

LAMPIRAN

BIODATA PENELITIAN



A. Data Pribadi

Nama : Yuliana Putri Santoso
Tempat, Tanggal Lahir : Tenggaraong, 19 Juli 2001
Alamat : Jalan Ruwan, Gang.Betutu, RT.043,
Kelurahan Melayu, Timbau, Kecamatan
Tenggaraong, Kabupaten Kutai Kartanegara

B. Riwayat Pendidikan Formal

- SDN : SDN 022 Tenggaraong (2007-2013)
- SMP : SMPN 02 Tenggaraong (2013-2016)
- SMA/SMK : SMK Kesehatan Samarinda (2016-2019)

Tanggal Ujian :

Judul Penelitian :

**HUBUNGAN PENGGUNAAN MASKER MASYARAKAT
DENGAN KEJADIAN COVID-19 DI ERA NEW NORMAL
PADA WILAYAH KERJA PUSKESMAS TEMINDUNG**

Pembimbing : Ainur Rachman, M.Kes

Demikian permohonan pengajuan ini saya sampaikan atas perhatiannya
saya ucapkan terima kasih.

Wassalamu'alaikum Wr.Wb

Samarinda, Juli 2023

Yuliana Putri Santoso
NIM.1911102413064

Lampiran 2 Surat Telah Melaksanakan Penelitian



PEMERINTAH KOTA SAMARINDA

DINAS KESEHATAN KOTA

UPTD PUSKESMAS TEMINDUNG

Jalan Pelita No.9, Sungai Pinang Dalam, Sungai Pinang

Samarinda, Kalimantan Timur, Kode Pos 75117

Email : pkm.temindung@yahoo.com Telepon: (0541)766301,

SURAT KETERANGAN

Nomor : 070 /583/ 100.02.019

Yang bertanda tangan dibawah ini :

Nama : Siti Rokhana
N I P : 196707121992032019
Pangkat / Gol. : Penata / III c
Jabatan : Kepala Sub.Bagian Tata Usaha
Unit Kerja : UPTD Puskesmas Temindung

Dengan ini menerangkan :

Nama : Yuliana Putri Santoso
NIM : 1911102413064
Perguruan Tinggi : Universitas Muhamadiyah Prov.Kaltim
Fakultas/Prodi : Kesehatan Masyarakat
Judul : Hubungan Perilaku Penggunaan Masker Masyarakat dengan
Kejadian Covid-19 di Era New Normal pada wilayah kerja
Puskesmas Temindung

Bahwa yang bersangkutan telah menyelesaikan Penelitian di UPTD Puskesmas Temindung, terhitung mulai tanggal 05 Juni – 11 Juni 2023

Demikian Surat Keterangan ini dibuat agar dapat dipergunakan sebagaimana mestinya.



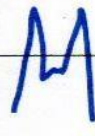

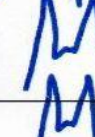
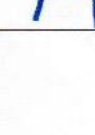



plh Kepala

Siti Rokhana
Penata / III c
NIP.K.196707121992032019

Lampiran 3 Lembar Konsultasi

LEMBAR KONSULTASI BIMBINGAN SKRIPSI

Nama : Yuliana Putri Santoso
Judul Skripsi : Hubungan Perilaku Penggunaan Masker Masyarakat
Dengan Kejadian Covid-19 Di Era New Normal Pada Wilayah
Kerja Puskesmas Temindung
Nama Pembimbing : Ainur Rachman, M. Kes

NO	TANGGAL	KONSULTASI	HASIL KONSULTASI	PARAF
1.	17 November 2022	Menentukan tema penelitian	Revisi	
2.	18 November 2022	Menentukan tema dan judul	ACC	
3.	12 Januari 2023	Membahas BAB I	Revisi	
4.	16 Februari 2023	Membahas BAB I Latar Belakang	Revisi	
5.	23 Februari 2023	Membahas BAB I dan BAB II	Revisi	
6.	08 Maret 2023	Membahas BAB I dan BAB II (Populasi dan Sampel)	Revisi	
7.	13 Maret 2023	Membahas BAB II mengenai populasi dan sampel	Revisi	
8.	15 Maret 2023	Membahas BAB II mengenai desain penelitian, populasi, sampel, dan DO	Revisi	
9.	20 Maret 2023	Membahas BAB II mengenai sampel	ACC	

10.	22 Mei 2023	Membahas hasil uji Validitas dan uji Reliabilitas	ACC	M
11.	20 Juni 2023	Membahas hasil output uji Chi-square	ACC	M
12.	28 Juni 2023	Membahas BAB III dan BAB IV	Revisi	M
13.	1 Juli 2023	Membahas BAB III dan BAB IV	ACC	M

Lampiran 4 Surat Persetujuan Penelitian

SURAT PERSETUJUAN

(INFORMED CONSENT)

Saya yang bertanda tangan dibawah ini :

Nama :

Alamat :

Usia :

Jenis Kelamin :

No.telp/wa :

Setelah mendapatkan penjelasan tentang tujuan dan manfaat penelitian bahwa segala informasi tentang penelitian ini akan dirahasiakan dan hanya digunakan untuk kepentingan penelitian, maka saya bersedia untuk menjadi responden penelitian yang berjudul “Hubungan Perilaku Penggunaan Masker Masyarakat Dengan Kejadian Covid-19 Di Era New Normal Pada Puskesmas Temindung” untuk digunakan sebagai mana mestinya.

Hormat Saya,

Responden

Lampiran 5 Lembar Kuesioner

KUESIONER PENELITIAN

Identitas Responden

Nama Responden :

Umur :

No.Telpn/wa :

Jenis Kelamin : 1. Laki-laki

2. Perempuan

Pendidikan : 1. SD

2. SMP

3. SMA/SMK

4. Tidak Pernah Sekolah

B. Kuesioner Kejadian Covid-19

No	Pertanyaan	Ya (Positif)	Tidak (Negatif)
1	Apakah anda pernah terkena virus Covid-19		

C. Kuesioner Perilaku Penggunaan Masker

No	Pertanyaan	Setuju	Tidak Setuju
1.	Untuk menghindari penyebaran Covid-19 maka perlu menggunakan masker		
2.	Menggunakan masker dengan menutupi bagian hidung, mulut dan dagu		
3.	Membuang masker setelah digunakan		
4.	Menggunakan masker untuk hiasan		
5.	Saya tidak perlu mengganti masker yang saya pakai walaupun sudah tidak layak untuk digunakan		
6.	Perlu menggunakan masker walaupun tubuh kita memiliki daya tahan tubuh alami		
7.	Saya menggunakan masker saat keluar rumah		
8.	Wajib menggunakan masker sesuai arahan oleh kemenkes ; - Masker kain - Masker N95 - Masker bedah 3 ply / surgical mask 3 ply		
9.	Ketika menggunakan masker medis, saya hanya menggunakan nya satu kali		
10.	Ketika membuka masker saya melepaskan dari tali belakang dan tidak sentuk bagian depan masker		
11.	Disaat era new normal masih wajib menggunakan masker jika berada di tempat padat masyarakat / kerumunan		

Perilaku Masyarakat dalam Penggunaan Masker sebagai Upaya Pencegahan Penularan Covid-19 di Pasar Kebayoran Jakarta Selatan

Ulfa Diya Atiqa

Fakultas Kesehatan Masyarakat, Universitas Indonesia

Abstrak

Latar Belakang: Infeksi virus Covid-19 masih terus terjadi di berbagai negara, tidak terkecuali Indonesia. Berdasarkan laporan Satgas covid-19, DKI Jakarta merupakan provinsi yang kasus terkonfirmasi positif terbanyak yaitu 411.495 kasus. Semua lapisan masyarakat perlu secara disiplin mematuhi protokol kesehatan, tidak terkecuali pengunjung pasar. Berdasarkan hasil observasi, pengunjung di pasar Kebayoran kurang patuh dalam menggunakan masker. Salah satu upaya pencegahan yang direkomendasikan WHO untuk mencegah penyebaran Covid-19 adalah pemakaian masker. Tujuan penelitian dilakukan untuk mengetahui perilaku masyarakat terkait penggunaan masker sebagai upaya pencegahan penyebaran Covid-19.

Metode: Studi kualitatif ini dilakukan pada bulan Juli 2021 menggunakan teknik wawancara mendalam pada 7 informan yaitu pedagang, pembeli, dan tukang ojek di pasar Kebayoran, Jakarta Selatan. Instrumen yang digunakan yaitu pedoman wawancara, alat tulis, dan handphone untuk merekam. Validasi menggunakan triangulasi sumber.

Hasil: Hasil penelitian ini menunjukkan sebagian besar informan masih kurang disiplin menerapkan protokol kesehatan khususnya penggunaan masker. Perilaku informan ini dipengaruhi oleh pengetahuan, kebiasaan tidak menggunakan masker, serta rasa aman dari bahaya Covid-19.

Kata Kunci: Covid-19, Penggunaan Masker, Perilaku.

Community Behavior Mask of Mask Usage in Prevention Efforts of Covid-19 Transmission in Kebayoran Market of South Jakarta

Abstract

Background: The Covid-19 virus continues to spread in numerous nations, including Indonesia. According to the report of the Covid-19 Task Force, DKI Jakarta is the province with the highest number of verified positive cases, 411,495 instances. Visitors to the market must adhere to health rules with the same rigour as the rest of society. Observations indicate that visitors to the Kebayoran market are less compliant with mask usage. The World Health Organization recommends the use of masks to avoid the transmission of Covid-19. The objective of the study was to investigate the community's behavior towards the wearing of masks to prevent the transmission of Covid-19.

Methods: This qualitative study was conducted during June 2021 using in-depth interviews with 7 informants, namely traders, buyers, and motorcycle taxi drivers at the Kebayoran market, South Jakarta. The instruments used were interview guides, stationery, and cellphones for recording. Validation using source triangulation.

Results: According to the findings of this study, the majority of informants still lack discipline in adopting health regulations, particularly the use of masks. This informant's behavior is influenced by his knowledge, his practice of not wearing masks, and his perception of Covid-19's hazards.

Keywords: Behavior, Covid-19, Mask usage

Analisis Kepatuhan Penggunaan Masker Dalam Pencegahan Covid-19 Pada Pedagang Pasar Kota Parepare

Obedience Analysis of Mask Use in Prevention of COVID-19 in Traders Parepare City

Dian Saputra Marzuki¹, Muh. Yusri Abadi¹, Suci Rahmadani¹, Muhammad Al Fajrin¹, Rima Eka Juliarti², Arvina Pebrianti HR²

¹Departemen Administrasi dan Kebijakan Kesehatan, FKM Unhas Makassar

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ABSTRAK

Penggunaan masker merupakan bagian dari rangkaian komprehensif langkah pencegahan dan pengendalian yang dapat membatasi penyebaran penyakit-penyakit virus saluran pernapasan tertentu, termasuk COVID-19. Masker dapat digunakan baik untuk melindungi orang yang sehat. Penelitian ini bertujuan untuk mengetahui pengaruh pengetahuan, sikap, informasi tentang masker, dan motivasi terhadap kepatuhan penggunaan masker dalam pencegahan COVID-19 pada Pedagang Pasar Lakessi Kota Parepare. Jenis penelitian ini adalah analitik observasional dengan desain *cross sectional*. Populasi dalam penelitian ini adalah seluruh pedagang aktif di Pasar Lakessi dengan jumlah sampel sebanyak 94 responden dengan menggunakan teknik *accidental sampling*. Penelitian ini menggunakan uji Koefisien Kontingensi C (Koefisien *Cramer*) dan analisis data dilakukan dengan menggunakan program *SPSS for Windows*. Adapun model analisis data yang dilakukan adalah analisis univariat dan analisis bivariat. Hasil penelitian menunjukkan bahwa terdapat 38 pedagang (40,4%) yang patuh dan 56 pedagang (59,6%) yang tidak patuh dalam penggunaan masker. Adapun hasil uji statistik variabel penelitian menunjukkan bahwa pengetahuan (*value* = 0.602), sikap (*value* = 0.656), informasi tentang masker (*value* = 0.604) dan motivasi (*value* = 0.707). Terdapat pengaruh yang signifikan antara variabel-variabel tersebut dengan kepatuhan penggunaan masker pedagang. Saran yang dapat diberikan kepada pihak UPTD Pengelolaan Pasar Kota Parepare yaitu agar secara rutin melakukan sosialisasi, lebih memperketat pengawasan di area pasar, serta pemberian penghargaan pada pedagang yang tetap disiplin dalam penggunaan masker.

Kata kunci: Covid-19, Pasar, Kepatuhan, Masker

Characteristics of COVID-19 fatality cases in East Kalimantan, Indonesia

Swandari Paramita*, Ronny Isnuwardana, Krispinus Duma, Rahmat Bakhtiar, Muhammad

Khairul Nuryanto, Riries Choiru Pramulia Yudia, Evi Fitriany, Meiliati Aminyoto

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Abstract

Introduction

Coronavirus Disease (COVID-19) is caused by SARS-CoV-2 infection. On March 2, 2020, Indonesia announced the first confirmed cases of COVID-19 infection. East Kalimantan will play an important role as the new capital of Indonesia. There is attention to the preparedness of East Kalimantan to respond to COVID-19. We report the characteristics of COVID-19 fatality cases in here.

Methods

We retrospectively analyzed the fatality cases of COVID-19 patients from the East Kalimantan Health Office information system. All patients were confirmed COVID-19 by RT-PCR examination.

Results

By July 31, 2020, 31 fatality cases of patients had been identified as having confirmed COVID-19 in East Kalimantan. The mean age of the patients was 55.1 ± 9.2 years. Most of the patients were men (22 [71.0%]) with age more than 60 years old (14 [45.2%]). Balikpapan has the highest number of COVID-19 fatality cases from all regencies. Hypertension was the most

Comprehensive review of mask utility and challenges during the COVID-19 pandemic

Raghavendra Tirupathi^{1,2}, Kavya Bharathidasan³, Venkataraman Palabindala⁴,
Sohail Abdul Salim⁴, Jaffar A. Al-Tawfiq^{5,6,7}

¹Penn State University School of Medicine, Hershey, PA, USA;

²Wellspring Chambersburg and Waynesboro (Pa.) Hospitals, Chambersburg, PA, USA;

³Vydehi Institute of Medical Sciences and Research Center, Bangalore, India;

⁴University of Mississippi Medical Center, Jackson, Mississippi, USA;

⁵Johns Hopkins Aramco Healthcare, Dhahran, Saudi Arabia;

⁶Indiana University School of Medicine, Indiana, USA;

⁷Johns Hopkins University School of Medicine, Baltimore, MD, USA

SUMMARY

Masks are widely discussed during the course of the ongoing COVID-19 pandemic. Most hospitals have implemented universal masking for their healthcare workers, and the Center for Disease Control currently advises even the general public to wear cloth masks when outdoors. The pertinent need for masks arises from plausible dissemination of the SARS-CoV-2 through close contacts, as well as the possibility of virus transmission from asymptomatic, pre-symptomatic, and mildly symptomatic individuals. Given current global shortages in personal protective equipment, the

efficacy of various types of masks: N95 respirators, surgical masks, and cloth masks are researched. To accommodate limited supplies, techniques for extended use, reuse, and sterilization of masks are strategized. However, masks alone may not greatly slow down the COVID-19 pandemic unless they are coupled with adequate social distancing, diligent hand hygiene, and other proven preventive measures.

Keywords: mask efficacy, universal masking, coronavirus, COVID-19, N95 respirators.

Does comorbidity increase the risk of patients with COVID-19: evidence from meta-analysis

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²Department of Human Anatomy, Weifang Medical University, Weifang 261031, China

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Keywords: COVID-19, comorbidity, meta-analysis, risk

Abbreviations: COVID-19: coronavirus disease 2019; 2019-nCoV: 2019 novel coronavirus; COPD: chronic obstructive pulmonary disease

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ABSTRACT

Currently, the number of patients with coronavirus disease 2019 (COVID-19) has increased rapidly, but relationship between comorbidity and patients with COVID-19 still not clear. The aim was to explore whether the presence of common comorbidities increases COVID-19 patients' risk. A literature search was performed using the electronic platforms (PubMed, Cochrane Library, Embase, and other databases) to obtain relevant research studies published up to March 1, 2020. Relevant data of research endpoints in each study were extracted and merged. All data analysis was performed using Stata12.0 software. A total of 1558 patients with COVID-19 in 6 studies were enrolled in our meta-analysis eventually. Hypertension (OR: 2.29, P<0.001), diabetes (OR: 2.47, P<0.001), chronic obstructive pulmonary disease (COPD) (OR: 5.97, P<0.001), cardiovascular disease (OR: 2.93, P<0.001), and cerebrovascular disease (OR:3.89,P=0.002) were independent risk factors associated with COVID-19 patients. The meta-analysis revealed no correlation between increased risk of COVID-19 and liver disease, malignancy, or renal disease. Hypertension, diabetes, COPD, cardiovascular disease, and cerebrovascular disease are major risk factors for patients with COVID-19. Knowledge of these risk factors can be a resource for clinicians in the early appropriate medical management of patients with COVID-19.

	Sig. (2-tailed)	,433	,332	,535	,164		,007	,498	,288	,315	,433
	N	50	50	50	50	50	50	50	50	50	50
X06	Pearson Correlation	-,064	-,344*	,118	-,258	,375*	1	-,241	-,024	-,037	-,064
	Sig. (2-tailed)	,657	,014	,416	,070	,007		,092	,870	,801	,657
	N	50	50	50	50	50	50	50	50	50	50
X07	Pearson Correlation	,241	,700**	-,161	,429**	,098	-,241	1	,354*	,229	,241
	Sig. (2-tailed)	,092	,000	,264	,002	,498	,092		,012	,110	,092
	N	50	50	50	50	50	50	50	50	50	50
X08	Pearson Correlation	,024	,506**	-,339*	,250	,153	-,024	,354*	1	-,123	,024
	Sig. (2-tailed)	,870	,000	,016	,080	,288	,870	,012		,394	,870
	N	50	50	50	50	50	50	50	50	50	50
X09	Pearson Correlation	,341*	,100	,373*	,238	-,145	-,037	,229	-,123	1	,341*
	Sig. (2-tailed)	,015	,490	,008	,097	,315	,801	,110	,394		,015
	N	50	50	50	50	50	50	50	50	50	50
X10	Pearson Correlation	1,000**	,344*	,066	,106	,113	-,064	,241	,024	,341*	1

	Sig. (2-tailed)	,000	,014	,648	,462	,433	,657	,092	,870	,015	
	N	50	50	50	50	50	50	50	50	50	50
X11	Pearson Correlation	,235	-,174	,591*	,122	-,024	,227	-,122	-,343*	,282*	,235
	Sig. (2-tailed)	,101	,228	,000	,400	,867	,112	,400	,015	,048	,101
	N	50	50	50	50	50	50	50	50	50	50
X12	Pearson Correlation	,161	-,060	,113	-,098	,044	,007	-,042	-,119	-,020	,161
	Sig. (2-tailed)	,263	,678	,435	,497	,760	,963	,771	,411	,892	,263
	N	50	50	50	50	50	50	50	50	50	50
X13	Pearson Correlation	,113	,140	-,090	-,200	1,000**	,375**	,098	,153	-,145	,113
	Sig. (2-tailed)	,433	,332	,535	,164	,000	,007	,498	,288	,315	,433
	N	50	50	50	50	50	50	50	50	50	50
X14	Pearson Correlation	,344*	1,000*	-,230	,612**	,140	-,344*	,700**	,506*	,100	,344*
	Sig. (2-tailed)	,014	,000	,108	,000	,332	,014	,000	,000	,490	,014
	N	50	50	50	50	50	50	50	50	50	50
Total	Pearson Correlation	,670**	,355*	,388*	,239	,521*	,326*	,315*	,139	,463*	,670**

Sig. (2-tailed)	,000	,011	,005	,095	,000	,021	,026	,337	,001	,000
N	50	50	50	50	50	50	50	50	50	50

Correlations

		X11	X12	X13	X14	Total
X01	Pearson Correlation	,235	,161	,113	,344*	,670**
	Sig. (2-tailed)	,101	,263	,433	,014	,000
	N	50	50	50	50	50
X02	Pearson Correlation	-,174	-,060	,140	1,000**	,355*
	Sig. (2-tailed)	,228	,678	,332	,000	,011
	N	50	50	50	50	50
X03	Pearson Correlation	,591**	,113	-,090	-,230	,388**
	Sig. (2-tailed)	,000	,435	,535	,108	,005
	N	50	50	50	50	50
X04	Pearson Correlation	,122	-,098	-,200	,612**	,239
	Sig. (2-tailed)	,400	,497	,164	,000	,095
	N	50	50	50	50	50
X05	Pearson Correlation	-,024	,044	1,000**	,140	,521**
	Sig. (2-tailed)	,867	,760	,000	,332	,000
	N	50	50	50	50	50
X06	Pearson Correlation	,227	,007	,375**	-,344*	,326*

	Sig. (2-tailed)	,112	,963	,007	,014	,021
	N	50	50	50	50	50
X07	Pearson Correlation	-,122	-,042	,098	,700**	,315*
	Sig. (2-tailed)	,400	,771	,498	,000	,026
	N	50	50	50	50	50
X08	Pearson Correlation	-,343*	-,119	,153	,506**	,139
	Sig. (2-tailed)	,015	,411	,288	,000	,337
	N	50	50	50	50	50
X09	Pearson Correlation	,282*	-,020	-,145	,100	,463**
	Sig. (2-tailed)	,048	,892	,315	,490	,001
	N	50	50	50	50	50
X10	Pearson Correlation	,235	,161	,113	,344*	,670**
	Sig. (2-tailed)	,101	,263	,433	,014	,000
	N	50	50	50	50	50
X11	Pearson Correlation	1	,048	-,024	-,174	,500**
	Sig. (2-tailed)		,742	,867	,228	,000
	N	50	50	50	50	50
X12	Pearson Correlation	,048	1	,044	-,060	,204
	Sig. (2-tailed)	,742		,760	,678	,155
	N	50	50	50	50	50
X13	Pearson Correlation	-,024	,044	1	,140	,521**

	Sig. (2-tailed)	,867	,760		,332	,000
	N	50	50	50	50	50
X14	Pearson Correlation	-,174	-,060	,140	1	,355*
	Sig. (2-tailed)	,228	,678	,332		,011
	N	50	50	50	50	50
Total	Pearson Correlation	,500**	,204	,521**	,355*	1
	Sig. (2-tailed)	,000	,155	,000	,011	
	N	50	50	50	50	50

*. Correlation is significant at the 0.05 level (2-tailed).

**. Correlation is significant at the 0.01 level (2-tailed).

Reliability

Scale: ALL VARIABLES

Case Processing Summary

		N	%
Cases	Valid	50	100,0
	Excluded ^a	0	,0
	Total	50	100,0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
,610	11

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
X01	6,8800	2,720	,599	,501
X02	6,6600	3,617	,180	,604
X03	7,1800	3,089	,256	,594
X05	7,3000	3,357	,123	,625
X06	7,3600	3,500	,057	,637
X07	6,6400	3,664	,199	,605
X09	6,9000	3,031	,352	,567
X10	6,8800	2,720	,599	,501
X11	7,0400	2,896	,381	,558
X12	6,7000	3,602	,110	,613
X14	6,6600	3,617	,180	,604

Lampiran 8 Hasil Perhitungan SPSS

Statistics

		Jenis Kelamin	Usia	Pendidikan
N	Valid	70	70	70
	Missing	0	0	0
Mean		1,69	1,54	3,20
Std. Error of Mean		,056	,088	,113
Median		2,00	1,00	3,00
Mode		2	1	3
Std. Deviation		,468	,736	,942
Variance		,219	,542	,887
Range		1	2	5
Minimum		1	1	1
Maximum		2	3	6
Sum		118	108	224

Frequency Table POSITIF COVID-19

Jenis Kelamin

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Laki - laki	22	31,4	31,4	31,4
	Perempuan	48	68,6	68,6	100,0
	Total	70	100,0	100,0	

Usia

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	15-29	42	60,0	60,0	60,0
	30-44	18	25,7	25,7	85,7
	45-59	10	14,3	14,3	100,0
	Total	70	100,0	100,0	

Pendidikan

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	SD	2	2,9	2,9	2,9
	SMP	7	10,0	10,0	12,9
	SMA/SMK	47	67,1	67,1	80,0
	D3	4	5,7	5,7	85,7
	D4/S1	9	12,9	12,9	98,6
	S2	1	1,4	1,4	100,0
	Total		70	100,0	100,0

Statistics

		Jenis Kelamin	Usia	Pendidikan
N	Valid	70	70	70
	Missing	0	0	0
Mean		1,63	1,70	2,90
Std. Error of Mean		,058	,098	,124
Median		2,00	1,00	3,00
Mode		2	1	3
Std. Deviation		,487	,823	1,038
Variance		,237	,677	1,077
Range		1	2	5
Minimum		1	1	1
Maximum		2	3	6
Sum		114	119	203

Frequency Table Negatif Covid - 19

Jenis Kelamin

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Laki - laki	26	37,1	37,1	37,1
	Perempuan	44	62,9	62,9	100,0
	Total	70	100,0	100,0	

Usia

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	15-29	37	52,9	52,9	52,9
	30-44	17	24,3	24,3	77,1
	45-59	16	22,9	22,9	100,0
	Total	70	100,0	100,0	

Pendidikan

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	SD	5	7,1	7,1	7,1
	SMP	16	22,9	22,9	30,0
	SMA/SMK	39	55,7	55,7	85,7
	D3	2	2,9	2,9	88,6
	D4/S1	7	10,0	10,0	98,6
	S2	1	1,4	1,4	100,0
	Total	70	100,0	100,0	

Crosstabs

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Perilaku Penggunaan Masker * Kejadian Covid-19	140	100,0%	0	0,0%	140	100,0%

Perilaku Penggunaan Masker * Kejadian Covid-19 Crosstabulation

		Kejadian Covid-19			
		Kasus	Kontrol	Total	
Perilaku Penggunaan Masker	Baik	Count	57	69	126
		Expected Count	63,0	63,0	126,0
		% within Kejadian Covid-19	81,4%	98,6%	90,0%
	Tidak Baik	Count	13	1	14
		Expected Count	7,0	7,0	14,0
		% within Kejadian Covid-19	18,6%	1,4%	10,0%
Total	Count	70	70	140	
	Expected Count	70,0	70,0	140,0	
	% within Kejadian Covid-19	100,0%	100,0%	100,0%	

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	11,429 ^a	1	,001		
Continuity Correction ^b	9,603	1	,002		
Likelihood Ratio	13,348	1	,000		
Fisher's Exact Test				,001	,001
Linear-by-Linear Association	11,347	1	,001		
N of Valid Cases	140				

a. 0 cells (,0%) have expected count less than 5. The minimum expected count is 7,00.

b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for Perilaku Penggunaan Masker (Baik / Tidak Baik)	,064	,008	,501
For cohort Kejadian Covid-19 = Kasus	,487	,383	,620
For cohort Kejadian Covid-19 = Kontrol	7,667	1,152	51,019
N of Valid Cases	140		

Lampiran 9 Dokumentasi Penelitian



Hubungan Perilaku Penggunaan Masker Masyarakat Dengan Kejadian Covid – 19 Di Era New Normal Pada Wilayah Kerja Puskesmas Temindung

by Yuliana Putri Santoso

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