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Andriati, R., Ernawati, K., & Kusumawaty, I. (2021). The COVID-19 self-isolation experience at home: the public health literacy movement. *International Journal of Life Sciences & Earth Sciences*, 4(1), 53-61.
<https://doi.org/10.31295/ijle.v4n1.1760>

The COVID-19 Self-Isolation Experience at Home: The Public Health Literacy Movement

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Abstract---*This Paper intended to discuss the experiences of Covid-19 patients who are self-isolating at home was our primary goal. This discussion is expected to add insight into the public health literacy movement, considering that the issue of the pandemic increasingly demands public participation in anticipating and independently handling each victim of the pandemic. We discuss the above problem by obtaining data from the experience of self-care patients that have been published in various domestic and foreign health journals. As for the data we found, we have reviewed the coding study system and in-depth evaluation to get in-depth and valid discussion data. Based on the data that we describe and the discussion, we can describe the results that we can describe that the efforts made by a typist are exposed to Covid-19 by avoiding public places, for example, markets, hospitals, places of worship, offices, stations, terminals, etc. Maintain a distance of approximately 1 meter from the nearest person; try not to crowd. Those infected with COVID-19 or other infectious diseases transmitted by touch will not infect others in a crowd if they keep their distance from each other under the guidance of government medics.*

Keywords---*experience, health study, health literacy, pandemic, self-isolation*

Introduction

Patients life experiences can be a valuable source of information for health care institutions looking to improve the quality of their services (Philip et al., 2020). This is the essence of the most valuable presentation, especially for medical professionals and the general public. Measuring patient satisfaction has become a frequent practice in healthcare settings seeking to collect data for quality improvement. On the other hand, exploring patient happiness appears to have many drawbacks, one of which is that it is too broad a term to define precisely (Gianfrancesco et al., 2020). Patient experience, on the other hand, can show the patient the way. Patient experiences can be used to extract information about what happens when they receive a particular treatment or episode in a healthcare institution. It is possible to assess the elements of the patient experience that are significant to the patient or suggest things that can improve the quality of service in the patient's opinion by using the patient's experience. Patient satisfaction can be measured in two ways: quantitatively and qualitatively (Taylor et al., 2021; Kowalski et al., 2020). Conducts face-to-face surveys, telephone surveys, and other remote survey techniques quantitatively are also essential. In-depth interviews, Focus Group Discussions, and publications were used in a qualitative approach. In hospitals and primary care settings, there is a wide range of patient experience instruments to choose from (Banks et al., 2021).

The medic made a final statement in which they emphasized the importance of the patient experience in improving the quality of care (Carda et al., 2020). Not all patients who are happy with the service can express their pleasure, and not all patients who are not happy with the service can voice their dissatisfaction. The emergence of another SARS-like disease known as COVID-19 towards the end of 2019 shocked the world. On the other hand, individuals without side effects can be infectious because transmission occurs before symptoms appear. Separation is the best way to break the chain of spread (Guo et al., 2020). According to Ibrahim Nur (2021), in his study, people live at peace with the pandemic that his report said, among others, that there were 23.5 million positive cases of COVID 19 in the world, with a death toll of more than 800,000 people. In Indonesia, 155,412 cases were reported, with 6,759 people dying (National Agency for Disaster Management) (Putra et al., 2020; Manullang et al., 2021; Sudarmo et al., 2021). While in South Kalimantan Province, there were 7,838 positive people, 335 people died (Santoso, 2021). Medical nurses are one of the most common healthcare professionals, with most working in the emergency room and direct contact with patients 24 hours a day. So, all information and studies related to the experience of recovered patients must be a valuable lesson in efforts to continue handling COVID-19 in the country (Syuhudi, 2020).

The fact is that COVID-19 does not only attack the general public; it will still be highly contagious among medical personnel (Hanggoro et al., 2020). According to Pradana & Casman (2020), the high risk is caused by prolonged interactions with patients and many patients, both of which increase the number of infections around them. These factors are exacerbated by the lack of personal protective equipment and lack of information on using PPE. According to Pradana and Casman (2020), the number of medical personnel exposed to COVID-19 ranges from 170 to 200 million. Whatever happens, the help must continue. Who will treat the patient if the medical nurse is unable to do so? Medical personnel who have just confirmed COVID-19 after recovering are required to return to try to treat existing patients. The possibility of relapse is clear, and it will make them anxious on COVID-19, as Hao et al. (2020), in their research, may have real implications for a person's psychological health in addition to real impact. The condition of medical personnel who have confirmed COVID-19 and then return to work after recovering will affect their variation cycle in treating COVID-19 patients because they interact with patients every time they work.

According to Li et al. (2020), in their research, the fear of contracting COVID-19 causes mental problems such as anxiety, defamation, and grief, which are very uncomfortable for health workers and can adversely affect the quality of treatment. They must overcome their anxiety to treat patients according to the nursing care plan that has been established. The transformational interaction of medical nurses is in line with Alligood (2017), nursing theory which states that the person is a biopsychosocial being in its totality. A person is said to be healthy if he can meet his physical, mental, and social needs. Adapting is something everyone regularly does, for both good and bad reasons (Szmuda et al., 2020; Mattered et al., 2020). For this scenario, the officer who is still working is considered adaptable because he can resume his abilities and work as a medical caregiver. The results of the preliminary report led by five medical personnel at the hospital that more and more doctors were declared to have confirmed COVID-19, and when examined, they felt devastated; they were worried that it would get worse and were also afraid of staining their relatives, especially when they consider shame from friends and expulsion from their homes (Kow, 2020).

While the most recent medics are not sure where he got the infection from, they may have contracted it while working as a specialist assistant outside the emergency clinic, where the PPE used is level 2 and 3 PPE; It can get infected while working very focused on patients in a unique COVID-19 therapy room; when working, the PPE used is PPE level 2 and 3. As suggested, a glass barrier separates the treatment area for the Gambir station (Rosyanti & Hadi, 2020). The three officers said that after it was confirmed that they had contracted COVID-19, they were asked to withdraw for two weeks in an isolation facility provided by the government because the side effects were mild. In a different environment. After recovering, they are approached to relax and are given healthy food and nutrition to continue their duties as officers, including caring for patients (Masrul et al., 2020).

Method

In this section, we briefly describe the study we carried out. The purpose of this article is to talk about the experiences of COVID-19 patients who are self-isolating at home. Since increasing pandemics require public involvement in predicting and independently managing each pandemic victim, this debate is expected to provide insight into the public health literacy movement (Polinder et al., 2015). We address this issue by analyzing data from patient self-care experiences, which have been published in various local and international health publications. We evaluated the coding study method and conducted an in-depth assessment to obtain in-depth and accurate discussion data. We chose secondary data because we wanted to get experience in handling a pandemic by self-isolation. The

study is a kind of review to answer experience (Stenberg et al., 2010). So that the data that we have studied is more recent and updated, we try to examine the evidence of studies published around 2010 to 2021) (Etkind et al., 2017).

Result and Discussion

Monitoring remotely

With the number of positive cases of COVID-19 in Indonesia increasing from time to time and the limited space for emergency polyclinics for separation, patients with SWAB test results show positive results with mild or even asymptomatic manifestations such as Happy Hypoxia are advised to self-isolate at home – regularly. Individuals (Goyal et al., 2020). This could ease the strain on medical clinics, which are becoming more crowded as the number of isolated COVID-19 patients grows. Hospitals must have a structure to handle patients who do not have enough treatment rooms. Some journals have instructed that those inspections lead to remote inspections. Remote monitoring systems are increasingly being introduced as remotes in this experiment. Dijaya et al. (2019), conducted research using the Atmega328 microcontroller as a regulator of the SpO2 finger sensor and DS18B20 sensor, then using ESP8266 as remote communication can be displayed on the web using the internet browser method (Singh, 2021). The investigation was led (Sanjaya et al., 2021). This method uses ESP8266 as its IoT module, so the data it collects will be uploaded to the ThingSpeak worker. In this study, MAX30100 was used to measure SpO2 levels, while LM35 was used to measure internal heat levels (Zhang et al., 2020; Vecchio et al., 2020).

However, the impact of employee use of ThingSpeak has not been revealed in the journal. In another investigation, Zigbee was found to be used for data transfer. Widodo et al. (2021), used a SpO2 sensor with Type DA-100A, a microcontroller with a small Arduino, and ZigBee to transmit reading information to a PC, which was then entered from the web. Another study using Zigbee (Kuchanskyy & Zaitsev, 2020). Those who build their sensors using the Atmega8535 microcontroller then send data from a PC to be processed and displayed by the GUI (Graphical User Interface) of the Roving RN-XBee Wi-Fi Module as information transmission that can be associated with switches with current switches (Erranaomi, 2020). Then, the BlueSMiRF module transmits information to mobile phones (Sulistiani et al., 2021). Then use Android Studio as a mobile application to get information according to Erranaomi (2020), which uses nRF 24L01 as a separator between the sensor (RX) and receiver (TX), which includes SIM900L module as SMS sender to transmit data, uses Atmega328 as a microcontroller, then LM35 as a user of internal heat level, and MAX30100 as a user of SpO2. Phan et al. (2020), uses a LAN organization (802.11b) as a transmitter of information from sensors to client PCs and reaches a range of 70 meters with a transport delay of fewer than 200 milliseconds (Robinson & Sexton, 1994; He et al., 1988).

However, it is also important to know without direct contact with the patient to help see the patient's condition apart from the delivery from the emergency clinic to the family. An android phone can be used as a surveillance device by the family. For research that uses an Android phone as an interface, Putra & Roosandriantini (2021), uses Android Studio to create an interface by sending information from a device to a cellphone via a Bluetooth module HC-06 MAX30102 and XME231 as internal heat level sensors. Then in further research Ali (2020), used the HC-05 module with an Android mobile interface to display sensor data such as SpO2 and internal heat levels. The framework is then compared with the ESP-01 for sending data to ThingSpeak workers as part of the Internet of Things approach. Using ESP32 as a microcontroller and Bluetooth, the patient's pulse rate, blood oxygen saturation level (SpO2), and internal heat level will be displayed on the SMA android phone, then sent to the ThingSpeak worker for remote verification (Savitri & Naili, 2020). So that in the future, this instrument can be used by families to determine the patient's condition without direct contact, and can be observed by clinical faculty from the side of ThingSpeak workers as a remote examination, which can reduce medical clinic problems, which increase with increasing in some cases, so that patients with mild symptoms can be detected with high accuracy (Rahmawati & Yulianti, 2020).

Community-Based covid approach

Based on the Decree of the Minister of Health of the Republic of Indonesia, it was stated that since December 31, 2019, data about the Wuhan infection began to spread (Noor et al., 2020). WHO has declared coronavirus as a Public Health Emergency of Global Concern (PHEIC) where the transmission is high-speed, and the death rate is very high. A world-scale episode requires approximately five endless meetings between government and private, private/public agencies, and consortia (Disantara, 2020). Different conventions both on a broad scale around the world, around the world, and in small areas such as cities must follow these standards. This is done considering that Indonesia is a multi-social country with diverse diversity. Beat the COVID-19 case; the main thing is to advance regional

autonomy. Merging various networks in the public arena will be more beneficial because they can take advantage of various approaches to participate (Ilmi et al., 2020). The presence of the local area provides an opportunity for the community to provide different gifts and capacities for the local area. The distribution of data bundling must be adapted to the way of life of the surrounding community in order to generate understanding and understanding from both the arrangement producers and the community in general (Djalante et al., 2020).

According to Park et al. (2020), the Community Information Group (CIG) plays a significant role in handling Covid-19. CIG is a public service institution managed from, by, and for the community with a particular orientation in information services and community empowerment. According to data, the number of KIM spread throughout Indonesia is 4,475 CIGs spread in every kelurahan/village (Gu & Li, 2020). A total of 154 CIGs in Surabaya were deployed to carry out various activities to stem the spread of COVID-19. Through dialogue between communities, CIG, and stakeholders will encourage individual involvement towards social change. This dialogue will open up opportunities for each party to be actively involved in handling COVID-19. This will help prevent hoax information about the outbreak (Kusnadi & Hikmawan, 2020).

Literacy community health

Due to the high infectivity of the infection and the severity and mortality of the disease, the discovery of another strain of Coronavirus (SARS-CoV-2) in China in December 2019 had a significant impact on medicine, research, legislative issues, and society (Park et al., 2020). The World Health Organization (WHO) declared the COVID-19 disease a pandemic in March 2020, and since then, several countries have adopted segregation and intercession measures, even though containing the epidemic did answer major scientific tests (D'cruz & Banerjee, 2020). Health administration inadequacies in some countries, such as overcrowding in emergency clinics, lack of supplies, and specialists in fighting disease, often contribute to social, political, and financial chaos. Health care groups to develop rapid response methods to stem the spread of disease. The underlying situation has caused this issue to be disseminated by health organizations, established researchers, the media, and the internet. However, just because there are many data does not mean that these sources always provide reliable and valuable content, and sometimes false and incorrect information is conveyed, which is quickly absorbed and spread (Coico, 2021).

Unlike the Black Plague of the fourteenth century and the recent Spanish Flu, the current pandemic also has a data epidemic to deal with (Barro et al., 2020). As a result, the data obtained and communicated requires an initial essential examination of its content. However, not everyone makes this critical judgment before sharing it, partly because of the effectiveness of spreading news through mobile phones, tablets, and PCs and partly because of the lack of adequate health literacy. According to WHO, health education is defined as the ability of patients to obtain, assess and understand health data to make essential judgments and choices about their health in everyday life (Carman et al., 2016). In times like the COVID-19 pandemic, when data is constantly changing, and rapid changes in the behavior of entire populations are required to reduce the risk of contamination and transmission of this disease, establishing appropriate levels of health proficiency has never been easier (Alon & Amato, 2020).

Community health knowledge

The ability to manage one's health is a widespread and growing concern in the field of public health (Özdin & Bayrak Özdin, 2020). Low health education results in difficulty understanding measures of well-being, increases hospitalization rates and costs for health administration, impairs medication adherence, affects personal happiness, and overcomes barriers to self-care, according to the Paper (Ridley et al., 2020). Apart from that, there are only a few studies comparing proficiency levels in different countries. Several investigations are included among places commonly affected by COVID-19, such as that supported in Europe by the European Health Literacy Survey, which found that about half of the European population has low levels of health literacy (Dadaczynski et al., 2021). About 70% of adults have poor welfare skills, with a higher percentage of disability in the elderly population. According to the National Assessment of Adult Literacy survey, only 12 percent of Americans have a level of health welfare literacy competency. There are no public extension studies in Brazil evaluating health education; however, in certain provincial studies, it may be possible to detect poor levels of understanding in certain groups of patients (Wang et al., 2018).

Well-being is a widely neglected subject, to the point that many artists see it as a silent epidemic (Schmitt, 2020). Overall, the long-term consequences of poor well-being abilities have been seen, for example, in the poor outcomes of patients with persistent non-communicable diseases who do not adhere to treatment (Yadav et al., 2020). The consequences of poor welfare skills are being introduced and frightening, with the COVID-19 pandemic. The

significant increase in confirmed cases indicates the general public's incompetence and difficulty understanding critical response guidelines. Low levels of social segregation often reflect a lack of understanding of the many aspects of infection and the individual and collective effects of pollution (Singu et al., 2020).

Amid the growing regulatory and instructional spread of the COVID-19 pandemic, the lack of health education can lead to misinformation, especially in correspondence organizations, such as the internet, which present two truths and falsehoods on the most diverse subjects (Tria, 2020). Despite the abundance of new information, the public is bombarded with irrelevant material, making it challenging to decide the truth. Therefore, solid and relevant regulations must be presented in easy-to-find and straightforward language to be disseminated and implemented. In this process, the media must become collaborators (Mishra & Singh, 2021). The situation is significantly more pronounced in countries with less financial turnover in Brazil, the spread of SARS-Cov-2 starting in centers and privileged societies; however, as the infection spreads to low-income segments, the effects become more extreme, suggesting the skewed impact of COVID-19 on this segment of the population (World Health Organization, 2021).

Community health facilities

Types of work connections, daily need to use public transportation, helpless reception of medical care, slow social isolation, and poor welfare capabilities are all factors that make these people weaker to pollution. In these circumstances, the presence of the state, through the provision of basic food, is essential in achieving greater adherence to social confinement, thereby preventing the spread of disease and burdening the health care system (Kretchy et al., 2021). It is important to note that increasing the number of emergency departments, obtaining respirators, and having access to analytical tests will not be sufficient to address and address the problem if there is no concerted effort by health professionals, political scientists, analysts, and, most importantly, the general public, which a trusted source will guide and completely undisturbed (Balasubramanian, 2020). The COVID-19 pandemic has highlighted gaps in the overall welfare education level of the population, highlighting the need for more comprehensive planning to determine the overall status of welfare skills in more countries, especially in countries where welfare proficiency profiles have not been tracked (Gambhir et al., 2020). In this regard, it is essential to increase the discussion on this critical and underappreciated topic. Proficiency enhancement has proven to be a viable method in health promotion, infection prevention, control, and situations such as the one we are currently experiencing, which require rapid action, dealing with specialized tools (Morales-Narváez & Dincer, 2020).

Conclusion

This final section concludes from a series of studies of tens of paper articles that discuss the independence of managing exposed to COVID-19. Through the study of much literature, we are looking for by searching the internet. Finally, we found out from many well-known publications that discussed health issues, especially COVID-19 and efforts to self-isolate (Fried et al., 1991; Furberg et al., 1994). From all the evidence that we have gathered, we can say that in the end, among other things, public facilities are not enough, so self-isolation is the right choice, but it is under hospital control. Then also explain the understanding that health also contributes to the success of self-isolation. Then we explain again how vital the literacy of the health of citizens is so that the COVID-19 outbreak is not only the duty and responsibility of the state. No matter how intense the state is, without community empowerment, isolation handlers will face obstacles. What is very important is monitoring the medical staff so that the isolation community can be rocked and successful (Rayuwati, 2020; Mendoza & Rodríguez, 2020).

Acknowledgments

We appreciate every support and financial aid from the university and government. Without these supports, this would not complete as expected similar to the financial support, we are also very thankful indeed.

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