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Analysis of Factors Relate to the behavior of Preventing the Spread of COVID-19

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Abstrak. Coronavirus Disease 2019 (COVID-19) is an acute respiratory infectious disease that has recently been a serious concern of the international community. Efforts to prevent COVID-19 are to apply 5M (Wearing Masks, Maintaining Distance, Washing Hands with Soap (CTPS), Staying away from Crowds, and Reducing Mobility). The purpose of this study was to analyze factors related to the behavior of preventing the transmission of COVID-19 among UMKM traders in the Oebobo Sub-District. This research is quantitative research with a cross-sectional approach involving 101 people who were taken using the cluster sampling technique. The results showed that knowledge, attitude, and people's behavior were associated with COVID-19 prevention behavior (p-value= 0.000 consecutively). In contrast, there was no relationship between the availability of CTPS facilities and COVID-19 prevention behavior (p-value= 0.087). The government and health workers are expected to improve education and health promotion for UMKM traders in the Oebobo Sub-District about the importance of implementing health protocols to prevent COVID-19.

Keywords: *COVID-19 Transmission Prevention Behavior, Traders, UMKM*

Abstrak. *Coronavirus Disease 2019* (COVID-19) merupakan penyakit infeksi pernapasan akut yang telah dan masih menjadi perhatian serius dunia internasional hingga saat ini. Upaya pencegahan COVID-19 adalah dengan menerapkan 5M (Memakai Masker, Menjaga Jarak, Mencuci Tangan Pakai Sabun (CTPS), Menjauhi Kerumunan dan Mengurangi Mobilitas). Tujuan dari penelitian ini adalah untuk menganalisis faktor yang berhubungan dengan perilaku pencegahan penularan COVID-19 pada pedagang UMKM di Kecamatan Oebobo. Penelitian ini merupakan penelitian kuantitatif dengan pendekatan *cross sectional* pada 101 orang yang diambil menggunakan *cluster sampling*. Hasil penelitian menunjukkan bahwa pengetahaun, sikap, dan perilaku orang sekitar terdapat hubungan dengan perilaku pencegahan COVID-19 (p-value= 0.000). Sebaliknya tidak ada hubungan antara ketersediaan sarana CTPS dengan perilaku pencegahan COVID-19 (*p*= 0.087). Pemerintah maupun petugas kesehatan diharapkan untuk meningkatkan edukasi maupun promosi kesehatan pada pedagang UMKM di Kecamatan Oebobo tentang pentingnya penerapan protokol kesehatan untuk mencegah COVID-19.

Kata Kunci: *Perilaku Pencegahan Penularan COVID-19, Pedagang, UMKM*

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Introduction

The virus with the red crown Coronavirus disease 2019 or COVID-19 is an acute respiratory infection that has been a serious concern for the international community. The World Health Organization (WHO), on January 30, 2020, designated COVID-19 as a Public Health Emergency of International Concern (PHEIC). WHO then declared COVID-19 a pandemic on March 11, 2020 (Tim Kerja Kementerian Dalam Negeri (2020). The number of COVID-19 cases grows quite rapidly in all countries worldwide. Globally confirmed cases of COVID-19 until February 21, 2022, were reported to be 423,437,674 with 5,878,328 deaths (WHO, 2022).

Indonesia has reported cases of COVID-19 until February 21, 2022, with 5,231,923 confirmed cases and 146,541 deaths (Kemenkes RI, 2022). East Nusa Tenggara (NTT), until February 21, 2022, has reported the number of confirmed cases of COVID-19 reaching 68,624 cases, 3,416 suspected cases, and 63,850 cases declared cured 1,358 cases died (Gugus Tugas Percepatan Penanganan COVID-19, 2022). The city of Kupang has also reported 20,014 confirmed cases of COVID-19, 16,333 cases were declared cured, and 343 cases died (Gugus Tugas COVID-19 Kota Kupang, 2022).

The implementation of health protocol is one of the efforts made by the government to support the termination of the transmission of COVID-19 to the community in public places and facilities. The application is contained in the Decree of the Minister of Health of the Republic of Indonesia Number HK.01.07/Menkes/382/2020. The Circular Letter of the Governor of NTT Province

No: BU.440/03/Health Prov.NTT/2020 reiterates that in the context of preventing the transmission of COVID-19 in the workplace, the people of NTT are obliged to carry out health protocols (Pemerintah Pronvinsi NTT, 2020).

One of the embodiments of health protocols in Indonesia is the implementation of 5M. The 5M health protocol consists of wearing masks, maintaining Distance, washing hands with soap (CTPS), staying away from crowds, and reducing mobility (Kemenkes, 2021). Adequate knowledge, a positive attitude, the availability of facilities and infrastructure, and good behavior from people are fundamental requirements in preventing COVID-19 (Rusiana et al., 2021).

The main problem in preventing COVID-19 is the lack of public knowledge about the dangers and consequences of COVID-19 transmission. As a result, people still think that COVID-19 is a common disease that should not be taken seriously. A previous study in Ciracas, East Jakarta, in 2021, stated that the public's non-compliance with the COVID-19 health protocol was due to a lack of understanding of how vulnerable they are to contracting it, what are the benefits of prevention, and a lack of instructions for action (Sari, 2020). Another study conducted at the Jember Partial Hospital in 2021 showed that a negative attitude was an inhibiting factor in preventing COVID-19 (Wulandari, 2021). Research conducted in Toddotoa Village also showed that the unavailability of facilities and infrastructure caused poor prevention of COVID-19, in this case, CTPS facilities (Nismawati, 2020). Meanwhile, research conducted in Makassar City showed that people's poor behavior could hamper the prevention of COVID-19 transmission (Rusiana et al., 2021).

Micro, Small, and Medium Enterprises (UMKM) are the real sector, and the public places or facilities directly contact the community in daily business activities. Interactions in UMKM activities (seller and buyer meetings) can increase COVID-19 cases. Therefore, traders and buyers are required to apply the health protocol (5M) to prevent the transmission of COVID-19. The results of previous research conducted in Toddotoa Village on factors related to the application of health protocols to micro-business actors showed that micro-business actors had a

relatively good level of behavior by implementing health protocols, in this case, using masks, keeping distance, and washing hands, avoiding crowds and reducing mobility (Nismawati, 2020). On the other hand, other research conducted on UMKM traders in Kutoharjo square in 2021 showed the behavior of traders who were not compliant with using masks (Mushidah, 2021).

Oebobo District is one of the sub-districts located in the center of Kupang City. This sub-district has seven villages: Oetete Village, Oebobo Village, Fatululi Village, Oebufu Village, Tuak Daun Merah Village, Kayu Putih Village, and Liliba Village. Oebobo Village and Oetete Village have 136 UMKM traders. There are 89 UMKM traders in Oebobo Village, and there are protocol lines such as Jl. Cak Doko, JL. Lalamentik, Jl. Palapa, Jl. Bakti Karya, Jl. Jackfruit, Jl. Suprapto, Eltari. Jl. Noble Heart, Jl. Sacred Heart, Jl. Bakti Karya, and Jl. Herewila (Laporan Tahunan UMKM Kelurahan Oebobo, 2021). While the UMKM traders in Oetete Village are 47 and located on protocol routes such as Jl. Tomello, Jl. Cak Doko, Jl. Mount Inerie, Jl. Prof. WZ Yohanes, Jl. Jackfruit, and Jl. Youth (Laporan Tahunan UMKM Kelurahan Oetete, 2020). The types and number of UMKM traders in the two villages above, such as restaurants totaling 43 traders, stalls are selling necessities amounting to 65, street vendors totaling 16 traders, cafes totaling 4, pork rice traders totaling 6, and martabak traders totaling 2 traders. (Oebobo Village, 2021 and Oetete Village, 2021). Oebobo Village and Oetete Village are culinary centers used as places for trading. These places are shopping centers for the people of Oetete Village and Oebobo Village to meet the needs of daily life. They can cause large crowds, thereby increasing the risk of COVID-19 transmission.

Based on the results of initial observations on January 27, 2021, in 80 UMKM traders in Oebobo Village and Oetete Village along the protocol route such as Jl. Tomello, Jl. Cak Doko, Jl. Palapa and Jl. Eltari, 44 UMKM traders have complied with the health protocol. This compliance can be seen in the traders wearing masks, keeping their Distance, and washing their hands. However, 36 UMKM traders have not complied with health protocols such as not wearing masks and only draping

masks around their necks. They are inconsistent and disciplined in maintaining a distance of about 1 meter. Most UMKM traders have not provided handwashing facilities. The results of initial observations found that only 12 of the 80 UMKM traders in the two villages provided handwashing facilities (there were 7 in Oetete Village and 5 in Oebobo Village).

Based on the description of the problem in the background, the researchers felt it was necessary to research an "Analysis of factors related to the behavior of preventing the transmission of COVID-19 in UMKM traders in Oebobo Sub-District".

Method

The research method uses quantitative research with a cross-sectional approach. The population in this study were all UMKM traders in Oebobo Sub-District, amounting to 136 traders. The sample in this study amounted to 101 people. The sampling method is cluster sampling, where the population is divided into regions or clusters. Collecting data by conducting interviews using questionnaires and direct observations using observation sheets and documentation. The data collection method is divided into 2, namely primary and secondary data. Data processing is carried out using a computerized system with computer programs and processes ranging from editing, coding, and, entry into the computer for analysis. The data analysis used was univariate analysis and bivariate analysis with the chi-square relationship test. The statistical test used chi-square α = 0.005 and a confidence interval of 95 % (Notoatmodjo, 2012a)

Result

Table 1.
Distribution of Respondents by Gender in UMKM Traders in Oebobo Sub-District 2021

No	Gender	N	%
1	Man	47	46.5
2	Woman	54	53.5
	Total	101	100

Based on table 1 shows that the number of respondents who are female is more than males.

Table 2.
Distribution of Respondents Based on Education Level of UMKM Traders in Oebobo Sub-District 2021

No	Level of education	N	%
1	SD	15	19.8
2	Junior High School	20	14.9
3	Senior High School	60	59.4
4	Diploma	1	1
5	S1	5	5
	Total	101	100

Based on table 2, it is known that the education level of the respondents is mainly at the high school education level with a total of 60 people (59.4%) and less at the Diploma education level with a capacity of 1 person (1%).

Table 3.
Distribution of Respondents by Age on UMKM Traders in Oebobo Sub-District 2021

No	Age (Years)	N	%
1	Late Adolescence (17-25)	36	35.6
2	Early Adulthood (26-35)	29	28.7
3	Late Adulthood (36-45)	23	22.8
4	Early Elderly (46-55)	13	12.9
	Total	101	100

Based on table 3, it is known that the majority of respondents are in the late teens (17-25 years) category with a total of 36 people (35%) and fewer are in the elderly age category (46-55 years) with a total of 13 people (12.9%).

Table 4.
Distribution of Respondents Based on Knowledge Variables on UMKM Traders in Oebobo Sub-District 2021

No	Knowledge	N	%
1	Good	90	89.1
2	Not enough	11	10.9
	Total	101	100

Based on table 4, it is known that more respondents have good knowledge about COVID-19 compared to respondents who have less knowledge about COVID-19.

Table 5.
Distribution of Respondents Based on Attitude Variables for UMKM Traders in Oebobo Sub-District 2021

No	Attitude	N	%
1	Positive	94	93.1
2	Negative	7	6.9
	Total	101	100

Based on table 5, it is known that respondents who have a positive attitude about COVID-19 are more than respondents who have a negative attitude toward COVID-19.

Table 6.
Distribution of Respondents Based on Variable Availability of CTPS (Wash Hands with Soap) Facilities for UMKM Traders in Oebobo Sub-District 2021

No	Availability of CTPS Facilities	N	%
1	Available	82	81.2
2	Not available	19	18.8
	Total	101	100

Based on table 6, it is known that respondents who have CTPS facilities available are more than respondents who do not have CTPS facilities.

Table 7.
Distribution of Respondents Based on Behavioral Variables of Surrounding People on UMKM Traders in Oebobo Sub-District 2021

No	The behavior of People Around	N	%
1	Good	85	84.2
2	Not enough	16	15.8
	Total	101	100

Based on table 7, it is known that respondents who behaved well with people around them regarding the prevention of COVID-19 were more than respondents who conducted less well about COVID-19.

Table 8.
Distribution of Respondents Based on Variables of COVID-19 Prevention Behavior on UMKM Traders in Oebobo Sub-District 2021

No	COVID-19 Prevention Behavior	N	%
1	Good	94	93.1
2	Not enough	7	6.9
	Total	101	100

Based on table 8, it is known that more respondents have good preventive behavior for COVID-19 than respondents who have less good preventive behavior.

Table 9.
The Relationship between Knowledge and COVID-19 Prevention Behavior for UMKM Traders in Oebobo Sub-District 2021

Knowledge	COVID-19 Prevention Behavior						P-Value
	Good	%	Not enough	%	N	%	
Good	87	96.7	3	3.3	90	100	0.000
Not enough	4	36.4	7	63.6	11	100	
Total	91	90.1	10	9.9	101	100	

Based on table 9, it is known that the p-value (0.000) < (0.05). This means that there is a significant relationship between knowledge about COVID-19 and COVID-19 prevention behavior among UMKM traders in Oebobo Sub-District 2021.

Table 10.
Relationship between Attitudes and COVID-19 Prevention Behavior on UMKM Traders in Oebobo Sub-District 2021

Attitude	COVID-19 Prevention Behavior						P-Value
	Good	%	Not enough	%	N	%	
Positive	91	96.8	3	3.2	94	100	0.000
Negative	3	42.9	4	57.1	7	100	
Total	94	93.1	7	6.9	101	100	

Based on table 10, it is known that the p-value (0.000) < (0.05). This means that there is a significant relationship between attitudes about COVID-19 and COVID-19 prevention behavior among UMKM traders in Oebobo Sub-District 2021.

Table 11.
Relationship between CTPS Facility Availability and COVID-19 Prevention Behavior on UMKM Traders in Oebobo Sub-District 2021

Availability of CTPS Facilities	COVID-19 Prevention Behavior						P-Value
	Good	%	Not enough	%	N	%	
Available	48	58.5	34	41.5	82	100	0.087
Not available	7	36.8	12	63.2	19	100	
Total	55	54.5	46	45.5	101	100	

Based on table 11, it is known that the p-value (0.087) > (0.05). This means that there is no significant relationship between the availability of CTPS facilities regarding COVID-19 and COVID-19 prevention behavior among UMKM traders in the Oebobo Sub-District 2021.

Table 12.
The Relationship between People's Behavior and COVID-19 Prevention Behavior on UMKM Traders in Oebobo Sub-District 2021

The behavior of People Around	COVID-19 Prevention Behavior						P-Value
	Good	%	Not enough	%	N	%	
Good	84	98.8	1	1.2	85	100	0.000
Not enough	7	43.8	9	56.3	16	100	
Total	91	90.1	10	9.9	101	100	

Based on table 12, it is known that the p-value (0.000) < (0.05). This means that there is a significant relationship between people's behavior around COVID-19 and the behavior of preventing COVID-19 among UMKM traders in the Oebobo Sub-District 2021.

Discussion

This study indicates that almost all UMKM traders in Oebobo Sub-District have good knowledge about COVID-19. The knowledge in this study is everything that the respondents know regarding COVID-19, which includes: understanding COVID-19, the causes of COVID-19, modes of transmission, and methods of preventing COVID-19. The results of this study are in line with research conducted by Purnamasari & Raharyani, (2020) in Wonosobo Regency about COVID-19, which shows that public knowledge about COVID-19 is in a suitable category where most people have good knowledge of the understanding, causes, modes of transmission and prevention of COVID-19.

Statistical test results show a significant relationship between knowledge about COVID-19 and COVID-19 prevention behavior among UMKM traders in Oebobo Sub-District 2021. The results of this study are in line with research conducted by Mujiburrahman, (2020) in Potorono Hamlet Banguntapan Bantul DI Yogyakarta, which shows that there is a significant relationship between knowledge and COVID-19 prevention behavior.

This study indicates that the group of respondents who have good knowledge most of them show good COVID-19 prevention behavior. Respondents' behavior regarding good COVID-19 prevention can be seen from the application of health protocols such as using a mask every time you leave the house or when serving customers, maintaining a minimum distance of 1 meter, washing hands with soap in running water, reducing mobility and staying away from crowds. According to L. Green's theory, 1980 knowledge is one of the predisposing factors influencing behavior change. Knowledge plays a vital role in determining complete behavior because knowledge will form beliefs that will then determine behavior towards particular objects, thus indicating that the better one's knowledge, the better one's behavior will tend to be (Mujiburrahman, 2020).

This research is in line with a study conducted by Putra & Soedirham, (2021) in Surabaya, which shows that good COVID-19 prevention behavior is caused because the community has good knowledge about COVID-19.

In contrast, this study found that in the group of respondents who had less knowledge, most of the respondents showed poor COVID-19 prevention behavior. The negative COVID-19 prevention behavior was shown by respondents not fully implementing health protocols such as masks only covering their mouths or placing them on their chins, not applying good and proper handwashing behavior, and only using water without soap. Respondents also kept interacting regardless of distance. A minimum of 1 meter from one another, respondents still travel outside the home or do gatherings such as parties or family events. This negative behavior was caused by the respondent's lack of good knowledge about COVID-19. There are still respondents who think that COVID-19 only attacks the elderly, not young people. Some respondents believe that COVID-19 is a disease that was deliberately spread to destroy certain groups and that the virus was accidentally leaked from a biological weapons laboratory in China.

The results of this study are in line with research conducted by Irwan et al. (2021) in Gorontalo, who found that people still perceive COVID-19 as a conspiracy.

One of the conspiracies is that COVID-19 is a virus that is deliberately spread to destroy certain groups.

Beliefs or individual perceptions can determine personal decisions to plan an action within the individual. Wrong beliefs or perceptions can result in unexpected behavior (Laili & Tanoto, 2021). Trustor perception is obtained from the knowledge or information obtained so that individuals can decide to take action (Ari & Astiti, 2014). Beliefs or perceptions based on erroneous sources of information can, of course, form false beliefs or misperceptions, which in turn can cause individuals to take wrong actions as well (Purwaningtyas, 2020).

Respondents' belief or perception that they are not susceptible to contracting COVID-19 and feel that COVID does not have a severe impact on their health can result in poor COVID-19 prevention behaviors, such as not wearing masks, washing hands, maintaining distance, avoiding crowds, and reducing mobility. The results of this study, therefore, emphasize the need for health education from various parties, both the government and the COVID-19 task force, to straighten out public misperceptions about COVID-19, especially about the dangers of COVID-19.

Several factors influence a person's knowledge. One of them is education (Sukanto, 2000 *in* Willy, 2021). The higher a person's education level, the easier it will be to receive information. In the end, the more knowledge he has. Conversely, a lack of education will hinder acceptance of the values or information introduced (Yeni, 2015). If education and knowledge are good, the behavior will also be good.

Based on the results of this study, most of the respondents had an upper secondary education level. The majority of respondents with secondary and higher education have good knowledge and take precautions against COVID-19 such as washing hands, using hand sanitizers, using masks when leaving the house, exercising, and self-isolation when sick or recently traveling out of the area. The results of this study are in line with research conducted by Khairunnisa et al., (2021) in Langsa City, which showed that education affects the level of knowledge. If education and knowledge are good, the behavior will also be good.

Attitude is a reaction or response of someone who is still closed to a stimulus or object. The attitudes referred to in the study are all respondents' responses to COVID-19, which include: understanding, causes, symptoms, modes of transmission, risks, dangers, and ways to prevent COVID-19. The results of this study indicate that almost all respondents have a positive attitude about COVID-19. This positive attitude is like believing that COVID-19 is an infectious disease and requires the cooperation of all communities to prevent COVID-19. This research is in line with the study conducted by Natun, (2020) at the love market in Oeba Village, Kupang City, which shows that most respondents have a positive attitude about COVID-19 where respondents think that COVID-19 is an infectious disease and very dangerous for one's health.

The statistical test results show a significant relationship between respondents' attitudes and COVID-19 prevention behavior on UMKM traders in Oebobo Sub-District 2021. The results of this study are in line with research conducted by Pasaribu, (2021) in Medan City, which showed that there was a significant relationship between attitudes and COVID-19 prevention behavior.

This study also shows that most respondents who have a positive attitude tend to offer good COVID-19 prevention behavior in the group of respondents. Lawrence Green, 1980 explains that attitude is essential in shaping one's behavior. Attitude will affect a person's good and bad behavior (Notoatmodjo, 2010). This indicates that the more positive a person's attitude about COVID-19 will be, the better the COVID-19 prevention behavior will be. This study is in line with research conducted by Gunawan et al., (2021) in STIKes Rafflesia, which showed that groups of respondents who had positive attitudes tended to show good COVID-19 prevention behavior.

In contrast, this study found that most of them tended to show less good COVID-19 prevention behavior in the group of respondents who had negative attitudes. This unfavorable behavior is caused by the fact that respondents still think that COVID-19 is not dangerous or is just a common cold. The results of this study

indicate that the more negative a person's attitude about COVID-19 is, the less good the COVID-19 prevention behavior will be. This research aligns with Chadaryanti & Muhafilah, (2021) research in Sukabumi Regency, which shows that respondents who have negative attitudes tend to show poor COVID-19 prevention behavior.

The results of this study indicate that most of the respondents have CTPS facilities. The availability of CTPS facilities referred to in this study, such as the availability of handwashing facilities (water faucets), clean water, soap, and hand wipes. The results of this study are in line with research conducted by Sianipar et al., (2021) in Jambi City, which showed that most respondents had complete CTPS facilities such as clean water, soap, and hand wipes. Some respondents provided hand sanitizer.

Statistical test results show no significant relationship between the availability of CTPS and COVID-19 prevention behavior. This is in line with research conducted by Wiranti et al., (2020) in Depok City, showing no significant relationship between the availability of CTPS facilities and COVID-19 prevention behavior.

Although statistically, the availability of CTPS facilities is not related to COVID-19 prevention behavior, the trend in the distribution of bivariate data in this study shows that in the group of respondents who have the availability of CTPS facilities, they offer good COVID-19 prevention behavior. L. Green's theory, 1980 explains that the availability of facilities/facilities is an enabling factor that plays a vital role in realizing a specific behavior (Notoatmodjo, 2012b). The availability of good facilities can encourage someone to use them so that behavior will appear and begin to become a habit (H. Pasaribu, 2021). Likewise, in this study, the availability of CTPS facilities can influence respondents to apply CTPS behavior, which is one of the COVID-19 prevention behaviors. This is in line with research conducted by Nismawati, (2020) in Toddotoa Village which shows that respondents who have the availability of CTPS facilities tend to show good COVID-19 prevention behavior.

However, the results of this study also found that there were still respondents who had not implemented CTPS behavior even though respondents had CTPS

facilities. This is due to the lack of public awareness about the dangers of COVID-19. The lack of understanding is caused by a small number of respondents who do not understand the benefits of CTPS. In addition, some respondents feel safe from exposure to COVID-19, and some think that CTPS behavior is not their daily habit. The results of this study are in line with research conducted by Zahira et al., (2019), showing that the factor that causes someone not to do CTPS is the lack of public awareness about the dangers of COVID-19.

On the other hand, in the group of respondents who did not have CTPS facilities, the majority showed poor COVID-19 prevention behavior. The results of this study are in line with research conducted by Kartika & Mia, (2016), which showed that respondents who had poor COVID-19 prevention behavior mostly did not have CTPS facilities. The behavior of CTPS is influenced by many factors, including knowledge, attitudes, motivation, beliefs, availability of facilities, and the accuracy of information disseminated by various media and information sources (Sianipar et al., 2021)

People's behavior is a driving factor influencing a person to perform healthy behavior. This study indicates that most of the respondents have good COVID-19 prevention behavior from those around them. The behavior of people around which is meant in this study is the behavior of buyers, fellow UMKM sellers whose stalls are close together, or anyone who is around UMKM sales places in implementing health protocols, such as using masks, maintaining distance, washing hands, staying away from crowds, and reducing mobility.

The statistical test results show a significant relationship between the behavior of the people around them and the behavior of preventing COVID-19 on UMKM traders in Oebobo Sub-District 2021. These results are in line with research conducted by Aini et al., (2021) in East Java, which showed a significant relationship between people's behavior and preventing COVID-19.

The results of this study indicate that in the group of respondents whose behavior toward the people around them is good most of them show good COVID-

19 prevention behavior. L. Green's theory, 1980 explains that behavior change occurs when there are motivating factors such as the behavior of people around who participate in supporting this behavior. Therefore, people's behavior becomes an essential factor in changing a person's behavior (Notoatmodjo, 2012). This is also confirmed by the theory of planned behavior, which explains that a person's behavior is influenced by attitudes and subjective norms where the perceptions or beliefs of others will affect a person's intention or action to perform the behavior being considered (Tamba, 2017). This is in line with research conducted by Mukminah et al., (2016) on elementary school students in the Banyurip Purworejo Community Health Center, which showed that respondents with good behavior from those around them showed good handwashing behavior.

On the other hand, this study shows that in the group of respondents whose behavior toward the people around them is not good, most of them show COVID-19 prevention behavior, which is also not good. This is in line with Agustina & Budiono, (2021) research at the Al-Asy'ariyyah Islamic Boarding School, Kalibeber, Wonosobo Regency, which showed that respondents with negative behavior from those around them tended to show poor COVID-19 prevention behavior as well.

Factors that influence a person's behavior are environmental factors. Environmental factors (physical and socio-psychological environment) affect a person's success in preventing COVID-19 (Zulyan, 2021). Individuals basically cannot escape absolutely from the influence of the surrounding environment. This is evidenced by the results of this study, where every individual who has good behavior around people shows good COVID-19 prevention behavior. On the other hand, every individual who has negative behavior from people around him shows bad COVID-19 prevention behavior.

Conclusion

In general, the authors conclude that there are factors related to COVID-19 prevention behavior, namely knowledge, attitudes, availability of CTPS facilities, and people's behavior. The results showed that knowledge, attitude, and people's behavior were associated with COVID-19 prevention behavior (p-value= 0.000 consecutively). In contrast, there was no relationship between the availability of CTPS facilities and COVID-19 prevention behavior (p-value= 0.087).

Suggestion

The researcher suggests that the government and health workers are expected to improve education and health promotion for UMKM traders in the Oebobo Sub-District about the importance of implementing health protocols to prevent COVID-19.

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