

**DESCRIPTION OF KNOWLEDGE OF SAINT STEFANUS STATION LELA'S
CITIZENS ABOUT A HEALTHY LITURGY DURING THE COVID-19
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Kuwa³**¹ Akademi Keperawatan St. Elisabeth Lela 1, Indonesia² Akademi Keperawatan St. Elisabeth Lela 2, Indonesia³ Akademi Keperawatan St. Elisabeth Lela 3, Indonesia*correspondent Author: marianusoktavianus.sister@gmail.com**Abstrack**

Covid-19 is an infectious disease caused by a type of coronavirus and causes respiratory tract infections in humans with mild symptoms such as coughing and runny nose to more serious symptoms such as acute respiratory syndrome such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome. Respiratory Syndrome (SARS). Liturgy is a celebration or divine worship carried out by the Church as a form of participation in God's work of salvation. The design used in this study is a quantitative descriptive design with the sampling technique in this study using a total sample of 52 people using a questionnaire. Based on the results of the research from 52 respondents there are 49 respondents (%) good knowledge category and 3 respondents (%) lack of knowledge category (%). people (42%), respondents who have household work as many as 13 respondents (25%), female gender 29 respondents (56%). The level of knowledge is good with a percentage (100%), 26 respondents are adults, 18 respondents are high school education and 8 respondents are PT, 6 respondents are private jobs and 4 respondents are civil servants, 29 respondents are female. It is hoped that people will comply with health protocols and always follow the advice of the Church and the government.

Keywords: Covid – 19, Healthy Liturgy**INTRODUCTION**

Covid-19 is an infectious disease caused by a type of corona virus. This virus can cause disease in both animals and humans. Several types of corona viruses are known to cause respiratory tract infections in humans with mild symptoms such as coughing, runny nose to more serious symptoms such as acute respiratory syndrome such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). Covid-19 was first identified in Wuhan, China in December 2019 (Kementerian Kesehatan RI, 2020). On March 11, 2020, the World Health Organization declared the Covid-19 outbreak a pandemic because the virus had spread to other countries and infected many people (WHO, 2020). The Indonesian government responded to this by issuing (Keppres RI, 2020) regarding the Task Force for the Acceleration of Handling the

Corona Virus which is under and directly responsible to the President. Next through (Perpres, 2020) Regarding the Committee for Handling the Corona Virus Disease 2019 (Covid-19) and Economic Recovery, this task force was later changed its name to the Task Force (Covid-19 Task Force).

Based on WHO data in March 2020 there were 169,025 positive confirmed cases, and 35,392 people died. The countries that reported the most confirmed cases were the United States, Brazil, Russia, India and the United Kingdom. Meanwhile, the countries with the highest deaths were the United States, United Kingdom, Italy, France and Spain (WHO, 2020). Indonesia reported the first case of COVID -19 on March 2, 2020 and over time there was an increase in positive confirmed cases. In June, 56, 385 confirmed cases of COVID-19 were reported with 2,875 cases of death (CFR 5.1%) spread across 34 provinces. As many as 51.5% of cases occurred in men. Most cases occurred at the age of 45-54 years and the least occurred at the age of 0-5 years. The highest mortality rate was found in patients aged 55-64 years (Kementerian Kesehatan RI, 2020). Meanwhile, data from the Province of East Nusa Tenggara (NTT) in February 2021 noted that 3,052 patients were confirmed positive for Corona, 1,735 patients recovered, and 87 people died. Specifically in Sikka Regency, the Covid-19 Prevention and Handling Task Force said that overall positive Corona cases in Sikka were recorded at 368 cases, 356 patients recovered and 7 people died.

Corona virus does not only attack the physical aspect of humans alone. Corona disease is the cause of other problems such as economic problems, educational problems, as well as relations and communication between humans. One aspect of life that has been affected by the Covid-19 problem is the religious aspect. Covid-19 is in direct contact with human religious expression in relation to the Creator. The rapid and massive transmission of COVID-19 does not only occur in public spaces such as markets, schools, shopping centers, entertainment venues and offices. Places of worship and congregational gatherings are not immune from the risk of the spread of this virus. The mass media noted that there were clusters of the spread of COVID-19 that emerged either from worship activities or from places of worship. This happens because places of worship are currently dealing directly with the global COVID-19 pandemic and the emergence of adverse impacts in various sectors of life. (Silitonga & Harapan, 2020).

The threat of virus transmission through the cluster of houses of worship is so real that the government and religious institutions in several regions have issued regulations that allow religious adherents to carry out their religious functions safely. Several government decisions related to efforts to control the spread of COVID-19 include: the determination of Large-Scale Social Restrictions (PSBB) by the DKI Provincial Government on December 14, 2020, the establishment of Micro-Scale Social Restrictions (PSBM) in Bekasi Regency on September 15, 2020, and the stipulation of Restrictions. Small-scale Social Welfare (PSBK) by the Riau Provincial Government. The local government of Sikka Regency is also involved in efforts to prevent the spread of COVID-19, among others by imposing the Implementation of Community Activity

Restrictions (PPKM) in January 2021. Religious institutions also contribute to improving and supporting the government's efforts to stop the spread of COVID-19, including by promoting patterns of live healthy in every religious gathering and enforce health protocols in houses of worship. Maumere Diocese specifically issued a Protocol for Worship & Sacrament Services on July 5, 2020 to create a sense of comfort for Catholics when celebrating joint worship.

Although information and education are always promoted, whether it is by the government or religious institutions, the implementation of worship based on health protocols still leaves the following problems:

1. The reluctance of religious people to participate in worship due to anxiety and fear of the transmission of COVID-19.
2. The online model of worship cannot be carried out optimally. Problems arise from the availability of the internet network, internet costs, stuttering in the use of information technology tools, to adaptation to the worship system that is felt to be new and different for religious people. According to the Catholic worship system, the leader of worship, the people and the overall dynamics of worship are carried out in the same space and time. Meanwhile, the online worship model places limitations on space. People / worship participants are in a different place from the leader of worship and worship procedures.
3. Non-compliance with health protocols

In general, health protocols are carried out well in places of worship. However, quite a lot of religious people ignore health protocols for various reasons, for example: the assumption that covid-19 is not a dangerous virus, health protocols are felt to be inconvenient, personal protective equipment (PPE) is felt to be expensive, to the factor of forgetting the health protocol.

The main basis of the existing problems in the author's opinion is the lack of knowledge and understanding of worship procedures that are in line with the covid-19 handling protocol. The author wants to study further how the public's knowledge about healthy worship procedures in the midst of this pandemic.

RESEARCH METHODS

The design used in this study is a quantitative descriptive design with the sampling technique in this study using a total sample of 52 people using a questionnaire.

RESULTS AND DISCUSSION

Table 4.1. Distribution of respondent characteristics

No	Age	N	%
1	Teenager (13 - 20)	10	19
2	Adult (21 - 45)	26	50
3	Oldster (46 - 65)	16	31



TOTAL	52	100
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Source: primary data March 2021

Table 4.1 Show that majority of respondents in the adult category are 26 respondents (50%).

Education

Table 4.2. Distribution of respondent characteristics education

No	Pendidikan	N	%
1	Primary School	4	11
2	Junior High School	18	31
3	Senior High School	22	42
4	College	8	16
TOTAL		52	100

Source: primary data primer Maret 2021

Table 4.2. Show the respondent with education are from Senior high School Category with 22 respondents (42%).

Table 4.3. Distribution of respondents characteristics profession

No	Profession	N	%
1	Housewife	13	25
2	Private	6	12
3	Farmer	18	35
4	Student	11	21
5	Government Employees	4	8
TOTAL		52	100

Source: primary data primer Maret 2021

Table 4.3. Show the majority respondent are farmer, 18 respondents (23%).

Gender

Table 4.4. Distribution of respondents characteristics gender

No	Gender	N	%
1	Man	23	44
2	Woman	29	56
TOTAL		52	100

Source: primary data primer Maret 2021

Table 4.4. Show the majority respondent are woman, 29 respondents (56%).

Table 4.5 Distribution of respondents characteristic age and knowledge

No	Age	N	%	Knowledge			
				Good		Not Good	
				F	%	F	%
1	Teenager (13 – 20)	10	19	9	90	1	10
2	Adult (21 – 45)	26	50	26	100	0	0
3	Oldster(46 – 65)	16	31	14	87,5	2	12,5
TOTAL		52	100				

Source:primary dataprimer Maret 2021

Table 4.5 above shows that the measure of the level of knowledge in the good category with a percentage (100%) is in the adult age group with a total of 26 respondents. Meanwhile, it was found that the level of knowledge in the category of lack of knowledge was 1 person (10%) in adolescent respondents and 2 (12%).

Education

Table 4.6. Distribution of respondents characteristic education and knowledge

No	Education	N	%	Knowledge			
				Good		Not Good	
				F	%	F	%
1	PS	4	11	3	75	1	25
2	JHS	18	31	16	89	2	11
3	SHS	22	42	22	100	0	0
4	C	8	16	8	100	0	0
JUMLAH		52	100				

Source:primary dataprimer Maret 2021

Table 4.6. Show that Good knowledge of Senior High School (100%) are 22 respondents and from college are 8 respondents. Characteristic of Primary school is one respondent (25%) and from junio high school are 2 respondents (12%).

Profession

Table 4.7. Distribution of respondent characteristics profession and knowledge

No	Profession	N	%	Knowledge	
				Good	Not Good



				F	%	F	%
1	Housewife	13	25%	12	93	1	7
2	Private	6	12%	6	100	0	0
3	Farmer	18	35%	17	94	1	6
4	Student	11	21%	10	91	1	9
5	Government Employees	4	8%	4	100	0	0
Total		52	100%				

Source:primary dataprimer Maret 2021

Table 4.7. show that the Good knowledge are respondents from private and government employees (100%). All respondents are Good knowledge, 1 respondents housewife, 1 respondent of famrmer, and 1 respondent of students.

Gender

Table 4.8. Distribution of respondent gender and knowledge

No	Gender	N	%	Knowledge			
				Good		Not Good	
				F	%	F	%
1	Man	23	44	20	87	3	13
2	Woman	29	56	29	100	0	0
TOTAL		52	100				

Source:primary dataprimer Maret 2021

Table 4.8.Show that woman respondents have the good knowledge (29 respondensts 100%) and the man respondent have 3 respondents that Good knowledge.

Table 4.9. Distribution of knowledge frequensi of St. Stephen's Ward Lela Station

No	Knowledge Level	Total	Percentag e
1	Baik (76 - 100) %	49	94%
2	Kurang (≤ 75) %	3	6%
Total		52	100%

Source:primary dataprimer Maret 2021

Table 4.9. Show that St. Stephen's Ward Lela Station about the health liturgy in pandemic situation are 49 respondents have a good knowledge and 3 respondents have not good knowledge.

Discussion

1. Age

Age is an individual's age calculated from birth to last birthday. According to Hucklok (1998), the level of age affects a person's perception of certain phenomena. Age makes it easier for an individual to understand certain concepts or ideas and create analysis based on empirical facts. The older a person is, the more mature the person concerned is in consideration and decision making.

The theory about the relationship between age and level of knowledge according to Hucklok above is in line with the results of this study. The measure of the level of knowledge in the good category with a percentage (100%) is in the adult age group with a total of 26 respondents. Age 21-45 years (adults) is the age level with a greater quantity of knowledge absorption and more systematic. In this group, human thinking abilities are more directed to things that are operational and practical. An adult, for example, not only knows about the meaning of Covid-19 but they also understand technical and practical guidelines for preventing the transmission of Covid-19 in accordance with health protocols. Adult age is also characterized by the emergence of a sense of individual responsibility to the surrounding environment, including issues related to health and disease. The fact about increasing age and knowledge is also confirmed by Notoatmodjo (2007). According to him, the older a person gets, the stronger the developmental process that leads people to new knowledge. Increasing age affects the perception and mindset which will eventually result in regularity in the pattern of human action.

Meanwhile, a measure of the level of knowledge in the category of less than 1 person (10%) of respondents aged 13-20 years (teenagers) was found as a natural thing because the absorption of knowledge at the age of adolescents was not maximal when compared to adults. In addition, if adults are able to show their responsibilities regarding health and disease issues to the wider social environment such as family, then a teenager has a tendency to show responsibility in a limited space, namely for himself. respondents aged 46 – 65 years (elderly) as many as 2 people (12%). This phenomenon can be understood because of the process of decreasing the function of thinking (cognitive). According to Suherman (2005), the aging process causes brain decline and affects the absorption of knowledge and one's analytical power. Manifestations of decreased thinking power can be seen, among others, from the symptoms of senility experienced by an individual.



2. Education

According to Y. B. Mantra quoted by Notoatmodjo, educational factors can affect the pattern of human life. The higher a person's education level, the easier it is for him to receive, process, and understand various kinds of information and knowledge. to things that come from outside. Someone who has a higher level of education will give a better or more positive response when compared to people with low education (Notoadmodjo, 2010). This can be understood because in education there is a learning process in which various types of knowledge, skills and human expertise, including those related to health and disease problems, are passed through the stages of research, training and teaching.

The theory of education and level of knowledge according to Y. B. Mantra quoted by Notoatmodjo above is in line with the results of this study. The measure of the level of knowledge in the good category with a percentage (100%) is found in two levels of education, namely high school respondents with a total of 22 people and university respondents with a total of 8 people. This study addresses the basic concept of education as a structured process and is divided into certain stages such as preschool, elementary school, secondary school and university / college. In addition to formal education, knowledge can also be obtained from non-formal education such as courses, training and seminars as well as various kinds of information. developing in society. This entire educational process has a formative effect on the way a person feels, thinks and acts.

Covid-19 and the various complexities of problems it causes in the field of life, including its description in the celebration of the Church's liturgy, can be classified as a new type of information that is developing in society. Therefore social groups who are at a higher level of education will benefit because they are easier to understand this information than social groups who are less educated. The cognitive power obtained in the educational process makes it easier for humans to digest this new knowledge and process it according to their needs. This opinion is also confirmed in the results of research on respondents with elementary and junior high school education levels. There are 1 respondent (25%) with elementary education level and 2 respondents (12%) with junior high school education level who have a measure of knowledge level in the less category. Elementary and junior high school education is classified as education with the most basic competencies so it can be assumed that the accumulation of knowledge and cognitive power in this level of education is not as much as that of higher education stages such as Senior High School and College.

3. Job

According to Notoadmodjo (2010), work is a need that must be done to support one's life and family life. Work is generally a time-consuming activity

and can provide experience and knowledge, either directly or indirectly. Work is a factor that does not directly affect human knowledge. However, interaction and the social space where humans work allow an individual to gain knowledge.

The results showed that based on the job profile, the measure of the level of knowledge in good categories with a percentage (100%) coming from private jobs amounted to 6 people and civil servants jobs totaling 4 people. humans relate and communicate with diverse social environments. Interaction with various kinds of social groups makes an individual absorb various types of information and knowledge and influence one's thinking insight about certain topics that are developing in society. The results of this study are in line with Notoadmodjo's theory (2010) which says that the work environment provides opportunities for humans to gain experience and knowledge both directly and indirectly.

This data is supported by the results of research from respondents with the type of work as Entrepreneur, IRT and Student. Respondents who have a work background as entrepreneur are the most respondents of this study with a knowledge percentage of 94%. Entrepreneur is the type of work with the widest scope so that the opportunity to get new information and knowledge becomes very open. Meanwhile, IRT and Student are types of work with a limited scope of work when compared to other types of work. However, with the percentage level of good knowledge above 90%, this study reveals other facts about the sources of knowledge obtained by the IRT and Student groups. One's knowledge is not only obtained from the world of work. In the midst of today's sophistication of information technology, sources of knowledge can be obtained virtually through mass media and social media. News about Covid-19 which flooded the mass media and even became a trending topic on social media had a strong influence on people's knowledge about this disease. In addition, massive socialization and campaigns organized by both the Church and the Government regarding Covid-19 have resulted in the opportunity to access information about the handling of Covid-19 which is always available anytime and anywhere.

4. Gender

The female gender has a tendency to be more concerned with environmental conditions and their health. Of course, this individual's behavior is also influenced by the level of knowledge he has related to the Covid-19 disease. The results of this study are directly proportional to the conclusions above. good with a percentage of 100% coming from the female gender. Meanwhile, the total number of male respondents in the good knowledge category is at 87%. According to Camila (2013) explaining gender will encourage a person's compliance. This is also explained by research (Wijayanti & Yuantari, 2021) that in making decisions or actions, women only follow the majority group, namely men. This condition is in accordance

with the personality theory of men who are louder, aggressive and more dominant while women have submissive personalities.

Several reasons can be put forward related to the difference in the percentage of knowledge between the male and female sexes. Psychologically, women have a higher level of sensitivity than men, especially if it is related to health problems and diseases. In addition, the difference in the percentage of knowledge can also be caused by the social construction of the roles of men and women. Men are generally responsible for supporting family members through work. Meanwhile, women have a role in domestic affairs, namely eating and drinking, cleaning and other household matters. In the home, a mother usually carries out a caring function, namely paying attention, taking care of, and providing assistance, as well as providing support to other family members. must have sufficient knowledge so that they can carry out their domestic responsibilities properly.

The results of this study are also strengthened by research conducted by (Wulandari et al, 2020) people with female gender tend to have better knowledge about preventing Covid-19 when compared to men. This is because women have more time to discuss with their social environment related to Covid-19 disease and its prevention efforts.

5. Distribution of the Knowledge Frequency of Saint Stephen's Environmental Community Lela Station About Healthy Liturgical Celebrations During the Covid Pandemic.

Research data shows that from a total of 52 respondents obtained from the community of St. Stefanus Stasi Lela, the level of knowledge in the good category is 49 people with a percentage of 94%. While the level of knowledge in the less category is 3 people with a percentage of 6%. These results are in accordance with the research (Moudy & Syakurah, 2020) it was obtained that 17.9% of respondents who had good knowledge had good actions regarding COVID-19 (82.1%). Knowledge is a person's ability to receive, retain, and use information, which is influenced by experience and skills. The knowledge gained comes from both formal and informal education, personal experience and others, the environment, and the mass media.

The high level of knowledge possessed by the respondents is considered reasonable for several reasons, including: the role of mass media and social media as a source of public knowledge about the COVID-19 disease. So that the absorption of various information can increase public knowledge, especially in preventing the transmission of the SARS-CoV-virus. 2 is very useful in suppressing the transmission of the virus (Law et al., 2020). When this research was conducted, information about Covid-19 was the dominant information in various kinds of media platforms owned by the community. Stefanus, Lela station.

Health campaigns carried out by the Government and the Church. The Covid-19 disease is classified as a pandemic and is a problem for all components of society, including by the government and religious

institutions. The Church and the Government work together to make people have collective care and responsibility to break the chain of the spread of Covid-19. The best way that the government and the Church has made is to open up information and knowledge as widely as possible through a national socialization process to remote villages. as well as through appeals in houses of worship.

Before the worship service was held in the building, the church had also prepared a health protocol for people who would worship so that they could find out information by preventing COVID-19 through the health protocol. (Wijayanti & Yuantari, 2021). The health protocol implemented by the government is the obligation of the entire community to comply with it. This requires the community to have a role and responsibility to have an important role in the COVID-19 pandemic situation (Wijayanti & Yuantari, 2021).

The formation of the Covid-19 task force. The Covid-19 task force does not only work within the administrative area of the government. This task force is also formed and works in religious institutions, namely in houses of worship. This task force works effectively to ensure that worship among the faithful is in accordance with health procedures to prevent the spread of Covid-19: wearing masks, washing hands, and maintaining distance. The performance of this task force is supported by the availability of health facilities such as hand washing equipment (ACT) in houses of worship and individual ownership of masks, hand sanitizers and face shields.

CONCLUSION

Based on the results of research on the description of the knowledge of the people of the Saint Stephen Stasi Lela Environment about a healthy liturgy during the Covid-19 pandemic, 15-17 March 2021, it can be concluded as follows:

1. An overview of the knowledge of the people of the Saint Stephen Stasi Lela Community about healthy liturgy during the covid-19 pandemic, out of a total of 52 respondents in the good knowledge category with 49 people (94%) and the less knowledgeable category as many as 3 people (6%).
2. The description of the characteristics of the research results can be concluded as follows:

- a. Age

Most of the respondents were in adulthood with a total of 26 people (50%) with a percentage of knowledge in the good category of 100% at this age level.

- b. Education

Most of the respondents were at the high school education level with a total of 22 people (42%). While respondents with good knowledge category with a percentage of 100% are at the level of high school education and PT.



c. Gender

The majority of respondents were female, amounting to 29 people (56%) and the number of respondents with good knowledge category with a percentage of 100% was found in the female group.

d. Work

Most respondents have jobs as entrepreneurs with a total of 18 respondents (35%) and the size of the level of knowledge is in a good category with the percentage (100%) found in the group of private workers and civil servants.

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