

The Effect of Indonesian Government's Communication Strategy During the Implementation of Emergency Public Activity Restriction on the Compliance Health Protocols in East Java

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Abstract

The surge of COVID-19 in the middle of 2021 in Indonesia, made the Indonesian Government decided to implement the Emergency Public Activity Restriction (PPKM Darurat). This study aims to understand the impact of the Indonesian Government's communication strategy during the implementation of Emergency Public Activity Restriction (PPKM Darurat) on the compliance of the East Java people towards health protocols. By using the assumption of the governmental communication theory (with Behavior Change Communication approach), this study focused on the impact of communication in the aspect of cognitive, affective, and behavior of the people of East Java. Done with a quantitative method with a case study of the people of Surabaya and Malang city, the result of this study shown that there is a significant impact on the compliance of the East Java people towards health protocols caused by the Indonesian Government's communication strategy during the Emergency Public Activity Restriction (PPKM Darurat). According to the survey results, the communication strategy implemented by the Indonesian Government is impactful to influence the behavior of the people to comply the health protocols in attempt to control the COVID-19 pandemic situation.

Keywords

Government, Communication, East Java, COVID-19 and Behaviour Change.

1. Introductions

First detected in India, The Delta Variant (B.1,617.2) is a variant of SARS-CoV-2, the virus that causes COVID-19. In May 2021, the World Health Organization (WHO) stated that the Delta variant has been categorized as a variant of concern (VoC) (Chow 2021) because it has been shown to have a higher risk of transmission, has more severe side effects (Chow 2021) with increasing number of hospitalization cases or deaths, and reducing the effectiveness of naturalization of the virus by antibodies formed from previous infections, vaccinations, to medical treatment (Centres for Disease Control and Prevention (CDC) 2021). In addition to WHO, in the United States the Center for Disease Control and Prevention (CDC) has also categorized the Delta Variant as a variant of concern on June 15, 2021 (Chow 2021).

In Indonesia itself, the Ministry of Health of the Republic of Indonesia (Kemenkes RI) had confirmed that there were 3 variants of the Corona Virus from abroad that had entered Indonesia on May 3, 2021, where the Delta variant is one of them which was found in 2 positive cases of COVID-19 in Jakarta (Velarosdela 2021). On the same month, Indonesia also saw a significant surge in COVID-19 case, on June 24, 2021 based on data obtained from the COVID-19 Task Force (Covid-19 Task Force), the number of active cases managed to reach 20,000. The surge of active cases in Indonesia was also accompanied by the soaring Bed Occupancy Rate (BOR) of the referred COVID-19 which reached more than 70% (Farisa 2021).

With the significant surge of COVID-19 case accompanied by the increasing hospitalization case that made the BOR getting closer to its maximum capacity, The Indonesian Government represented by Joko Widodo (President of

Indonesia), through The Instruction of The Ministry of Home Affairs Number 15 Year of 2021 about The Implementation of Emergency Public Activity Restriction (*PPKM Darurat*) Corona Virus Disease 2019 in Java – Bali, officially announced the Emergency Public Activity's Restriction on July 3rd, 2021. In its implementation, The Indonesian Government categorized the area in Java and Bali into 5 levels of Emergency Public Activity Restriction (*PPKM Darurat*). The categorization was based on the assessment level of pandemic situation by assessing the level of transmission speed and response capacity from each area which was regulated in The Ministerial Decree of The Indonesian Ministry of Health Number HK.01.07/MENKES/4805/2021 about Indicators for Adjusting Public Health Efforts and Social Restrictions in Combating the Corona Virus Disease 2019 (COVID-19) Pandemic.

In crises such as the COVID-19 pandemic, appropriate communication strategies play a critical role in public health management with the main objective of providing adequate knowledge and shaping appropriate public behavior (Glik 2007). In the context of implementing The Emergency Public Activity Restriction, the communication strategy implemented by the Indonesian Government aims to ensure the safety of the people through consistent compliance with health protocols. To realize the consistency of population compliance with health protocols implemented by the government, community behavior change is one of the important aspects to be considered in communication strategies related to public health (Ngigi and Busulo 2018).

In efforts to deal with COVID-19, the Government of Indonesia uses the Behavior Change Communication (BCC) strategy which is generally a systematic, repetitive, and comprehensive communication strategy carried out to change the habits and behavior of its target audience (Muktiyo 2020). In this case, the Government of Indonesia uses BCC to instill positive habits or change people's behavior to comply with established health protocols. The health protocol itself is a set of policies imposed by the government to control and handle the COVID-19 pandemic. Health protocols include health rules (use of masks, social distancing, washing hands), travel or mobilization, to rules that regulate people's daily activities such as work, school, and others (Muktiyo 2020).

Based on data obtained from the COVID-19 Handling Task Force, East Java Province was known to have a level of compliance that changes every week, for example in the monitoring period from June 21 to June 27, 2021, East Java Province obtained a compliance score of 92.05% for compliance with wearing masks and 90.26% for compliance with social distancing & avoiding crowds. Meanwhile, in the monitoring period 28 June – 4 July 2021, East Java Province obtained a compliance score of 87.47% for compliance with wearing masks and 83.12% for compliance with social distancing & avoiding crowds. Although the Government of Indonesia conducts routine monitoring every week to monitor community compliance in complying with health protocols, there are still shortcomings that can be found from the data presented by the COVID-19 Handling Task Force. Some of them are the fact that the data provided is only based on 2 indicators, namely, compliance with wearing masks and compliance with maintaining distance & avoiding crowds. Whereas based on the previous explanation, the health protocol also includes travel/mobilization rules and people's daily activities such as school and work. In addition, the data presented also did not elaborate further on what factors affect the increase or decrease in the health protocol compliance score owned by each region, which was very important to maintain or increase the health protocol compliance score. This study will help identify whether the communication strategy of the Government of Indonesia during the Emergency Public Activity Restriction period is one of the factors that affect community compliance in complying with health protocols.

2. Literature Review

L. A. Richard (1936), Raymond Bauer (1964), Schramm and Robert (1977) in Arifin (2011) refuted the assumption of passive audiences in their theory. With the fall of this assumption, a new assumption develops that the audience is actually active, empowered, and not at all passives in the process of political communication. In fact, audiences have the power of deterrence and absorption of all the stimuli they get. Therefore, experts such as Wilbur Schramm and Roberts in Nimmo (2011) corrected their theory and acknowledged the existence of a new theory known as the obstinate audience theory. This theory is a form of explanation of communication from a psychological perspective or paradigm.

The obstinate audience theory is a theory developed by psychologist Raymond Bauer in 1964. Previously, this theory was introduced by L. A. Richard in 1936. Bauer criticized the audience's point of view as passive robots, in which according to him the audience was only willing to follow the message, if the message was sent to provide benefits or meet the interests and needs of the audience. This theory has the assumption that (1) each individual has the ability to select, filter and receive information; (2) the audience is actually very empowered and not at all passives in the process of political communication. Audience has the power of deterrence and absorption of all stimuli or messages it receives.

Departing from the assumption that everyone will filter, select, and internally process all messages he receives, this study focused on how the influence of the Indonesian Government's communication strategy during the Emergency PPKM period on the compliance of East Java residents in complying with health protocols. Where the residents or people of East Java do not necessarily accept or reject the communication efforts made by the Indonesian Government in an effort to control COVID-19 which aims to ensure the safety of the people through consistent compliance with the COVID-19 health protocols.

This study used the concept of government communication by Sedarmayanti as the basis, where government communication is defined as the process of delivering ideas, ideas, information, thoughts or statements from the government to the public with the aim of achieving state goals (Sedarmayanti 2018). Based on the fifth assumption of the concept of government communication presented by Sedarmayanti (2018), where government communication is carried out with the principles described in the process of moving people / parties, in this case the community, to achieve the goals of the state government. In this study, the goal of the country in question is to ensure public safety in the midst of the COVID-19 pandemic by maintaining consistent compliance with health protocols. The health protocol is a set of policies imposed by the government in an effort to control and handle the COVID-19 pandemic. Health protocols include health rules (use of masks, social distancing, washing hands), travel or mobilization, to rules that regulate people's daily activities such as work, school, and others (Muktiyo 2020). Meanwhile, compliance appears as a reaction to things that are in an applied regulation. Compliance itself arises when a person is faced with a stimulus or stimulant that requires an individual reaction. In this study, the compliance referred to is compliance with the health protocols applied in the implementation or implementation of Emergency PPKM.

In its efforts, the Government of Indonesia uses the Behavior Change Communication (BCC) strategy which is generally a systematic, repetitive, and comprehensive communication strategy carried out to change the habits and behavior of its target audience (Muktiyo 2020). BCC itself is an interactive process developed to shape positive behavior, encourage individual and community behavior change, and maintain behavior that supports the realization of communication goals (FHI and USAID 2021). BCC plays an important role in handling and controlling the COVID-19 pandemic. In this case, the Government of Indonesia uses BCC to instill positive habits or change people's behavior to comply with established health protocols. The Indonesian government implements BCC using the Ideational Communication Model (ICM) approach which refers to how to install a new way of thinking or new behavior carried out through social interaction between individuals and groups.

An individual's own behavior is influenced by various social, psychological factors, as well as abilities and the environment that supports the formation of the desired behavior. With the implementation of BCC, these factors will be easily influenced. In the application of BCC with the ICM approach, instructive communication is used to teach the skills and knowledge needed to take an action.

The communication patterns applied to BCC in the model are as follows (a) Directional / directive, in the form of direction to the community through one-way communication, (b) Non-directive, in this pattern volunteerism or community participation, in this case community involvement in dialogue, interaction, both face-to-face and through social media to support behavior change, and (c) Public, by setting rules or regulations, as well as enforcement of advocacy.

These communication patterns will then influence various factors that support or support changes in an individual's behavior. Based on the same model, the following are factors that support behavior change of an individual, namely, (a) Cognitive, includes beliefs, espoused values, and individual knowledge or understanding of a topic, (b) Emotional, includes the emotional response or how an individual feels to the change in question. In addition, the emotional response also includes the individual's self-confidence in carrying out the intended behavior change, and (c) Social or behavioral, including interpersonal interactions or individual behavior towards the intended change.

When communication patterns in the BCC model with the ICM approach are applied, it will then affect the factors that support or support behavior (Health Communication Capacity Collaborative 2021). This study focuses on the effect of the Indonesian Government's communication strategy that implements BCC on the compliance of East Java residents in complying with health protocols, where compliance is a behavior that is expected to be possessed by the community in the era of the COVID-19 pandemic which is formed due to cognitive, affective, and behavioral aspects. owned by the community is in accordance with what is needed.

Communication strategy is a form of planning, tactics, and designs used to carry out the communication process in order to achieve the desired goals (Effendy 2015). The communication strategy is a determinant of the success or failure of the communication efforts carried out. The communication strategy itself is a combination of communication planning (communication planning) and management (management communication) in achieving communication goals (Effendy 2015). In this study, the communication strategy refers to the Indonesian Government's communication strategy during the Emergency PPKM period using the BCC method and the ICM approach.

3. Methods

The research approach used in this study is a quantitative approach. According to Creswell (2014), "a quantitative approach is the measurement of objective quantitative and statistical data through scientific calculations derived from a sample of people or residents who are asked to answer a number of questions about a survey to determine the frequency and percentage of their responses". Meanwhile, according to Sugiyono (2019), quantitative research can be defined as a research method based on the philosophy of positivism that is used to examine a particular population or sample, collect data using research instruments, and analyse quantitative or statistical data, with the aim of testing previous hypotheses. has been determined by the researcher.

Based on the existing explanation, it can be concluded that the quantitative approach is a research approach that uses accurate statistical data tests. Meanwhile, based on the background and problem formulation described in the previous chapter, this study uses a quantitative approach to determine the effect of the Indonesian Government's communication strategy during the Implementation of Emergency Public Activity Restrictions (PPKM) on the compliance of East Java residents in complying with health protocols.

In this study, the research design used was a non-experimental type of research in the form of a survey. Non-experimental research with survey methods allows researchers to identify relationships between variables but cannot manipulate variables (Ary et al. 2018). A survey was conducted to find relative occurrences, distributions, and relationships between variables. Meanwhile, in a survey, researchers ask respondents about past or present beliefs, opinions, or characteristics of an object and behaviour. Surveys or questionnaires are carried out by providing a set of written questions for respondents to answer (Sugiyono 2019). In this study, the researcher wanted to identify the effect of the communication strategy carried out by the Government of Indonesia during the Emergency PPKM period on the compliance of the population of East Java in complying with health protocols using the survey method. The survey method is considered suitable for this study, because to determine the effect of the communication strategy carried out by the Government of Indonesia during the Emergency PPKM period on the compliance of the East Java population to the health protocol, respondents will be asked for their opinions or views, both about the communication strategy implemented by the Government of Indonesia and the Government of Indonesia. respondent's behaviour is related to the applicable health protocol, as the definition and purpose of the survey method according to Kerlinger and Neuman W Lawrence which has been described previously.

There are 2 variables identified in this study which are independent variable and dependent variable. According to Sugiyono, the independent variable is a stimulus, predictor, antecedent variable, or in Indonesian it is often referred to as an independent variable (Sugiyono 2019). The independent variable in this study was the Indonesian Government's communication strategy which was applied during the Emergency Public Activity Restriction (PPKM) period. Meanwhile the dependent variable is the dependent variable or the variable that is influenced or which is the result, because of the independent variable (Sugiyono 2019). The dependent variable of this study is the compliance of the population of East Java in complying with health protocols.

Operational research variables are intended to explain and facilitate the determination of measurements of the observed variables. Variables are characteristics that will be observed from the unit of observation. Shown in Table 1 is the operationalization of variables used in this study to determine the number of questions in the questionnaire:

Table 1. Operationalization of variables

Variables	Dimensions	Indicators
Indonesian Government's communication strategy applied during the Emergency Public Activity Restriction (PPKM) period	Directive	<ol style="list-style-type: none"> 1. The information dissemination about the latest condition of COVID-19. 2. The information dissemination about the Emergency PPKM. 3. The effect of Indonesian Government's communication strategy.
	Non-Directive	<ol style="list-style-type: none"> 1. Dialogue / interaction between the Indonesian Government and the people. 2. The use of conventional media network during Emergency PPKM. 3. The use of digital media during Emergency PPKM.
	Public	<ol style="list-style-type: none"> 1. The communication about rules and policy regarding the Emergency PPKM. 2. The implementation of rules and policy regarding the Emergency PPKM.
The compliance of the population of East Java in complying with health protocols.	Cognitive	<ol style="list-style-type: none"> 1. People's knowledge regarding Emergency PPKM. 2. People's knowledge regarding the rules and policies of Emergency PPKM. 3. People's knowledge regarding the reasons for implementing Emergency PPKM. 4. People's knowledge regarding COVID-19 conditions during Emergency PPKM.
	Affective	<ol style="list-style-type: none"> 1. People's response to the implementation of Emergency PPKM. 2. People's response to the rules and policies implemented during Emergency PPKM. 3. People's confidence in implementing the rules and policies of Emergency PPKM 4. People's trust in representatives of the Government of Indonesia who communicate about Emergency PPKM. 5. People's trust in all rules and policies implemented during Emergency PPKM. 6. People's satisfaction with the Indonesian Government's communication efforts during Emergency PPKM. 7. Desire of the people to implement the rules and policies of Emergency PPKM.
	Behavior	<ol style="list-style-type: none"> 1. People's compliance with the rules and policies of Emergency PPKM. 2. People's action to invite people around to implement the Emergency PPKM rules.

According to Sugiyono (2019), the hypothesis is a temporary answer to the research problem formulation where the research problem formulation has been stated in the form of a question sentence. It is said to be temporary because the answers given are only based on relevant theories, not yet based on empirical facts obtained through data collection. So, the hypothesis can also be stated as a theoretical answer to the research problem formulation, not an empirical answer.

In this study, the hypothesis is:

H_0 : There is no influence caused by the communication strategy of the Government of Indonesia during the Emergency PPKM period on the compliance of the East Java population in complying with health protocols.

H_1 : There is an influence caused by the communication strategy of the Government of Indonesia during the Emergency PPKM period on the compliance of the population of East Java in complying with health protocols.

4. Data Collections

Population can be interpreted as the entire subject or object that is the focus of research with characteristics that are in accordance with the research topic being conducted (Sugiyono 2019). The population of this study were residents of East Java Province where the Emergency Public Activity Restrictions (PPKM) was held. Based on the 2020 Population Census conducted by the Central Agency (BPS) of East Java, the population in East Java Province reached 40.67 million people.

According to Sugiyono (2019), sample is part of the number and characteristics possessed by the population. What is learned from the sample, the conclusions will be applicable to the population. Samples taken from the population must be representative (represent). To determine the sample size, the researcher used the Slovin Formula which is a formula for calculating the minimum number of samples in the study if the behaviour of a population is not known to the researcher with certainty. The error tolerance limit in this study is 5%.

$$n = \frac{N}{1 + N(e)^2}$$

Information:

- n : Number of research samples
- N : Total Population = 40,665,696 people
- e : Error tolerance limit 10% = 0.1

So, the calculation is:

$$n = \frac{40.665.696}{1+40.665.696(0,05)^2}$$

$$n = 399,9$$

The number of samples to be taken is 399.9 which will be rounded to 400. The technique used in selecting the sample for this research is probability sampling which is a sampling technique that provides equal opportunities for each member of the population to be selected as a sample (Sugiyono 2019). In this study the sampling technique used is probability sampling with cluster sampling technique. Cluster sampling itself is a sampling technique of objects or broad data sources. With cluster sampling, samples can be drawn randomly from units in the research population that are large and heterogeneous or diverse (Suyanto and Sutinah 2015). The researcher will take a sampling of the residents of the city of Surabaya and the city of Malang from the entire population of the province of East Java. The two cities were chosen as representatives of the population of East Java because they have a very high population density, much higher than the population density of other cities and regencies in East Java, with a total population density of 8795 people/km² and the City of Surabaya. Malang reached 7667 inhabitants/km². The level of population density itself is known to have a direct correlation or relationship with COVID-19 cases, in which areas with low population density have a low number of COVID-19 cases, while areas with high population density have a high number of COVID-19 cases also high (Azizah et al. 2021).

The data collected was tested for its validity with Validity Test, Reliability Test, Normality Test, and Linearity Test. The validated data would then be analysed with Regression Analysis and Hypothesis Test to determine the results of the study.

5. Results and Discussion

5.1 Result

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.714 ^a	.509	.508	5.746291
a. Predictors: (Constant), X_TOTAL				

Figure 1. Model summary from regression analysis results

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	20.296	1.592		12.750	.000
	X_TOTAL	1.058	.051	.714	20.605	.000

a. Dependent Variable: Y_TOTAL

Figure 2. Coefficients of determination from regression analysis results

A. Regression Analysis Results

The Regression Analysis result can be seen in Figure 1 and Figure 2. Based on the coefficient table shown in Figure 2, column B in row constant (a) is 20.296, so the value of the Indonesian Government's communication strategy during the Emergency PPKM period (b) is 1.058. The following is the regression equation:

$$Y = a + bX$$

$$Y = 20.296 + 1,058X$$

The coefficient b is the regression direction coefficient which states the average change in the Y variable for each change in X by one unit. Since the coefficient b is positive, the coefficient b adds increments. So, the regression equation above can be interpreted as:

- The constant of 20,296 states that if there is no value for the Indonesian Government's communication strategy during the Emergency PPKM period (b), then the consistent value of the East Java population's compliance with health protocols during the Emergency PPKM period is 20,296.
- The X regression coefficient of 1.058 states that for every 1% increase in the value of Indonesian Government communication during the Emergency PPKM period, the value of East Java residents' compliance with health protocols during the Emergency PPKM period increases by 1.058.

B. Hypothesis Test Results

1. T Test

T test results shown in Figure 2 showed that t count (20.605) > t table (1.645) and the significance value (Sig.) of variable X is 0.000 which is smaller than the probability value of 0.05 (0.00 < 0.05). So it can be concluded that H0 is rejected and H1 is accepted, which means that there is an influence between the Indonesian Government's communication strategy during the Emergency PPKM period on the compliance of the East Java population in complying with health protocols.

2. Coefficient of Determination

The coefficient of determination (Adjusted R Square) of 0.508 shown in Figure 1 means that the influence of the independent or independent variable (the Indonesian Government's communication strategy during the Emergency PPKM) on the dependent or dependent variable (East Java population compliance with health protocols) is 50.8%, while meanwhile, the rest is influenced by other variables not discussed in the study.

5.2 Discussion

The Indonesian government implemented a Behavioural Change Communication (BCC) strategy that targets changes in habits and behaviour of the target audience, where in this study a survey was conducted on residents of East Java (Surabaya City and Malang City). Based on a survey distributed to respondents, as many as 74.7% of respondents accepted the implementation of Emergency PPKM because most of the respondents had understood and knew what Emergency PPKM was (87.3% of respondents), what rules were enforced in Emergency PPKM (84.4% of respondents), as well as the reasons why Emergency PPKM was implemented (82.2% of respondents). The Government of Indonesia distribute information related to COVID-19 through many channels, television, social media and also official website.

Other results of a survey that has been distributed to 411 respondents in terms of the directive communication carried out by the Government of Indonesia during Emergency PPKM that 68.1% of respondents said that the government had communicated the conditions of the COVID-19 pandemic in Indonesia well. Meanwhile, 70.8% of respondents

felt that the government had communicated well the background to the implementation of the Emergency PPKM as a response to the handling of the COVID-19 pandemic. In addition, 75.9% of respondents also think that government communication regarding Emergency PPKM had a significant influence on efforts to deal with the pandemic. With the average level of respondents' approval of the performance indicators of the directive pattern reaching 71.6%, this pattern is said to be the pattern that has the most influence compared to the other two patterns (non-directive and public).

Based on the results of a survey that has been distributed to 411 respondents, the non-directive communication carried out by the Government of Indonesia during Emergency PPKM has been carried out well. 50.8% of respondents feel that the Government of Indonesia is able to accommodate and listen to the aspirations of the community properly. Regarding the use of various media networks, 66.2% of respondents feel that the Government of Indonesia has made good use of conventional media networks. Meanwhile, 77.9% of respondents feel that the Government of Indonesia makes good use of digital media, digital media used by the Government of Indonesia in its efforts include various social media channels such as the COVID-19 Task Force Website, Twitter, Instagram, Facebook, and TikTok. With the average level of respondents' approval of the non-directive pattern performance indicators reaching 65%, this pattern is said to be the second most influential pattern in the communication strategy implemented by the Government of Indonesia during the Emergency PPKM period. Although not an influential pattern, one of the performance indicators of this pattern, namely the use of digital media, is an indicator that has the highest level of respondent approval when compared to all performance indicators of the communication strategy pattern with 77.9%.

The pattern of public communication in the Indonesian Government's communication strategy focuses on making regulations, rules, or health protocols and advocating for enforcement efforts (Muktiyo 2020). Based on the results of a survey that has been distributed to 411 respondents, the public communication carried out by the Government of Indonesia during Emergency PPKM has been carried out well. 68.1% of respondents felt that the Government of Indonesia communicated health rules, policies, and protocols for the implementation of Emergency PPKM well. Meanwhile, 61.6% of respondents felt that the Government of Indonesia had implemented well-implemented health rules, policies, and protocols. With the average level of respondents' approval of the performance indicators of the public pattern reaching 64.9%, this pattern is said to be the third most influential pattern in the communication strategy implemented by the Government of Indonesia during the Emergency PPKM period.

In carrying out government communications as an effort to handle the COVID-19 pandemic, it is important to understand public perceptions of government communications (Tam et al. 2021). Public perceptions arising from government communication activities will affect the cognitive, affective, and behavioural aspects shown to achieve the goals of government communication carried out. Cognitive aspects include individual understanding and knowledge (Tam et al. 2021). In this study, cognitive aspects are discussed in the context of understanding and knowledge of the COVID-19 pandemic conditions before the implementation of Emergency PPKM and Emergency PPKM itself. Based on the results of a survey that has been distributed to 411 respondents, as many as 80.5% of respondents knew about the condition of the COVID-19 pandemic before the implementation of Emergency PPKM. Meanwhile, 82.2% of respondents know the reasons for the implementation of Emergency PPKM. As many as 87.3% of respondents know and understand what is meant by Emergency PPKM. Meanwhile, 84.4% of respondents know the rules, policies, and protocols set by the Government of Indonesia during Emergency PPKM.

Affective or emotional is an aspect that includes the emotional response felt by the individual (Tam et al. 2021). In this study, the affective aspect is discussed in the context of the respondents' emotional response to the implementation of Emergency PPKM. Based on the results of a survey that has been distributed to 411 respondents, as many as 86.5% of respondents understand why the Government of Indonesia should implement Emergency PPKM. A total of 74.7% of respondents accepted the rules, policies, and protocols implemented by the Government of Indonesia during Emergency PPKM. 77.4% of respondents feel they are able to carry out all the rules, policies, and protocols implemented by the Government of Indonesia. Meanwhile, 75.4% of respondents believe that by implementing the rules, policies, and protocols that apply during Emergency PPKM, they are able to handle the COVID-19 pandemic in Indonesia for the better. Equally important, as many as 64.9% of respondents feel trust in the representatives of the Government of Indonesia appointed to communicate all rules, policies, and protocols implemented during Emergency PPKM. These representatives include various state representative institutions such as the Ministry of Health, the Ministry of Communication and Information, the Ministry of Home Affairs, and other government agencies.

The last aspect is the behavioural aspect shown by the community in response to the Indonesian Government Communications to handle the COVID-19 pandemic with the implementation of Emergency PPKM. Based on a survey that has been distributed to 411 respondents, as many as 83.2% of respondents claimed to have implemented or implemented the rules, policies, or Emergency PPKM protocols well. Meanwhile, as many as 77.9% of respondents are willing to invite people around them to carry out the health rules, policies, or protocols that apply during Emergency PPKM properly.

6. Conclusion

Based on the results of the survey distributed to respondents, with the average level of respondent agreement on the performance indicators of the directive pattern reaching 71.6%, this pattern is said to be the most influential pattern, which is then followed by the non-directive pattern at level 65. %, and the last is the pattern of public communication at the level of 64.9%.

Meanwhile, the cognitive aspect is the aspect that is most influenced by the Indonesian Government's communication strategy during the Emergency PPKM period with the average respondent's approval of the indicator being at the level of 83.6%, then followed by the behavioural aspect at the level of 80.55%, and the last is the affective aspect at the level of 73.9%. These results are in line with the assumption of stubborn audience theory which states that each individual will filter, select, and internally process all messages he receives, where despite the respondent's understanding and knowledge of what Emergency PPKM is, what rules are applied, and the reasons why Emergency PPKM is implemented, it does not necessarily affect the respondent's behaviour to carry out or implement things that they understand and know.

Based on the tests that have been carried out previously, the effect of the independent or independent variable (the Indonesian Government's communication strategy during the Emergency PPKM period) on the dependent variable (East Java population compliance with health protocols) is 50.8%, meanwhile, the rest is influenced by other variables not discussed in the study. The Government of Indonesia needs to increase the efforts of the communication strategy with a non-directive pattern, by increasing dialogue or interaction with the community because based on the results of a survey of respondents, only 50.8% of respondents felt that the Government of Indonesia responded to the aspirations of the community related to PPKM Emergency and COVID -19 well. In addition, the Government also needs to further enhance the efforts of public communication patterns by better communicating the rules and policies established during the Emergency PPKM period and their implementation or implementation which must be carried out better as well.

Future studies can examine the effect of the Indonesian Government's communication strategy during the Emergency PPKM period on the compliance of residents of other provinces in complying with health protocols and other factors that affect the compliance of the population of East Java province or other provinces in complying with health protocols.

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