

Original Research**Factors Related To The Social Responsibility Of Santri In Preventing Covid-19 In Indonesia: A Cross-Sectional Study**Ainul Yaqin Salam^{1*}, Dodik Hartono², Nurul Laili³, Ana Fitria Nusantara⁴^{1,2,3,4} School of Nursing Hafshawaty Pesantren Zainul Hasan Probolinggo, Indonesia**ABSTRACT**

Background: Efforts to prevent the spread of COVID-19 require personal awareness, understanding, and a sense of responsibility toward the community. The fundamental purpose of this study was to determine the factors related to the social responsibility of the santris in preventing the spread of COVID-19 in the pesantren environment.

Methods: This descriptive correlative study used a cross-sectional approach with 384 respondents (santris), a total population of 8.413 santris in various Pesantren in Probolinggo, East Java. A self-administered questionnaire was used to conduct the online survey using a Google form and social networking apps. The validity test results of each questionnaire using Product Moment with 40 participants showed a value of more than 0.312 and Cronbach's alpha values of 0.722, 0.759, and 0.774 on each knowledge, attitude, and social responsibility questionnaire. Then descriptive statistics and chi-square tests were used to analyze the data.

Results: The findings show that the level of knowledge about Covid-19 of the santris is moderate (49.7%), attitudes are in a good category (52.3%), and social responsibility is in a good category (72.4%). Their knowledge, attitude, and residence were all significantly associated with santri's social responsibility behaviors ($p < 0.05$).

Conclusion: Knowledge of COVID-19 transmission and attitude toward the state measures for COVID-19 prevention and control were significantly associated with participants' social responsibility behaviors. Santris becomes more conscious of their own and the environment's needs and responsibility due to these results.

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INTRODUCTION

SARS-CoV-2, also known as Coronavirus Disease (COVID-19), is currently a deadly disease that wreaks havoc on everyone's life (WHO, 2020). The impact is significant in changing the pattern of human life, including life in Islamic Boarding Scholl ("Pesantren" in Indonesia) (Aji, 2020). *Pesantren* is an educational ecosystem

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that includes formal and informal education curricula that have the potential to become clusters of the spread of COVID-19 in Indonesia.

Pesantren-based education has its characteristics and is different from non-*pesantren* education. Differences in perspective, social, cultural, and financial with non-*pesantren* have made many *pesantrens* continue to apply face-to-face learning and religious activities (Burga et al., 2019). The problems arise when most *pesantren* in Indonesia have many *santris* that is not proportional to the number of rooms available, making concerns about the spread of Covid-19.

In addition, bad habits related to sanitation are also a basic problem for the occurrence of diseases in *santris*. The high level of daily activities that cause crowds of many *santris* and the lack of sanitation awareness make the *pesantren* one of the places with a high risk of Covid-19 transmission and become a new cluster of Covid-19 (Herdayati et al., 2021). Furthermore, many *santris* did not have enough health literacy about covid-19 (Ikhsan et al., 2021).

The attitude of students who seem to ignore the existence of the Covid-19 disease is still typical in Indonesia. So it's not surprising that many *Pesantren* have become clusters of the spread of COVID-19 in Indonesia (Kompas, 2021). The government has enacted a remote education policy rule that requires learning at home (Kementerian Kesehatan RI, 2020). However, as of mid-June 2020, *pesantren* suspended educational activities at the end of March because of the Covid-19 outbreak and were allowed to resume their operations.

This is seen in the Islamic groups found in West Java, Central Java, and East Java (WHO, 2022). Because *pesantren* are religious, residential institutions, establishing face-to-face teaching and learning activities during the Covid-19 pandemic is crucial. At *pesantren*, dorm room occupancy is frequently limited: bathing, washing, shared toilet facilities, and cleanliness.

Pesantren are likely to form a new Covid-19 distribution cluster with all of these obstacles. Covid-19 was also found in several *pesantren* until mid-July 2020 (Indonesian red Cross, 2020). To prepare for the spread of Covid-19 in Indonesian *pesantren*, the government has allocated Rp 2.7 trillion to 21,000 *pesantren* (Andriyanto, 2020).

Pesantren has become a new cluster for spreading COVID-19 in Indonesia. Covid-19 cases in *pesantren* are like an “iceberg phenomenon.” Many of those responsible seem to cover up. There have been several cases of COVID-19 clusters. In Tasikmalaya, West Java, around 400 students were confirmed positive for COVID-19 in mid-February 2021. Last year, as many as 550 students and teachers in Kuningan Regency, West Java, were exposed to COVID-19.

The number of *pesantren* clusters may increase. So far, there are 8,291 positive cases of COVID-19 in the *pesantren* environment. One of them died. The data does not cover the overall condition because not all *Pesantren* has reported instances of COVID-19. Positive cases in *pesantren* are higher than in schools which reached 1,142 people. This transmission cluster in *Pesantren* also shows the vulnerability of transmission in dormitory education and the difficulty of enforcing health protocols among students. There are many reports regarding violations of health protocols in the *pesantren* environment. For example, many *santris* in Serang, Banten, neglect to wear masks, keep their distance, and vaccinate (Ferdiansyah, 2021).

Covid-19 is a threat to people, families, communities, and the entire community, and all members must be aware of the virus's vast growth (Ebrahim et al., 2020).

Epidemic has reached a new high, posing an increased health danger and hastening the spread of disease throughout society (WHO, 2020). It is critical to cultivate a new social responsibility-based mentality to deal with unprecedented urgency.

Social responsibility will always support institutional and administrative voices and individual reactions social responsibility developed in response to the growing demand for a more responsible society. While spending time outside is beneficial to our health, social responsibility is critical to our collective health (Lopez et al., 2017). Everyone today should learn and apply self-protection measures to avoid the spread of Covid-19 (Shereen et al., 2020). Breaking the spread chain of covid-19 involves individual awareness, comprehension, and a sense of social responsibility.

On the other hand, Covid-19 is a new public health disease with a high mutation rate and spread and is likely to be prolonged. Considering that pesantren is a religious community with all its activities, it is crucial to explore how the social responsibility of the santri towards preventing the spread of covid-19 in pesantren is. No research has attempted to examine further students' social responsibility in preventing COVID-19 in *pesantren*, especially in the Probolinggo area.

Therefore, this research focuses on finding factors related to students' social responsibility towards the habit of preventing the spread of Covid-19 at a boarding school in the Probolinggo area.

MATERIALS AND METHOD

This is descriptive correlative research used a cross-sectional approach. The population for this study was *santris* who lives in Probolinggo, East Jawa. The researcher recruited volunteers from all *Pesantren* to ensure that the study population was fairly represented. This research was conducted during April and Mei 2021. The self-administered questionnaire was used to assess the knowledge, attitudes and social responsibility of the *santris*. This study has been accepted and ethically assessed with the ethical clearance number KEPK/013/STIKES-HPZH/X/2021.

The total population of santri in Probolinggo Regency is approximately 8,413 based on the latest data. According to Krejcie and Morgan (1970), the minimum number of samples taken is 302 respondents. We took a total of 384 participants with purposive sampling who met the following criteria for inclusion 1) Santri is aged 12 years or older, 2) Santri has smartphones and social media (Whatsapp, Facebook, Instagram, and Line), 3) Willing to participate in the research (a consent form is provided on the first page of the Google form questionnaire).

Santris, who did not complete the questionnaire thoroughly, were excluded.

Research tools

A self-administered questionnaire was used to collect data. There are four parts:

Part I : has seven general information of respondents.

Part II : consists of 15 items that demonstrate understanding of COVID-19 transmission. Participants receive one point for each correct answer and zero points for each wrong or uncertain response. The level of knowledge was graded as good, moderate, or low (Awirut, 2020). Knowledge is divided into three categories based on class intervals. There are three performance levels: Good (12-15.0 points), moderate (8-11 points), and low (lower than 8 points).

Part III: Attitudes about COVID-19 prevention and control measures at the state level, nine items. All item contains positive question. Each item is scored out of five

on a five-point scale (strongly agree, agree, undecided, disagree, and strongly disagree). According to the class interval, attitudes were classified into three categories (good: 33–45 scores; moderate: 21–32 points; and low: less than 21 points)

Part IV: Ten items on socially responsible behavior. This section measures how frequently individuals practice the points indicated in the first six questions and how frequently they practise the principles. According to class intervals, social responsibility conduct was classified into three levels (high: 38–50 points; medium: 23–37 points; and low: less than 23).

Measuring tool

Two public health experts evaluated the content validity assessments. Test the validity and reliability of each instrument carried out on 40 students outside the sample. The validity test uses Pearson's product moment and the reliability test uses Cronbach's alpha. A statement is declared valid if $r_{count} > r_{table}$. The result of r_{table} with a significance level of 5% is 0.312.

Data collection

The data was collected from April to Mei 2021. In a Google form, a series of questions were placed. During the COVID-19 pandemic, messages on Whatsapp, Facebook, Instagram, and Line app were utilized to promote data collecting, and the government declared its social distancing efforts for COVID-19 prevention and control. The researcher's Whatsapp, Facebook, Instagram, and Line friends shared the link to the Google form of the questionnaire. Researchers urged them to share the link with their friends. Participants may have received the link many times but were only required to respond once.

Data analysis

The data were analyzed using descriptive statistics, including frequency, percentage, mean, standard deviation, maximum, and minimum. The Chi-square test examined the relationship between the studied factors and *santris*' social responsibility behavior. The validity test results on all instruments (knowledge, attitude, and social responsibility) exceed the value of the r_{table} (0.312). The reliability test results show the values of 0.722, 0.759, and 0.774 on each instrument of knowledge, attitude, and social responsibility.

RESULTS

Table 1 demonstrates that most of the participants were women (57.3%). The majority age was 16–18 years (55.5%), and all respondents (100%) practice Islam. All the respondents were *santris* from Probolinggo. Nearly all (84,4%) of the participants live in boarding dormitories. Most of the students (55.5%) have a high school education. Most of the respondents were in their fourth and first years of living.

Tabel 1. Respondent characteristic

| | Variabel | N | % |
|-----|-------------|-----|------|
| Age | 12-15 years | 43 | 11,2 |
| | 16-18 years | 213 | 55,5 |
| | | | |

| Variabel | N | % |
|-----------------------|----------|----------|
| >19 years | 128 | 33,3 |
| Gender | | |
| Male | 164 | 42,7 |
| Female | 220 | 57,3 |
| Religion | | |
| Islam | 384 | 100 |
| Non-Islam | 0 | 0 |
| Residence | | |
| Own home | 39 | 10,1 |
| Private dormitory | 21 | 5,5 |
| Boarding dormitory | 324 | 84,4 |
| Education | | |
| Junior high school | 43 | 11,2 |
| Senior High School | 213 | 55,5 |
| College student | 128 | 33,3 |
| Length of stay | | |
| 1th | 95 | 24,7 |
| 2nd | 62 | 16,1 |
| 3th | 39 | 10,2 |
| 4th | 107 | 27,9 |
| 5th | 56 | 14,6 |
| >5th | 25 | 6,5 |

Tabel 2. Knowledge of COVID-19 Transmission

| Questions | Correct | | Incorret | |
|--|------------------|------------|------------------|------------|
| | Frequency | (%) | Frequency | (%) |
| COVID-19 can transmit from animals to humans? | 137 | (35,7) | 247 | (64,3) |
| Is COVID-19 the same as the common flu? | 366 | (95,3) | 18 | (4,7) |
| Does Social distancing can help control COVID-19? | 384 | (100) | 0 | (0) |
| COVID-19 can transmit from person to person | 384 | (100) | 0 | (0) |
| Do you think a person can be infected with the COVID-19 virus from coughing or sneezing from someone who was previously positive for COVID-19? | 373 | (97,1) | 11 | (2,9) |
| Can the COVID-19 virus be spread through mosquito bites? | 361 | (94) | 23 | (6) |
| Can the COVID-19 virus be spread through food and water? | 268 | (69,7) | 16 | (30,3) |
| Can the COVID-19 virus be spread through objects that were previously contaminated with | 319 | (83) | 65 | (17) |

| Questions | Correct | | Incorret | |
|--|-----------|--------|-----------|--------|
| | Frequency | (%) | Frequency | (%) |
| COVID-19? | | | | |
| Do you believe a person can contract COVID-19 after coming into contact with someone who has been infected with influenza and then touching their mouth or nose? | 156 | (40,6) | 228 | (59,4) |
| COVID-19 could spread through conjunctiva when people touch their eyes | 255 | (66,4) | 129 | (33,6) |
| Always use a mask when the body is not healthy such as coughing and flu will prevent the body from Covid-19 | 287 | (74,7) | 97 | (25,3) |
| Always keep a distance from patients who are infected with respiratory symptoms will prevent the body from Covid-19 | 348 | (90,6) | 36 | (9,4) |
| Is it possible to prevent COVID-19 by not touching your nose, mouth, or eyes with unwashed hands (without first washing your hands)? | 334 | (86,9) | 50 | (13,1) |
| Always washing hands with soap can be one way to avoid Covid-19 | 382 | (99,5) | 2 | (0,5) |
| Always cover your mouth when coughing or sneezing with a tissue or handkerchief will prevent spread Covid-19 | 364 | (94,8) | 20 | (5,2) |

The knowledge of participants on COVID-19 transmission is shown in Table 2. The four highest response scores indicated knowledge that social distancing can help control COVID-19 (100%), that COVID-19 can transmit from person to person (100%), that COVID-19 can transmit from person to person (97.1%), and that constantly washing hands with soap can be one way to avoid Covid-19 (99,5%).

Regarding the incorrect answer, 64.3% believe that COVID-19 can be transmitted from animals to humans and that COVID-19 could spread through conjunctiva when people touch their eyes (33,6%). The person can catch COVID-19 after contact with an influenza positive patient and touching his or her mouth or nose (59.6%). Table 5, show that the level of understanding of COVID-19 transmission is moderate (49,7 %).

Table 3. Attitudes level for COVID19 preventive behavior

| Statement | Attitude <i>n</i> (%) | | | | |
|--|-----------------------|---------------|-----------|--------------|-------------------|
| | Strongly Agree | Agree | Undecided | Disagree | Strongly Disagree |
| Someone who in quarantine will definitely be | 58 (15,1) | 139 (36,2) | 33 (8,6) | 84 (21,8) | 40 (10,4) |

| Statement | Attitude <i>n</i> (%) | | | | |
|---|-----------------------|---------------|-----------|---------------|-------------------|
| | Strongly Agree | Agree | Undecided | Disagree | Strongly Disagree |
| stigmatized | | | | | |
| One of the responsibilities of student is self-protecting against exposure to COVID-19 infection | 224 (58,3) | 158 (41,4) | 2 (0,3) | 0 (0) | 0 (0) |
| Everyone must take responsibility for preventing COVID-19 | 231 (60,1) | 144 (37,5) | 5 (1,3) | 3 (0,8) | 0 (58,3) |
| Religious activities should not be stopped despite concern for COVID-19 prevention | 62 (16,1) | 55 (14,3) | 14 (3,6) | 162 (42,2) | 91 (23,7) |
| Physical and sosial distancing is method of decreasing risk of contracting COVID-19 | 296 (77,1) | 74 (19,3) | 11 (2,9) | 2 (0,3) | 1 (0,2) |
| When a <i>santri</i> is stressed, they should create an event to gathering with their friend | 93 (24,2) | 47 (12,2) | 2 (0,3) | 26 (6,7) | 216 (56,2) |
| You should not wash your hand with soap after touching another person's hand, body or personal equipment | 0 (0) | 0 (0) | 2 (0,3) | 117 (30,5) | 265 (69,2) |
| COVID-19 transmission may increase as a result of mass movement from one location to another | 164 (42,7) | 201 (52,3) | 10 (2,6) | 5 (1,3) | 4 (1) |
| New cases of COVID-19 infection will reduce measures such as temporarily closure of entertainment places or crowded areas | 183 (47,6) | 94 (24,5) | 7 (1,8) | 78 (20,3) | 22 (5,7) |

Santri's perceptions toward state-level COVID-19 prevention and control strategies are summarized in Table 3. The participants overwhelmingly agreed with the statement, "Everyone must take responsibility for preventing COVID-19" (60.1 %). They agreed that COVID-19 transmission might increase due to mass movement from one location to another (42.7 %).

They were undecided (3.6 %) or disagreed with the statement, "Religious activities should not be stopped despite concern for COVID-19 prevention" (42.2 %). They were adamantly opposed to the statement, "When a *santri* is stressed, they should

create an event to gather with their friend" (24.2 %). Around three-quarters of them (52.3 %) have a favorable view regarding the country's COVID-19 prevention and control efforts.

Tabel 4. Social responsibility behavior among *santris*

| Statement | Frequency of Behaviour <i>n</i> (%) | | | | |
|--|-------------------------------------|------------|-----------|------------|------------|
| | Every Times | Always | Often | Sometime | Never |
| When you are in close contact with others, you wear a face mask | 212 (55,2) | 141 (36,7) | 14 (3,4) | 17 (4,4) | 0 (0) |
| You clean public equipment with disinfectants or alcohol spray after you finish using it | 0 (0) | 3 (0,7) | 41 (10,6) | 189 (49,2) | 151 (39,3) |
| You must quarantine yourself when you go to or come back from other areas | 0 (0) | 0 (0) | 0 (0) | 23 (6) | 361 (94) |
| When you must be in close contact with people, you maintain a distance of at least a meter from others | 55 (14,3) | 42 (10,9) | 242 (63) | 29 (7,5) | 18 (4,6) |
| You keep a distance of at least 1 m from your close friends or family members | 13 (3,4) | 39 (10,1) | 288 (75) | 38 (9,9) | 9 (2,3) |
| When you have a chance, you donate money/things or provide help for COVID-19 prevention and control | 0 (0) | 0 (0) | 21 (5,4) | 111 (28,9) | 252 (65,7) |
| You have gathering with your friends | 0 (0) | 0 (0) | 27(7) | 12 (3,1) | 345 (89,8) |
| You go to crowded areas or entertainment places | 0 (0) | 0 (0) | 2 (0,5) | 115 (29,9) | 267 (69,5) |
| You shake hands, touch others' body or things | 0 (0) | 0 (0) | 1 (0,2) | 28 (7,2) | 355 (92,4) |
| You give recommendations to others about COVID-19 prevention and control | 0 (0) | 0 (0) | 8 (2) | 339 (88,2) | 37 (9,6) |

Questions about *Santri's* behavior from the previous two weeks were included in this section. Table 4 illustrates their socially responsible actions. The following statements received high ratings for "always": "When in close contact with other individuals, you use a face mask" (52.2 %), and "You must quarantine yourself when you leave or return home." from another country area" (94 %), and "When close to others, maintain a distance of at least one meter" (63%).

Unpracticed behaviors included "You have a gathering with your friends" (89.8 %), "You visit a crowded place or entertainment venue" (69.5 %), and "You shake hands, touch other people's bodies or things" (92.4 %). Participants demonstrated a high level of social responsibility (72.4 %).

Tabel 5. Knowledge, attitude, and social responsibility level of COVID-19 transmission

| Frequency (%) | | | |
|---------------|-----------------|----------------|---------------------------------------|
| Level | Knowledge Level | Attitude Level | Social responsibility Behaviour Level |
| Good/High | 166 (43,2) | 201 (52,3) | 278 (72,4) |
| Moderate | 191 (49,7) | 162 (42,2) | 106 (27,6) |
| Poor/Low | 27 (7,1) | 21 (5,5) | - |

Tabel 6. Association between factors and social responsibility behaviours

| Variabel | Social Responsibility Behavior | | | | X ² | df | p-value |
|------------------------|--------------------------------|----------|-----|------|----------------|----|---------|
| | n (%) | | | | | | |
| | High | Moderate | | | | | |
| Age | | | | | 1,732 | 1 | 0,431 |
| 12-15 years | 32 | 74,4 | 11 | 25,6 | | | |
| 16-18 years | 172 | 80,7 | 41 | 19,3 | | | |
| >19 years | 74 | 62,7 | 44 | 37,3 | | | |
| Gender | | | | | 2,842 | 2 | 0,512 |
| Male | 142 | 86,6 | 22 | 13,6 | | | |
| Female | 136 | 61,8 | 84 | 38,2 | | | |
| Religion | | | | | 4,713 | 1 | 0,144 |
| Islam | 278 | 72,4 | 106 | 27,6 | | | |
| Non-Islam | 0 | | 0 | | | | |
| Residence | | | | | 6,923 | 1 | 0,021 |
| Own home | 31 | 79,5 | 8 | 20,5 | | | |
| Private dormitory | 16 | 76,2 | 5 | 23,8 | | | |
| Boarding dormitory | 231 | 71,3 | 93 | 28,7 | | | |
| Education | | | | | 2,115 | 3 | 0,106 |
| Junior high school | 24 | 55,8 | 19 | 44,2 | | | |
| Senior High School | 178 | 84,4 | 33 | 15,6 | | | |
| College student | 76 | 59,4 | 52 | 40,6 | | | |
| Length of stay | | | | | 1,586 | 3 | 0,448 |
| 1th | 56 | 58,9 | 39 | 41,1 | | | |
| 2nd | 47 | 75,8 | 15 | 24,2 | | | |
| 3th | 29 | 74,3 | 10 | 25,7 | | | |
| 4th | 78 | 72,8 | 29 | 27,2 | | | |
| 5th | 48 | 85,7 | 8 | 14,3 | | | |
| >5th | 20 | 80 | 5 | 20 | | | |
| Knowledge level | | | | | 5,961 | 1 | 0,027 |
| Good/High | 143 | 86,1 | 23 | 13,9 | | | |
| Moderate | 127 | 66,5 | 64 | 33,5 | | | |
| Low | 8 | 29,6 | 19 | 70,4 | | | |
| Attitude level | | | | | 6,746 | 2 | 0,012 |
| Good/High | 162 | 80,6 | 39 | 19,4 | | | |
| Moderate | 112 | 69,1 | 50 | 30,9 | | | |
| Low | 4 | 19 | 17 | 81 | | | |

Table 6 shows the relationship between socially responsible factors and behaviors. The results showed that their residences, level of knowledge about the transmission of COVID-19, and level of attitude of state measures for the prevention and control of COVID-19 were significantly related to socially responsible behavior among *santris* ($p < 0.05$). Gender, age, religion, education, and length of stay are not related to participants' social responsibility behavior.

DISCUSSION

The level of knowledge among *santris* about the transmission of COVID-19 was at a moderate level (49,7%), 43.2% had a good level of knowledge, and low knowledge was at 7.1% (Table 5). This finding indicates that most of the students' knowledge about how the spread of COVID-19 is still not optimal. The results of this study are not much different from the results of research conducted in developing countries such as India, which still have low levels of knowledge (Singh et al., 2022).

Furthermore, this finding is also in line with the research of Putri et al., (2021), where participants were identified as having moderate knowledge (54.7%), and there were still quite a lot (15.9%) of participants who had low knowledge related to the spread of covid-19. The efficiency of their knowledge of this disease can make them ready to face the COVID-19 outbreak with fewer xenophobic responses within their *pasantren* and reduce social stigma when a person is presented with certain respiratory tract diseases. Bloom's theory says that the more a person has good knowledge, the more it will impact good attitudes and ultimately shape adaptive behavior (Persaud, 2021).

Attitudes toward state-level preventative and control measures for COVID-19 are highly positive and are associated with socially responsible conduct. This is in line with previous research that suggests good cooperation will increase if the attitude shown by the individual is also good (Macassa et al., 2017). Additionally, attitude levels correlate with the stage burden of infectious disease, particularly during pandemic (Yoseph et al., 2021).

People place a premium on good health and accountability. Another study discovered that corporate social responsibility techniques reveal people's capacity to effect real social change and take an active role in society's benefit. Social responsibility is demonstrated by assisting in resolving global health concerns and health promotion in families, businesses, and communities (Mahmud et al., 2021).

COVID-19 will be contained by the practice of personal hygiene, the avoidance of unnecessary travel, the avoidance of social gatherings, and the maintenance of social separation. These facets and social obligations have the potential to disrupt the chain of disease transmission. Social responsibility is viewed as a necessary complement to robust social regulation (Delautre & Abriata, 2018).

The participant's knowledge of COVID-19 transmission and attitudes toward state-level COVID-19 prevention and control measures are substantially associated with their social responsibility behavior. This conclusion is congruent with (Zhong et al., 2020). This research found that people's cooperation in regulated behaviors is influenced by illness-related information, attitudes, and practices. Socially responsible behavior is behavior concerned with the welfare of the community.

Santris at *Pasantren* is accepted as an educated individual. During the COVID-19 pandemic, participants' conduct toward COVID-19 prevention is based on individual duty and behavioral, social responsibility. Everyone should have self-awareness of their

health, and it is better not to always depend on government policies, including not relying on health care professionals. Individuals with a positive social responsibility perspective are impacted by their cooperative conduct, resulting in cooperative engagement and a positive action (Rodrigues & Borges, 2015).

A healthy society can be produced through health promotion, conducted ethically and holistically (Sarotarzizek & Mulej, 2016). Social responsibility is growing more prevalent in wealthy and developing countries alike, depending on the health of socially sustainable stakeholders. Additionally, social responsibility does not necessitate the use of technology (Macassa et al., 2017).

CONCLUSION

The *santris*' COVID-19 knowledge is moderate (49.7%), while their attitude towards COVID-19 control and prevention measures was quite high (52.3%). Additionally, *santris* demonstrate a high level of social responsibility in their actions (72.4%). The relationship between the variables studied and socially responsible behavior revealed that knowledge of COVID-19 transmission, attitudes toward state-level COVID-19 prevention and residence were all significantly associated with socially responsible behavior among *santris* ($p < 0.05$).

Based on the findings of this study, *pesantren* leaders (*kyai*) have shown good practise in making decisions related to protecting teachers and students from the dangers of COVID-19. They have even prepared the *pesantren* to face school closures for the second time if there is an increase in positive cases of COVID-19. Social responsibility should be integrated into the learning system in order to fulfill students' skills and performance.

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APPENDICES

Appendix 1 Validity and reliability of knowledge level

| Questions | Product Moment | Cronbach’s Alpha |
|------------|----------------|------------------|
| Question 1 | 0,452 | |
| Question 2 | 0,375 | |
| Question 3 | 0,553 | |
| Question 4 | 0,421 | |
| Question 5 | 0,416 | |
| Question 6 | 0,711 | |
| Question 7 | 0,510 | |
| Question 8 | 0,692 | 0,722 |
| Question 9 | 0,534 | |

| Questions | Product Moment | Cronbach's Alpha |
|------------------|-----------------------|-------------------------|
| Question 10 | 0,767 | |
| Question 11 | 0,882 | |
| Question 12 | 0,621 | |
| Question 13 | 0,433 | |
| Question 14 | 0,412 | |
| Question 15 | 0,586 | |

Appendix 2 Validity and reliability of attitudes level

| Statements | Product Moment | Cronbach's Alpha |
|-------------------|-----------------------|-------------------------|
| Statement 1 | 0,74 | |
| Statement 2 | 0,649 | |
| Statement 3 | 0,534 | |
| Statement 4 | 0,494 | |
| Statement 5 | 0,515 | 0,759 |
| Statement 6 | 0,502 | |
| Statement 7 | 0,394 | |
| Statement 8 | 0,361 | |
| Statement 9 | 0,442 | |

Appendix 3 Validity and reliability of social responsibility behavior level

| Statements | Product Moment | Cronbach's Alpha |
|-------------------|-----------------------|-------------------------|
| Statement 1 | 0,452 | |
| Statement 2 | 0,375 | |
| Statement 3 | 0,553 | |
| Statement 4 | 0,421 | |
| Statement 5 | 0,416 | 0,774 |
| Statement 6 | 0,711 | |
| Statement 7 | 0,510 | |
| Statement 8 | 0,692 | |
| Statement 9 | 0,534 | |
| Statement 10 | 0,767 | |