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Role of Religious Figures and Community Leaders in Preventing the Spread of Covid-19

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ABSTRACT

Aims: COVID-19 pandemic is a very troubling phenomenon with the very fast transmission. The World Health Organization (WHO) has established a Public Health Emergency of Concern for the World. Fluctuating cases occur due to mobility and poor health protocols. COVID-19 is increasing rapidly and spreading in every country. In the world on June 18, 2021, there were 176,945,596 cases with 3,836,828 deaths. West Java was ranked second with 350,719 cases. Tarogong Kaler Garut sub-district is in second position, namely 983 cases, 52 cases in Mekarwangi Village. The purpose of this study is to find out what factors are related to the role of Religious Leaders and Community Leaders in efforts to prevent the transmission of COVID-19.

Instruments & Methods: This research is quantitative with a cross-sectional approach. The sample is 84 residents of RW 01 Mekarwangi Village with a simple random sampling technique. Data were obtained from questionnaires via a google form.

Findings: There is a relationship between age (P value: 0,020), gender, education, occupation, knowledge, attitudes, and efforts to prevent the transmission of COVID-19 with the role of religious leaders and community leaders in preventing the transmission of COVID-19 carried out by residents of RW 01 Mekarwangi Village.

Conclusion: Community leaders and religious leaders need to increase their role in efforts to mobilize the community to prevent the transmission of COVID-19.

KEYWORDS: Religious leaders; community leaders; knowledge; attitude; COVID-19

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INTRODUCTION

World Health Organization data states that COVID-19 is increasing rapidly and spreading in every country. Globally, there were 176,945,596 confirmed cases in 224 countries with 3,836,828 deaths. Countries with the highest number of cases include America with 33,175,399 cases, India with 29,700,313 cases, and Brazil with 17,628,588 cases. In Asia, the highest cases were in India with 29,700,313 cases, Indonesia with 1,950,276 cases and 54,043 deaths, and Bangladesh with 841,087 cases(1). As of June 18, 2021, the highest cases were DKI Jakarta with a total of 482,264 cases, West Java ranked second with 350,719 cases, and Central Java with 232,839 cases (2). West Java COVID-19 totaled 350,719 cases whereas Garut Regency reached 12,444 cases. Tarogong Kaler District has the highest with 983 cases, Mekarwangi Village with 52 cases, 9 cases of isolation or under treatment, and 3 deaths (3).

The Mekarwangi Health Center stated that RW 01 Mekarwangi Village was in first place with 11 confirmed cases and 2 deaths, based on the highest age classification, namely 21-49 years old which is included in the productive age. The community needs to be alert because the impact of COVID-19 is very widespread, in politics, the economy, and people's welfare. Health workers and infrastructure cannot work without community involvement in implementing health protocols and a supportive health system (4). Government efforts through health protocols including screening, social restrictions, and self-quarantine aim to control the spread of COVID-19(5).

Observation results show that 6 out of 10 residents of RW 01 do not use masks. The community is not yet fully aware of implementing the 5M health protocol (Washing Hands with Soap, Wearing Masks, Keeping Distance. Staying Away from Crowds. And Reducing Mobility). Mona believes that the increase in COVID-19 cases can easily spread and infect anyone. Knowledge about COVID-19 is one of the most important things to avoid an increase in the number of cases of COVID-19(6). Knowledge is one part of the process of forming behavior. Apart from knowledge, there are attitude variables and the role of community leaders who describe behavior in encouraging the community to take efforts to prevent the transmission of COVID-19 (7). Community leaders have an important role in increasing community independence in responding to the COVID-19 pandemic. However, the phenomenon is that community leaders have not reminded the public about preventing COVID-19(4).

Based on the description above, the researcher is interested in knowing, "What are the factors related to the role of Religious Leaders (Toga) and Community Leaders (Toma) in efforts to prevent transmission of COVID-19?"

INSTRUMENT AND METHODS

Study design and setting

This research is descriptive research with an online survey design. The population in this study were all residents in RW.01 Mekarwangi Village, Garut Regency, totaling 369 residents. By calculating the binomial proportion formula, a sample of 76 respondents was obtained which was added 10% to avoid dropping out. Simple random sampling technique with inclusion and exclusion criteria. The research criteria included in the inclusion criteria were age 17-55 years, having a communication device (handphone), living in RW.01 Mekarwangi Village and exclusion criteria, namely could not read and did not understand how to fill out the Google form. Data collection via google form which was distributed to respondents with a processing time of 30 minutes. The questionnaire in the Google form contains data, namely gender, age, education, knowledge, occupation, attitude, the role of community leaders and religious leaders, and behavior to prevent transmission of COVID-19. The research was carried out in several stages. After obtaining research permits, the researchers began coordinating with RW 01. The prospective research respondents came from 3 RTs, namely RT 1, 2, and 3. A sample of 84 respondents was calculated to obtain a balanced proportion. The distribution of respondent data in RW 01 is:

Table 1: Distribution of the number of samples

Neighborhood Association	Household population	Calculation	Amount
01	110	$\frac{110}{369} X\ 84 = 24{,}7$	25
02	158	$\frac{158}{369} X\ 84 = 35{,}9$	36
03	101	$\frac{101}{169} X\ 84 = 22{,}7$	23
Total	369		84

Data collection from each household is in the form of names and telephone numbers. The data will be carried out by a simple random sampling technique. Where the names obtained are sorted and numbered, then a lottery is carried out. After dialing the number, they looked at their names and contacted them personally to ask for their willingness to be research respondents. After the required prospective respondent data is fulfilled and is willing to become a research sample, the researcher sends a link to the questionnaire compiled via the Google form. The questionnaire consisted of respondent data, namely age, gender, education, occupation, the role of religious leaders and community leaders, attitudes, knowledge, and behavior to prevent transmission of COVID-19. Questionnaires were distributed to 84 respondents with a given processing time of 30 minutes.

STATISTICAL ANALYSIS

Data that has been collected via Google form check the completeness of the data. If the data is complete, the data will be coded in the form of numbers, then the data will be entered and processed using a computer program. After that, the data is checked again if there are errors or incompleteness. Frequency distribution data is presented in the form of a percentage. This aims to describe the characteristics that exist in each research variable with the results in the form of percentages. The form of univariate analysis is the frequency distribution in the form of prevention behavior, gender, age, occupation, education, knowledge, attitudes, and the role of community leaders and religious leaders. The data are presented in tables according to the variables of the research objectives.

FINDINGS

Based on the research data obtained, the data were tested for normality. The normality test was carried out to find out whether the data is normally distributed or not. This is done to determine the cutoff point of research data analysis. If the data is normally distributed, the cut of point used is the mean. However, if the data is not normally distributed, the median is the cutoff point. The results of the normality test stated that the data on the attitudes and roles of Toma and Toga were normally distributed, so the mean was used. Then the research results can be seen in the table below:

Table 2. Distribution of Determinants of the Role of Toma and Toga in Preventing the Transmission of COVID-19

	Frequency	Percent
Age		
Age < 20 Years	40	47.6
Age ≥ 20 Years	44	52.4
Gender		
Man	40	47.6
Woman	44	52.4
Education		
Basic Education	24	28.6
Upper Secondary Education	60	71.4
Work		
Permanent work	45	53.6
Non-permanent job	39	46.4
Knowledge		
Good Knowledge	63	75.0
Enough Knowledge	21	25.0
Attitude		
Supportive Attitude	47	56.0
Unsupportive Attitude	37	44.0
COVID-19 Prevention Efforts		
Positive effort	49	58.3
Negative effort	35	41.7
The role of toma and toga		
Supports the role of toma and toga	51	60.7
Does not support the role of toma and toga	33	39.3
Total	**84**	**100.0**

Most residents of RW 01 are ≥ 20 years old (52.4%), female (52.4%), have a permanent job (53.6%), have high school education (71.4%), have good knowledge (75%), are supportive in preventing transmission COVID-19 (56%), have positive efforts in preventing transmission of COVID-19 (58.3%) and believe that community leaders and religious leaders support efforts to prevent transmission of COVID-19 (60.7%).

Table 3. Factors Associated with the Role of Toma and Toga in Preventing the Transmission of COVID-19

Characteristic	The role of toma and toga				P-value
	Supports the role of toma and toga		Does not support the role of toma and toga		
	n	%	n	%	
Age					
Age < 20 Years	30	75	10	25	0.020
Age ≥ 20 Years	21	47.7	23	52.3	
Gender					
Man	19	47.5	21	52.5	0.032
Woman	32	72.7	12	27.3	
Education					

Basic Education	3	12.5	21	87.5	0.000
Upper Secondary Education	48	80.0	12	20.0	
Work					
Permanent work	33	73.3	12	26.7	0.020
Non-permanent job	18	46.2	21	53.8	
Knowledge					
Good Knowledge	44	69.8	16	30.2	0.007
Enough Knowledge	7	33.3	14	66.7	
Attitude					
Supportive Attitude	39	90.7	4	9.3	0.000
Unsupportive Attitude	12	29.3	29	70.7	
COVID-19 Prevention Efforts					
Positive effort	35	71.4	14	28.6	0.031
Negative effort	16	45.7	19	54.3	

Based on table 3 above, age, gender, education, occupation, knowledge, attitudes, and efforts to prevent transmission of COVID-19 have a relationship with the role of religious leaders and community leaders who support the prevention and transmission of COVID-19.

Table 4. Opportunity Role of religious leaders and community leaders in the prevention and transmission of COVID-19

Characteristic	Value	95% Confidence Interval	
		Lower	Upper
Age	3.286	1.298	8.315
Gender	0.339	0.137	0.842
Education	0.036	0.009	0.140
Work	3.208	1.288	7.991
Knowledge	4.632	1.613	13.299
Attitude	23.563	6.891	80.565
COVID-19 Prevention Efforts	2.969	1.196	7.369

Based on table 4 above, age, work, knowledge, attitudes, and efforts to prevent COVID-19 have the opportunity to support the role of Toma and Toga in efforts to prevent transmission of COVID-19. This means that age has 3,286 opportunities to support Toma and Toga's role, work has 3,208 opportunities to support Toma and Toga's role, knowledge has 4,632 opportunities to support Toma and Toga's role, the attitude has 23,563 opportunities to support Toma and Toga's role and efforts to prevent COVID-19 has the opportunity 2,969 times to support the role of Toma and Toga.

DISCUSSION

Most of the residents of RW 01 are aged ≥ 20 years (52.4%) and this age is included in the productive age. And that age is the age that has a greater chance of contracting COVID-19. This is considering the mobility and high activity outside the home. Of course, it is directly proportional to the frequency and social interaction of productive groups which are also higher(8). Green stated that age characteristics are one of the driving factors for the occurrence of a behavior (9). Where the demands of the business world stipulate a minimum age requirement so that it becomes an opportunity to be able to work based on age requirements. This condition is an opportunity for the formation of behavior in the Garut community, especially in work behavior based on age.

Garut is one of the best local shoe factory centers, so the majority of its people work as shoe laborers. The results showed that most residents in RW 01 were female (52.4%) and had permanent jobs (53.6%). Most of the residents have a high school education (71.4%) because the minimum requirement to become factory workers is a high school education. The phenomenon in the field is that more people work with permanent jobs, working residents of course occasionally face difficult conditions to carry out physical distancing even though they are not working. Apart from residents with permanent jobs and non-permanent jobs, the number is almost the same (10). Community mobility does not just work, but activities in meeting daily needs that require mobility and meeting other people. Such as activities to fulfill daily needs that cannot be avoided and keep in contact with other people. Society consists of various age distributions, which of course have different activities in fulfilling their daily needs. The elderly group (elderly) is also included in the vulnerable category and is at risk of contracting COVID-19. So increasing the knowledge and attitude of the elderly toward health protocols to prevent COVID-19 also needs to be improved. Increasing knowledge

and attitudes not only in productive age, basically, the elderly who are a group at risk if exposed to COVID-19 also need attention. Increased knowledge on the prevention of transmission of COVID-19 including knowledge related to health protocols is expected to increase along with efforts to maintain health, self-confidence, and ability to deal with physical and psychological disorders due to the pandemic(11).

The phenomenon in the field is that the majority (58.3%) of women are positive in carrying out efforts to prevent COVID-19. In line with Suharmanto's research that women are better at preventing the transmission of COVID-19 (76.1%)(12). This is because women tend to behave well compared to men. This phenomenon produces women who are more concerned about environmental conditions and their health (13). Green's theory says that gender is a predisposing factor or enabling factor that contributes to a person's health behavior. The female gender tends to be more concerned about environmental conditions and their health. Of course, this is also motivated by education where a higher education level makes people better understand the COVID-19 prevention protocol to protect themselves and their families. This is in accordance with Pertiwi's opinion that most people are highly educated (10).

Most of the residents of RW 01 have good knowledge of preventing the transmission of COVID-19 (75%). This is to Suharmanto's research that most people have good knowledge(12). Good knowledge is a stimulus in efforts to prevent the transmission of COVID-19. Likewise, with attitudes, the results of the study showed that most RW 01 residents were supportive of preventing the transmission of COVID-19 (56%). Based on the results of research on preventing COVID-19, people have a supportive attitude. The results of this study are in line with Suharmanto's research where the community has a positive attitude (77.6%) in efforts to prevent the transmission of COVID-19(12). The community tends to have good knowledge because in the era of the COVID-19 pandemic various information related to COVID-19 could be accessed easily where the government and various elements of society were aggressively promoting the prevention of transmission of COVID-19(10). Behavior based on knowledge, awareness, and a positive attitude will encourage the formation of long-lasting or lasting behavior. It is better if the behavior is not based on knowledge and awareness then the resulting behavior will not be lasting. Knowledge about preventing the transmission of COVID-19 can be accessed from both print and electronic media. It is basically a stimulus or stimulus. If the stimulus is obtained or given continuously it will encourage the process of thinking and analyzing concepts. In the end, a behavior to prevent transmission of COVID-19 is formed. This process becomes the basis for indirectly changing behavior, especially in the process of forming motivation for implementing the COVID-19 transmission prevention protocol.

Attitude is one of the predisposing factors in certain behaviors. In behaving, for example in carrying out disease prevention, attitude is one of the factors that influence a person in preventing the spread of disease. Because efforts to prevent disease must be related to people's attitudes. In this study, the attitude has a relationship with the role of religious leaders and community leaders who support the prevention and transmission of COVID-19. This means that attitudes that support citizens from the role of religious leaders and community leaders are formed because of the stimulus in the form of providing information or knowledge by religious leaders and community leaders. So that attitudes are influenced by knowledge. Good knowledge about preventing the transmission of COVID-19 will be the basis for forming a good attitude toward preventing the transmission of COVID-19. This means that knowledge leads a person to think and plays an important role in forming attitudes (13). Sutriyawan stated that respondents who were well-informed about the methods of transmission and prevention of COVID-19 had a positive attitude during the pandemic (14). This is certainly an advantage in itself where knowledge and attitudes need to be stimulated always. Increasing knowledge and attitudes continue to be pursued, especially related to preventing the transmission of COVID-19. This is in line with Ratna's research that video media is effective as an effort to prevent the transmission of COVID-19 in increasing the knowledge and attitudes of young people at the Mathla'ul Huda mosque(15).

Most residents of RW 01 have positive efforts in preventing the transmission of COVID-19 (58.3%). This is in line with Sari's research that the community has taken precautions against COVID-19 where the community complies with the rules for preventing COVID-19 (90.20%)(13). COVID-19 makes people worried and anxious considering the speed of transmission so people behave in compliance with the rules of the COVID-19 prevention protocol. Based on the results of observations in the community, from the 5M health protocol (Washing Hands, Using Masks, Maintaining Distance, Avoiding Crowds, and Reducing Mobility), washing hands and wearing masks is what most people do. This is by Pertiwi's research that most people with an age range of 36-55 years tend to have negative physical distancing behavior (10). Efforts to prevent the transmission of COVID-19 have a relationship with the role of religious leaders and community leaders who support the prevention and transmission of COVID-19. In other words, if the behavioral effort to prevent COVID-19 is positive, then this cannot be separated from or related to knowledge which is the stimulus for behavior change.

Based on the results of the research, most residents thought that community leaders and religious leaders (60.7%) played a role in supporting the prevention of COVID-19 transmission. This is to Pertiwi's research that there was support from community leaders as many as 62 respondents (44.3%) (10). The role of community leaders and religious

leaders is very important in efforts to prevent the transmission of COVID-19. The existence of a wrong understanding of the concept of COVID-19 can be corrected by the role of community leaders and religious leaders. Likewise with efforts to prevent the transmission of COVID-19. Given that community leaders and religious leaders gain trust in the community and can become role models and agents of change in efforts to prevent the spread of COVID-19. Behavior based on knowledge, awareness, and a positive attitude will encourage the formation of long-lasting or lasting behavior. It is better if the behavior is not based on knowledge and awareness then the resulting behavior will not be lasting. Knowledge about preventing the transmission of COVID-19 can be accessed from both print and electronic media. It is a stimulus or stimulus. If the stimulus is obtained or given continuously it will encourage the process of thinking and analyzing concepts. In the end, a behavior to prevent the transmission of COVID-19 is formed. This process becomes the basis for indirectly changing behavior, especially in the process of forming motivation for implementing the COVID-19 transmission prevention protocol(16).

Age has a relationship with the role of religious leaders and community leaders who support the prevention and transmission of COVID-19 with a p-value of 0.020. The Center for Strategic and International Studies (CSIS) revealed that transmission of infection comes from groups with relatively high mobility, namely the relatively young age group(17). Low awareness of health protocols adds to the problems in preventing the transmission of COVID-19. This relatively young age group or productive age range is also a group with permanent jobs, most of whom are female. Work has a relationship with the role of religious leaders and community leaders who support the prevention and transmission of COVID-19. In principle, all ages can be at risk of being infected with COVID-19, and productive age is the age most at risk, given the high mobility and social activity. Even though it is risky, it can be prevented by adhering to health protocols to prevent transmission of COVID-19 (wearing masks, washing hands, practicing physical and social distancing, and avoiding crowds)(8).

Gender is related to the role of community leaders and religious leaders with a p-value of 0.032. Given the nature of being a woman, women tend to understand more about recommendations and rules. Most women (72.7%) support Toma and Toga's role in preventing the transmission of COVID-19. For example, women are more obedient in applying health protocols, they do this because they understand their important role in the family which requires them to take care of everything properly. If they are sick, then all the needs of the family will be neglected. Men's and women's health behavior can be based on gender differences. Where men are more aggressive, arrogant, competitive, violent, cruel, dominant, independent, and unemotional. Women tend to be more affectionate, anxious, loving, dependent, emotional, tender, sensitive, and submissive. The above explains the personality of women who tend to prioritize health more than men. This condition encourages women to be more supportive of the role of the Toma and Toga related to preventing the transmission of COVID-19.

Almost all (80.0%) residents of RW 01 with senior secondary education support Toma and Toga's role in preventing the transmission of COVID-19 with a p-value of 0.000. This means that there is a relationship between education and Toma and Toga's role in preventing the transmission of COVID-19. Education can be a background that encourages one's understanding in increasing knowledge. Relatively high education encourages individuals to understand advice more easily on preventing the transmission of COVID-19 regardless of who gives it. However, education does not necessarily shape a person's behavior. It is the stimulus of knowledge that shapes one's behavior. Residents with low education are not directly knowledgeable either. This is due to the rapid development of science and technology. Ease of access from both print and electronic media regarding the prevention of transmission of COVID-19 is another factor that does not guarantee higher education is a guarantee of support for health behavior. Therefore, continuous efforts are needed to increase understanding through education and outreach as a stimulus so that members of the public can behave healthily to prevent transmission of COVID-19.

Based on the results of the study, the majority of respondents (73.3%) who had permanent jobs supported Toma and Toga's role in preventing the transmission of COVID-19 with a p-value of 0.020. This is of course a very reasonable condition in society considering that the COVID-19 pandemic has had a huge impact on family income. Even though they have permanent jobs, policies at work have been adjusted due to the pandemic which of course has an impact on their income. It was this condition that prompted them to support Toma and Toga's role in preventing the transmission of COVID-19, which they thought was the best solution to survive during a pandemic. Where the role of community leaders and religious leaders is very important to always remind and raise awareness in efforts to prevent and transmit COVID-19.

Knowledge has a relationship with the support of the role of religious leaders and community leaders with a p-value of 0.007. This means that residents support the roles of Toma and Toga regarding the prevention of transmission of COVID-19. Public understanding of information on preventing the transmission of COVID-19 is intensively carried out in both print and electronic media. This is certainly one of the stimuli for simultaneous behavior change accompanied by the active role of Toma and Toga who always reminds us. Indirectly collaboration from various communities is established, hand in hand to prevent transmission during a pandemic. This is reinforced by the results of research related to education, where education also has a relationship with the role of religious leaders and

community leaders who support the prevention and transmission of COVID-19. The level of education can influence a person's mindset so that it greatly impacts every aspect of life, but not many people say that (18). In principle, community leaders and religious leaders can convey information about COVID-19, including prevention of transmission of COVID-19, as a stimulus to change behavior. The role of contemporary community leaders and religious leaders can be a stimulus in changing behavior to prevent the transmission of COVID-19. A language that is down-to-earth and easy to understand is a positive value part of the role of community leaders and religious leaders in preventing the transmission of COVID-19. The support of community leaders and religious leaders refers to the realization of peace, calm and beneficial assistance in the form of verbal information received by the community.

The respondent's attitude is related to Toma and Toga's role support in preventing the transmission of COVID-19 with a p-value of 0.000. Residents realize that consistently implementing health protocols is very difficult. Reluctance and limitations in fulfilling health protocol needs are separate obstacles. So that residents think that Toma and Toga's roles related to preventing the transmission of COVID-19 help them consistently behave in preventing the transmission of COVID-19. The attitude of accepting pandemic conditions and responding to all policies and regulations to reduce the transmission rate of COVID-19 is a form of responsibility of every individual citizen. Of course, this is a challenge in responding to this pandemic considering that many complex problems have arisen from the implementation of the National Scale Limitation policy. Efforts to respect this policy do not merely see it as a mere rule but also participate in receiving and implementing it obediently in the hope that the pandemic will be overcome soon. The residents hope that the pandemic will end soon so they are trying hard and are greatly helped by Toma and Toga's role in preventing the transmission of COVID-19.

Residents have positive efforts in the Prevention of COVID-19. This can be seen from the results of the study which showed that there was a relationship between positive efforts to prevent COVID-19 and support for the role of Toma and Toga in preventing transmission of COVID-19 with a p-value of 0.031. Most of the respondents even tried to be positive (71.4%), supporting the role of Toma and Toga. Residents are very aware that preventing the transmission of COVID-19 is a shared responsibility. So, no matter how small the role that residents can take, residents consider this to be the leverage to prevent transmission. Residents seek to prevent transmission of COVID-19 by implementing 5 M.

CONCLUSION

Age, gender, education, occupation, knowledge, attitudes, and efforts to prevent transmission of COVID-19 have a relationship with the role of religious leaders and community leaders who support the prevention and transmission of COVID-19. Prevention of Covid-19 needs to involve various parties, one of which is toma and toga. To increase the capacity of toma and toga, efforts can be made through health education on toma and toga. Efforts to increase the role of toma and toga can be carried out in collaboration with the nearest health care facility.

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