

Original Research

Experiences of Diabetic Vulnerability Community in Health Protocol Compliance During the COVID-19 Pandemic



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Article Info	Abstract
<p>Article history: Received: 01 April 2022 Accepted: 30 July 2022</p>	<p><i>Introduction:</i> Compliance with health protocols in the community including the Diabetic Vulnerable Group is one step to prevent the transmission of COVID-19, but the decline in physical and psychosocial functions in the Diabetic Vulnerable Group can be an obstacle for the Diabetic Vulnerable Group in implementing health protocols. This study aims to explore the experience of the Diabetic Vulnerable Group in implementing health protocols during the COVID-19 pandemic.</p>
<p>Keywords: health protocol, diabetic, COVID-19 pandemic</p>	<p><i>Methods:</i> A qualitative research conducted in Jatiduwur, Jombang, East Java, by conducting In-Depth interviews on 10 Diabetic Vulnerable Groups as main informants and 2 supporting informants, Ponkesdes Nurses and Midwives.</p> <p><i>Results:</i> There are 3 themes that can be concluded from this study, namely 1) Description of various experiences of the Diabetic Vulnerable Group in implementing health protocols (uncomfortable using masks, uncomfortable washing hands frequently, keeping distance is not a problem and often forgetting to apply health protocols); 2) Motivation of the Diabetic Vulnerable Group in implementing health protocols (for health, so that the pandemic will pass quickly and government regulations compliance) and 3) Support for the Diabetic Vulnerable Group in implementing health protocols (family support and social support).</p> <p><i>Conclusion:</i> The various experiences felt by the Diabetic Vulnerable Group in implementing health protocols are an illustration of a decrease in physical and psychosocial functions but the Diabetic Vulnerable Group remains motivated because they follow government recommendations and there is good support from families, from fellow Diabetic Vulnerable Groups and from other parties Village government.</p>

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INTRODUCTION

On March 11th, 2020, the World Health Organization (WHO) determined that the Corona outbreak as a pandemic outbreak because in less than three months COVID-19 had infected more than 126,000 people in 123 Countries [1]. Around the world today, COVID-19 can infect all levels of society, but there are certain groups who are more vulnerable, including diabetes.

The rapid spread of COVID-19 is felt by all levels of society, especially the Diabetic Vulnerable Group who are considered more vulnerable to this virus because the immune system of the Diabetic Vulnerable Group has decreased [2]. In addition, this disease is often associated with an underlying chronic disease, causing a more severe condition if this disease infects the Diabetic Vulnerable Group. Therefore, death is more likely to occur in the Diabetic Vulnerable Group or people who have an underlying chronic disease [3]. The mortality of the Diabetic Vulnerable Group aged 80 years and over increased to 21.9% in February 2020. Another analysis of 72,314 cases showed an overall Case Fatality Rate (CFR) of 2.3%, but a CFR of 8% in patients aged 70 to 79 years and 14.5% in patients older than 80 years.

Efforts to inhibit the transmission of COVID-19 through health protocols can cause discomfort to the Diabetic Vulnerable Group. This is because the Diabetic Vulnerable Group who has experienced a decline in physical function and psychosocial function needs other people in their daily lives. The decline in function experienced by the Diabetic Vulnerable Group makes it difficult for the

Diabetic Vulnerable Group to adapt to the recommended health protocol.

METHODS

This research is a qualitative with a phenomenological approach. The phenomenon studied in the study was the experience of people with diabetes implementing health protocols during the COVID-19 pandemic. This research was conducted in Jatiduwur Village, Kesamben District, Jombang. The population in this research is Diabetics at Jatiduwur. Sampling was done by purposive sampling technique [4]. The sample criteria are 1) Can communicate well; 2) Implement health protocols; 3) Not being chronically ill. The informants in this study consisted of 10 people with diabetes as main informants and supporting informants, namely nurses and midwives.

Data collection was carried out through In-Depth interviews with key informants (Diabetics) at the Village Hall while implementing health protocols. The research process was carried out in accordance with ethical principles consisting of informed consent form, anonymity and confidentiality [5]. Number of Ethical Clearance is 0420050524/KEPK/STIKES-PEMKAB/JBG/X/2021. Data validity refers to credibility (trustworthiness of data), transferability (transferability of data), dependability (dependence) and confirmability [6].

RESULTS

Ten respondents who were used as research subjects, from the thematic analysis conducted, 3 (three) themes were found, namely (1) Description of various experiences of the elderly when implementing health protocols due to the COVID-19 pandemic; (2) Motivation to apply health protocols; (3) Support in implementing health protocols.

An overview of the experiences of the respondents when implementing health protocols due to the COVID-19 pandemic

This theme is obtained through 4 (four) category, namely (1) Uncomfortable to use a mask; (2) It is inconvenient to wash your hands frequently; (3) Maintaining distance is not a problem and (4) Forgetting to implement health protocols.

The uncomfortable category of wearing masks is summed up through informant expressions as follows (respondent 1):

"If I wear a mask, I have difficulty breathing, not free to breathe."

"It's hard to breathe, we're old so we have to be released often because of tightness"

"I feel hot when I wear a mask"

"using a mask is often claustrophobic"

"It is crowded, uncomfortable especially when the road has to open the mask often to breathe"

"tightness, difficulty breathing because the nose and mouth must be closed"

This is supported by the results of an interview with a health cadre who said that during this time the most often complained by Diabetics is shortness of breath if you use a mask for too long.

"The main complaint of Diabetes when using a mask is tightness"

In addition to uncomfortable using a mask, Diabetics also expressed uncomfortable feelings when washing hands frequently. These things are expressed through the results of the interview as follows (respondent 2):

"because I wash my hands often, my hands become slippery and greasy"

While showing his hands (my hands are dry because they are washed often). Meanwhile, related to maintaining distance, Diabetics did not consider it a problem. This can be seen from the informant's expression as follows (respondent 3):

"I don't mind if I keep my distance... if with family always call or video call"

"If there are activities, I can still get together at the village hall"

"Keeping a distance is not a problem for me, we can still tell stories within one meter"

In addition to physical complaints, Diabetics also complained of often forgetting to apply health protocols due to age factors.

This is concluded through the informant's expression as follows:

"Sometimes I forget to wear a mask"

"Sometimes forget to wear a mask"

"forgot to wear a maxer and forgot to wash your hands"

Motivation To Implement Health Protocols.

The theme comes from 3 (three) categories, namely for the sake of health, so that the pandemic passes quickly, and government rules

The categories for health are inferred from the expressions of informants as follows (respondent 4):

"it's good that we don't get sick"

"must obey for the sake of our health"

"We care about our health."

Meanwhile, the categories of government rules can be concluded through informant expressions as follows (respondent 5):

"good for preventing the spread of the virus"

"I support the government's rule"

"must be done because of government regulations"

"for the sake of maintaining health so I have to do it"

Support In Implementing Health Protocols

This theme comes from 2 (two) categories, namely family support and social support. The category of family support can be inferred from the informant's statement as follows (respondent 6):

"always called by children are warned of health protocols. Children often call reminding them to wear masks"

"Officers often remind them to wear masks."

In addition to family support, social support is one of the support obtained by Diabetics in implementing health protocols. The social support in question comes from health workers and fellow Diabetics. This can be concluded based on the expressions of informants as follows (respondent 8):

"The health cadres here always remind health protocols... then was once given a mask too"

"we fellow Diabetics remind each other of health protocols"

The informant's statements were corroborated by a health cadre who said as follows (respondent 9):

"Our form of support to the residents of the hall, yes most distribute masks, prepare handwashing places and always remind to implement health protocols as recommended by the government".

DISCUSSION

Various experiences experienced and felt by people with diabetes in implementing health protocols were found in 4 (four) categories, including uncomfortable using masks, uncomfortable because of frequent hand washing, keeping distance is not a problem and often forgetting to apply health protocols. The discomforts of wearing masks that were stated by the informants were feeling tight, hot and sweaty when wearing a mask. The discomfort felt by people with diabetes when wearing a mask is normal. This discomfort is caused by decreased respiratory function [7]. Wearing a mask involves the respiratory function in people with diabetes. In general, one of the negative functional consequences experienced by people with diabetes on respiratory function is increased energy expenditure when breathing [2]. Wearing a mask for people with diabetes can cause people with diabetes to need more energy when breathing so that it can cause fatigue and even shortness of breath [8].

Diabetic discomfort due to frequent hand washing is one of the findings in this study. Hand washing involves the integumentary function in people with diabetes. Increasing age and the emergence of risk factors cause diabetic skin to become dry and prone to damage [9]. Washing hands with more frequency can cause diabetic skin to become drier and more prone to injury [10].

Another finding that is quite unique in this study is that social distancing is not a problem. Social distancing and avoiding crowds involve the psychosocial functioning and physical functioning of people with

diabetes in general [11]. A literature review on the effect of social distancing on vulnerable groups concluded that isolating people with diabetes is one effective way to prevent the transmission of COVID-19, but the decline in psychosocial function and physical function in general causes people with diabetes to be very dependent on others in carrying out activities of daily life [12]. A study conducted in the United States regarding social distancing in people with diabetes during the COVID-19 pandemic reported that 36% of people with diabetes felt stressed due to distance, 42.5% felt lonely and almost 1/3 of people with diabetes said their loneliness increased due to distance [13]. This is contrary to the findings in this study where the findings in this study indicate that social distancing is not a problem for people with diabetes.

Another finding related to the experience of people with diabetes in implementing health protocols is that they often forget to apply health protocols. Forgetting to apply the health protocol is one thing that occurs naturally in people with diabetes due to a decrease in psychosocial function, especially in the cognitive function of people with diabetes [14]. Cognitive function involves thinking, learning and memory processes. Increasing age causes a decrease in cognitive function, one of which is memory [15]. The motivation for people with diabetes in implementing the health protocols in this study was for health, so that the pandemic would pass quickly and follow government rules. The health protocol is a series of behavior that can be done to prevent the transmission of COVID-19, known as 3M, namely (1) wearing a mask; (2) keep your

distance and avoid crowds; (3) wash hands with soap [16]. Everyone must be willing and able to make changes to 3M compliance behavior so as to prevent the transmission of COVID-19. Currently, more and more people are confirmed positive for Covid-19 without symptoms, so 3M's healthy behavior is an important prevention effort. The purpose of the health protocol is to prevent the transmission of COVID-19 so that the COVID-19 pandemic will soon pass [17]. Therefore, the government issued regulations regarding this matter. In particular, the government through the Ministry of Home Affairs has compiled a protocol for the Prevention and Control of Certain Populations / Diabetics. In addition, the 3M Health Protocol guidelines have also been issued by the Government through the COVID-19 Handling Task Force [18]. Therefore, people with diabetes feel the need and are motivated to implement health protocols in accordance with government recommendations so that the COVID-19 pandemic will soon pass.

The support obtained by people with diabetes in implementing the health protocols in this research is family support from children and grandchildren and social support from fellow diabetics and from orphanages. Family support is one of the most important components for people with diabetes in all situations, especially during this COVID-19 pandemic. The results of the study in Riau showed that family support was significantly related to the quality of life of the elderly during the COVID-19 pandemic [19]. The quality of life for people with diabetes is a series of perceptions of the elderly regarding their perceived physical and psychosocial

health, so that the better the quality of life for people with diabetes, the more healthy they will feel, both physically and psychosocially [20].

Social support from the environment where people with diabetes live is one form of support that is much needed by people with diabetes in living their daily lives during this COVID-19 pandemic. A literature review conducted related to social support during the COVID-19 pandemic shows that social support is indispensable in the COVID-19 pandemic situation because social support can increase self-efficacy, sleep quality and mental health, and can reduce anxiety, stress, depression, psychological distress and sexual compulsive symptoms [21].

CONCLUSION

This study concluded that using a mask and washing hands frequently makes people with diabetes feel uncomfortable. This is due to a decrease in respiratory function and integumentary function in diabetes which is directly related to these two actions. Maintaining a distance is not a problem for people with diabetes because they can still interact with other people with diabetes, only interactions with the environment outside the orphanage are limited. Forgetting to apply health protocols is one of the things experienced by people with diabetes, this is caused by a decline in cognitive function, one of which is related to memory. The motivation for Diabetics to apply health protocols during the COVID-19 Pandemic is for the sake of health, so that the pandemic passes quickly and follows government regulations.

Meanwhile, in implementing the health protocol, people with diabetes receive support from their families and from the management of the orphanage and from fellow diabetics. The recommendation for the next research is to explore more deeply about the forms of discomfort with diabetes in applying health protocols due to the COVID-19 pandemic.

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