

How to Cite:

Anjani, S. A., Kadiyono, A. L., & Fikri, A. (2022). The single and joint effects of health protocol intervention policies and collectivism on people activities during the COVID-19 pandemic. *International Journal of Health Sciences*, 6(S7), 4101–4116.
<https://doi.org/10.53730/ijhs.v6nS7.12716>

The single and joint effects of health protocol intervention policies and collectivism on people activities during the COVID-19 pandemic

Sekar Ayu Anjani

Industrial & Organizational Department, Faculty of Psychology – Universitas Padjadjaran, Indonesia and Center for Psychological Innovation and Research

Anissa Lestari Kadiyono

Industrial & Organizational Department, Faculty of Psychology – Universitas Padjadjaran, Indonesia and Center for Psychological Innovation and Research

Aldinel Fikri

Industrial & Organizational Department, Faculty of Psychology – Universitas Padjadjaran, Indonesia and Center for Psychological Innovation and Research

Abstract---Preventing the spread of COVID-19 does not only require efforts from the government, but also behaviors performed by society in order to prevent the COVID-19 transmission by implementing health protocol called as 6M (Wear Masks, Wash Hands, Keep Your Distance, Avoid Crowds, Limit Mobility, and Avoid Eating Out with Others). Behavior compliance to health protocol is known as obedience, consisting of three dimensions in psychology, including belief, accept, and act. Based on a research conducted on 79 random respondents, the Keep Your Distance protocol had a lower level of obedience compared to Wear Masks and Wash Hands. The collectivist culture of Indonesian people has become a challenge as gathering culture is not only a desire to gather, but also a part of daily need fulfillment, especially for people who rely on their neighbors to survive. The implementation of physical distancing forces people to be individualists in order to break the chain of COVID-19 transmission. This was explained in a further elaboration of the Keep Your Distance as activities to avoid crowds, limit mobility, or avoid eating out with others. Thus, it is necessary to enhance public trust and acceptance of keeping a distance to prevent the spread of COVID-19. Prevention education is necessary to implement in order to make behavior changes which are clean and healthy behaviors, including avoiding various infectious diseases with strong community health resilience.

Keywords---Obedience, Health Protocol Intervention Policies, Governments, Collectivism, COVID-19

Introduction

The Corona Virus or known as COVID-19 outbreak has been declared as a worldwide epidemic. The COVID-19 was later declared as a global pandemic by the World Health Organization (WHO) on March 12, 2020 (Baskara, 2020). Indonesia has become one of the countries exposed to the virus on March 2, 2020 since the declaration of the COVID-19 as a pandemic (Nuraini, 2020). The number of people infected by the virus continues to increase day by day. It was recently discovered that the daily growth of COVID-19 cases had accelerated after nine months. A data reported that the infection rate in Indonesia in mid-early July 2021 was 25.1% (Reza, 2021). This is significantly high compared to the standard set by WHO, which is only 5% (CNC, 2020a).

The increasing infection rate shows that the number of infected cases compared to the number of tests carried out in Indonesia is significantly higher than the WHO standard. From mid-June to early July 2021, Indonesia had broken the highest infected daily record several times, which was 16,000-24,000 cases per day. In the middle of 2021, several important problems potentially contributed to the rapid spread of COVID-19, including the COVID-19 mutations which were more easily transmitted in the form of B.1.1.7 (alpha), B.1.351 (beta), P.1 (gamma), B.1.617.2 (delta), B.1.427 (epilson) variants, and delta plus variant as the latest mutation (CNBC, 2021). According to the President of the Republic of Indonesia, Jokowi, another contributing factor was the increased mobility after fasting month in 2021 (Kontan, 2021).

The spread of COVID-19 occurs through respiratory droplets and direct contact with the infected people (WHO, 2020). WHO established a comprehensive policy in order that society can protect themselves from exposure to the virus, one of which was the use of masks. Wearing a mask would make the droplets unable to directly enter body parts related to the respiratory system such as nose and mouth. In addition, keeping a distance was also recommended in order that society would be able to stop the spread of COVID-19.

The COVID-19 National Task Force in Indonesia seeks to invite people to maintain faith, safety, and immunity since the first infected case occurred in Indonesia. Faith is interpreted as carrying out worship according to their respective religions. Safety is defined as total adherence to the 3M health protocol (Wear Masks, Keep Your Distance, and Wash Hands with Soap). Maintaining immunity means having nutritious foods, maintaining mental health, exercising regularly, and having sufficient rest (BNPB, 2020a). The invitation was made in order that people are able to continue to be active and productive during the new normal era, which is an adaptation to changes in lifestyle during COVID-19 pandemic (Terawan in Widayanti, 2020).

Responding to the situation of the rapid spread of the virus and of the increasingly widespread of the mutations, the government put more suggestions

to the health protocol from 3M to 5M (Wear Masks, Keep Your Distance, Wash Hands with Soap, Avoid Crowds, and Limit Mobility). Since June 2021, it became 6M in which the government put Avoid Eating Out with Others as a new protocol. Additionally, the government is undertaking the 3T (testing, tracing, and treatment) policy to society (Anastasia, 2021).

The 6M health protocol must be a habit for all Indonesian people for the safer circumstances. However, a great number of people remain indifferent by not implementing the 6M consistently. In fact, compliance with 6M has absolutely become a prerequisite for breaking the chain of COVID-19 transmission. Prior to the establishment of the 6M health protocol, a survey conducted by Central Bureau of Statistics on September 7-14, 2020 reported that 17% respondents remained to strongly believe that they would not be infected with COVID-19. This belief could result in the disobedience of 3M health protocol (BNPB, 2020a).

The Indonesian government has announced that the main factor for the rapid increase in COVID-19 cases is the behavior of people who do not comply with the 6M health protocol. Collectivist culture has become a binder for social life of Indonesian people. Hanging out does not only occur in big cities, but also in rural area, one of which is the habit of eating out with others. For instance, *ngeliwet* (having some rice dish cooked in coconut milk) in several areas in Central Java and West Java. The distinctive Indonesian people with its collectivist culture has caused Indonesia famous for its warm hospitality and a high sense of family. Collectivist culture is not only a hereditary heritage, but also a part of surviving together.

Unfortunately, in the midst of COVID-19 pandemic, the appeal for physical distancing has become a challenge for people who are used to doing activities together. Various efforts were made to prevent public gathering, including raiding people hanging out, implementing Large-Scale Social Restrictions and Public Activity Restriction. However, a great number of people remain to carry out public activities in several areas as seen in the news, such as wedding ceremonies, religious activities, social and family gatherings, etc.

It is important to note that implementing physical distancing policies to Indonesian people as collectivists is significantly challenging. People require adaptation, unlike the cultural character of Western countries as individualists. This should be a concern for both the government and the society. For the government, it is necessary to understand that physical distancing protocol and existing collectivist culture of society across generations are two contradictory things. The collectivist culture practiced by society is not only due to their reluctance against the health protocol during COVID-19 outbreak, but also because it has become an ingrained tradition.

Collectivist culture has become daily atmosphere for people who not only have desire to gather, but also a part of their daily need fulfillment, especially for people who rely on their neighbors to survive. Implementing physical distancing forces people to be individualists in order to break the chain of COVID-19 transmission. If the protocol has to sacrifice the collectivist culture that has made people survive thus far, the government in turn must also be able to provide commensurate

substitutes, such as ensuring the fulfillment of daily basic needs. It is also necessary for society to remember that care and tolerance must be higher in recent condition. The collectivist culture may continue despite its lack of physical contact.

It is quite challenging for people to carry out activities in contrary to daily habits. However, the suggested adaptation for a collectivist society in pandemic is to take care of each other. During the implementation of physical distancing, people can check the condition of their neighbors by asking how they are doing, their daily needs, presence of a sick family member, etc. For people living in rural area, bartering and using herbal ingredients are suggested to help sick neighbors fulfill their needs. For urban society, social activities can be replaced with online media. People can collectively and proactively seek assistance from the government, especially regarding the handling of COVID-19.

According to the government, physical distancing index shows that physical distancing behavior in Indonesia is nearly 0. The closer it is to 0, the more disobedient people are towards physical distancing protocol in Indonesia as if the pandemic were not endemic (CNBC, 2020b). The Central Bureau of Statistics revealed that a large number of people do not wear masks as there are no strict sanctions, no one exposed to the virus, and due to work-related reasons (Rozi, 2020). A reason for the disobedience to wear masks was also mentioned by dr. Iwan Ariawan, MSPH. from the Department of Biostatistics and Population, Faculty of Public Health, University of Indonesia. A great number of people do not wear masks because they perceive that it is impossible for them to get infected by the Corona virus (Septiani, 2020). It is unfortunate that these cases occurred because it will potentially increase the spread of COVID-19. In fact, the instruction to wear masks has been widely announced on television news, public service advertisements, etc.

In addition, the Ministry of Health has issued protocol no. HK.01.07/MENKES/382/2020 which explains health protocol for people in public places and facilities as a prevention and control of Corona Virus Diseases 2019 (COVID-19). The establishment of health protocol forces people to wear masks in order to prevent the spread of COVID-19. Furthermore, the government imposes sanctions for violators of health protocol. This is in accordance with Presidential Instruction number 6 of 2020 which explains improving discipline and law enforcement of health protocol as a prevention and control of Corona Virus Disease 2019 (COVID-19) (RI, 2020). One point of the Presidential Instruction is the sanctions that require to be imposed by the government in improving discipline to comply with health protocol.

People will initiate acts of obedience by responding to orders issued by authority figures (Fabrigar & Norris, 2012). The power of authority figures arises from the presence, legitimacy, disposition of the authority, resulting in an atmosphere that influences people's obedience to comply with protocol (Kumar Das, 2020). If the power of authority is weakened, the level of public obedience to the protocols will then be low, and vice versa. Pressure from the authority to comply with protocol can increase the level of obedience by up to 70% (Karakostas & Zizzo, 2016).

In addition to the authority power or politics, other factors that can force individuals to obey protocols are an effective and efficient policy and support provided by the government, organizations/companies, and society (Lars Tummers, 2019). Blass (1999:16) explains that an obedient person is a person who possesses three obedience dimensions related to obedient attitudes and behavior, as seen in Figure 1.

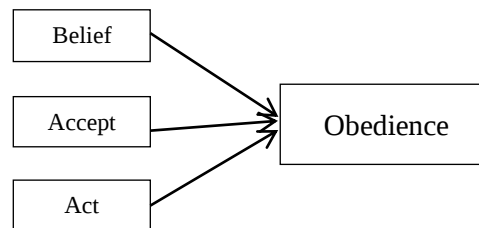


Figure 1. Dimensions of Obedience

The dimensions of obedience are as follows:

1. **Belief**
Belief in purpose of the relevant protocols, regardless of feelings or values towards the groups, the power holders, or the supervision.
2. **Accept**
Accepting norms or values. An obedient person is a person who accepts the norms or protocol, both written and unwritten. Acceptance is a tendency to be willingly influenced by persuasive communication from knowledgeable people or people they admire. Acceptance is an act carried out with pleasure as they believe in pressure or social norms in a group or society.
3. **Act**
The implementation of norms or values in life. An obedient person is a person with norms or values of a protocol are manifested in actions. In other words, an obedient person is a person who implements norms or values.

These dimensions were categorized by Darley and Blass into two categories, including "belief" and "accept" which are the dimensions of obedience related to attitudes, and "act" which is the dimension of obedience related to one's obedient behavior (Hartono, 2010). 2006:76). In order to achieve obedience, several things are necessary to implement by the authorities in establishing protocols such as using reciprocal norms, generating likes, social validation, instilling a sense of scarcity, applying door in the face or low ball tactics, etc. (Fishman, 2015).

The implementation of health protocol is driven by obedient behavior as shown by people. Obedience is receiving orders issued by others (Blass, 1999). Myers et al. (2010) stated that Milgram's study has proven obedient behavior towards authority figures. The Government of the Republic of Indonesia is an authority figure in Indonesia. Health protocol in Indonesia was established by the government as an authority figure. As one of their rights, the government established those protocols in line with their authorities in Indonesia.

The main focus of this research is the rapid increase in infected cases of COVID-19 in Indonesia due to behavior that does not comply with health protocol. In fact, the government has established protocol to regulate people to wear masks, wash their hands, and keep their distance. Therefore, it is necessary to further examine people's compliance with health protocol in dealing with COVID-19 outbreak.

Method

This research was a descriptive study using a quantitative approach. This research used a questionnaire developed by researchers referred to a theory used in describing the research phenomenon. The questionnaire consisted of 11 items, comprised of three dimensions of obedience developed by Blass (1999) including belief, accept, and act on the protocol of washing hands, wearing masks, and keeping a distance. Sample items are presented in Table 1.

Table 1. Sample Items

No	Dimension	Sample Item
1.	<i>Belief</i>	I believe that the increase in Corona/COVID-19 cases in Indonesia thus far is caused by many people who do not wash their hands
2.	<i>Accept</i>	I believe that if I violate the Government protocol on prevention of the spread of Corona Virus/COVID-19 by not wearing a mask, I will receive sanctions or strict action.
3.	<i>Act</i>	I agree with the protocol established by the Government on social restrictions in public places

The scale used for each item was Likert Scale, ranging from 1 to 5. Each response scale had respective criteria, including 1 = very inappropriate, 2 = inappropriate, 3 = undecided, 4 = appropriate, and 5 = very appropriate.

The adaptation of Obedience Scale from Blass (1999) had high reliability with an alpha coefficient of 0.867. In addition, to expand the discussion, researchers conducted literature review by referring to the steps of preferred reporting items for systematic reviews and meta-analyses (PRISMA) (Liberati et al, 2009). The systematic review used empirical research, both with qualitative and quantitative designs in 2019-2021. The topic used was people's compliance with the 6M health protocol during COVID-19 outbreak.

Literature review was performed using an official research article provider which was Google Scholar, taking into consideration its ease of access. The published literature had keywords of "obedience", "5M", "6M", and "COVID-19". The literature found was then filtered by several inclusion and exclusion criteria (Zhu, Sari, & Lee in Nursalam et al., 2020), in which the inclusion criteria were published journals, can be accessed for free in English or in Indonesian, and have the topic of people's compliance with the 5M or 6M protocol during COVID-19 outbreak. The exclusion criteria included research results non journal articles such as theses or dissertations, and the variable examined was not people's compliance with the 5M or 6M health protocol.

Next step was the research quality assessment, which was carried out by providing an evaluation of completeness of the selected articles, including answering questions with 3 alternative responses, namely yes = 2, partly = 1, and no = 0 (Idris Marbawi et al., 2019) as presented in Table 2.

Table 2. Research Quality Assessment Criteria

Item	Response
1. Is there an adequate explanation of the research purpose?	Yes/Partly/No
2. Is there an adequate explanation on the implementation of COVID-19 health protocol?	Yes/Partly/No
3. Is there an adequate explanation on compliance with the 3M or 5M COVID-19 health protocol?	Yes/Partly/No

In total, 31 journal articles were found that matched the keywords. After several steps were carried out, a total of 4 journal articles were finally appropriate for use with the need of research discussion

Results and Discussion

Hypothesis testing was performed using multi-group comparative test with One-way ANOVA analysis method to compare the empirical mean difference in the level of obedience based on behavior types. It consisted of 3 behaviors originating from the 3M protocol (initial health protocol in the face of COVID-19), which had previously been proclaimed by the government, including washing hands, wearing masks, and keeping a distance. In addition, this research compared the level of obedience that underlies obedience to health protocol based on the 3 dimensions, which were belief, accept, and act.

It is necessary to test assumptions before hypothesis testing as a prerequisite for testing multi-group comparison hypothesis. Data for each variable must meet the assumption test that underlies the statistical analysis method. Thus, before carrying out One-way ANOVA, assumptions of normality and homogeneity were first tested for the data set of each variable examined. The data set used in the descriptive statistical analysis in this research was the logit person value obtained by converting raw score into a logarithm odd unit (logit) function in accordance with Rasch modeling.

The basic principle of Rasch model refers to the probabilistic model, meaning that each individual has a different level of ability and item level of the instrument that produces a response to the individual (Sumintono & Widhiarso, 2015). In addition, in contrast to the classical model which prioritizes the total score of an instrument, Rasch model uses probability principle in each available option. Therefore, it is possible to obtain a systematic and complete results of a measurement, and to explain more comprehensively (Sumintono & Widhiarso, 2015).

Transforming data into logit values would automatically convert ordinal data into ratio data, thus enabling the data to be processed in arithmetic operations (Sumintono & Widhiarso, 2015). Therefore, the data used in this research was

logit. The use of logit data applied to both assumption testing and hypothesis testing.

Results of the normality test for data distribution for grouping by type of obedient behavior showed the values obtained respectively were $D(79)=0.994$, $p=0.349$ for washing hands, $D(79)=0.950$, $p=0.328$ for wearing masks, and $D(79)=1.303$, $p=0.067$ for keeping a distance. The normality test results for the data distribution for grouping by obedience dimensions were $D(79)=0.882$, $p=0.418$ for belief dimension, $D(175)=0.797$, $p=0.549$ for accept dimension, and $D(79)=0.855$, $p=0.457$ for act dimension. Results of the homogeneity test obtained were 0.562 ($p>0.05$), $F=0.337$ for the grouping by types of behavior and 0.139 ($p>0.05$), $F=0.139$ for grouping by obedience dimensions.

Based on the results, all data had met the assumptions, meaning the data was normally distributed and consisted of homogeneous variance. Hence, further hypothesis testing could proceed.

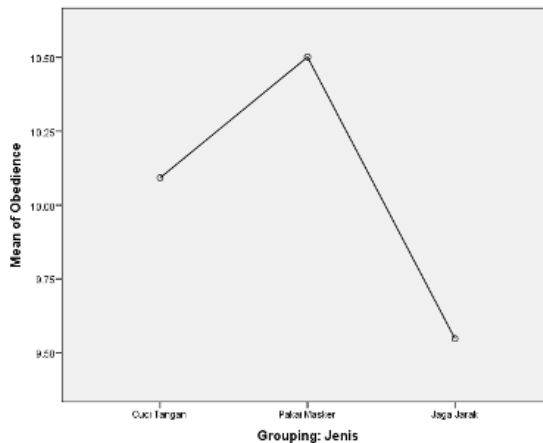


Figure 2. Differences in empirical mean of obedience between the 3 types of behavior

One-way ANOVA test was performed to compare empirical mean of the measurement results of obedience with 3 behaviors, including washing hands, wearing masks, and keeping a distance. Based on the results obtained, there were significant empirical mean differences in the 3 types of behavior with a value of $F(3.884)$, $p=0.02$. Post-hoc tests were then performed to determine which type of behavior had significant difference. Keeping a distance was the behavior that significantly had the lowest empirical mean ($M=9.54$, $SD=2.11$), compared to the other 2 behaviors, which were washing hands ($M=10.09$, $SD=2.26$) and wearing masks ($M=10.50$, $SD=2.09$) as illustrated in Figure 2.

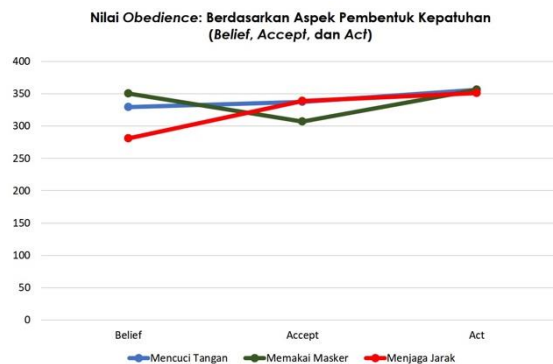


Figure 3. Differences in empirical mean of obedience between the 3 types by the dimensions of belief, accept, and act

As illustrated in Figure 3, the result of One-way ANOVA test of the grouping by 3 dimensions of obedience, which were belief, accept, and act, indicated that there is a significant empirical mean difference between the 3 types of behavior (washing hands, wearing masks, and keeping a distance). The values obtained of belief was $F=5.104$, $p=0.007$ in which keeping a distance was a behavior with the lowest belief value ($M = 2.88$, $SD = 0.94$) among the other 2 behaviors. There was no significant empirical mean difference between the 3 types of behavior (washing hands, wearing masks, and keeping a distance) based on the accept dimension ($F=2.02$, $p=0.135$). Finally, the result of act dimension was that there was a difference in the empirical mean between the 3 types of behavior ($F = 2.31$, $p = 0.012$) in which keeping a distance is a behavior with the lowest act value among the other 2 types of behavior ($M = 3.33$, $SD=0.87$).

In modern society, obedient attitude does not only occur due to orders issued by the authorities, but also self-control for the benefit of the group (Ent & Baumeister, 2014). If a country is dominated by modern society, the authorities may not merely expect obedience from people as obedience basically does not occur by chance, but is the result of the leadership identity (Haslam et al., 2019).

Countries with a collectivist culture such as Indonesia, which adheres to a democratic system in carrying out the ideology, usually prioritize togetherness including being obedient (Cherry, 2020). As a matter of fact, this is in accordance with the concept of obedience based on Millgram's experiment which showed that one source of obedience is socio-cultural norms and moral principles (Kumar Das, 2020). Thus, the authorities should prioritize things for the common good in order to be trusted by society (Ent & Baumeister, 2014).

Before the implementation of 5M protocol (currently 6M), the government's policy to implement 3M health protocol in Indonesia was welcomed by society, specifically by those who have regular outdoor in order to fulfill their daily needs. Despite sanctions that had been imposed for those who violate, this has become a solution for them to continue to carry out their activities by complying with health protocol. Based on the results of data analysis performed, physical distancing behavior had the lowest empirical mean value ($M=9.54$, $SD=2.11$), compared to 2

other groups, including washing hands ($M=10.09$, $SD=2.26$) and wearing masks ($M=10.50$, $SD=2.09$).

The low empirical mean value of physical distancing behavior indicates that among the three behaviors to prevent transmission of the virus, physical distancing is the most difficult behavior for people to obey. As reviewed further through the dimensions of obedience by Blass (1999), keeping a distance had a lower empirical mean value in the dimensions of belief and act compared to the other two behaviors. Furthermore, there was no significant mean difference between the three behaviors in the accept dimension.

Table 3. The Low Components in Keeping a Distance Behavior

Behavior	Category
Believing that long holidays will pose a greater risk of spreading COVID-19	Low
Accepting the protocol established by the Government on social restrictions in public places	Low
Staying at home as suggested to prevent the spread of COVID-19	Low

Based on the results obtained, the low mean value of physical distancing behavior in the dimensions of belief, accept, and act indicates that Indonesian people are not fully aware and do not have sufficient knowledge about the various activities that may pose a risk of spreading COVID-19, one of which is the long holidays.

The low level of awareness and knowledge about the impact of activities that potentially cause the spread of COVID-19 such as not keeping a distance raises a suspicion that people have not completely comprehended the benefits and objectives of physical distancing in the midst of COVID-19 outbreak. This causes them unable to perform the behavior properly. Finally, compliance with physical distancing protocol is low. In fact, physical distancing has been established as a solution that people can participate to stop the spread of the virus (De Vos, 2020).

Weerd et al, 2011 (in Siergist, 2014) mentioned that the low level of trust of individuals or groups in the authorities causes them ignore information or orders issued by the authorities. Thus, it results in the possibility of ignoring information from the authorities, including information on the standard level of risk of a health threat. If people have ignored information they received, they will most likely find it difficult to bring up the expected behaviors.

In fact, various ways to educate people about the implementation of new health protocol such as 5M or 6M are possible to carry out. One of which is educational experiment implemented by Atmaja et al. (2021) through lecture and educational video that succeeded in increasing people's understanding and knowledge. The program stimulated people's thoughts, feelings, attention, creativity, innovation, and direct experiences. In addition, regular public service is another possible way to carry out by educating the importance of health protocol, specifically to remote area (Aulia et al., 2021).

There are other potential causes for people's attitude towards physical distancing to break the chain of COVID-19 transmission. According to Blass (1999), Milgram's study revealed factors that may influence obedience are social power such as rewards, legitimate, coercion, information, reference, and expert. Rewards refer to the potential for rewards obtained. Legitimate refers to belief in legitimate power that influences one's behavior. Coercion is persuasion followed by threat of sanction as punishment for disobedient individuals. Finally, expert is someone considered to have special knowledge and expertise.

The latest analysis of Millgram's experiment showed that people may act obediently due to their social identification with existing authorities as a source of mutual understanding, conformity, and synchronization (Reicher & Haslam, 2011). Protocols should not be coercion from the central authority, but rooted in local society approval (Channing, 2015). This indicates that the government as the authority is the important point in the success of implementing behavioral protocol, specifically physical distancing, to prevent the transmission of COVID-19.

The government is expected to re-socialize the importance of physical distancing behavior to society. Kramer et al., (2014) found that one's cognition and emotional state can be easily changed and manipulated through virtual media in order that they will change their behavior and mindset. A great number of methods have currently been created in order to influence people's mindset through virtual media. This is supported by a research conducted by Dhami (2011), proving that social cognition, expected attitudes, conformity, compliance, interpersonal relationships, trust, and psychological profiles can be influenced through online media.

The government continues to provide treatments for those infected by the COVID-19 and to prevent infection by vaccinating. The government is, in fact, able to make more changes in people's behavior. This is related to the low awareness of people to keep a distance that must be addressed immediately. Therefore, a strategy to change people's behavior requires to be developed. According to Tummers (2019) in *Strategi dan Konsep Dasar Perubahan Perilaku* (2020b), behavior change can be made based on advice (the sermon), encouragement (the nudge), incentives (the carrot), and punishment (the whip).

The sermon strategy is possible to carry out through massive information dissemination, informing people what behaviors to perform in a pandemic situation. The nudge strategy is encouraging behavior due to the ease of performing it, such as access to receive/purchase masks, hand-washing stations, signs symboling to keep a distance, etc. The carrot strategy is pursued through the provision of incentives for obedience. The whip strategy is imposing obligations or prohibitions on unwanted behavior as an act against the law or applicable norms. In general, the four instruments in strengthening behavior change that can be facilitated by the government are presented in Table 4.

Table 4. Principles of Behavior Change in Complying with 6M

	<i>Carrot</i>	<i>Whip</i>	<i>Sermon</i>	<i>Nudge</i>
Behavior Change in Complying with 6M	Provide incentives for complying with 6M	Ban the anti 6M and impose punishment or fine	Healthy lifestyle with 6M campaign	6M is easy, accessible, and provided with additional facilities

The intervention targets are divided into individuals, families, society, regions, and institutions. Each target uses a different strategy in order to achieve a healthy lifestyle. Adapting principles of behavior change as described in Table 4 would help develop the 6M protocol.

Changing behavior to comply with the current 6M is of the utmost importance in order to achieve a healthy lifestyle during pandemic. This is related to social issues. The four policy instruments developed above can encourage behavior change by providing incentives, punishments or prohibitions, communication, and encouragement to obey 3M.

Table 5. Adaptation of Principles of Behavior Change in Complying with 6M

Focus	Criteria	Description	Key Question
<i>Behavior Change</i>	<i>Effective Behavior Change</i>	Public policy procedures that can increase the chance of complying with 6M behavior	What are the outcomes of public policies that can strengthen behavior change to comply with 6M?
	<i>Efficient Behavior Change</i>	Use of minimal resources to increase the chance of behavior change in complying with 6M	How long and how much money does it take to implement public policies compared to the results in implementing 6M?
<i>Support</i>	<i>Political Support</i>	The role of politics in public policies that encourages 6M behavior	What is the role of politics in public policies that encourages 6M behavior?
	<i>Organizational Support</i>	The role of the environment/company/region in performing obedience to 6M behavior	What is the role of the environment/company/region in performing obedience to 6M behavior?
	<i>Personal Support</i>	Public service functions to help individuals comply with 6M	What is the role of public services provided by the government in supporting the implementation of 6M?

The instrument design was based on position of the government who plays a significant role in the implementation of the latest policy instruments that requires encouragement from both the government and the society for an effective behavior change. Collaborating with all parties would make behavioral change in

complying with 6M, supported by scientific studies to help the practice of complying with 6M which has been the problem in handling COVID-19 outbreak.

Conclusion

Obedience of Indonesian people to protocol is not yet optimal. Protocol initiated by the government to prevent the spread of COVID-19 was the 3M health protocol (Wear Masks, Wash Hands, and Keep a Distance), followed by 6M (Wear Masks, Wash Hands, Keep a Distance, Avoid Crowds, Limit Mobility, and Avoid Eating Out with Others). Based on the dimensions of obedience which are belief, accept, and act to 3M health protocol, physical distancing is the most difficult form of preventive behavior for people to adhere to. This is proven by the low empirical mean value of physical distancing behavior compared to wearing masks and washing hands.

The reluctance of people with a collectivist culture to perform physical distancing behavior during COVID-19 pandemic, which is one of the 3M health protocol established by the government, occurs due to a lack of public awareness and knowledge about the risks of carrying out activities with no physical distancing, specifically in public places. Keeping a distance is, in fact, one of the most essential ways to break the chain of COVID-19 transmission.

Recommendations

The most appropriate effort to optimize the 6M health protocol established by the government is to increase public awareness and knowledge about the implementation of physical distancing by limiting mobility, avoiding crowds, and avoiding eating out with others. Additionally, this research suggests the government to carry out an active strategy with sermon method through dissemination massive information, informing people what behaviors to perform in a pandemic situation in order to change people's behavior in implementing the 6M protocol.

Acknowledgements or Notes

This research was conducted under the Department of Industrial & Organizational Psychology, Faculty of Psychology, Universitas Padjadjaran, Indonesia, and under the Center for Psychological Innovation and Research. Researchers thanked all parties who helped with writing the article as a scientific publication.

References

- Anastasia, T. (2021). Mau Pandemi Usai? Ketahui Pentingnya Gerakan 5M COVID-19. *Klikdokter.Com*. <https://www.klikdokter.com/info-sehat/read/3644583/mau-pandemi-usai-ketahui-pentingnya-gerakan-5m-covid-19>
- Atmaja, R. R. D. A., Riskiyana, Dirdausy, A. F., Wardhani, S. P., & Yueniwati, Y. (2021). Socialization of 5M implementation and independent isolation for patients with COVID-19 based on online media for the residents of

- Semanding Hamlet, Sumbersekar Village, Malang Regency. *World Journal of Advanced Research and Reviews*, 10(1), 115–124.
<https://doi.org/10.30574/wjarr.2021.10.1.0146>
- Aulia, G., Rahmah Fahriati, A., Okta Ratnaningtyas, T., Meitania Utami, S., Dwi Pratiwi, R., Adi Ismaya, N., Purnama Sari, F., Monja, T., Kania Rahsa Puji, L., & Ayu Sabrina, P. (2021). COVID-19 Prevention Education With the Health Protocol of 5M and the Importance of Multivitamins During COVID-19 Pandemic. *Jurnal Abdi Masyarakat*, 2(1), 133–139.
<http://openjournal.wdh.ac.id/index.php/JAM/article/view/138>
- Baskara, B. (2020). Rangkaian Peristiwa Pertama COVID-19 – Bebas Akses. *Kompas*.
<https://bebas.kompas.id/baca/riset/2020/04/18/rangkaian-peristiwa-pertama-COVID-19/>
- Blass, T. (1999). Obedience to authority. Current perspectives on the Milgram experiment. *Gruppendynamik*, 31, 488–490.
- BNPB. (2020a). *Pedoman Perubahan Perilaku Penanganan COVID-19*.
[https://covid19.go.id/storage/app/media/Materi Edukasi/Pedoman Perubahan Perilaku 18102020.pdf%0Ahttps://covid19.go.id/p/protokol/pedoman-perubahan-perilaku-penanganan-COVID-19](https://covid19.go.id/storage/app/media/Materi%20Edukasi/Pedoman%20Perubahan%20Perilaku%2018102020.pdf%0Ahttps://covid19.go.id/p/protokol/pedoman-perubahan-perilaku-penanganan-COVID-19)
- BNPB. (2020b). *Strategi dan Konsep Dasar Perubahan Perilaku oleh Satuan Penanganan COVID-19 Bidang Perubahan perilaku*.
<https://bersamahadapikorona.kemdikbud.go.id/wp-content/uploads/2020/09/Konsep-Dasar-Perubahan-Perilaku-30-Agustus-2020-v6-1.pdf>
- Cherry, K. (2020). *Understanding Collectivist Cultures: How Culture Can Influence Behavior*. Verywellmind.
[verywellmind.com: https://www.verywellmind.com/what-are-collectivistic-cultures-2794962](https://www.verywellmind.com/what-are-collectivistic-cultures-2794962)
- CNBC. (2021). Pusing.. Alpha, Beta, Delta! Ini Deretan Mutasi Baru Corona. *Cnbcindonesia.Com*.
<https://www.cnbcindonesia.com/tech/20210629091536-37-256651/pusing-alpha-beta-delta-ini-deretan-mutasi-baru-corona>
- CNBC, I. (2020a). Melonjak! Positivity Rate COVID-19 di RI Jauh Dari Aman. *Cnbcindonesia.Com*.
- CNBC, I. (2020b). Terungkap! 2 Alasan Penambahan Kasus COVID-19 Tinggi di RI. *Cnbcindonesia.Com*.
- De Vos, J. (2020). The effect of COVID-19 and subsequent physical distancing on travel behavior. *Transportation Research Interdisciplinary Perspectives*, 5(May), 100121. <https://doi.org/10.1016/j.trip.2020.100121>
- Dhami, M. K. (2011). Behavioural science support for JTRIG'S effects and online HUMINT operations.
- Ent, M. R., & Baumeister, R. F. (2014). Obedience, self-control, and the voice of culture. *Journal of Social Issues*, 70(3), 574–586.
<https://doi.org/10.1111/josi.12079>
- Fabrigar, L. R., & Norris, M. E. (2012). Conformity, compliance, and obedience. Oxford University Press.
- Haslam, S. A., Reicher, S., & Van Bavel, J. J. (2019). Rethinking the nature of cruelty: The role of identity leadership in the Stanford Prison Experiment. *American Psychologist*, 74, 809–822.
- Idris Marbawi, M., Adriani Salim Jurusan Ilmu Perpustakaan dan Informasi, T., & Ilmu Pengetahuan Budaya, F. (2019). Mempertahankan keaslian arsip

- elektronik di era digital berdasarkan tinjauan literatur sistematis. *Berkala Ilmu Perpustakaan Dan Informasi*, 15(2), 149–162. <https://doi.org/10.22146/bip.47370>
- Karakostas, A., & Zizzo, D. J. (2016). Compliance and the power of authority. *Journal of Economic Behavior & Organization*, 124(67–80). <https://doi.org/doi:10.1016/j.jebo.2015.09.016>
- Kontan. (2021). Alarm! Rekord kasus corona harian, Indonesia kian dekat dengan bencana COVID-19. *Newssetup.Kontan.Co.Id*. <https://newssetup.kontan.co.id/news/alarm-rekor-kasus-corona-harian-indonesia-kian-dekat-dengan-bencana-COVID-19?page=all>
- Kramer, A. D., Guillory, J. E., & Hancock, J. T. (2014). Experimental evidence of massive-scale emotional contagion through social networks. *Proceedings of the National Academy of Sciences*, 111(29). <https://doi.org/doi:10.1073/pnas.1412469111>
- Kumar Das, K. (2020). Milgram's Experiment: Obedience or Emotional Adaptation on Empathy Emotional Scale? *Social Sciences*, 9(1), 9. <https://doi.org/10.11648/j.ss.20200901.12>
- Kumar, S. (2022). A quest for sustainability (sustainability Premium): review of sustainable bonds. *Academy of Accounting and Financial Studies Journal*, Vol. 26, no.2, pp. 1-18
- Allugunti V.R (2022). A machine learning model for skin disease classification using convolution neural network. *International Journal of Computing, Programming and Database Management* 3(1), 141-147
- Myers, D. G., Abell, J., Kolstad, A., & Sani, F. (2010). *Social Psychology*. McGraw Hill.
- Nuraini, R. (2020). Kasus COVID-19 Pertama, Masyarakat Jangan Panik | *Indonesia.go.id*. *Indonesia.Go.Id*. <https://indonesia.go.id/narasi/indonesia-dalam-angka/ekonomi/kasus-COVID-19-pertama-masyarakat-jangan-panik>
- Nursalam, Kusnanto, Yusuf, A., Kurniawati, N. D., Sukartini, T., Efendi, F., & Kusumaningrum, T. (2020). *Pedoman Penyusunan Skripsi - Literature Review Dan Tesis - Systematic Review* (D. Priyantini (ed.)). Fakultas Keperawatan Universitas Airlangga.
- Reicher, S., & Haslam, S. A. (2011). After shock? Towards a social identity explanation of the Milgram 'obedience' studies. *British Journal of Social Psychology*, 50, 163–169. <https://doi.org/doi:10.1111/j.2044-8309.2010.02015.x>
- Reza, M. (2021). Data Positivity Rate COVID-19 sampai 2 Juli 2021. *Beritasatu.Com*. <https://www.beritasatu.com/berita-grafik/795189/data-positivity-rate-covid19-sampai-2-juli-2021>
- Rozi, K. (2020, September 28). BPS Ungkap 3 Alasan Utama Orang tak Mau Pakai Masker. <https://www.ayobogor.com/read/2020/09/28/8618/bps-ungkap-3-alasan-utama-orang-tak-mau-pakai-masker>
- Septiani, A. (2020, September 11). *Alasan Masih Banyak Orang Tak Mau Pakai Masker*.
- Suryasa, I. W., Rodríguez-Gámez, M., & Koldoris, T. (2022). Post-pandemic health and its sustainability: Educational situation. *International Journal of Health Sciences*, 6(1), i-v. <https://doi.org/10.53730/ijhs.v6n1.5949>
- Tummers, L. (2019). Public policy and behavior change. *Public Administration Review*, 79(6), 925–930.

- Tummers, Lars. (2019). Public Policy and Behavior Change. *Public Administration Review*, 79(6), 925–930. <https://doi.org/10.1111/puar.13109>
- WHO. (2020). *Modes of transmission of virus causing COVID-19: implications for IPC precaution recommendations*. <https://www.who.int/news-room/commentaries/detail/modes-of-transmission-of-virus-causing-COVID-19-implications-for-ipc-precaution-recommendations>
- Widayanti, O. W. (2020). Apa Itu New Normal? Berikut Panduan New Normal di Tempat Kerja Sesuai Protokol Kemenkes. *Tribunnews.Com*. <https://www.tribunnews.com/nasional/2020/06/01/apa-itu-new-normal-berikut-panduan-new-normal-di-tempat-kerja-sesuai-protokol-kemenkes?page=2>

Author Information
Sekar Ayu Anjani

Faculty of Psychology – Universitas
Padjadjaran
Jl. Raya Bandung-Sumedang KM 21,
Sumedang - Indonesia
Contact
sekar13003@mail.unpad.ac.id

e-mail:

Anissa Lestari Kadiyono

Faculty of Psychology – Universitas
Padjadjaran
*Center for Psychological Innovation and
Research*
Jl. Raya Bandung-Sumedang KM 21,
Sumedang - Indonesia
Contact
anissa.lestari@unpad.ac.id

e-mail:

Aldinel Fikri

Faculty of Psychology – Universitas
Padjadjaran
Jl. Raya Bandung-Sumedang KM 21,
Sumedang - Indonesia

Contact**e-mail:***aldinel19001@mail.unpad.ac.id*