

Socialization of Masks and Hand Sanitizer Usage as a Preventive Activity of Covid-19

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ABSTRACT

The purpose of this service program is to provide public health education through socialization to informal sector workers as a form of preventing the spread of COVID-19. This dedication is procedures for the prevention of COVID-19 socialization, according to WHO. The method used is an explanation and participatory observation which can socialize directly to the community about the danger and prevention of COVID-19 transmission, while participatory observation provides masks and hand sanitizer package for 100 informal sector workers, and divided into 3 groups, there are greengrocers, street vendors, and part-time workers. The results of socialization with usage of masks and hand sanitizers as a preventive of Corona Virus Disease 2019 (COVID-19) and informal sector workers is that they can: 1) washing hands with soap, especially when about to start the activity and finish the activity, after coming from outside, after getting contact with other people as when serving the buyer, 2) wearing masks, 3) keep a safe distance from other workers and buyers between 1-2 meters, 4) avoid touching the eyes, nose, mouth and other moist limbs, 6) to immediately seek medical help if workers feel symptoms on their body such as fever, coughing, difficulty in breathing.

Keywords: socialization, preventive activity, covid-19 and informal sector worker

1. INTRODUCTION

Coronavirus is a virus that can cause various symptoms such as pneumonia, fever, difficulty breathing, and lung infections. This virus is common in animals, but very few cases are known to affect humans [1]. It was reported that the first case of this virus occurred in a group of patients with pneumonia with unknown causes and was associated with the Huanan Seafood Market, Wuhan, Hubei Province, China in December 2019. [2], [3]

COVID-19 disease is a significant threat to global health. The World Health Organization (WHO) has declared this outbreak as a public health emergency of international concern on 31 January 2020. In the first two months of the outbreak, the epidemic spread rapidly throughout the world. On March 8, 2020, a total of 80,868 cases were confirmed and 3101 deaths were reported in mainland China by the Chinese National

Health Commission, and 90 other countries were affected [4]. COVID-19 has the same pathogenic potential as SARS-CoV and MERS-CoV [5], older adults (men) tend to be at higher risk for severe infections, complications, and even death due to underlying congenital diseases such as hypertension, diabetes, coronary heart disease, chronic liver disease, and carcinoma [6].

Thus, the lockdown situation in many countries in the world has caused the cessation of services and products as well as the breakdown of the global supply chain and hence, significantly affected the global economy [7]. Other than that, most company employees work from home or are laid off because some companies have financial losses. Educational institutions have been closed. Along with economic impacts, morbidity and mortality are increasing due to the COVID-19 [8]. Since the beginning of the coronavirus pandemic, there has been an increase in the use of masks [9] and hand sanitizers which have run out of resources of the market

[8]. Lack of personal protective equipment endangers health workers worldwide [10]. The governments, media, doctors, researchers, celebrities, police, and other community stakeholders urge the public to avoid public meetings including sports, religious ceremonies, family functions, meetings and classes at school, to prevent the global spread of coronavirus infections [8], [11]. In spite of these efforts, many people ignore the importance of maintaining social distancing because of the attitude problems of each of these individuals. Anxiety and concern in society globally affects every individual. Recent evidence shows that individuals who are in isolation and quarantine experience significant stress in the form of anxiety, anger, confusion and symptoms of post-traumatic stress [12].

The World Health Organization has confirmed that there are approximately 93,090 new cases of corona virus infection (COVID-19) worldwide on March 4, 2020. 3,198 deaths have been reported (3%) [13]. In Indonesia, the number of positive cases confirmed by corona virus (COVID-19) until the week of June 7, 2020 increased by 993 [14]. This addition makes the total number of COVID-19 cases in Indonesia reach 30,514, treated 18,806, 9,907 recovered and 1,801 people died, thus the case fatality rate (CFR) in Indonesia reaches 8.63%, far away exceeding the high mortality rate in other countries such as Malaysia with only 1.42% and the Philippines with 6.8% [15].

In East Java itself, up to June 7, 2020 patients who were confirmed to be positive with Corona were 7,261 people, with 25,476 ODP (people under supervision) [16]. This virus spread quickly, and increasingly making the government immediately take action through several policies [17]. Among the steps taken by the government to deal with this outbreak are the home learning system [18], physical distancing [19], social distancing [20], regional quarantine, even the latest policies is PSBB (large-scale social restrictions) which was first implemented in Jakarta, then in East Java itself which has implemented and extended until 3 times from April 28 to June 8, 2020 [21]. PSBB is mainly implemented in Surabaya, Gresik, and Sidoarjo.

Gresik is a regency which has an area of 1,191.25 km². The area of Gresik Regency consists of 18 districts and 389,072 families with a total population of 1,312,881 inhabitants [22]. For Dryorejo sub-district area, it has an area of 51.30 km²/sq/km with a population of 102,646 people, excluding migrants or workers in Gresik [23]. With the distribution of population numbers and Gresik as a strategic city and close to the city of Surabaya, we know that today according to the

distribution of information on the distribution of COVID-19 in East Java, Surabaya is already in the black category, seen from the highest positive numbers, it is inevitable that the distribution of COVID-19 is very easy to enter and spread in the Gresik area.

Informal sector workers in the small traders subsector who have high entrepreneurial knowledge will provide greater opportunities to succeed in trading compared to those who do not have entrepreneurial knowledge. The difference in income opportunities between the formal sector and the informal sector is based on the difference in salary income from one's own business. The informal sector for income is influenced by several factors, namely the number of hours worked, business capital, level of education, business experience, skills, type of business, the number of buyers, motivation, ability, interests, job mobility, attitude and tenacity [24], [25]. Generally these informal sector workers are people with small businesses that are not limited by age and irregular working hours. As we know workers who are included in informal sector workers include food vendors, street vendors (PKL), beggars, laborers, domestic helpers (ART), public transportation drivers, daily workers, freelancers, and others.

Characteristics inherent in informal sector workers who took the subject in 8 cities in the third world, found that those involved in the informal sector were mostly people who were at the prime working age i.e. between ages 17-35 years old, low-educated, low-wage income i.e. below the minimum wage, low business capital [26]. However, some people disagree that wages generated by informal workers are not always below the income of formal sector workers.

These are some differences and similarities of informal and formal sector in urban area which consist of various terms including informal activities, self-created employment opportunities, underground economy, black market economy, middle-aged economy, and side cooperation [26]

2. METHOD

The method used to prevent the acceleration of the spread of COVID-19 are participant observation and socialization to explain. Participant observation subsumes the bulk of what we call field research or, as it is more typically referred to in anthropology, fieldwork [27]. Used the term participant observation to refer to general approach of fieldwork in ethnographic [27]. Participant observation as a cover term for all of the

observation an formal and informal interviewing in wich anthropologist engage [27]. Participant observation represent the starting poin in ethnographic research. Participant observation is engaging in something akon to ethnographic fieldwork and using the methid that antropologists The method participant observation is carried out by distributing face masks and hand sanitizers for informal sector workers in Driyorejo Gresik, including greengrocers, street vendors (PKL), and part-time workers. These mask and hand sanitizer distribution activities were distributed when they were at the selling location, distributed randomly and referring to the data that had been provided by the Driyorejo district head.

The target of this community service is to involve workers in the informal sector, including greengrocers, street vendors (PKL), and part-time workers (PRT) with a total target of 100 people, with details of 20 greengrocers, 60 street vendors, and 20 part-time workers (PRT). This community service is carried out for 4 months starting at May-August 2020.

3. RESULT AND DISCUSSION

The results and discussion obtained through field observations, using the lecture, discussion and participant observation methods to ensure direct acceptance and use by informal sector workers, obtained the following data:

3.1. Provision of Information Regarding to COVID-19, including Types, Symptoms, Prevention Methods, Ways and Attitudes when Affected, and Efforts to Improve Immune.

The lecture and discussion method is used for the Covid-19 preventive socialization process, the dangers, impacts, dissemination, prevention efforts, attitudes when sick, steps to be not suspected, and the provision of medicines and hygiene kits. Participatory observations were carried out with assignments for the distribution of medical devices in the form of masks and hand sanitizers to street vendors, greengrocers, and part-time workers at work locations in the Driyorejo Gresik area. Provision of Clean and Healthy Behavior.

A small step that can be started individually is to maintain a clean and healthy lifestyle. The vision of Indonesia's current health development is Indonesia Sehat (Healthy Indonesia) 2010. There are 3 pillars that need special attention, namely a healthy environment,

healthy behavior and quality, fair and immediate health services. Considering the impact of behavior on health status is quite large (30-35% on health status), various efforts are needed to change unhealthy behaviors into healthy ones. One of them is through the Clean and Healthy Behavior (PHBS) [28]. In a widespread pandemic such as this, clean and healthy living behavior must be carried out by each individual. No exception, including traders, street vendors and part-time workers.

Development of Clean and Healthy Behavior (PHBS) is an effort to create and preserve hygiene behaviors that are oriented towards hygiene and health in the community, so that the community can be independent in preventing and overcoming the health problems they face. There are 10 indicators of Clean and Healthy Behavior (PHBS) of the household order established by the Ministry of Health of the Republic of Indonesia, namely; (1) Maternity assistance by health workers, (2) Babies are given exclusive breastfeeding, (3) Has health care coverage, (4) Availability of clean water, (5) Availability of healthy toilets, (6) Suitability of floor area with the number of occupants, (7) The floor of the house is not the ground floor, (8) Do not smoke inside the house, (9) Do physical activities every day, and (10) Eat fruits and vegetables every day [29]. This observation only used 5 indicators when in the field, that is using clean water, washing hands with soap, using healthy toilets, eradicating larvae at home once a week and not smoking in the house [30].

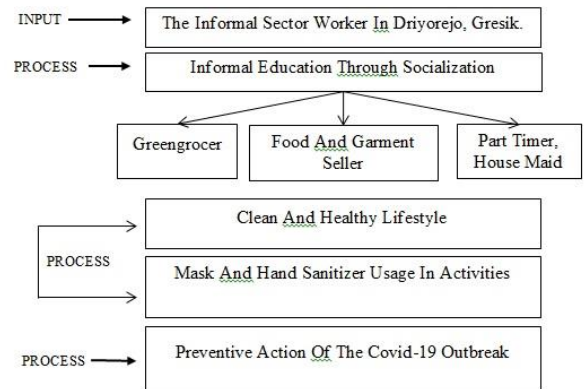
The socialization on healthy behaviors includes 10 PHBS indicators according to the Ministry of Health of the Republic of Indonesia to the informal sector workers community for the prevention of COVID-19 which is focused on the habit of the community to always maintain personal hygiene and the environment. By washing hands, exercising, and eating healthy foods with balanced nutrition and increasing eating fruits and vegetables. The results of research from show that socialization still needs to be done on several factors that can accelerate the transmission of COVID-19 outbreaks such as (1) not using public transportation, (2) consciously wearing a mask, (3) not shaking hands with others, (4) not touching objects that are also touched by other people, (5) discipline keeping a distance of 1.5 meters from other people, (6) not eating outside the home, (7) not living in the area where patients are infected to COVID-19, (8) showering and shampooing after leaving home etc [31].

3.2. Providing Masks and Hand Sanitizers as a Real Effort for Informal Sector Workers Who Still Misused, Wrong in Usage, Disparaging, Until Unable to Meet the Needs.

The best and recommended strategies for using masks and hand sanitizers to reduce infection rates and microbial displacement are to keep hands clean by washing hands, but sometimes water sources are not available, such as when traveling, locations where hand washing is not strategic, unavailable soap when not at home, lack of time (busy schedule), lack of awareness in maintaining hand hygiene, underestimating the importance of hand hygiene, and forgetting to clean hands. To overcome this obstacle, hand sanitizers and hand wipes have been circulating with antiseptic wet wipes containing 60% alcohol active substances and 0.1% benzalkonium chloride which has a broad antimicrobial spectrum, both against gram-negative or gram-positive bacteria, hand gel sanitizer or antiseptic wet tissue is an acceptable alternative to replace hand washing with soap and water, but a comparative evaluation of the effectiveness between hand gel sanitizer and antiseptic wet tissue is still no supporting research [32]. The use of hand sanitizers is very important to protect workers from germs that they might get from money, or other goods from people who unconsciously touching merchandise. According to Jordan (2020) washing hands with soap and hand sanitizers is the simplest and most effective way to prevent the spread of COVID-19.

Meanwhile, to maintain respiratory health from pollution, dust, viruses droplets, sneezing, and other media so that it does not directly affect the nose (respiratory way) is the use of masks. As we know there are 3 types of masks: cloth masks, surgical masks, and N95 masks that are tighter on the face because they have been designed to cover the nose and mouth of adults, these masks that we know are used by medical staff to deal with COVID-19 patients. Therefore, it is highly recommended to wear masks in daily activities, especially when these workers are outside the home and often in contact with other people.

Figure 1. The Mask and Hand Sanitizer Usage Socialization Scheme



3.3. Preventive COVID-19 to The Maximum as a Result Obtained

Among the several health protocols that we have understood, we know the slogan about health that it is better to prevent than to cure. In accordance with the slogan, preventive activities are very good to do before they are affected and will certainly experience social, economic and of course health problems. Here are the basic things that we can do to prevent the spread of COVID-19, such as:

- a. Washing hands with soap as often as possible, when starting and finishing the activity, after from outside, contact with other people as when serving the buyer. Always carry a hand sanitizer when outside the home, including when serving customers and guarding the store.
- b. Applying hygienic breathing techniques i.e. when coughing or sneezing, covering the mouth with elbows, tissues, and avoiding crowds.
- c. Maintain a safe distance from other workers and buyers between 1-2 meters (physical distancing).
- d. Avoid touching the eyes, nose, mouth and other moist limbs.
- e. If feeling symptoms such as fever, cough, difficulty breathing to immediately seek medical help.

4. CONCLUSION

The results of this community service program show that the results of the COVID-19 preventive socialization by using masks and hand sanitizers have a significant positive impact. This gave some positive behaviors in the community to pay more attention to the health and personal hygiene, the family, the environment and the surrounding community, among those behaviors are: clean and healthy living behavior, masks and hand sanitizers usage, and early prevention activities for the spread of COVID-19 for informal sector workers, especially greengrocers, street vendors, and part-time workers, where they cannot work from home and always interact with the community.

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