

Research report AVZ

*Health promotion regarding COVID-19
in puskesmas Rappokalling in Makassar and
puskesmas Pudakpayung in Semarang, Indonesia*

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Summary

Introduction - In 2020 the COVID-19 virus started spreading across the globe. It affected Indonesia significantly. After declaring the pandemic a national disaster, the government has assigned the puskesmas the crucial role of health promotion. The goal of this health promotion is to improve the public's knowledge and attitudes regarding COVID-19 and to support their health and well-being.

Aim of the research - The aim of this research is to map and describe the current organisation and execution of health promotion regarding COVID-19 in puskesmas Pudukpayung (Semarang) and in puskesmas Rappokalling (Makassar). This way, possible strengths and weaknesses in health promotion and factors affecting the organisation or execution can be uncovered and views can be exchanged by both puskesmas.

Research question - How is health promotion regarding COVID-19 currently organised and carried out in the puskesmas Pudukpayung and Rappokalling?

Method - A qualitative research design in which data is collected by means of conducting online semi-structured interviews with eight health workers. From puskesmas Pudukpayung two nurses and a health promoter; from puskesmas Rappokalling a nursing student, a nurse, a health promoter, the head of the puskesmas and a health volunteer were interviewed.

Results - Puskesmas Pudukpayung and Rappokalling conduct health promotion in a hierarchical organisation, according to government instructions. They have two teams, one provides health promotion inside the puskesmas and one outside in the community. Inside the puskesmas, health workers mainly give individual health promotion to the patients. The health workers from the puskesmas go out into the community to provide health promotion via car and megaphone, handing out flyers, addressing groups of people or going to their houses. In addition, information is spread via several social media platforms. Key figures in the community are involved to reach more people and spread awareness. An often mentioned barrier in providing health promotion was the attitude of the community.

Conclusion - Both puskesmas have a hierarchical organisation structure, closely follow government instructions and have two teams carrying out health promotion. Social media is fairly often used in providing health promotion by many health workers. The negative attitude of the community towards the COVID-19 health protocols is a hindering factor in carrying out health promotion.

Recommendations - Puskesmas Rappokalling should create a Facebook and Instagram account, managed by nursing students, to provide health promotion to the community. Both puskesmas should use social media to combat fake news and hoaxes. Further research about the effectiveness of the current health promotion should be conducted, as well as more in-depth research about the organisation and execution.

Preface

Every year, students from the Hanze University of Applied Sciences (HUAS) conduct a study as part of the collaboration between the School of Nursing from the HUAS with Diponegoro University in Semarang, Central Java and with the Hasanuddin University in Makassar, South Sulawesi. Due to the COVID-19 pandemic, this study has been conducted online.

Even though we are saddened we could not experience discovering Indonesia in person, we are grateful for this online journey and having created this research report that lays before you: '*Health promotion regarding COVID-19 in puskesmas Rappokalling in Makassar and puskesmas Pudukpayung in Semarang, Indonesia*'. This would not have been possible without the unwavering support from many people, whom we all want to thank wholeheartedly.

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Introduction

The novel COVID-19 virus has spread at an unprecedented and alarming speed across the globe, infecting over a hundred million and killing millions, causing economic and societal disruption all around the world. As the world's 4th most populous country in the world, Indonesia has been severely affected by this crisis (Djalante et al., 2020). Up to February 25, 2021, over 1,2 million confirmed cases of COVID-19 have been reported to the World Health Organization (WHO), with more than 35,000 deaths (WHO, 2021b). It is predicted this trend will only continue and that Indonesia will be, societally and economically, affected significantly by this crisis over a longer period of time (Djalante et al., 2020). In response, the Indonesian government has established three main preventive measures for the public to adhere to in accordance with measures set by the WHO (2021a). Firstly, to wash hands as often as possible with running water and soap for at least twenty seconds or with an alcohol-based hand rub. Secondly, to maintain a 1 to 2 metre distance from other individuals, nowadays more commonly known as 'physical distancing'. Last but not least, to wear a nose-mouth mask when a 1 metre distance from others cannot be maintained or when staying in a room with poor or unknown ventilation.

A study by Halim et al. (2020) mentions that the overall understanding of COVID-19 and the preventive measures among the Indonesian population is still inadequate. This study, in which a questionnaire was conducted with over 350 respondents out of 25 from the 34 Indonesian provinces, also shows that preventive behaviours towards spreading COVID-19 are only known by a minority. Research from Sari, Amelia, Dharmajaya, Sari and Fitri (2021) found three main problems with knowledge from the general public regarding COVID-19. Namely, there is a lack of knowledge regarding ways to increase immunity, which actions to undertake when symptoms are found and the main cause of exposure to the COVID-19 virus. There is a significant relationship between a community's knowledge about COVID-19 and its compliance to the regulations during the COVID-19 pandemic (Zhong et al., 2020). A study from Kujarningrum et al. (2021) shows that most respondents with good knowledge regarding COVID-19 information, implemented the measures set by the government well. In contrast, most respondents with poor knowledge showed poor adherence to COVID-19 measures (Akalu, Ayelign & Molla, 2020).

It is important to enhance the knowledge of the public regarding COVID-19, since excellent knowledge, positive attitudes, and preventive actions taken by the public are significantly related to the ability of a country to conquer and handle the crisis during the COVID-19 outbreak (Azlan, Hamzah, Sern, Ayub & Mohamad, 2020). An effective way to improve the public's knowledge and attitudes and to support their health and well-being, is

through health promotion (Simkhada, Mahato, Tamang, Van Teijlingen & Shahi, 2020). Research by Sulistyawati et al. (2021) highlights the importance of providing valid, effective, efficient and continuous information to the public through appropriate channels as a way to increase the public's understanding of COVID-19 preventive measures. The study emphasises that health promotion needs to be continuously carried out and updated, since COVID-19 is a novel disease and regulations are constantly changing based on the latest research. Ariawan and Jusril (2020) warn that if there is not a significant improvement in the promotion of preventive measures in the population as well as in the disease surveillance system, hospitals will be overwhelmed and case fatality will be disastrous.

A recent study by Susanto et al. (2020) mentions that the government has assigned the Pusat Kesehatan Masyarakat (puskesmas), community health centres, with the crucial role in the classic epidemic control cycle of testing, isolation and contact tracing. Furthermore, the puskesmas must inform and encourage the public to adhere to the three key measures set by the government and update their communities regarding new information and regulations about COVID-19. These puskesmas are the infrastructure points that provide three kinds of care: preventive, promotive and curative care, to both the community and individuals of Indonesia (Hatt et al., 2015). In 2019, 114,520 nurses were working at these puskesmas (Kementerian Kesehatan RI, 2020b) of which a study by Kadar (2005) mentions that these so-called community health nurses perform tasks in terms of health education, recording and reporting and medical treatment. Nurses, and midwives, account for the highest number among healthcare providers in Indonesia and thus play a significant role in the execution of health promotion regarding COVID-19 in the puskesmas during this pandemic (Kementerian Kesehatan RI, 2020b). Over the last century, the nurses have seen a shift in their activities from a curative focus to a more preventive one (Suryanto, Plummer & Boyle, 2017) (Mahendradhata et al., 2017). This shift from curative to preventive activities also required a different approach in terms of healthcare education and research. In the Netherlands, preventive healthcare has been a focus point for a longer period of time than in Indonesia, and over the last three centuries multiple preventive healthcare programmes have already been established (Rigter, 1996). Therefore, in 2015, the School of Nursing from the Hanze University of Applied Sciences (HUAS) started a collaboration with Dipenogoro University (UNDIP) and puskesmas Pudahpayung in Semarang, Central Java and with the Hasanuddin University (UNHAS) and puskesmas Rappokalling in Makassar, South Sulawesi, with as goal internationalisation for its nursing students and sharing of knowledge with healthcare professionals and institutes from other countries.

Previously, the HUAS sent students to the puskesmas in Semarang and Makassar to investigate how health promotion regarding non-communicable diseases (NCDs) was

organised and carried out. Their research explored how health promotion in both puskesmas is organised and which health workers are involved. This previous research showed that the health workers who are actively involved in health promotion in the puskesmas are: the head of the puskesmas, nurses, nursing students, health promotion workers and volunteers. These are the health workers who participated in the multiple studies and through this research the HUAS gave the puskesmas recommendations for better health promotion regarding NCDs. Since the puskesmas are now responsible for the preventive and promotive care regarding COVID-19, the two aforementioned puskesmas have requested their collaboration partner HUAS to conduct research to investigate their approach of health promotion regarding COVID-19 during the pandemic. The goal of this research is to map the organisation and execution of current health promotion regarding COVID-19 in puskesmas Pudukpayung and in puskesmas Rappokalling. Through this, possible strengths and weaknesses in health promotion and factors affecting the organisation or execution, can be uncovered. Two reports have been made, one for each puskesmas, so views can be exchanged and both puskesmas can learn from each others' ways of health promotion regarding COVID-19. Further research can then zoom in on possible weaknesses or hindering factors and suggest changes to the way health promotion is organised and carried out. This could eventually lead to better adherence to the COVID-19 measures by the public, which will lead to less COVID-19 infections and ramifications over time.

1. Defining objectives, research question and concepts

1.1. Aim

The aim of this research is to map and describe the current organisation and execution of health promotion regarding COVID-19 in puskesmas Pudukpayung and in puskesmas Rappokalling. This way, possible strengths and weaknesses in health promotion and factors affecting the organisation or execution can be uncovered and views can be exchanged by both puskesmas.

1.2. Research question

How is health promotion regarding COVID-19 currently organised and carried out in puskesmas Pudukpayung and Rappokalling?

1.3. Defining concepts

*Health promotion: the spreading of information regarding health(care) by healthcare professionals working at the puskesmas, with as goal enabling people to increase control over their own health (WHO, 2016).

*Puskesmas: public health centers that provide three kinds of care: preventive, promotive and curative care, to both the community and individuals of Indonesia (Hatt et al., 2015). Puskesmas Pudukpayung is located in Semarang, Central Java, and puskesmas Rappokalling in Makassar, South Sulawesi.

*COVID-19: an infectious disease, called 'severe acute respiratory syndrome coronavirus 2', with the most common symptoms being: fever, dry cough and tiredness and the most serious symptoms being: difficulty with breathing, chest pain or pressure and loss of speech or movement (WHO, n.d.). The World Health Organization declared the COVID-19 outbreak a global pandemic on March 11, 2020 (Cennimo, 2021).

2. Research design, quality and ethics

2.1. Design and methods

2.1.1. Design

This research is qualitative, as qualitative research mainly focuses on exploring and interpreting situations (Baarda, 2019). The goal is to gain insight into healthcare as it is presented; it is intended to map the nature of a phenomenon (Proot, Van der Lyke & Smits, 2016). Since the COVID-19 pandemic is novel and no previous research on this subject has been conducted in puskesmas Pudukpayung and Rappokalling, the research is exploratory and descriptive. By conducting interviews with health workers working at the puskesmas, an insider's perspective on health promotion regarding COVID-19 has been obtained.

2.1.2. Population

The population consists of all the health workers working at the puskesmas Pudukpayung and Rappokalling. The contact persons indicated that both puskesmas employ approximately five nurses, one head of the puskesmas, one doctor, ten nursing students and an unknown number of health promotion workers and volunteers.

2.1.3. Sampling

Purposive sampling has been used in order to ensure particular categories are represented in the final sample (Robinson, 2014) and to gain a broad perspective on health promotion regarding COVID-19 in the puskesmas. Previous research showed that the health workers who play a role in health promotion are: the head of the puskesmas, nurses, nursing students, health promotion workers and volunteers. The intention was to interview one person from each of these categories of health workers in both puskesmas. Therefore, $n=10$. The contact persons in Indonesia determined which health workers qualified and based their judgement on the following specific criteria, hence purposive sampling (Verhoeven, 2018).

Inclusion criteria:

- The health worker is currently working and has been working in puskesmas Pudukpayung or Rappokalling during the COVID-19 pandemic;
- The health worker has given, written and verbal, informed consent to be a part of the research (see Attachment A).

2.1.4. Data collection

The data collection and analysis took place from April 2021 until June 2021. This research was initially intended to be conducted in Indonesia. Due to the COVID-19

pandemic, however, the research has now entirely been conducted in the Netherlands. This affected the setting of the data collection. Data has been collected by means of conducting semi-structured interviews with an intended total of ten health workers from puskesmas Pudukpayung and Rappokalling. Eventually, due to time constraints, eight people were interviewed. The interviews took place online. Interviews were intended to be conducted by using either Microsoft Teams, Blackboard Collaborate or WhatsApp video call. However, since the respondents were not familiar with these tools, Zoom was used instead.

Indonesia is high in power distance and therefore the contact persons indicated that, before the interviews could take place, a permission letter from the HUAS had to be sent to the head of the puskesmas to introduce the research and to ask for permission to interview health workers of the puskesmas (see Attachment B). A permission letter was sent to the universities (see Attachment C). The Indonesian universities subsequently sent a permission letter to the puskesmas.

Since Indonesia has a polychronic culture, there was no fixed schedule for conducting the interviews, rather, interviews were arranged based on the availability of the respondents (see Attachment B: Circumstances research site). The time difference was taken into consideration. The time in Semarang is GMT+7 and in Makassar is GMT+8. Therefore, the interviews were held in the morning in the Netherlands, which means that it was afternoon in Indonesia. The interviews lasted approximately one hour, which is the average for healthcare interviews (Gill, Stewart, Treasure & Chadwick, 2008).

Intercultural communication requires intercultural competence, because culture can affect the way a message is decoded (Nunez, Nunzed Mahdi & Popma, 2017). Misunderstanding can be caused by cultural noise, which occurs when differences in cultural programming distort the message (Nunez, Nunez Mahdi & Popma, 2017). To prevent cultural noise, pilot interviews were conducted with the two contact persons from Indonesia. This was done to ensure that questions were culturally sensitive and comprehensible. The pilot interview was also an opportunity to determine if all necessary information would be obtained by discussing the established topics. If despite preparations problems would arise and miscommunication would occur, the TOPOI model would be used for analysis and reflection to prevent recurrent problems (Hoffman, 2012).

After receiving advice from the contact persons in Indonesia on which health workers were most suitable to interview, the respondents were approached via WhatsApp and asked if they were willing to participate in the research (see Attachment B). The respondent was asked whether he or she felt comfortable being interviewed in English or whether he or she would prefer an interpreter. The interpreter was arranged by the contact persons in Indonesia. Respondents were asked to choose a quiet and unoccupied location for the

interview where they feel comfortable and have a stable internet connection. Both interviewers were at home for the interviews. When one of the internet connections failed, the other interviewer was still able to communicate with the respondent. One interviewer asked the questions, while the other took notes and wrote down observations. This was particularly useful since interdependence is highly valued in Indonesia and criticism might be expressed in subtle ways (see Attachment B). If the interviewer felt that information was missing, additional questions were asked.

After respondents gave permission, interviews were recorded by using the recording options of the online tool and by using an audio recording device. All the respondents in this research are simply referred to as 'R' with a correlating number and the corresponding city. The audio of the recorded interviews and other data acquired during the research were stored, encrypted, on a hard drive by each researcher individually, so it would remain accessible. Data has been gathered and stored anonymously, in order to guarantee privacy and to create a safe and open atmosphere for the participants. This lowered the chances of respondents providing only socially desirable answers (Baarda, 2019). The recordings were removed after analysis.

By striving to interview one person of every different function related to health promotion about COVID-19 in the puskesmas, it was attempted to answer the research question. The processes of data collection and data analysis alternated. After each interview it was determined to what extent the research question could be answered, a process referred to as iteration (Verhoeven, 2018). All activities regarding the research were logged into a logbook.

2.1.5. Measurement instrument

The format of semi-structured interviewing is used most frequently in qualitative healthcare research, as it presents the interviewees with some guidance on what to tell, which many find to be useful (Gill, Stewart, Treasure & Chadwick, 2008). In addition, since the aim of the research is to map the current health promotion regarding COVID-19 in the puskesmas, input from various perspectives was needed in order to gain a complete overview of the current situation. Due to the flexibility of semi-structured interviews, respondents might provide information or insights that were not previously considered or that were deemed insignificant (Gill, Stewart, Treasure & Chadwick, 2008). The choice for semi-structured interviews was also based on the fact that Indonesia has a high context culture, which means that Indonesian people have a tendency to elaborate and to not answer questions purposefully (Nunez, Nunez Mahdi & Popma, 2017). The interviews have been conducted by using an interview guide which includes a topic list (see Attachment D). A topic

list allowed for the conversation to remain focused on the topics. Additionally, since people with different functions were interviewed, the topic list made sure that the same topics were addressed in each of these interviews (Baarda & Van der Hulst, 2017).

There was not yet a clear overview of the organisation and execution of the current health promotion policy regarding COVID-19 in the puskesmas. Before evaluating a policy, it needs to be clear what the policy is and in which context it is used (Kemmer, 2015). Therefore, a detailed description of the organisation and execution of health promotion was needed. The description should include: what is communicated, how it is communicated and by whom; what the precise context is in which it is communicated and what the characteristics are of the target group (Kemmer, 2015). After consulting the client, the choice was made to discuss the following topics on health promotion regarding COVID-19: organisational structure (including internal and external communication), activities (including assigned tasks), target group (including community and key figures) and effectiveness (including strengths, weaknesses, opportunities and hindering factors). Through this, an insider's perspective on health promotion regarding COVID-19 was obtained.

2.1.6. Data analysis

The collected data was analysed and processed in the period of April until June 2021. The data collection and analysis took place slightly simultaneously, as qualitative research is characterised by the constant alternation of observation and analysis, also referred to as iteration (Hak, 2004)(Verhoeven, 2018).

Each researcher was responsible for conducting and transcribing the interviews of one of the puskesmas. The other researcher then read the transcripts and checked for accuracy while listening to the recording of the interview. If there happened to be a disagreement, it was attempted to reach a consensus. In case of no consensus, a peer student researcher was asked for his or her opinion. When the transcripts were finished, the process of data analysis started, for which the program ATLAS.ti was used. It is a program with which all sorts of qualitative data can be analysed, among which interviews. The transcripts were uploaded in the program and then the process of thematic analysis started (Verhoeven, 2020). This process was carried out separately for each puskesmas. Thematic analysis consists of six consecutive steps: familiarisation, coding, generating initial themes, reviewing themes, defining and naming themes and producing the report (Braun & Clarke, 2006) (Verhoeven, 2018). After the first interview, the first five steps were executed jointly by both researchers. The generated codes in the codebook were used to code the transcripts that followed. Themes were initially established based on the topic list. Next, it was determined whether new topics had been introduced and if new themes should be

generated. From here on, the first three steps were carried out independently after each interview, called intersubjectivity. Generated codes and themes were discussed until consensus was reached. Steps four and five were again executed jointly. If new themes were defined, the topic list could be expanded for the following interviews. After conducting the final interview and finishing the first five steps of the thematic analysis, step six was carried out. For this last step, thick description was used. This entails that extensive literal quotations were included, which not only makes the data, but also the relationship between the data and the interpretations visible (Willems & Van Zwieten, 2014). For this last step, peer students researchers were asked to review the report.

In the end, two codebooks and two lists of themes were generated. This means that there are two separate reports, one for puskesmas Pudakpayung and one for puskesmas Rappokalling. The reports are discussed in the discussion and recommendations are made to both puskesmas so they can exchange views, learn from each other and if necessary adjust the way health promotion regarding COVID-19 is organised and carried out.

2.2. Research quality

2.2.1. Dependability

Dependability refers to the consistency and reliability of the research findings and the degree to which the research is repeatable (Boeije, 2014). First of all, by creating a logbook and safely storing data, the research process was made transparent and the repeatability and verifiability of the research was increased. This is common practice in qualitative research and increases the dependability (Verhoeven, 2018). An audit trail was created by documenting all activities regarding the research, such as made choices, progress, learning moments and justifications. Also, all the used articles, audio of recorded interviews, transcripts and other data acquired during the research were stored on a hard drive by each researcher individually.

Repeatability was further enhanced by standardisation of the process of data collection and data analysis. Data collection was standardised by using an interview guide with a topic list. Also, for each interview it was intended to create similar circumstances, by asking if respondents could find a quiet room with a stable internet connection, so they could focus on the interview. By using an interpreter when necessary, all respondents were given the opportunity to clearly express themselves. These measures minimised the chance of random errors. Furthermore, by applying thematic analysis in a reliable program, Atlas.ti, the process of analysing was standardised and made transparent (Willems & Van Zwieten, 2014). By using an interview guide, creating similar circumstances for each interview and by initially jointly making a codebook and generating themes in Atlas.ti, the influence of the

researchers on the research was minimised. It ensured that the researchers worked in a similar way. This helped prevent random errors and enhanced inter-rater reliability, both of which increased the repeatability and therewith the dependability (Verhoeven, 2018).

By carrying out the first five steps of the thematic analysis after each interview, the topic list could be expanded if necessary. This process of alternating data collection and data analysis, iteration, contributed to the dependability of the research, since it increased the chance of a reliable answer to the research question (Verhoeven, 2018).

When producing the report, thick description was used. Literal quotations are a significant part of qualitative research (Willems & Van Zwieten, 2014). By making the relationship between the raw data and the interpretations visible, the process was made verifiable and criticisable. When the step from literal quotations to extrapolations and explanations is clearly presented, an idea can be formed about the tenability of the interpretations and of the relevance of the results (Willems & Van Zwieten, 2014). During the research at least several peer student researchers looked critically at the research and, when necessary, provided feedback. This is called the 'four eyes' principle and also contributes to the dependability of the research (Verhoeven, 2018).

Throughout the research, close contact was kept with the client and contact persons, resulting in at least one moment of contact a month with the client to discuss the progress of the research and a bimonthly meeting with the contact persons. According to Verhoeven (2018), close contact with the client and contact persons during the research process contributes to more dependability of the research.

2.2.2. Validity

Validity concerns the absence of systematic errors (Baarda et al., 2013). Specifically, it concerns the question if the research measures what it claims to measure (Bakker & Van Buuren, 2019). Several steps were taken to ensure the research has a satisfactory level of validity. Firstly, a semi-structured interview format with a topic list was used to conduct the interviews, to ensure all topics were addressed while taking into account the high context culture. It also secured room for input from the respondents that researchers might not have considered previously. It decreased the chance of systematic errors and thus contributed to the validity of the research (Baarda et al., 2013). Secondly, to lessen respondent bias and thereby strengthening the validity, the participants were asked to choose a location where they felt most comfortable to be interviewed. Added, all interviewees were asked to be interviewed in a calm room without any other people. All data was also gathered anonymously, so as to create a safe and open atmosphere for the participants and to lower the chance of them providing only socially desirable answers (Boeije, 2014). By conducting a

test interview with a contact person from Indonesia, it was made sure that the questions were comprehensible, culturally sensitive and led to an answer to the research question. Through this, the chance of interviewees giving socially desirable answers decreased (Baarda, 2019) which led to better validity of the research (Verhoeven, 2018)(Baarda et al., 2013).

Lastly, some measures that increased the dependability also increased the validity. These measures are: audit trail, standardisation and peer feedback (Verhoeven, 2018); already described in 2.2.1. *Dependability*. Standardisation increased the validity because it lessened the chance of systematic errors, since the collecting and analysing of data was performed via a structured and fixed system. An audit trail increased the validity of the research since it contained all decisions made in the data collection. This can be used to fact check and substantiate extrapolations and interpretations when analysing the data and writing the reports. By including peer researchers in the process of analysis, the quality of the research can be assessed, which increases validity.

2.2.3. Generalisability

The generalisability of a study indicates to what extent the results of the research are applicable to other people or institutions that are not involved in this research (Bakker & Van Buuren, 2019). However, one of the principles of qualitative research is that the results are linked to time, place and context (Proot, Van der Lyke & Smits, 2016). The main goal of this research was not to transfer the results to other settings, but merely to explore the current situation in puskesmas Pudukpayung and Rappokalling, so further research can investigate and suggest improvements. This research is focused on these two puskesmas and therefore not specifically meant to be generalisable.

2.3. Ethics

Three ethical issues related to the described interview process needed to be considered. Firstly, protecting the participant's information. During the interview, the interviewee might partake jeopardising information of his or her position in the puskesmas. Therefore, all given information from the participants must remain anonymous and protected from all people or institutions that may experience a conflict of interest with the interviewee. Thus, especially with the small population of the puskesmas, all the respondents in this research are simply referred to with a code instead of their name or function.

Secondly, effectively informing participants about the nature of the study. To ensure informed consent, information about the research and its purpose was provided to all respondents before the interviewing process started and consent was asked to both the head of the puskesmas and the interviewee. It was also made explicitly clear that participation was

voluntary and consent could be withdrawn at any moment in the research. As recommended by research of Germain (2001), the interviewers verbally asked consent before and after the interview and participants had the right and opportunity to disengage from the research at any time.

Thirdly, reducing the risk of exploitation. Personal gain from the research or participants should not be sought. A study by Reiman (1979) says that the outcome of the interviews from the research should improve the freedom of the participants more than it does the researcher's career. This research lays the foundation for further research to strengthen the approach of the puskesmas and participants against COVID-19, which could certainly improve their freedom over time. Also, a method has been planned to acknowledge the contributions that the participants made to the research process and they have been reimbursed for their efforts. Taking into account the cultural differences and after discussing with the contact persons from Indonesia, an appropriate reimbursement was found, in the form of a certificate or a gift for the participants of the research.

There are several other points that had to be considered. First of all, differences in Indonesian and Dutch culture were taken into account (see Attachment B). Also, the five principles of 'the Dutch code of conduct for scientific integrity' were upheld, namely: honesty, accuracy, transparency, independence and responsibility (KNAW, NFWO, NWO, TO2-federatie, Vereniging Hogescholen & VSNU, 2018). This means that the researchers introduced themselves and the research before the start of the interviews and they informed the respondents about what would happen with the acquired data. Responsibility has been taken to protect the respondents' privacy and to be mindful of their continued independence, by making sure they have no conflict of interest or further agendas. Second of all, the research as described in this research proposal does not fall under the Medical Research Involving Human Subjects Act (WMO), since the participants were not subjected to actions and no code of conduct was imposed on them. Consequently, the research proposal did not have to be assessed by the Medical Ethics Review Committee (METC) (Ministerie van Volksgezondheid, Welzijn en Sport, 2020).

3. Results

This chapter consists of two parts in order to present the results from the interviews. Paragraph 3.1. will describe the results from Puskesmas Pudukpayung. Paragraph 3.2. will describe the results from puskesmas Rappokalling. Results will be described per theme. The themes are identical to the topics from the interview guide, namely: organisation, activities, target group and effectiveness. No new themes were generated after analysing the interviews, as all data could be grouped according to the established themes.

The data from puskesmas Pudukpayung was collected by interviewing three respondents, namely: a health promotion worker and two nurses. Interviews took place from April 29th until May 7th and were analysed during April 30th to May 31st. The respondents have been randomly assigned the codenames R1S, R2S and R3S.

The data from puskesmas Rappokalling was collected by interviewing five respondents, namely: the head of the puskesmas, a nurse, a health promotion worker and a health volunteer. A nursing student who was related to a different puskesmas, but performed similar activities as a student of puskesmas Rappokalling would do, was also interviewed. Interviews took place from May 10th until June 1st and were analysed from May 11th until June 2nd. The respondents have been randomly assigned the codenames R1M, R2M, R3M, R4M and R5M.

To represent the information from the interviews authentically, quotations are used to underwrite the results. The quotations have been edited in order to be readable and understandable. The quotations are only edited when absolutely necessary and are kept as much as possible in their original state, so as to not lose the authenticity (Bakker & Van Buuren, 2014).

3.1. Puskesmas Pudukpayung in Semarang

3.1.1. Organisational structure

Puskesmas Pudukpayung is superintended by the Ministry of Health (Kementerian Kesehatan Republik Indonesia) from Indonesia. The content of the health promotion and protocols the health workers provide and share to the community, are supplied by the Ministry of Health.

“All these steps, information and health protocols that need to be taken by the puskesmas, need to be based on those given by the [Ministry of Health] in Semarang. So [the Ministry of Health] in Semarang will inform the puskesmas what steps they need to take and then what protocols they need to implement and what information they need to provide to the community.” -R2S

As a response to the pandemic, a COVID-19 task force has been established. The task force consists of several health workers from the puskesmas, among which nurses and the epidemiologist, and is responsible for conducting the three T's: tracing, tracking and testing. The health workers are divided into groups to carry out health promotion regarding COVID-19. These groups are organised and managed by the health promotion worker, who works under the supervision of the head of the puskesmas. There is only one health promotion worker, but there are 25 health volunteers that assist the health promotion worker. The task force collaborates with other parties and works according to a schedule to provide health promotion.

“The public health centres also conduct a collaboration with the police officials and also the army forces, especially to provide a kind of patrol [and to] visit the community to provide them with health promotion regarding Covid.” -R1S

The puskesmas also collaborate with Lembaga Pemberdayaan Masyarakat Kelurahan (LPMK), an institute for empowerment of the village, and with the task forces of the villages. The government of Semarang designed a program called Kampung Siaga Candi Hebat, which requires each village to have a task force. This task force is specifically designed to deal with COVID-19 and consists of the head of Rukun Warga (RW) and Rukun Tetangga (RT) (the heads of small community groups), and other people in the community who are involved in coping with the pandemic.

3.1.2. Activities

In this part the activities of the nurses and health promotion worker in relation to COVID-19 will be described per discipline. The health workers also have their daily activities unrelated to COVID-19, but these will not be mentioned.

Nursing Activities

Nurses perform activities inside the puskesmas and in the community. Activities nurses perform inside the puskesmas are:

- Screening and assessing patients coming to the puskesmas;
- Directing patients with COVID-19 related symptoms to the Poli Batuk Pilek (polyclinic for cough and influenza) where they are further assessed;
- Providing health education, to individuals and to groups, about COVID-19 health protocols and about how to prevent COVID-19 to people coming to the puskesmas;
- Vaccinating.

Activities nurses perform in the community:

- Taking temperature from people who are travelling to or from Semarang and checking for other COVID-19 symptoms before their departure or arrival;
- Tracing contacts of people who are infected with COVID-19;
- Providing health education to people in the areas belonging to the puskesmas, with a focus on crowded areas;
- Sending instructions and health protocols to the health volunteers via a WhatsApp group;
- Providing health education via the puskesmas' Facebook and Instagram account;
- Vaccinating door-to-door.

Health promotion worker activities

The health promotion worker is mostly working in the community. He or she is responsible for preventive and promotive activities regarding health promotion in order to improve the community's health. Activities the health promotion worker performs are:

- Monitoring the behaviour of the community to check whether health protocols are obeyed;
- Providing weekly reports of observations to the Ministry of Health in Semarang;
- Analysing behaviour of the community and planning the health promotion programme and interventions based on the analysis;
- Organising and managing the puskesmas' teams who carry out health promotion;
- Coordinating with the task force of COVID-19 in the puskesmas for the conducting of the 3T's: tracing, tracking and testing;
- Checking whether travellers have the legal documents that allow them to travel, such as a certificate of the vaccination;
- Educating the community about preventive measures against COVID-19.

Content health education

The team bases the content of health promotion on the analysis of observations they make. For conducting the observations the team first determines the location, which is usually a crowded public place such as a market. The team will observe the behaviour of the people for fifteen to thirty minutes. They establish how many people there are, whether or not they are wearing masks and keeping a distance. The team will subsequently go out to the community to provide health education.

At the beginning of the COVID-19 pandemic, many people did not believe COVID-19 posed a real threat or they denied the existence of the virus. Therefore, the team kept

focusing on explaining what COVID-19 entailed. Now the health promotion is more focused on explaining the preventive measures against COVID-19. The health promotion consists of:

- Sharing information about how to prevent COVID-19 by informing the community about COVID-19 health protocols, like washing hands with water and soap, wearing a mask and avoiding crowds;
- Explaining the proper manner of washing hands, using the six steps of handwashing;
- Providing information about the COVID-19 vaccinations;
- Sharing information about conducted health promotion by the puskesmas in the community.

“We talk about the importance of keeping and maintaining the health protocols. We tell them the importance of wearing masks, washing hands with soap, to keep a distance, to avoid the crowd and then also to limit the mobility, because that can be dangerous for the transmission of Covid. And in that area we also have a sink for people to wash their hands. So [we have] set up [a] sink and there is water and soap for them to wash their hands.” -R3S

3.1.3. Target group

The health promotion activities are mostly aimed at specific areas where many people are gathered or directly at people who are witnessed disobeying health protocols. Targets that were mentioned include: headmasters and teachers in schools, businesspeople, entrepreneurs, employees in offices (for example the post office and the family planning programme office), people working in showrooms, people in markets (especially traditional markets), people who are in supermarkets and people who are gathering in the park ‘Taman Bumirejo’. Recently COVID-19 has been spreading fast among family clusters, which have subsequently also become a main target for health promotion. A final specific target group is the elderly. Some are afraid of the vaccination or refuse to have the vaccination because of misinformation. The health workers visit these people at home to provide information and to give the vaccination.

The health workers include key figures in the community such as RT, RW, police and army figures to jointly conduct the health promotion.

“There are key figures that need to [be] approached because the organisation of the health promotion is managed [and coordinated] with a lot of parties. The key figures include the head of the village and the RT or RW, small community groups with in each group the head of the group. [...] And there are also people from the police and from the army force in that area for managing the implementations of the health promotions.” -R2S

The community is approached in several ways. Inside the puskesmas, a microphone and a television screen are used to provide information about health protocols and about how to prevent COVID-19. In the community, the team drives around in a car with a sound system. The team also uses posters and flyers to spread information.

“When we approach them and provide information, we speak to them in a language that is easily understood [...] We also put posters related to the implementation regarding Covid and the preventions. We also have the magazine, [of which] it is expected people will read the information they need to know from this medium.” -R3S

The community is also approached via WhatsApp and via the puskesmas' Facebook and Instagram account.

“In addition to WhatsApp we also do the health promotion through social media. We have Facebook. [On] Facebook we usually share posters [and] flyers regarding the preventive [actions against] Covid and then any activities that the puskesmas is doing for preventing COVID-19, including the protocols. Through the social media we also share information regarding the health promotions that we conducted from community to community and other activities of the public health centre.” -R2S

3.1.4. Effectiveness

The effectiveness is divided into strengths, weaknesses, hindering factors and opportunities.

Strengths

The strengths of the current approach to COVID-19 health promotion are:

- Well-established collaborations between the puskesmas and other sectors, which ensures good communication and fast responses;
- A solid task force which is supported by dedicated health volunteers and all the health workers from the puskesmas, not merely the health promotion workers;
- Involving key figures such as RT and RW to share information regarding COVID-19;
- Regularly visiting the community to give health promotion and approaching the people in a direct manner;
- Using social media to provide health promotion to the community.

“We [are] thankful that we have dedicated health volunteers and also health promotion workers, that help us to spread the information and empower the community.” -R3S

“Sometimes the people are getting bored of this information, but we keep doing this because we believe that this will help them.” -R2S

Weaknesses

The weakness of the current approach to COVID-19 health promotion is:

- Limited human resources and tired health workers. The schedules of the health workers are too busy, because their regular duties and COVID-19 related duties overlap. This results in delayed activities and loss of focus.

“The puskesmas are responsible for providing health services, providing health promotion and also providing preventive actions. And while doing this, [we] are also given additional jobs or additional tasks and [we] are overwhelmed with these kinds of things.” -R2S

Hindering factors

The hindering factor for the current approach to COVID-19 health promotion is:

- People in the community are not adhering to the health protocols, due to distrust, confusing messages from the government and misinformation such as hoaxes.

“There is a kind of distrust from the community about [the] COVID-19 pandemic. Some think that Covid is only a global conspiracy, things like that. [Another hindering factor] is that the communities are feeling bored regarding the condition.” -R3S

Opportunities

Opportunities to improve the current approach to COVID-19 health promotion are:

- Public awareness regarding COVID-19 should be increased. People who are not adhering to health protocols should receive continuous reminders and warnings;
- The number of human resources in the puskesmas needs to be increased and the workload should be shared equally by all team members.

3.2. Puskesmas Rappokalling in Makassar

3.2.1. Organisational structure

The Ministry of Health of Indonesia is at the top of the organisational hierarchy. It gives recommendations and instructions to the head of the Ministry of Health of the South Sulawesi province. This body subsequently provides this information and data about persons infected with COVID-19 to the Ministry of Health in Makassar. The information and data is then forwarded via WhatsApp and official letters to the head of the puskesmas.

“The head of the puskesmas has a WhatsApp group with the head of the health body of the city of the province. [...] They confirm the instructions by issuing [official] letters. So the letter is just the confirmation after their discussion in the WhatsApp group or maybe [via]

telephone. The letter will make the communication formal, but it's a straightforward communication from the top into the puskesmas.” -R2M

In total, there are 21 health workers in puskesmas Rappokalling, namely: the head of the puskesmas (1), doctors (2), the coordinator of surveillance (1), health promoters (4), nurses (5), laboratory assistant (1), pharmacist (1), nutritionist (1), dentist (1), dentist assistant (1) and midwives (3). The puskesmas also works with volunteers, called kaders. Puskesmas Rappokalling has four subdistricts, each with its own health volunteer. The puskesmas also collaborates with the Indonesian National Board for Disaster Management (BNPB). Last year, the BNPB supported the puskesmas by sending four volunteers who temporarily assisted with tracing.

In the puskesmas, the head is responsible for all activities in the puskesmas. The coordinator of surveillance is positioned under the head of the puskesmas and is responsible for two teams. One team is stationed inside the puskesmas and consists mainly of doctors and nurses. The other team goes out into the community and usually includes the coordinator of surveillance, health promoters and an epidemiologist. Occasionally the team might include nurses, doctors, health volunteers and laboratory assistants. Recently the puskesmas started collaborating with local members of the national army and the police, referred to as babinsa and babinkamtibmas. These members join the team in the community.

“The health ministry just gives [us] instructions about how to give health [promotion] and material [about] COVID-19 only, so not specific about how [we] can conduct the health promotion. So this is the initiation of the puskesmas; dividing the teams into the two teams and the top of them is the head of surveillance.” -R3M

The health workers mostly communicate via a WhatsApp group specifically made for health promotion regarding COVID-19. In this group, interventions, preventive measures and the division of tasks are discussed. From time to time, the team has face-toface meetings before work. The coordinator of surveillance is responsible for the communication between the teams and the head of the puskesmas.

3.2.2. Activities

In this part the activities of health workers related to COVID-19 will be described. Tasks from the following disciplines will be discussed: the head of the puskesmas, the coordinator of surveillance, the health promotion worker, nurses, nursing students and health volunteers. The content of the activities and provided health promotion will be discussed in the last part of this chapter. The health workers also have their daily activities not related to COVID-19, but these will not be mentioned.

Head of puskesmas tasks

The head of the puskesmas is responsible for the entire puskesmas. He or she is also the link between the Makassar Ministry of Health and puskesmas Rappokalling. All information regarding COVID-19 cases from the puskesmas to the Ministries of Health and vice versa is communicated via the head of the puskesmas. The head coordinates the team of health workers in the puskesmas and supervises the activities regarding COVID-19 such as health promotion and the 3T's (tracing, tracking, testing).

Coordinator of surveillance tasks

The coordinator of surveillance is responsible for the teams that give health promotion in the puskesmas and in the community. He or she is the link between those two teams and the head of the puskesmas. The coordinator of surveillance mostly concentrates on people who tested positive for COVID-19, tracing these people and providing them with health education. Thus, he or she often joins the team responsible for health promotion in the community.

Health promotion worker tasks

The health promotion worker, or health promoter, traces the people who have tested positive for COVID-19 and informs them of the actions they need to take. He or she will trace the people that infected persons have been in contact with to give them health education and to tell them to isolate themselves. The health promoter is also responsible for conducting health promotion in the communities. He or she drives around in a car between the subdistricts and speaks to the community via a megaphone. This kind of health promotion is conducted approximately fifteen times a month. Since the health promotion has to be conveyed via a megaphone, the topics are limited.

“So at the first day [the health promoter] might just tell about the definition of what COVID-19 is, but the next day they will talk more about the the symptoms of COVID-19 and so on and on, until all the complete preventive actions about COVID-19 have been told to the community.” -R4M

Nurse tasks

Nurses perform activities inside the puskesmas and in the community. Activities that nurses perform inside the puskesmas are:

- Assessing patients and providing necessary nursing interventions;
- Providing individual health education regarding the prevention of COVID-19, such as washing hands with soap, wearing a nose-mouth mask and keeping a two or three meter distance from others;

- Directing patients with COVID-19 related symptoms to a test location and educating them about following steps, such as isolating themselves.

Activities that nurses perform in the community are:

- Tracing people who (might) have come in contact with a person who has tested positive for COVID-19;
- Giving health education to the community about COVID-19.

Health volunteer tasks

The health volunteers do not have a background in healthcare. They look after the health conditions of the people in their subdistrict and give them health education according to the puskesmas' instructions. They also give health education during posyandu, a health community service for mothers with babies. When the health volunteers find people with COVID-19 related symptoms, they will inform the two health volunteers who are responsible for tracing. These health volunteers join the team from the puskesmas to visit those people at home to give health education and instructions.

Nursing student tasks

Currently 25 nursing students are conducting a health education project in the area where they live. The nursing students can go to the nearest puskesmas to collect data about COVID-19, which they use to perform their own health education activities. Nursing students are assisted by community leaders to find data and to reach the community. The students give face-to-face health promotion to people in their vicinity and provide online health promotion through their personal social media accounts. They will share information about COVID-19 and people can ask questions, which can directly be answered.

Content health education

The health promotion consists of:

- Giving explanations about COVID-19, symptoms, ways people can get infected, early treatment and directing people to a COVID-19 test location;
- Informing people about the hotel provided by the government where infected people can isolate themselves;
- Explaining the difference between the flu and COVID-19;
- Explaining preventive measures against COVID-19, such as washing hands with water and soap, wearing a nose-mouth mask and keeping a distance to others;
- Convincing the community that COVID-19 is a serious illness by showing evidence;
- Answering questions from the community;
- Providing information about the vaccination;

- Encouraging the community to share the information of the health promotion with others.

“Sometimes the team not only deliver their material in terms of health promotions but also [...] show them the evidence. Show them some videos regarding the victims of COVID-19. So the [team] might show [the people] through their phones and videos that this is how many people right now [are] infected, this is the situation of the hospital right now, this is how many people who die because of COVID-19. So they’re not trying to scare them but [the team is] trying to give reality.” -R5M

3.2.3. Target group

People are approached according to priority. Firstly, the team focuses on infected persons. The health workers will try to contact the people via WhatsApp or by a phone call to give health education and instructions. If the person cannot be reached, the team will talk to family or friends.

Secondly, the team in the community focuses on tracking and tracing people with COVID-19 related symptoms or who have an illness with an unknown cause. The team will visit the people at home and encourage them to have their health checked in the puskesmas and to take a COVID-test. Similarly, inside the puskesmas, patients with COVID-19 related symptoms are a target group for receiving individual health promotion. Health promotion is also given each morning at 10 AM to the people who are present at that time.

Thirdly, the health workers approach the community to give health promotion via a megaphone. The team will actively look for people who are gathering in crowds to make them aware of the health protocols and to hand out brochures to people who need more information. The brochures were initially created by the health workers, but are now provided by the Ministry of Health.

Another group that is specifically given health promotion regarding vaccinations are the elderly. The vaccine stock is limited and elderly have a high risk for COVID-19, therefore they are approached first.

Finally, mothers who attend the posyandu also receive health promotion.

“The team might have no specific criteria but it’s not about criteria, it’s about priority.” -R5M

“Both of the team of the puskesmas sometimes not look into any specific criteria for giving the health educations because they aware that anybody can carry COVID-19.” -R2M

3.2.4. Effectiveness

The effectiveness is divided into strengths, weaknesses, hindering factors and opportunities.

Strengths

Strengths of the current approach to COVID-19 health promotion:

- The communication via the team's WhatsApp makes it easy to reach other health workers and to reread instructions;
- Health promotion is more effective when more health workers such as the epidemiologists, nurses and health promoters are present during health promotion in the community. The team has more knowledge on these occasions and the questions can be answered directly and more clearly. The team feels that this creates more public awareness;
- By involving community leaders such as RT and RW, the negative attitude of the community towards COVID-19 health protocols can sometimes be changed. The leaders can help by providing information to the people and can help convince them of the importance of adhering to health protocols;
- The health promotion has been easier and more effective since the health workers included the babinsa and babinkamtibmas in the team.

“By involving those people, the health promoter and the team found that more [people] obey [COVID-19 health protocols] for now, because the babinsa, [can] really convince people [...] The power of the health promoter and team only is not strong enough.” -R4M

Weaknesses

Weaknesses of the current approach to COVID-19 health promotion are:

- The nursing students use their own social media to provide health promotion. This entails that the health information they share is only visible to the people in their social media network instead of reaching a broader audience;
- Because of the COVID-19 health protocols, the health promotion provided by the nursing students and health volunteers in the community is mainly individual, since forming groups is not allowed. This means less people can be reached;
- When visiting households to provide health promotion, the team only visits once and does no follow-up. Because of this, the community will not continuously obey the health protocols but only during the time the team is present;
- When approaching the community with the team of health workers, babinsa and babinkamtibmas, people can get afraid of the figure of authority. Consequently, they will momentarily obey the COVID-19 health protocols but will not actually be aware or have knowledge of COVID-19 information.

“The weakness might come from community who ignore the health promotion. Maybe they’re afraid of the army and the police who might tell them about obeying the rule like using mask or things. But the information or knowledge about COVID-19 might not get known well from those kind of community. So [the team is] aware that there’s still community who ignore and believe that COVID-19 is just a fake.” -R3M

Hindering factors

Hindering factors for the current approach to COVID-19 health promotion are:

- Recently more awareness and incentive to get the COVID-19 vaccination has spread through the community. However, due to limited stock only the elderly can currently get vaccinated. This is frustrating for the community;
- The number of infected people has been rising since festivities such as Eid al-Fitr, because more people were travelling to their hometown;
- Along the time, the health workers come across more people who ignore health protocols. Health workers are faced with people who do not believe COVID-19 is harmful for them. The health workers find it hard to change the beliefs of these people, because a lot of misinformation is spread.

Opportunities

Opportunities to improve the current approach to COVID-19 health promotion are:

- More nursing students should share information on social media. Currently, only nursing students who are in the family nursing stage of their study conduct health promotion, while it could be conducted by all the nursing students;
- Currently there is no specific collaboration between the nursing students and the puskesmas in terms of health education. If there would be, this might be beneficial to both the community and the experience of the nursing students;
- The health volunteers need more coordination and instructions from the puskesmas;
- There should be more focus on changing the attitude of the people who do not believe in COVID-19 and who refuse to go to a healthcare facility when they are ill;
- The health promotion team should visit infected persons more than once to raise more awareness regarding COVID-19 health protocols.

“Sometimes they found the health promotion is not at best because they might only just go for once and then there’s no following up after that. So [...] it would be more effective if they do more than one visit, so maybe two or three times. Even when [the team] has [...] a babinsa with [them] sometimes they just obey at that time but not after that and the next day. So [they] still need some improvement.” -R5M

4. Discussion

In this chapter, firstly, the essential results are stated followed by an in-depth discussion. Secondly, the strengths and weaknesses are formulated in a methodological discussion. Lastly, the clinical significance of this study will be articulated.

4.1. Essential results and in-depth discussion

The goal of this research was to investigate how health promotion regarding COVID-19 is currently organised and carried out in puskesmas Pudukpayung and Rappokalling. Both puskesmas have a hierarchical organisation structure, follow the government's instructions and have two teams carrying out health promotion. Social media is used fairly often in providing health promotion. Most respondents mentioned the attitude of the community as a hindering factor for carrying out health promotion.

When comparing the acquired data to the guideline "Petunjuk teknis pelayanan puskesmas pada masa pandemi COVID-19" (2020), it seems that both puskesmas are closely following the government's guidelines. This document was issued as a response to the COVID-19 pandemic and should be followed by all puskesmas. It states that puskesmas should focus on partnerships with task forces and leaders in the community (Kementerian Kesehatan RI, 2020a). Puskesmas Rappokalling collaborates with the BNPB, puskesmas Pudukpayung collaborates with LPMK and both work together with police and army forces. The health workers find this to be effective in raising awareness and increasing compliance. This kind of approach does contrast with findings from a study in Makassar by Latief, Hasbi and Amandaria (2021), which showed that a top-down approach from the government is ineffective. Instead, bottom-up collaborative interventions should be carried out to raise COVID-19 awareness. However, both puskesmas do send out a team of health workers into the community, involve the RT and RW, and try to actively engage people in conversations about health promotion. This resembles a bottom-up approach more closely and could explain the described effectiveness by both puskesmas.

Both puskesmas use social media for health promotion purposes. The COVID-19 government guideline says that specific local health promotion should be created to inform the community, either through brochures, online media or posters (Kementerian Kesehatan RI, 2020a). Both puskesmas do this by spreading posters and brochures, online as well as offline. WhatsApp is the medium mainly used for this. Respondents said that using WhatsApp is effective because it makes spreading information fast, easy and it is very accessible. Puskesmas Pudukpayung additionally uses a Facebook and Instagram account. Using social media is an effective way of spreading information, also shown by research from

Sulistiyawati et al. (2021), which indicates that Facebook and Instagram are the favourite information source of Indonesians. In addition, using social media raises awareness in the community. This is underlined in several studies, which show that using social media has a significant positive influence on public health protection against the pandemic (Al-Dmour, Masa'deh, Salman, Abuhashesh, & Al-Dmour, 2020) and is an effective tool to promote preventive COVID-19 behaviour among the public (Li & Liu, 2020).

Both puskesmas struggle with the attitude of the community, which is often distrusting towards the health protocols. The respondents indicate that there are persistent hoaxes about the vaccine and some people have a negative attitude toward the COVID-19 health protocols, resulting in less compliance. Similar results are found in multiple studies: people with good knowledge about COVID-19 comply well with government set health protocols as opposed to people with limited or false knowledge, who poorly comply with the measures (Kujarningrum et al., 2021)(Akalu, Ayelign & Molla, 2020)(Sari, Amelia, Dharmajaya, Sari & Fitri, 2021). The puskesmas find that approaching key figures in the community and collaborating with other parties, such as the army and police, makes the community adhere better to the measures because of the influence of figures with authority. Previous research merely focused on the reasons for the communities' negative attitude towards COVID-19 health protocols. The results from this study however, show the need for more research about possible solutions for dealing with negative attitudes in health promotion practices.

4.2. Methodological discussion

This study had several strengths. For one, an interview guide with a topic list was used to conduct the interviews, ensuring all topics were addressed while taking into account the high context culture. Respondents also had room for input of their own. Occasionally this led to new information that had not been discussed before. Using the topic list decreased the chance of systematic errors and therewith enhanced the validity of the research (Baarda et al., 2013). Also, by using an interpreter during the interviews, the respondents were able to express themselves freely in their native language which led to more data than without an interpreter. However, some data may have been lost in translation, particularly since extensive answers needed to be translated which also complicated the possibility of asking follow-up questions. Nevertheless, the interpreters have years of experience interpreting interviews for research from HUAS students in the puskesmas as well as a background in the subject matter. This decreased the chance of random errors in the translations, thus increasing the dependability (Willems & Van Zwieten, 2014). Lastly, during all but one interview, both interviewers were present. In addition to ensuring all topics would be addressed, this warranted better in-depth as well as follow-up questions since two persons

kept oversight of which information was still needed. Moreover, while one interviewer asked questions, the other focused on answers that should be elaborated.

The study also had some limitations, mainly because it could not be conducted in the field. Ideally, the study would not have just consisted of interviews, but also of observations of the health promotion activities. This method is referred to as triangulation, which would have enhanced the dependability (Verhoeven, 2018). Secondly, the contact persons could have chosen respondents they believed to be most suitable for participating in the research or simply respondents who showed the most enthusiasm, instead of picking unbiased. However, even if the choice of respondents by the contact persons affected the validity, this was likely not significantly since the goal was to acquire matter-of-fact data. Lastly, due to the limited amount of time to conduct the study, the goal of interviewing ten respondents was not achieved. As a result, not all health worker functions could be included and no data saturation was reached. In some cases alternatives were found, but only health workers from two different functions were interviewed in puskesmas Pudukpayung. In puskesmas Rappokalling this was five. During the interviews, new information was acquired about health workers with certain functions that also would have been lucrative to interview for this study, but due to time constraints this was not possible. The research did measure what it claims to measure, however, a more complete overview could have been gained. Having reached data saturation, would have increased the validity of the research (Bakker & Van Buuren, 2019). However, achieving data saturation was also not expected beforehand. Nevertheless, by interviewing people with different functions, overall, a broad perspective on health promotion regarding COVID-19 was gained.

4.3. Clinical significance

The results of this research are significant for both puskesmas in two regards. Firstly, by comparing their organisation and execution of health promotion regarding COVID-19, the puskesmas can compare these results to see if they could improve their own approach to health promotion. Secondly, the puskesmas can discuss the results that were mentioned regarding the effectiveness of their approach. Their health workers have voiced some ideas on the effectiveness of the approach. By further investigating these matters, the approach of health promotion regarding COVID-19 could be strengthened. Lastly, other countries with similar healthcare systems could benefit from the overview of COVID-19 health promotion and its effectiveness when evaluating their own COVID-19 health promotion practices. It is particularly useful since the COVID-19 government guideline and most information about health promotion in the puskesmas is only available in Indonesian, while this study offers this knowledge in English. This makes it more accessible to a broader public.

5. Conclusion

This qualitative research answers the question: 'How is health promotion regarding COVID-19 currently organised and carried out in the puskesmas Pudukpayung and Rappokalling?' In Attachment F a visual representation is made of the organisational structure of puskesmas Rappokalling regarding the carrying out of COVID-19 health promotion. In Attachment G a visual representation is made of the organisational structure of puskesmas Pudukpayung regarding the carrying out of COVID-19 health promotion. The visual representations are based on data obtained from the interviews and might therefore not be complete.

Both puskesmas have a hierarchical organisation structure and receive information about COVID-19 and health protocols from the Ministry of Health of the Republic of Indonesia. The head of the puskesmas is responsible for all health promotion activities regarding COVID-19 carried out by the puskesmas. Both puskesmas collaborate with other parties in the organisation of health promotion regarding COVID-19, as shown in the previously mentioned attachments. Communication about the organisation of COVID-19 health promotion mainly takes place through WhatsApp groups in both puskesmas. In puskesmas Rappokalling face-to-face meetings are mostly used to confirm what was said via WhatsApp.

The health promotion regarding COVID-19 is carried out in both puskesmas through social media, posters and brochures. WhatsApp is used by the health workers to reach the community, whilst puskesmas Pudukpayung also uses Facebook and Instagram to spread information. Both puskesmas conduct health promotion inside the puskesmas as well as outside in the community. Inside the puskesmas, health workers mainly give individual health promotion to patients. Health workers from the puskesmas' task force go out into the community to announce information via megaphone and to converse with people.

In puskesmas Pudukpayung the health promotion activities are aimed specifically at people gathering or disobeying COVID-19 health protocols. Recently, family clusters have also become a main target. In puskesmas Rappokalling, there is no specific target group but people are approached based on priority. People suspected of being infected with COVID-19 are the top priority for health promotion. In addition, people disobeying COVID-19 health protocols and people who are gathering in crowded places are also targeted. In both puskesmas, the elderly are the main target for health promotion regarding the vaccinations.

An often mentioned factor that hinders the carrying out of health promotion in both puskesmas, was the negative attitude of the community towards COVID-19 health protocols. Collaborating with key figures in the community and government authority figures in providing

health promotion, seems to be effective in ensuring the public's adherence to the COVID-19 preventive measures.

6. Recommendations

Firstly, a recommendation for the puskesmas will be given, followed by three suggestions for further research. This research could be conducted by HUAS students as part of the collaboration with UNHAS and UNDIP.

Key points for clinical practice:

- A recommendation for Puskesmas Rappokalling is to create a Facebook and Instagram account for health promotion purposes. Studies have shown the importance of social media as a news source for the community. Puskesmas Pudukpayung uses WhatsApp and already has a Facebook and Instagram account they regularly update, unlike puskesmas Rappokalling, which predominantly uses WhatsApp. The nursing students in Makassar do use social media for health promotion, but have to rely on their own social media accounts. The nursing students could be involved to contribute to or even manage a Facebook and Instagram account of the puskesmas and to regularly post information on COVID-19. There are no costs involved and the recommendation could be implemented easily. Using social media accounts from the puskesmas would give the students a broader audience, while relying on the credibility of the puskesmas.
- Both puskesmas could use social media to try to make people more aware about which information regarding COVID-19 is correct and which information is false. The data showed that many people still believe misinformation and henceforth show a negative attitude towards preventive measures. As mentioned, social media is a prime information source for Indonesians. By addressing or correcting misinformation using the puskesmas official social media accounts, negative attitudes could possibly be adjusted.

Key points for further research:

- More interviews should be conducted with health workers from the puskesmas, specifically from puskesmas Pudukpayung. Not all functions and activities could be mapped in this research. It became clear that the epidemiologist and the coordinator of surveillance are also involved in health promotion. By interviewing more respondents and all health workers involved in health promotion, a more complete overview will be created and data saturation could be achieved. Also, observations should be added for triangulation. This could lead to a more in-depth perspective or new insights.
- An in-depth SWOT-analysis of the effectiveness of the health promotion might uncover more information on how exactly the health workers think that health promotion could improve, which would be beneficial to not only the puskesmas, but also other healthcare organisations facing similar issues.

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Attachments

Attachment A: Informed consent in English and Bahasa Indonesia

Informed Consent

Health promotion regarding COVID-19 in the puskesmas in Indonesia

INTRODUCTION

We are Melanie and Lysbeth, nursing students from the Hanze University of Applied Science in Groningen. There are approximately 30 thousands students studying at the Hanze University and the university offers over 120 different studies. The university is located in the city of Groningen, in the north of the Netherlands. Groningen has approximately 20 thousand inhabitants and nearly a quarter of all of the inhabitants are students, so the city is very lively.

Normally, we would have come to Indonesia to do a research project about health promotion in your puskesmas. You might have met other Dutch students already over the years. However, sadly, due to the COVID-19 pandemic we cannot travel. Still, we are doing the research project about the puskesmas in Indonesia, but online from the Netherlands.

TITLE OF RESEARCH PROJECT

Health promotion regarding COVID-19 in the puskesmas Pudukpayung in Semarang and puskesmas Rappokalling in Makassar, Indonesia

RESEARCHERS

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PURPOSE OF RESEARCH PROJECT

You are being asked to take part in a research project. Before you decide to participate in this research project, it is important that you understand why the research project is being done and what it will involve. Please read the following information carefully. Please ask the researchers if there is anything that is not clear or if you need more information.

The purpose of this research project is to find out how health promotion regarding COVID-19 is organised and executed in the puskesmas you work at. We are doing the same research project in puskesmas Pudukpayung and Rappokalling. This way, we hope we can compare the results so the puskesmas can learn from each other.

PROCEDURES

You will be interviewed by two students. The interview will take place online via an online tool like Microsoft Teams, Zoom or WhatsApp video call.

We are conducting this interview to find out how you conduct and think about health promotion regarding COVID-19 in your puskesmas during this pandemic.

The interview will focus on the following topics:

- Organisational structure (assigned tasks and communication)
- Activities

- Target group (community and key figures)
- Effectiveness of health promotion regarding COVID-19 (strengths, weaknesses, opportunities, threats).

The interview will last a maximum of one hour. The interview will be audiotaped or videotaped, according to which online tool is used for the interview. The researchers will destroy all video recordings and only use audio recordings for the analysis of the data.

RISKS

There will be no direct risks to you for your participation in this research project. You may decline to answer any or all questions and you may terminate your involvement at any time if you choose.

BENEFITS

There will be no direct benefits to you for your participation in this research project. However, we hope that the information obtained from this research project may benefit the organisation and execution of health promotion regarding COVID-19 in the puskesmas Pudukpayung and Rappokalling.

CONFIDENTIALITY

For the purposes of this research study project, your comments will not be anonymous. Every effort will be made by the researchers to preserve your confidentiality including the following:

- Assigning code names/numbers for participants that will be used on all research notes and documents
- Keeping notes, interview transcriptions, and any other identifying participant information in a locked file cabinet in the personal possession of the researchers.
- Keeping the audio recordings on an encrypted hard drive in the personal possession of the researchers.

CONTACT INFORMATION

If you have questions at any time about this research project you may contact the researchers whose contact information is provided on the first page.

VOLUNTARY PARTICIPATION

Your participation in this research project is voluntary. If you decide to take part in this research project, you will be asked to sign a consent form. After you sign the consent form, you are still free to withdraw at any time and without giving a reason. If you withdraw from the research project before data collection is completed, your data will be destroyed.

CONSENT

I have read and I understand the provided information and have had the opportunity to ask questions. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and without cost. I understand that I will be given a copy of this consent form. I voluntarily agree to take part in this research project.

Participant's signature _____ Date _____

Researcher's signature _____ Date _____

Lembar Penjelasan dan Persetujuan

Promosi Kesehatan terkait COVID-19 di Puskesmas di Indonesia

PENGANTAR

Kami adalah Melanie and Lysbeth, mahasiswa keperawatan dari Hanze University of Applied Science, Groningen, Belanda. Ada sekitar 30 ribu mahasiswa yang belajar di Hanze University, dan universitas tersebut menawarkan lebih dari 120 program studi. Universitas ini terletak di kota Groningen, di bagian utara Belanda. Groningen berpenduduk sekitar 20 ribu jiwa dan hampir seperempatnya adalah pelajar, sehingga kota ini sangatlah ramai.

Biasanya, kami datang ke Indonesia untuk melakukan penelitian tentang promosi kesehatan di Puskesmas saudara. Saudara mungkin juga sudah bertemu dengan mahasiswa Belanda lainnya selama beberapa tahun terakhir. Namun, sayangnya, karena pandemi COVID-19, kami tidak dapat bepergian lagi. Kami masih mengerjakan penelitian tentang Puskesmas di Indonesia, tetapi secara daring dari Belanda.

JUDUL PENELITIAN

Promosi Kesehatan terkait COVID-19 di Puskesmas Pudukpayung di Semarang dan Puskesmas Rappokalling di Makassar, Indonesia

PENELITI

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TUJUAN PENELITIAN

Saudara sedang diminta untuk berpartisipasi dalam suatu penelitian. Sebelum saudara memutuskan untuk berpartisipasi, penting bagi saudara untuk memahami mengapa penelitian ini dilakukan dan apa saja yang akan terlibat di dalamnya. Bacalah informasi berikut ini dengan seksama. Silakan tanyakan pada peneliti jika ada sesuatu yang kurang jelas atau jika saudara membutuhkan informasi lebih lanjut.

Tujuan penelitian ini adalah untuk mengetahui bagaimana promosi kesehatan terkait COVID-19 diorganisir dan dilaksanakan di Puskesmas tempat saudara bekerja. Kami melakukan penelitian yang sama di Puskesmas Pudukpayung dan Puskesmas Rappokalling. Dengan cara ini, kami berharap bisa membandingkan hasilnya sehingga Puskesmas bisa saling belajar.

PROSEDUR

Saudara akan diwawancarai oleh dua mahasiswa. Wawancara akan dilakukan secara daring melalui aplikasi daring seperti Microsoft Teams, Zoom atau panggilan video WhatsApp.

Kami melakukan wawancara ini untuk mengetahui bagaimana saudara melakukan dan memikirkan promosi kesehatan terkait COVID-19 di Puskesmas saudara selama pandemi ini.

Wawancaranya akan fokus pada topik-topik berikut ini:

- Struktur organisasi (tugas dan komunikasi yang diberikan)
- Kegiatan
- Kelompok sasaran (masyarakat dan tokoh kunci)
- Efektivitas promosi kesehatan terkait COVID-19 (kekuatan, kelemahan, peluang, ancaman).

Wawancara akan berlangsung selama maksimal satu jam. Wawancara akan direkam secara audio atau video, sesuai dengan media yang digunakan untuk wawancara. Peneliti akan menghancurkan semua rekaman video dan hanya akan menggunakan rekaman audio untuk analisis data.

RISIKO

Tidak ada risiko langsung bagi saudara atas partisipasi saudara dalam penelitian ini. Saudara dapat menolak untuk menjawab setiap atau semua pertanyaan, dan saudara juga dapat menghentikan keterlibatan saudara kapan saja jika saudara mau.

MANFAAT

Tidak ada manfaat langsung bagi saudara atas partisipasi saudara dalam penelitian ini. Namun demikian, kami berharap informasi yang diperoleh dari penelitian ini dapat bermanfaat bagi pengorganisasian dan pelaksanaan promosi kesehatan terkait COVID-19 di Puskesmas Pudukpayung dan Puskesmas Rappokalling.

KERAHASIAAN

Untuk tujuan penelitian ini, komentar saudara tidak akan dirahasiakan. Setiap upaya akan dilakukan oleh para peneliti untuk menjaga kerahasiaan saudara, meliputi hal-hal berikut ini:

- Menetapkan kode nama/nomor partisipan yang akan digunakan pada semua catatan dan dokumen penelitian.
- Menyimpan catatan, transkrip wawancara, dan informasi lain yang mengidentifikasi partisipan dalam lemari arsip terkunci milik pribadi para peneliti.
- Menyimpan rekaman audio pada perangkat keras penyimpanan data (*hard drive*) yang terenkripsi milik pribadi para peneliti.

KONTAK INFORMASI

Jika saudara mempunyai pertanyaan kapan saja tentang penelitian ini, saudara dapat menghubungi peneliti yang informasi kontakanya tersedia di halaman pertama.

PARTISIPASI SUKARELA

Partisipasi saudara dalam penelitian ini bersifat sukarela. Jika saudara memutuskan untuk berpartisipasi dalam penelitian ini, saudara akan diminta untuk menandatangani formulir persetujuan. Setelah saudara menandatangani formulir persetujuan, saudara masih bebas untuk menarik diri setiap saat dan tanpa memberikan alasan. Jika saudara menarik diri dari penelitian sebelum pengumpulan data selesai, maka data saudara akan dimusnahkan.

PERSETUJUAN

Saya telah membaca dan saya memahami informasi yang diberikan, serta telah mendapatkan

kesempatan untuk bertanya. Saya memahami bahwa partisipasi saya bersifat sukarela dan saya bebas untuk menarik diri kapan saja, tanpa memberikan alasan dan tanpa biaya. Saya memahami bahwa saya akan diberi salinan formulir persetujuan ini. Saya secara sukarela setuju untuk berpartisipasi dalam penelitian ini.

Tanda Tangan Partisipan _____ Tanggal _____

Tanda Tangan Peneliti _____ Tanggal _____

Attachment B: Circumstances research site

Cultural aspects

The cultural differences between the Netherlands and Indonesia are numerous, therefore cultural sensitivity is required. The following is a list of aspects that should be taken into consideration for the research project, based on findings from Nunez, Nunez Mahdi and Popma (2017).

- Indonesia is a 'high context' country. This entails that it is important to provide context when conducting interviews. High context also means that although many words may be used, the message may not be expressed explicitly. Therefore, body language should be observed.
- The Netherlands has a monochronic culture, which among other things means that plans are fixed. Indonesia has a polychronic culture in which plans are not fixed. It is important to be aware that appointments might easily be cancelled or rescheduled. Furthermore, during preparation for the research project, it became apparent that communication via WhatsApp is significantly faster than communication via email. Where possible, communication will therefore predominantly take place via WhatsApp.
- The Netherlands is low in power distance, whereas Indonesia is high in power distance. In Indonesia people accept that their superiors have more power and one does not argue with their superior. It is possible to express an opinion, but this should happen in a very respectful and sometimes indirect way. It should be made sure that when an interpreter is used, the power distance is not influenced. In addition, before starting data collection, a permission letter needs to be sent to the heads of the puskesmas.
- The previous point correlates with the fact that Indonesia is a more collective society, whereas the Netherlands is individual-oriented. In Indonesia, interdependence is highly valued and it is seen as a virtue to keep harmony and to not get into confrontations. During the interviews, it should be kept in mind that respondents might express criticism in a very subtle way.

Language barrier

The researchers are not proficient in Bahasa Indonesia, the official language of Indonesia and the language spoken in both puskesmas. The language of communication will therefore be English. Before conducting interviews, it should be determined whether the

respondent feels confident in communicating in English. When this is not the case, an interpreter will be used. In addition, all the respondents will receive a topic list and an informed consent form in Bahasa Indonesia.

Attachment C: Permission letters for the universities



**Hanzehogeschool
Groningen**
University of Applied Sciences

P.O.Box 3109, 9701 CA Groningen

Visiting address
Petrus Driessenstraat 3
Groningen
The Netherlands
Phone +31 050 595 7531

www.hanze.nl

Date
April 6, 2021

E-mail
[internationaliseringsavk@
org.hanze.nl](mailto:internationaliseringsavk@org.hanze.nl)

Puskesmas Puduk Payung

Indonesia

Subject
Approval Letter Hanze University for project

Dear Sir/Madam,

Hereby I declare that our bachelor nursing student

Name: M.A. Steentjes, Melanie

Date of birth: December 3, 1997

Student number: 367515

Is registered as student at the Hanze University of Applied Sciences, School of Nursing,
Groningen in the Netherlands.

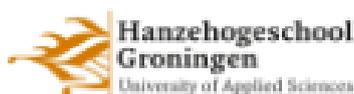
We herewith confirm that our student is invited to do a project for Diponegoro University in Semarang, Indonesia from March to June 2021. The research question is 'How is health promotion regarding COVID-19 organised and carried out in the Puskesmas Puduk Payung during the COVID-19 pandemic in the period of March 2020 to March 2021?'

This project is part of the academic requirements for a bachelor degree in nursing in the Netherlands. The student will collect data in the context of community healthcare under supervision of qualified staff of the Diponegoro University.

Yours faithfully,



Judith Pellicaan, RN MSc
Head Internationalisation
School of Nursing



P.O.Box 3000, 9700 CA Groningen

Visiting address

Petrus Driessensstraat 3
Groningen
The Netherlands
Phone +31 050 505 7531

www.hanze.nl

Date

April 6, 2021

E-mail

internationalis@org.hanze.nl

Puskesmas Pudah Payung

Indonesia

Subject

Approval Letter Hanze University for project

Dear Sir/Madam,

Hereby I declare that our bachelor nursing student

Name: L.W. Hofstra, Lysbeth

Date of birth: March 30, 1995

Student number: 373392

Is registered as student at the Hanze University of Applied Sciences, School of Nursing, Groningen in the Netherlands.

We herewith confirm that our student is invited to do a project for Diponegoro University in Semarang, Indonesia from March to June 2021. The research question is 'How is health promotion regarding COVID-19 organised and carried out in the Puskesmas Pudah Payung during the COVID-19 pandemic in the period of March 2020 to March 2021?'

This project is part of the academic requirements for a bachelor degree in nursing in the Netherlands. The student will collect data in the context of community healthcare under supervision of qualified staff of the Diponegoro University.

Yours faithfully,



Judith Pellicaan, RN MSc
Head Internationalisation
School of Nursing



**Hanze Hogeschool
Groningen**
University of Applied Sciences

P.O. Box 3109, 9701 CA Groningen

Visiting address

Petrus Driessenstraat 3
Groningen
The Netherlands
Phone +31 050 595 7531

www.hanze.nl

Date

April 12, 2021

E-mail

[internationaliseringsavk@
org.hanze.nl](mailto:internationaliseringsavk@org.hanze.nl)

Dean of the Faculty of Nursing of Universitas Hasanuddin

Indonesia

Subject

Approval Letter Hanze University for project

Dear dean,

Hereby I declare that Melanie Steentjes en Lysbeth Hofstra are two students from the Hanze University of Applied Sciences, School of Nursing, Groningen in the Netherlands. They will be doing activities from April to June 2021 as part of a continuing collaboration agreement with UNHAS based on activities that have been done before. The two students will conduct a study in a community health service setting in Indonesia about health promotion during COVID-19. The study will be conducted via online interviews.

Yours faithfully,

Judith Pellicaan, RN MSc
Head Internationalisation
School of Nursing

Attachment D: Interview guide

Introduction We are conducting this interview to find out how you, in your role of head of the puskesmas/nurse/health promotion worker/nursing student/volunteer, conduct and think about health promotion regarding COVID-19 in your puskesmas during this pandemic. It is important for you to know that everything you tell us during this interview will be confidential and anonymous. We want to know what you do and how you think about health promotion, so everything can be said in this interview, there are no right or wrong answers. It is also okay if you do not want to answer some questions. We are recording this interview, so we can later process the information. Are you okay with this? Is all the information we gave you clear? And do you have any questions so far?

Opening question Can you tell us something about yourself and about your work in the puskesmas?

- Topic list**
- Organisational structure
 - (internal and external) communication
 - Activities
 - Assigned tasks
 - Target group
 - Community
 - Key figures
 - Effectiveness
 - Strengths
 - Weaknesses
 - Opportunities
 - Hindering factors

Ending Thank you very much for your time and for your input. We really appreciate it. We will process the data and write our report and then we will delete the recording of this interview. If you do have any questions later on, feel free to contact us.

Attachment E: Anti-plagiarism statement



Antiplagiaatverklaring (tegelijk met de opdracht inleveren)

Hierbij verklaar ik, dat ik bijgevoegd werkstuk zelfstandig en zonder gebruik van andere dan de door mij aangegeven bronnen en hulpmiddelen gemaakt heb. Alle passages in het werkstuk die letterlijk of inhoudelijk uit gepubliceerde en niet openbare, gepubliceerde teksten overgenomen zijn, heb ik kenbaar gemaakt door middel van aanhalingstekens en bronvermelding. Dit werkstuk is in deze of vergelijkbare vorm nog niet eerder ter beoordeling aangeboden.

Plaats: Groningen

Datum: 7-06-2021

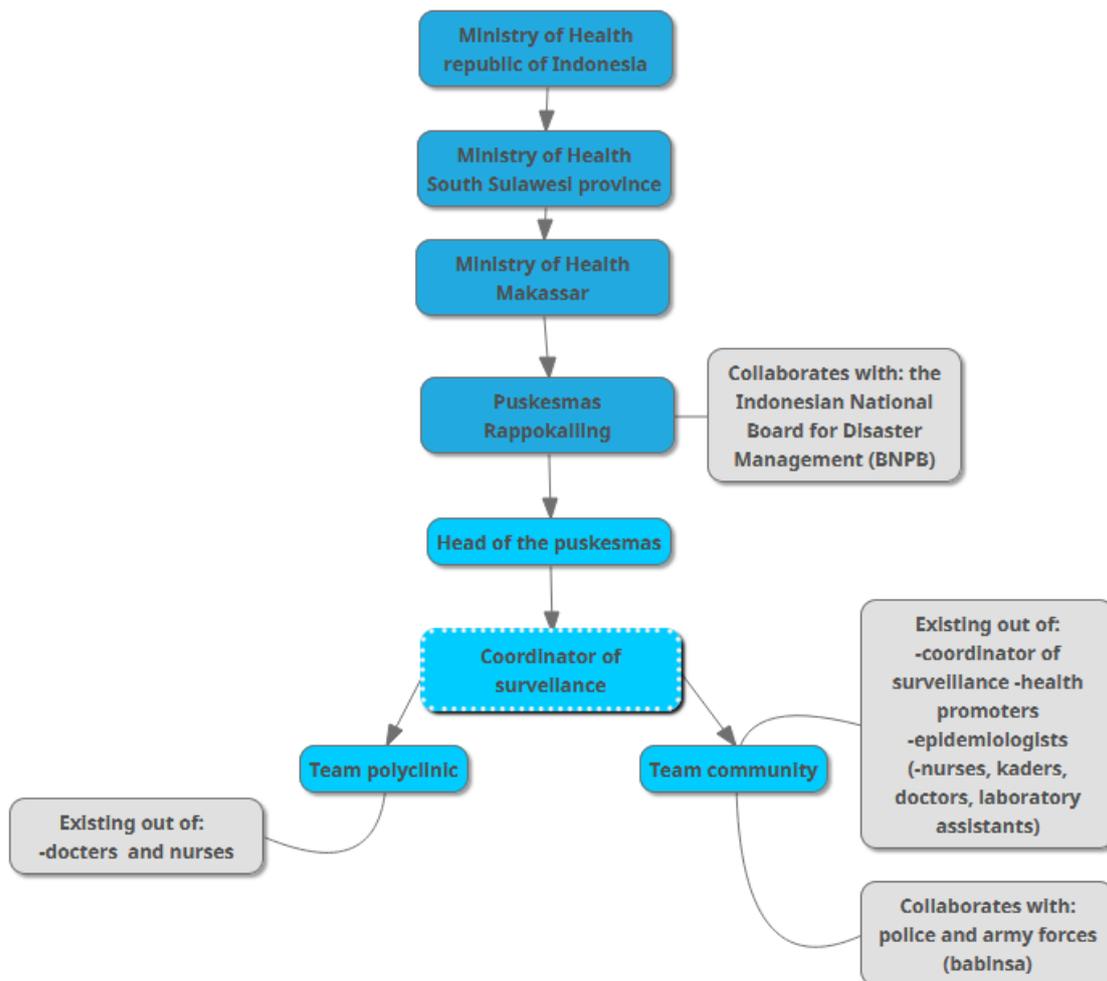
Naam student: **Handtekening student:**

Lysbeth Hofstra

Melanie Steentjes

Attachment F: Organisational structure regarding COVID-19 health promotion in puskesmas Rappokalling

This image is a visual representation of the organisational structure of puskesmas Rappokalling regarding the carrying out of COVID-19 health promotion. Information is communicated via this organisational structure. Please note that the visual representation is based solely on data obtained from the interviews and might therefore be incomplete.



Attachment G: Organisational structure regarding COVID-19 health promotion in puskesmas Pudakpayung

This image is a visual representation of the organisational structure of puskesmas Pudakpayung regarding the carrying out of COVID-19 health promotion. Information is communicated via this organisational structure. Please note that the visual representation is based solely on data obtained from the interviews and might therefore be incomplete.

