

Why Do Young City Women Disobey the Protocols During the Covid-19 Pandemic?

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ABSTRACT

This study aims to determine the attitudes and responses of women in urban areas in complying with protocols to prevent the spread of the coronavirus in Indonesia. Conducted this research with a descriptive survey research method; the sample in this study was young women in Makassar city. Data collection techniques using interviews and questionnaires. The results of the study show (1) The effectiveness of the implementation of the Covid-19 control and prevention program has been implemented. However, some young women still have not implemented it, even around 49% who have not implemented the program, namely wearing masks if they experience respiratory symptoms. Meanwhile, (2) The sociodemographic relationship with Covid-19 control and prevention policies, specifically the use of medical masks, shows that the average age who routinely applies them is young city women aged 12-18 years, while city women aged 19-25 years are lower in the application of medical masks

INTRODUCTION

This study aimed to assess 1) the adoption of a coronavirus (Covid-19) prevention and control strategy in young women and 2) the efficiency of the policy in preventing the spread of the coronavirus in young women. According to the Theory of "Women's Policy Compliance," compliance refers to any actions that adhere to relevant policies, rules, regulations, and laws (Lowndes, 2020). Understanding the motivations for compliance is critical for governments because poorly targeted interventions risk damaging the impact of state interventions while incurring enormous costs (Wagner et al., 2020). On the other hand, the property is more about an individual's decision-making behavior. If it is against etiquette, it is not always against obedience. Because the goal of compliance is to guarantee that what is fixed is consistent with the circumstances, rules, and regulations that govern it (Donno et al., 2022).

(Maftai & Holman, 2022) stated that there are two basic perspectives on legal compliance, namely instrumental and normative. Instrumental perspectives are individuals with self-interest and responses to changes in behavior. The normative perspective relates to morals and conflicts with self-interest. Sometimes people are more inclined to obey laws that are deemed appropriate and by their norms and culture. Normative commitment through personal morality means obeying the law because the law is considered a necessity. In contrast, normative commitment through legitimacy means obeying the rules because the law-making authority has the right to regulate behavior (Grace, 2020) DEWI et al., 2022; Grace, 2020)

People are more likely to respect rules that are judged suitable and consistent with their norms and culture. Normative commitment via personal morality entails observing the law because it is seen as a necessity, but normative commitment through legitimacy means obeying the rules because the law-making power can govern conduct (Haaga, 2020; Lin, 2022).

The research focuses on adolescence, a pivotal period for building long-term health trajectories, mental and physical, and the consolidation of lifestyle behaviors (Heslin & McNulty, 2023). Adults easily believe that they are in good physical shape and are usually happy with their lives. Existential questions may arise during infancy to young adulthood or as part of aging. Young women have their entire future ahead of them—a future that should be full of opportunities and the freedom to pursue their lives as they see fit (McCrinkle, 2021). For others, such freedom may imply that decisions are too difficult to make. There is a risk of being disoriented in society's normative vision of a good life and one's aspirations of a better life (Brand et al., 2021).

Women are currently a very active civil society group using social media in various parts of the world, so they have a wide reach. Women are a potential resource to encourage a country's policies that must be adhered to or adhered to to ensure the prevention and control of COVID-19 in the region, especially the Southeast Asia region (Bezbaruah et al., 2021; Krause et al., 2018; Schmidt-Sane et al., 2020). But the fact is slightly different because the number of women exposed to Covid is higher than men. The following is the incidence of covid originating from Southeast Asia based on gender status;

Table 1. The Incidence of Covid Originating From Southeast Asia Based on Gender Status

Southeast Asian Countries	Number of Cases	Men	Women
Indonesia	4.667.554	2.033.777	2.833.777
Philippines	3.623.176	1.720.601	1,902.575
Malaysia	2.956.332	1.100.011	1.956.321
Thailand	2.545.873	1.046.176	1.496.697
Vietnam	2.404.651	1.008.307	1.396.344
Myanmar	540.597	266.182	274.415
Singapore	428.954	210.100	218.854
Laos	137.616	68.462	69.154
Cambodia	122.206	59,536	62.670
Brunei Darussalam	18.845	9.230	9.615

(WHO,2021)

Indonesia is a country in Southeast Asia with the highest positive cases of Covid-19, starting with 3 female Indonesian citizens, namely a mother and 2 daughters who just returned from traveling abroad and were exposed to the Coronavirus. Furthermore, positive cases of Covid-19 are growing very quickly. Today, correct information is required by constantly telling others around us not to touch their eyes, nose, or mouth until their hands are entirely clean (Marzuki et al., 2021). Because the virus may infiltrate weak bodies such as the aged and the ill, Corona instances continue to be a global problem with no signs of abating. According to Worldometers statistics, coronavirus cases will exceed 87 million by January 2021. The mortality toll from the novel coronavirus SARS Cov-2 has risen to 1.8 million (Allam et al., 2020). The following are the 5 Provinces with the Highest Positive Cases of COVID-19 in Indonesia in December 2020;

Table 2. The 5 Provinces with the Highest Positive Cases of COVID-19 in Indonesia in 2020

Provinces	Increase Per Week	Number of Cases
DKI Jakarta	24.3 %	1.985
South Sulawesi	17.2 %	933
West Java	11.5 %	801
East Java	9.2 %	427
East Kalimantan	9.0 %	390

One of the provinces that has the highest increase in Covid-19 cases per week is South Sulawesi which is ranked 2nd after DKI Jakarta, the case started with a woman who had just returned from Umrah in March 2020. Meanwhile, the 3 highest areas of Covid-19 cases in South Sulawesi Province are Makassar City with 12,083 cases, followed by Gowa Regency with 1,742 cases, and East Luwu Regency with 1,656 cases (Birawa et al., 2021). The highest mortality rate

per 100,000 population is Makassar City 22.56 cases per 100,000 population, North Palopo City 6.60 cases per 100,000 population, and North Luwu Regency 6.10 cases per 100,000 population (Indonesia, 2020).

Based on the data and problems described above that the Covid-19 case for the South Sulawesi region or as a region representing eastern Indonesia, Makassar City is the center of the spread of the Coronavirus which is very quickly exposed. The phenomenon that emerged in Makassar City was that the distribution of exposure to COVID -19 based on gender was dominated by women with a total percentage of 52.86% and men as much as 47.8%, following the graph of the data.

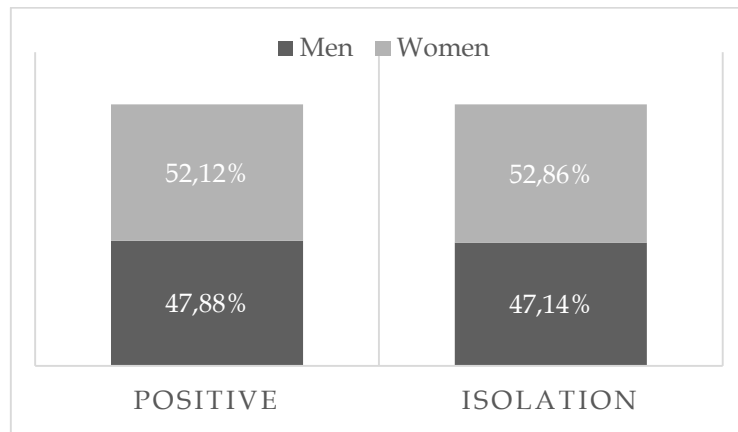


Figure 1. The Graph of the Data Gender Distribution

Meanwhile, the description based on the distribution of age groups for COVID-19 cases is seen from the graph below;

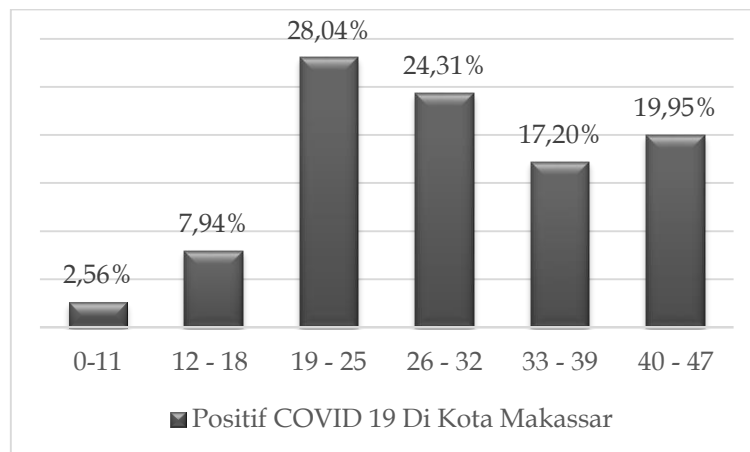


Figure 1. The graph of the data Distribution of Age Groups

There is a tendency that young women in the city of Makassar are more dominant in being exposed to COVID-19, so this study will analyze the phenomenon about the causes why most women in the city of Makassar are not obedient in carrying out health protocols during the COVID-19 pandemic.

LITERATURE REVIEW

Women Obedience

Even though many nations, including Indonesia, are combating the coronavirus epidemic, many individuals are still uninformed and continue to assemble without wearing masks. Some individuals actively oppose the PSBB. In the middle of the current epidemic, one of the most dramatic facts we observe in America and many other nations is large-scale demonstrations and mass looting in retail malls (Primandari, 2020). Using social psychology theory, we may investigate the phenomena of civic disobedience or civil disobedience. According to Kurt Lewin, the Father of Social Psychology, both personal and environmental factors impact a person's conduct (behavior) (Kaiser & Schulze, 2018).

In 1966, a behavioral scientist called Jack Brehm researched disobedience from a psychological standpoint. People's disobedience during this PSBB might be interpreted as resistance. There will be an internal battle between obedience and the requirements of existence (Arjona, 2017). Civil disobedience during a pandemic can arise because of some people's distrust in the government. As a citizen, you must obey the government's recommendations and appeals. But no less importantly, the government must also be consistent and set an example for its citizens to follow (Kartono et al., 2020).

Women are today's very active civil society group using social media, so they have a large audience. Women are a possible resource for encouraging national policies that must be followed to ensure the prevention and management of COVID-19 in various locations across Indonesia (Clemente-Suárez et al., 2021; Djalante et al., 2020).

Two very different ideas of typical enforcement styles are catalytic and coercive. A catalytic enforcement style is based on the assumption that individuals are motivated to comply with rules. According to some experts, an entirely coercive approach could have negative consequences such as decreased regulatory involvement (Weske et al., 2018).

Young women have the capacity and opportunity to create a supportive environment in any situation, including a health emergency. Because young women have maternal instincts, resilience, and intelligence and are active users of social media, they are involved in various activities around their environment and community (Elmagrhi et al., 2019; Haynes-Thoby, 2019). It makes it easier for the community and even decision-makers in their respective regions. Young women who are carriers need to know more about and obey actions to break the chain of transmission of the coronavirus. The community is at the forefront of breaking the chain of the spread of the coronavirus (COVID-19). The public must take several steps to contain the spread.

Covid-19 Protocols

The government is presently focused on the coronavirus epidemic. It is proven by the issue of Presidential Regulation No. 9 of 2020 relating to the Task Force for the Acceleration of Handling Corona Virus Disease 2019. (COVID-19).

Following the Presidential Decree, the Indonesian Ministry of Health's Directorate General of Illness Prevention and Control issued instructions for preventing and controlling the coronavirus disease (Covid-19). This handbook is a resource for anyone preparing for COVID-19. According to observations, COVID-19 can be initiated by intimate contact with less than 1-meter distance and droplets rather than through air transmission (Arefi & Poursadeqiyah, 2020). Those who have direct contact with COVID-19 patients or who care for COVID-19 patients are most at risk of catching it. This handbook is a resource for anyone preparing for COVID-19. According to observations, COVID-19 can be initiated by intimate contact with less than 1-meter distance and droplets rather than through air transmission. Those who have direct contact with COVID-19 patients or who care for COVID-19 patients are most at risk of catching it (Hasrul, 2020).

Prevention and mitigation measures are critical to the health sector and community service implementation. Policies in infection prevention and control recommendations comprise the five most successful community preventative activities (Adhikari et al., 2020; Islam et al., 2020; Kumalawati et al., 2021), (1) Using hand sanitizer to perform hand hygiene if hands are not visible. (2) avoid touching the eyes, nose, and mouth; (3) practice coughing or sneezing etiquette by covering the nose and mouth with the inside of the upper arm or a tissue, then discarding the tissue; If you have respiratory problems, wear a medical mask and wash your hands after removing the mask. (5) Keep a safe distance (at least 1 meter) away from those experiencing respiratory symptoms.

South Sulawesi has been identified as one of the locations impacted by the Covid-19 epidemic by Minister of Health Decree Number HK.01.07/Menkes/257/2020 (Harwanto, 2021). As a result, must be implemented rules and procedures to prevent and manage the Covid-19. Given these circumstances, the study is required to evaluate the execution of government policies on five effective strategies to prevent and manage COVID-19 in the Makassar city, South Sulawesi region.

Young Woman

The term "social determinant of health" is frequently used to refer to any nonmedical factor influencing health, such as health-related knowledge, attitudes, beliefs, gender, or behaviors (Subair & Haris, 2019a). Most diseases can be avoided by young women who live a healthy lifestyle. Healthcare pays little or no attention to the effects of social structures, living conditions, and life opportunities on positions and opportunities to practice health (Braveman et al., 2011). Most diseases can be avoided by young women who adopt a healthy lifestyle. Healthcare pays little or no attention to the impact of social structures, living conditions, and life opportunities on positions and opportunities to engage in health practice (Cockerham, 2013; Dumas et al., 2014).

Most people, including young women, do not believe the virus is real, so quarantining or other related measures, such as self-isolation, social distancing, and home confinement are not required. (Di Renzo et al., 2020; Nwankwo, 2021) As a result, people who believe the virus is real and practice isolation and social distancing are more likely to have little social interaction with their friends and neighbors. People's attitudes can be shaped by their interactions, just as friends

and neighbors influence each other's perspectives on the pandemic (Nwankwo, 2021).

Compliance is part of the concept of social influence by one or more people to change the attitudes, beliefs, perceptions, or behavior of others (Smith et al., 2021). Definition of compliance is a process of social influence that encourages behavior modification when responding to orders from the authorities. Based on the following data, the theoretical framework from this research is related to why many young city women are disobedient to COVID-19 prevention and control measures, especially in the city of Makassar.

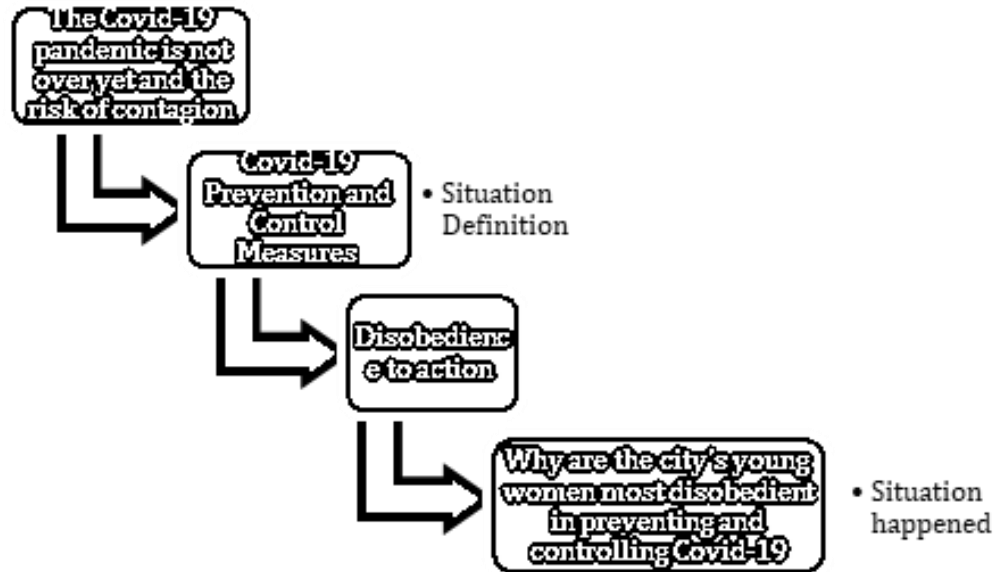


Figure 3. The Theoretical Framework from This Research

METHODOLOGY

This study uses an explanatory quantitative-qualitative approach (Haynes-Brown, 2022; Taguchi, 2018). Quantitative data were obtained through surveys and documentation. While qualitative data obtained through observation and in-depth interviews (Subair & Haris, 2019b). This research includes collecting quantitative data that is measured numerically, qualitative data that explores in-depth understanding, and attempts to explain cause-and-effect relationships. Case studies are selected in the research with the following considerations: (1) The characteristics of the case are specific (Benger et al., 2020; Jumaev et al., 2021); (2) Realities that develop in the field are complex; and (3) Prevention and mitigation measures are the key to implementation in health and community services (Boz et al., 2020; Laovisutthichai et al., 2022). The target group of this research is young women aged 12 to 25 years, both married and unmarried, educated and illiterate, working and not working. Research respondents were 1300 young women in Makassar City, South Sulawesi.

Study Area

This research was conducted in the Metropolitan city of Makassar. This study was conducted from December 2020 to June 2021. The selection of research locations was based on the following considerations: (1) Makassar is the capital city of the Province; and (2) the population of Makassar City is very heterogeneous in terms of religion, ethnicity, education and occupation.

Method of Collecting Data

The collection methods in this study are divided into two categories, namely (1) Primary data, obtained through surveys and in-depth interviews (Blumenberg & Barros, 2018; Feng et al., 2021); and (2) secondary data, obtained through the service and agency related to the implementation of health protocols (Mkandawire, 2019). Data collection through in-depth interviews in this study was used for data tracking. The tools used in in-depth interviews, namely cellphones and interview guides equipped with freelance notes, checklists, and value scales (Deterding & Waters, 2021a; Kumari et al., 2021). The questionnaire in this study was used to search data. Furthermore, the documentation data in this study include (Franz et al., 2019; Mikalef et al., 2019a; Montenegro et al., 2019a): (1) data on the number of female residents in the Makassar city area through the Central Statistics Agency of South Sulawesi Province; and (2) Data on the number of people exposed to COVID-19 in South Sulawesi.

Qualitative data in this study were obtained through informants (Esmailizadeh et al., 2020a). Informants were determined using the snowball method (Bailey, 2019). That is, the researcher determines the perpetrators to be interviewed based on the information obtained (Bull, 2018a). Furthermore, the selection of key informants was chosen with the following considerations: (i) able to provide good information and (ii) being directly involved in the implementation of new city development (Errichiello & Micera, 2018). Key informants who have been determined by the research are used to obtain information on other informants who can be interviewed based on the data needed. The aim is to obtain the same information and picture related to the implementation of the COVID-19 health protocol in Makassar City. Furthermore, in order to obtain more in-depth information, several respondents who have been determined were also selected as informants.

All of the respondents in this research approved of this study. The participant gave informed consent to fill out the questionnaire, and they were advised that the information was being collected solely for education purposes.

Data Analysis Method

This study uses SPSS to test the quantitative data from the questionnaire. The results are presented using descriptive statistics such as percentage and frequency tables. While the qualitative analysis in this study refers to the results of the data obtained through in-depth interviews, and documentation (Deterding & Waters, 2021a; Rutakumwa et al., 2020a). Data analysis was carried out in three ways, namely data reduction, data display, and conclusion. The process is carried out by separating the information into categories based on the views of the informants and the facts found in the field. Next, the qualitative analysis stage is carried out based on the observed behavior, including place, actor, and activity.

RESULTS

The new form of the coronavirus that is the main source of the COVID-19 epidemic does not appear to be fading away. The main problem is the presence of silent carriers because COVID-19 patients appear to be asymptomatic. They appear to be in good health and are continuing their normal routine. On the other hand, they are more prone to spreading the virus to the people around them and cannot be controlled ((Bhattacharjee et al., 2020; Li et al., 2020; Zhang et al., 2020).

Based on the Director General's Decree on COVID-19 control and prevention policies, which are detailed in five phases of successful community prevention recommendations (Allam et al., 2020; Islam et al., 2020; Nishiura et al., 2020) 1) Maintain hand hygiene by using hand sanitizer if hands are not dirty or washing hands with soap if hands are dirty; 2) Avoid touching the mouth, nose, and eyes; 3) Apply coughing or sneezing etiquette by covering the mouth and nose with the inside of the arm or tissue and immediately throwing the tissue in the trash; 4) If you have respiratory problems or symptoms, wear a medical mask and wash your hands after removing it; 5) Maintain a safe distance (at least one meter) from those who have or are experiencing respiratory problems.

Compliance of Young City Women in Implementing Coronavirus (Covid-19) Prevention and Control Policies

Based on the results of random interviews with young women, it is explained that so far there has been minimal health socialization through the media and socialization by health workers in various regions. Yet it is very important to know the success of the program. Data in the field reveals that from the five stages based on the Decree of the Director-General, the distribution of young women of productive age who implement policies is shown in the table below:

Step 1. Hand Hygiene

Hand hygiene should be done by using hand sanitizer if hands are not dirty or with soap if hands are dirty.

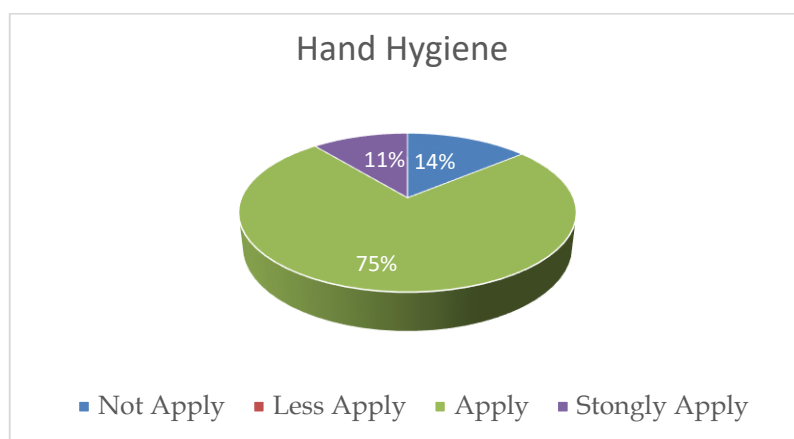


Figure 4. The Distribution of Using Hand Sanitizer

The findings of this study are related to the findings of (Hammerschmidt & Manser, 2019) who found that the majority of young women knew proper hand hygiene methods. Kuehn conducted another study that supports this study, BM

(2020), which found that about 72 percent of women practice adequate hand hygiene after handling common items while shopping or for other reasons. Similarly, found that female adolescent health professionals had higher levels of hand hygiene compliance.

Based on the research findings, after receiving health information through the media and socialization by health workers in their respective regions, there was an increase in one of the strategic steps to control and prevent COVID-19 policies for women, namely the use of hand sanitizers to carry out hand hygiene activities

This was stated by one of the female respondents. She says:

I carry hand sanitizer almost every day. Sis, I'm also worried about going out with friends, so if you want to eat or suddenly touch something, just spray it on. That's why I always carry this bottle of hand sanitizer with me. (Video call interview session with a woman, 16 years old).

The majority of young women in the Makassar metropolitan area have complied with the implementation of the COVID-19 protocol. The distribution of young women in policy implementation is also influenced by personal experiences, information from peers, and electronic and social media

Step 2. Avoid touching eyes, nose and mouth

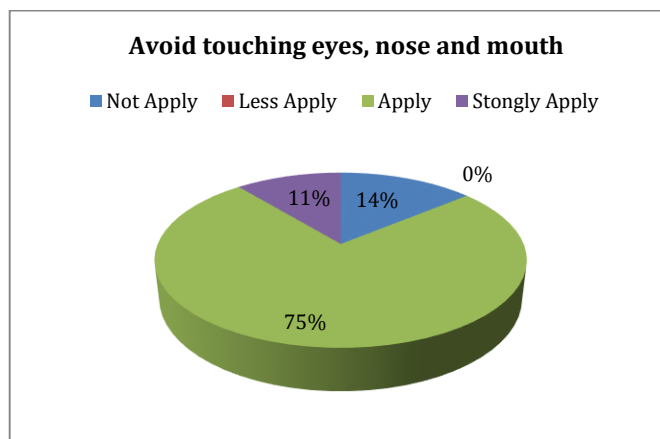


Figure 2. The Distribution of respondents Avoided Touching Their Eyes, Nose, and Mouth

According to (Akalu et al., 2020) 86.1 percent of respondents avoided touching their eyes, nose, and mouth to prevent respiratory tract infections. Similarly, (Wang et al., 2020) found that 68.48 percent of respondents practice not touching the cheeks, especially the nose and mouth. Based on the research findings, there was an increase in one of the strategic steps to control and prevent COVID-19 policies for young women after receiving health information through the media and socialization by health workers in their respective areas, namely avoiding touching the eyes, nose, and mouth.

This was said by one of the female respondents, who stated:

... I avoid touching my face because I'm worried that germs will enter, especially since the Coronavirus is most vulnerable if it touches my lips, nose, and eyes. Even if I have to touch anything, I first use gloves. (Video Call Interview Session with an 18-year-old woman in MC3 Community).

There were 9% of young women who did not respond, indicating that:

... I'm not sure what protocol to follow. I read that I shouldn't believe in social media groups because viruses are a myth. (Interview via video call with a 26-year-old woman).

Most of the young women have complied with and implemented the COVID-19 protocol, and it has even become part of the basic understanding of young women in the Makassar city area. The distribution of young women in policy implementation is also obtained from the habit factor or has been routinely implemented so that it is not too difficult to implement. Because most of them are already aware of the germs and bacteria that attack their five senses.

Step 3 Coughing or sneezing etiquette

Apply proper coughing or sneezing etiquette by covering the nose and mouth with the inside of the upper arm or using a tissue, then throwing the tissue in the trash;

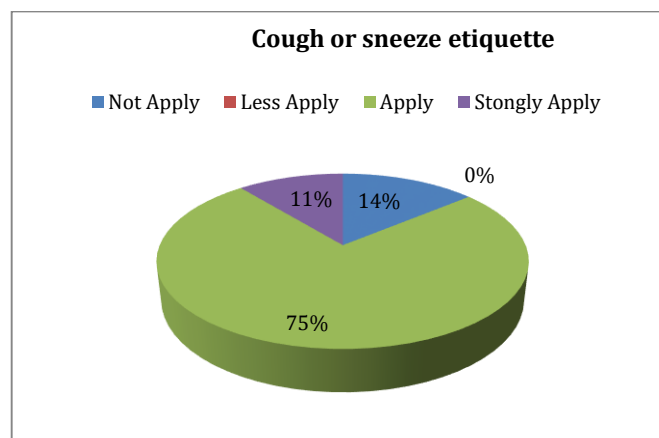


Figure 3 . The Distribution of Respondents Always Cover Their Nose and Mouth When Sneezing and Coughing

This is in line with research conducted by (Alhazmi et al., 2019) which found that 63.5% of young female respondents always cover their nose and mouth when sneezing and coughing, the two main ways of transmitting respiratory diseases. Another study that is in line with this research is the research conducted by (Siddiqui et al., 2020) (Alshammary et al., 2021) who found that female respondents also sneeze or cough more frequently than men (79% vs 71%, p 0.05). Similarly, research was conducted by (Alahdal et al., 2020). From the results of the study, it is known that after receiving health information through social media and socialization by COVID-19 health workers who toured the Makassar city area, there was an increase in one of the strategic steps of COVID-19 control and prevention policies for the community, especially young women. Namely, coughing or sneezing etiquette.

.... Personally, when I cough or sneeze, it's my reflex to cover my mouth, especially in public places with lots of people. Embarrassing. Embarrassing. Because it is also dangerous for other people. Usually, I immediately told him to cover his mouth with a tissue for my sister. (Whatsapp Chat Interview Session with a young woman, a 21-year-old college student).

Three of them revealed that 20% of young women did not apply.

... I don't want my clothes to be dirty with saliva from coughing. (Chat interview session with a young woman (an 18-year-old high school student)

... If you cough while wearing a mask, saliva will stick to the mask, and your face will smell bad.. (Interview Chat with a young woman (a 19-year-old student)

.... I prefer to look to the side. I was more relieved, and the saliva also fell to the ground. (Interview Chat Session with a young woman, a 20-year-old worker)

The compliance of young women in implementing the COVID-19 protocol has been carried out well. It has become a routine part of its implementation by young women in Makassar. The distribution of young women in implementing the policy is also obtained from the habit factor that has been implemented from home. So most coughing and sneezing etiquette understand it.

Step 4. Use of Mask

If you have respiratory symptoms, wear a medical mask and practice hand hygiene after removing the mask.

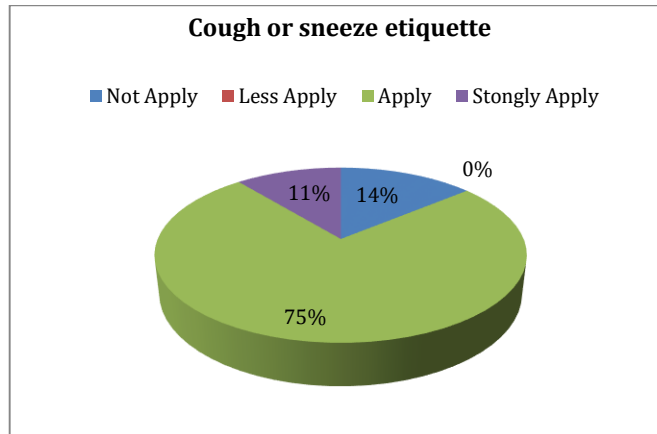


Figure 4. The Distribution of Respondents Wear a Medical Mask

This is in line with research conducted by (Alhazmi et al., 2019). Only 40% of young women use masks as a precaution in crowded places, and only 20% use masks in everyday life, far less than reported. Another study that is in line with this research is the research conducted by (Alahdal et al., 2020) who found that while 92% of respondents favor masks in public places, 55% do not recommend the use of masks in healthy individuals. Similarly, (Gautret et al., 2013, 2014) showed that 87% used masks in public places and 40% did not use them. From the results of the study, it is known that after receiving health information through social media and socialization by health workers in the city of Makassar, several young women implemented policies to control and prevent COVID-19 by using

medical masks every time they left the house. However, there are still many young women who do not use masks when leaving the house or when experiencing symptoms. This was stated by one of the respondents. She says:

... Today, I caught a little cold. When I leave the house, I wear a mask. Only cloth masks because they are more economical, and I can wash them when I wear them (Interview Session with a 19 year old student).

Another respondent who did not wear a mask revealed:

... I don't wear medical masks because they are expensive. When I go to the traditional market to shop, most people don't wear a mask, so I don't use... (Interview with a 15-year-old girl who helps her boss sell at the traditional market)

The compliance of young women in implementing the COVID-19 protocol has not been carried out well. Only a few young women do it and not regularly. Policy implementation of young women in implementing the policy has not been maximally implemented. So the use of medical masks if they have symptoms, most of them don't even understand it. More proactive actions by local health workers are needed to maximize face-to-face counseling and information dissemination in small forums such as social media, Whatsapp groups, Instagram, and Facebook.
Step 5 Keep a distance (at least 1 meter)

Keep a distance (at least 1 meter) from people who experience respiratory symptoms.

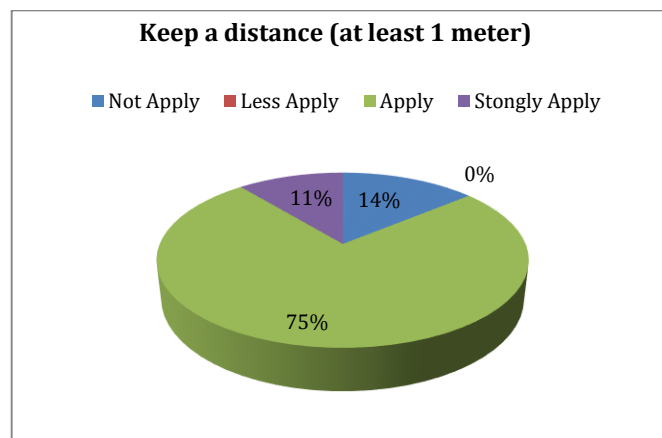


Figure 5. The Distribution of Respondents Wear a Medical Mask

This is in line with research conducted by (Alhazmi et al., 2019), that 32.1% Other research that is in line with this research is the research conducted by (Alsan et al., 2019), which found that 78% of female respondents kept their distance through close contact. Similarly, research conducted by(Gautret et al., 2013) found that 86.1% of respondents implemented respiratory infection prevention measures by maintaining social distance. The results of the study found that after receiving health information through the media and socialization by health workers in their respective regions, most of the young women had implemented a COVID-19 control and prevention policy regarding social distancing (at least 1 meter). However, some young women still have not implemented social distancing policie.

This was expressed by respondent E who said:

...As much as possible, I always keep my distance when meeting people, especially if it's a bit crowded. I usually avoid it first (Video Call Interview Session with a 20-year-old woman in a food stall).

11% of young women strongly apply to maintain a minimum distance of 1 meter. They are generally young women who have received higher education, and their family environment is also highly educated.

One in fourteen (14%) young women who do not practice social distancing say that:

.... I don't think it's necessary to keep your distance from friends if you're together in a vehicle or hanging out. We already know each other's condition very well, so we cannot transmit or contract COVID. (Video Call Interview session with a 16-year-old teenager in a coffee shop).

The compliance of young women in applying a minimum distance of one meter has been implemented. However, there are still some young women who have not implemented it and are not routinely in the Makassar city area. The distribution of young women in implementing policies still needs to be maximized. So it is necessary to take more proactive actions by local health workers to further maximize this health protocol and disseminate information in small social media forums.

The Relationship between Each Sociodemographic Factor and COVID-19 Prevention and Control Policies

The relationship of each sociodemographic factor with COVID-19 control and prevention policies is shown in Table 2. Based on the results of the regression analysis, young women with COVID-19 control and prevention policies, especially those who use a lot of medical masks, have an age range of 12–18 years, compared to young women aged 19–25 years, who are still vulnerable. If symptomatic, use a medical mask at a lower level.

Table 3. Sociodemographic Factors and Policies to Control and Prevent COVID-19

N = 1298	Hand Hygiene	Avoid touching your eyes, nose and mouth	Cough or sneeze etiquette	Use of Medical Mask	Social distancing
Age:					
12 - 15	26,60% (317)	26% (307)	26,90% (350)	45,30% (300)	21,50% (240)
16 - 18	21% (257)	20,90% (247)	23,80% (310)	16,90% (112)	31,80% (355)
19 - 21	31,40% (350)	32% (378)	26,90% (350)	30,20% (200)	26,90% (300)
22 - 25	21%	20,90%	22,10%	0,70%	19,70%

	(247)	(247)	(288)	(50)	(220)
Marital status :					
Unmarried	25,10% (296)	17,30% (205)	20,20% (263)	19,60% (130)	18,90% (211)
Married	74,90% (880)	82,70% (975)	78,80% (1024)	80,40% (532)	81,10% (904)
Job status:					
Working	38,70% (456)	38,50% (455)	33,20% (432)	22,90% (152)	38,10% (425)
Unemployed	61,20% (720)	61,40% (725)	65,80% (855)	77,10% (510)	61,80% (690)
Level of education:					
University graduate or above	72,90% (858)	74% (875)	75% (970)	75,80% (502)	72% (800)
Below University Level	27,10% (318)	26% (305)	25% (317)	24,20% (160)	28% (315)
Residential area:					
Makassar	52% (618)	51% (610)	52% (677)	77% (514)	51% (559)
Others	48% (558)	49% (570)	48% (610)	23% (148)	49% (556)

When a respondent answers 1 or 2 (“Highly compliant” or “compliance”) on a Likert Scale of 4, it is determined that the COVID-19 control and prevention policy has been implemented correctly. Each measurement correctly implements the COVID-19 control and prevention policy and implements the five steps included in the dependent variable. Age (12-15/16-18/19-21/22-25 years), marital status (unmarried/married), working status (working/unemployed), place of residence (Makassar/other), and education level (graduated college/lower) is the independent variable.

CONCLUSIONS AND RECOMMENDATIONS

This study concludes that the compliance of young women in implementing the COVID-19 control and prevention program has been implemented. However, some young women still do not implement it regularly, with around 49 percent not implementing the program at all. While the sociodemographic relationship with COVID-19 control and prevention policies, especially the use of medical masks, is that young urban women aged 12-18 years have a high level of adherence to applying medical masks, while young urban women aged 19-25 years have lower levels of compliance. So that the benefits of medical masks tend to only be used by those who are still students, especially when they will be in the school environment. However, disobedience often occurs in young urban women who are more mature and no longer associated with students.

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