, "Public satisfaction with public services (study at the department of population and civil registration of Semarang City)," *Jurnal Sosial Humaniora (JSH)*, vol. 14, no. 1, pp. 123–137, Jul. 2021, doi: 10.12962/J24433527.V14I1.8447.
- [13] S. Lee, T.-Q. Peng, M. K. Lapinski, M. M. Turner, Y. Jang, and A. Schaaf, "Too stringent or too Lenient: Antecedents and consequences of perceived stringency of COVID-19 policies in the United States," *Health Policy Open*, vol. 2, p. 100047, Dec. 2021, doi: 10.1016/j.hpopen.2021.100047.
- [14] Norfai, "Non-parametric statistics for the field of health (theoretical, systematic and aplanatic)," *Penerbit Lakeisha*, June 20, 2021. https://www.google.co.id/books/edition/STATISTIKA\_NON\_PARAMETRIK\_untuk\_bidang\_K/unw-EAAAQBAJ?hl=id&gbpv=1&dq=menurut+Colton+korelasi+sedang+dengan+r+%3D+0,26+%E2%80%93+0,50)&pg=PA164&printsec=frontcover (accessed Jul. 24, 2021).
- [15] I. Sabat *et al.*, "United but divided: Policy responses and people's perceptions in the EU during the COVID-19 outbreak," *Health Policy (New York)*, vol. 124, no. 9, pp. 909–918, Sep. 2020, doi: 10.1016/j.healthpol.2020.06.009.
- [16] R. Djalante et al., "Review and analysis of current responses to COVID-19 in Indonesia: period of January to March 2020," Progress in Disaster Science, vol. 6, p. 100091, Apr. 2020, doi: 10.1016/j.pdisas.2020.100091.
- [17] M. O. Frenkel et al., "The impact of the COVID-19 pandemic on European police officers: stress, demands, and coping resources," J Crim Justice, vol. 72, p. 101756, Jan. 2021, doi: 10.1016/J.JCRIMJUS.2020.101756.
- [18] Regent Regulation East Lombok, "Decree No. 39/2020 on the application of discipline and enforcement of the health protocol law as an effort to prevent and control coronavirus disease," 2021. https://peraturan.bpk.go.id/Home/Details/145553/perbup-kablombok-timur-no-39-tahun-2020 (accessed Jul. 19, 2021).
- [19] S. Krishnaratne et al., "Measures implemented in the school setting to contain the COVID-19 pandemic: a rapid scoping review," Cochrane Database Systematic Reviews, vol. 2020, no. 12, Dec. 2020, doi: 10.1002/14651858.CD013812.
- [20] E. Portegijs, K. E. Keskinen, E. M. Tuomola, T. Hinrichs, M. Saajanaho, and T. Rantanen, "Older adults' activity destinations before and during COVID-19 restrictions: From a variety of activities to mostly physical exercise close to home," *Health Place*, vol. 68, Mar. 2021, doi: 10.1016/J.HEALTHPLACE.2021.102533.
- [21] S. Li, Y. Zhou, T. Kundu, and F. Zhang, "Impact of entry restriction policies on international air transport connectivity during COVID-19 pandemic," *Transportation Research Part E: Logistics and Transportation Review*, vol. 152, p. 102411, Aug. 2021, doi: 10.1016/j.tre.2021.102411.
- [22] A. Browne, S. St-Onge Ahmad, C. R. Beck, and J. S. Nguyen-Van-Tam, "The roles of transportation and transportation hubs in the propagation of influenza and coronaviruses: a systematic review," *Journal of Travel Medicine*, vol. 23, no. 1, Jan. 2016, doi: 10.1093/jtm/tav002.
- [23] S. Clarke, "Compulsory vaccination and nozickian rights," Journal of Applied Philosophy, May 2022, doi: 10.1111/JAPP.12633.
- [24] D. I. Omar and B. M. Hani, "Attitudes and intentions towards COVID-19 vaccines and associated factors among Egyptian adults," Journal of Infection and Public Health, vol. 14, no. 10, pp. 1481–1488, Oct. 2021, doi: 10.1016/J.JIPH.2021.06.019.
- [25] Ministry of Health of the Republic of Indonesia, "Guidelines for the prevention and control of coronavirus disease (COVID-19) (Revision 5) (in Indonesian: *Pedoman Pencegahan dan Pengendalian Corona Virus Disease (COVID-19) (Revisi 5)*)," Jakarta, 2020. [Online]. Available: https://covid19.go.id/storage/app/media/Protokol/REV-05\_Pedoman\_P2\_COVID-19\_13\_Juli\_2020.pdf (accessed May 15, 2021).
- [26] Ministry of Health of the Republic of Indonesia Directorate General of Disease Prevention and Control, "Brief guide to contact tracing for COVID-19 cases (in Indonesian: Kementerian Kesehatan Republik Indonesia Direktorat Jenderal Pencegahan dan Pengendalian Penyakit. Panduan Singkat Pelacakan Kontak (Contact Tracing) untuk Kasus COVID-19 Tahun 2020)," Jakarta, 2020. [Online]. Available: https://www.kemkes.go.id/article/view/20091400001/panduan-singkat-pelacakan-kontak-contact-tracing-untuk-kasus-covid-19.html (accessed May 15, 2021).
- [27] L. C. Ivers and D. J. Weitzner, "Can digital contact tracing make up for lost time?" Lancet Public Health, vol. 5, no. 8, pp. e417–e418, Aug. 2020, doi: 10.1016/S2468-2667(20)30160-2.
- [28] M. J. Keeling, T. D. Hollingsworth, and J. M. Read, "Efficacy of contact tracing for the containment of the 2019 novel coronavirus (COVID-19)," *Journal of Epidemiology and Community Health*, vol. 74, no. 10, pp. 861–866, Oct. 2020, doi: 10.1136/JECH-2020-214051.
- [29] M. N. Cahyadi et al., "Telemedicine technology application for COVID-19 Patient Tracing Using Smartphone GNSS," International Journal of Geoinformatics, vol. 18, no. 2, pp. 103–117, Mar. 2022, doi: 10.52939/ijg.v18i2.2159.
- [30] H. Harapan et al., "Coronavirus disease 2019 (COVID-19): A literature review," Journal of Infection and Public Health, vol. 13, no. 5, pp. 667–673, May 2020, doi: 10.1016/J.JIPH.2020.03.019.
- [31] T. Zitek, "The appropriate use of testing for Covid-19," Western Journal of Emergency Medicine, vol. 21, no. 3, pp. 470–472, 2020, doi: 10.5811/WESTJEM.2020.4.47370.

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