Jurnal Riset Multidisiplin dan Inovasi Teknologi
E-ISSN 3024-8582 P-ISSN 3024-9546
Volume 2 Issue 01, January 2024, Pp. 307-326
DOI: https://doi.org/10.59653/jimat.v2i01.493

Role of Actors in Covid-19 Control in West Nusa Tenggara Province

Lalu Satria Utama[1*], Syaefullah[2], Abdul Rahman[3], Dwi Putri Yuliani[4], Marzuki[5]
Institut Pemerintahan Dalam Negeri, Indonesia I lalusatria@ipdn.ac.id[1]
Institut Pemerintahan Dalam Negeri, Indonesia I syaefulloh@ipdn.ac.id[2]
Institut Pemerintahan Dalam Negeri, Indonesia I abdulrahman@ipdn.ac.id[3]
Institut Pemerintahan Dalam Negeri, Indonesia I dwiputri@ipdn.ac.id[4]
Institut Pemerintahan Dalam Negeri, Indonesia I satriabideko@gmail.com[5]
Correspondence Author*

Abstract

The study has purpose to analyze the role of actors in the social representation of Covid-19 control. The study uses a mixed method with an explanatory sequential design. The results shows that there is a positive influence on the role of actors on the discipline of health protocols in controlling Covid-19 in West Nusa Tenggara (NTB), each pentahelix actor participates well. Higher education as a consulting actor provides input, views, and academic legitimacy. Academics criticize policies scientifically so that they can be accepted and have an impact as an alternative problem's solving. Pharmaceuticals accelerate the production of domestic drug raw materials and to fulfill the realization of national drug raw material independence. BPBD NTB coordinates with the Indonesian Red Cross provides basic disaster management training for government officials, communities, businesses, non-governmental organizations, and other stakeholders. Community helps the government's task of reducing any potential threat of threatening disasters.

Keywords: Actor, Covid-19, Disaster, Pentahelix, West Nusa Tenggara

Abstrak

Penelitian ini bertujuan untuk menganalisis peran aktor dalam keterwakilan sosial dalam upaya melawan Covid-19. Penelitian ini menggunakan metode campuran dengan desain eksplanatori sekuensial. Hasil penelitian menunjukkan adanya dampak positif terhadap peran agen dalam mendisiplinkan protokol kesehatan dalam pengendalian Covid-19 di Nusa Tenggara Barat (NTB), masing-masing agen pentahelix berpartisipasi dengan baik. Universitas sebagai aktor konsultatif menawarkan kontribusi akademis, perspektif, dan legitimasi mereka sendiri. Akademisi mengkritik kebijakan secara ilmiah agar dapat diterima dan ditindaklanjuti sebagai alternatif pemecahan masalah. Farmasi mempercepat produksi

bahan baku obat dalam negeri dan mewujudkan kemandirian nasional bahan baku obat. BPBD NTB bekerjasama dengan Palang Merah Indonesia memberikan pelatihan dasar penanggulangan bencana kepada aparat pemerintah, masyarakat, dunia usaha, LSM dan pemangku kepentingan lainnya. Masyarakat berkontribusi terhadap upaya pemerintah untuk mengurangi potensi ancaman bencana yang akan datang.

Kata kunci: *Aktor, Covid-19, Bencana, Pentahelix, Nusa Tenggara Barat*

Introduction

Seeing the problem of weak social representation can be traced through the problem of weak political representation system where the people's representatives who sit in council seats do not really represent the voice of the people. The political reality of contemporary Indonesia shows how the people's vote in the voting booth only leads to seats in parliament. Political parties are more likely to fight for their interests (including predatory ones) than to articulate people's agendas. This problem is also sought to be answered in the book "Rethinking Popular Representation", (Tornquist, Webster, and Stokke 2009). This book presents theoretical reviews and empirical experience in several countries about "popular representation" can be interpreted as representation that truly represents the voice of demos.

In fact, social representation in Indonesia is still weak, this is shown by the fact that there are still many people who are not disciplined in carrying out health protocols. Implementing a healthy lifestyle is, in fact, crucial to enhancing the quality of human life. If people could continue to be connected to health, life would be wonderful (Sufa, Christantyawati, and Jusnita 2017). Based on the narrative from the community, it turns out that there are still many people who do not understand the legal aspects for those who violate the Covid 19 Protocol, such as the rights and obligations of residents in carrying out life activities after the stipulation of NTB Provincial Regional Regulation No. 7 of 2020 concerning Infectious Disease Management. Therefore, a precise recipe is needed to strengthen the system of social representation that does not only rely on elites and produces new alternatives, Through collaborative penthahelix7 from various policy-making actors.

The selection of the helix concept in covid-19 disaster management is based on Praswati's statement that innovation is an interactive result involving various types of roles. This means that the problems caused by the pandemic must be a joint task involving the participation of all components of the country to overcome them. The fact about the oxygen scarcity crisis that occurs in several hospitals in Indonesia is really very worrying. As happened to Dr. Sardjito Hospital Yogyakarta as the Covid 19 National Hospital experienced a shortage of oxygen supply which caused 63 patients to die. In this case, it is questionable how the role of the Producer of Producers, Ministry of Health, should be Hospitals and others for the scarcity of this oxygen. Another example is a COVID-19 drug that is being carried out in clinical trials by government institutions in the pharmaceutical sector, universities and pharmaceutical companies in Indonesia. However, until now it has not produced a covid 19 vaccine that can

be used to vaccinate the community. The vaccines used are still imported from other countries, so it imposes a very high state budget.

Furthermore, research on the pentahelix concept has been carried out in various sectors, including research by Amrial & Muhamad (2017) in the industrial sector, the pentahelix concept was carried out with the aim of creating sustainable economic growth so that Indonesia becomes a strong industrial country in 2020 (Amrial, Muhammad, and Muhamad 2017). Research by Yuningsih et al, (2019) applies the pentahelix concept in the tourism sector with the aim of identifying actors involved in the tourism development cooperation model in the city of Semarang (Yuningsih, Darmi, and Sulandari 2019). And the results of Syafari's (2018) research in the mining area illustrate the phenomenon of the pentahelix concept in optimizing the empowerment of women/housewives (Syafari 2018).10 Therefore, there is a gap for the Team to conduct research using the helix concept or actors in the social protection sector disaster.

Role factors are not always conceptualized qualitatively, but can be measured quantitatively. Previous studies that raised the role of actors in the social protection sector used a qualitative approach with literature study data collection methods. The weakness of literature studies is that they do not explain the role factors in the research scene and do not explain the specifics among others: Diki Suherman11 (2020) research with the title: The Role of Large-Scale Social Restriction Policy Actors in Overcoming the Spread of COVID-19 in Indonesia, does not comprehensively explain aspects of the role of actors in the research arena (Suherman 2020). Role theory is not used as a tool, so it only explains the role of each actor. Similarly, research from Jacko Ryan12 (2020) entitled The Role of Actor Networks in Covid-19 Handling Policy in Indonesia (Ryan 2020). Data collection method with literature study. The theory used is the network theory from (Alcadipani and Hassard 2010). The results of the study concluded that the handling of Covid-19 in Indonesia has not been able to run optimally due to the lack of data and information owned by the government. Moreover, the network of actors between Government with other government institutions and between the government and non-government actors in fact has not been maximized properly. This has an impact on various State institutions and the relationship between the central government and local governments still overlaps in carrying out their roles.

Based on the background above, education on Covid-19 health protocols also needs to be massively promoted through the role of actors and various media as socialization to the community in facing the new normal. Through the role of actors, people need to be encouraged to be literate in information technology and understand the consequences of the current digital era in order to access public services online, especially during the new normal period. Changes in disease patterns can be influenced by the development of science and technology, population mobility and lifestyle changes and environmental changes. Therefore, it is necessary to carry out promotive, preventive, curative, palliative and rehabilitative health efforts for disease prevention and control, taking into account local wisdom and potential resources, considering that this is not only the responsibility of the health sector, but involves all related sectors.

The role of actors and local governments that deal directly with the people in facing the Covid-19 national disaster is required to be able to be a social representation to bridge the government's expectations for its people, provide understandings so that moral awareness grows, and firmly discipline the community to comply with health protocols, and vice versa the government can take agile policies and provide a sense of security to its people.

The Covid-19 disaster must be used as an opportunity for Indonesia to improve the quality of government, especially the pattern of central and regional relations. In dealing with the Covid-19 pandemic, not only synchronous policies are needed, but also a harmonious relationship pattern between levels of government. This is important so that there is no 'repression' of the central government against the regional government or 'resistance or defiance' of the local government against the central government. The era of the new normal that must be lived with more quality, synergy or togetherness is needed so that Indonesia can rise and live a new adaptive lifestyle. The solution is to encourage synergy between the government and the community to share tasks and jointly overcome Covid-19. The new lifestyle we live also requires synergy and togetherness. Harmonization is an interesting part for researchers to conduct research related to the Role of Actors in Social Representation of Covid-19 Mitigation in NTB Province.

Research Method

The research method used is qualitative research. Variables to be measured on role aspects include: policy, strategy, communication, conflict reducer, and therapy each as an independent variable. While the variables to be measured in the aspect of social representation are structural approaches and dialogical approaches, each as an intermediate variable. The dependent variables to be measured include health care discipline in controlling Covid 19. Measurement of independent variables carried out on the participation of actors in policy, strategy, communication, problem solving and therapy will be supported by qualitative analysis, and researchers can still conduct interviews or observations in accordance with the objectives of their research.

Results and Discussion

Data Presentation

Table 1. Descriptive Test of Quantitative Analysis

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Kebijakan Perlindungan Masyarakat	140	4	20	14.71	2.844
Strategi Perlindungan Masyarakat	140	11	40	30.98	5.338
Komunikasi Antar Aktor	140	5	15	11.30	2.171
Penyelesaian Sengketa/Konflik	140	3	15	12.24	2.297
Perilaku Masyarakat Dalam Terafi	140	2	10	7.81	1.567
Representasi Sosial Secara Struktural	140	3	10	7.62	1.562
Representasi Sosial Secara Dialogis	140	3	15	12.16	2.314
Disiplin Prokes Dalam Pengendalian Covid 19	140	1	5	4.15	.897
Valid N (listwise)	140				

Based on the results of the descriptive test output above, the theoretical scores obtained from the variables are:

1. The role variable as a community protection policy, has a score range between 4 to 20. The average score was 14.71, the standard deviation was 2.844;
2. The role variable as a community protection strategy has a score range between 11 to 40. The average score was 30.98, the standard deviation was 5.338;
3. The role variable as government communication, has a score range between 5 to 15. Average score of 11.30, standard deviation of 2.171;
4. The role variable as dispute / conflict resolution, has a score range between 3 to 15 average score of 12.24, standard deviation of 2.297;
5. The role variable as therapy, has a score range between 2 to 10 average score of 7.81, standard deviation of 1,567;
6. The structural approach variable, has a score range between 3 to 10 average score of 7.62, standard deviation of 1,562;
7. The dialogical approach variable, has a score range between 3 to 15 average score of 12.16, standard deviation of 2.314;
8. The Discipline Variable of the Covid 19 Control Health Protocol, has a score range between 1 to 5 with an average score of 4.15, a standard deviation of 0.897.

Normality Test

Testing the normality of each variable is carried out with the intention of knowing whether the distribution of data from each variable does not deviate from the characteristics of normally distributed data. Normality testing in this study was carried out by looking at skewness values that were close to 0.

Table 2. Descriptive Statistics of Normally Test

Descriptive Statistics

	N	Skewness		Kurtosis	
	Statistic	Statistic	Std. Error	Statistic	Std. Error
Kebijakan Perlindungan Masyarakat	140	-.275	.205	.833	.407
Strategi Perlindungan Masyarakat	140	-.790	.205	1.617	.407
Komunikasi Antar Aktor	140	-.295	.205	.050	.407
Penyelesaian Sengketa/Konflik	140	-1.013	.205	1.685	.407
Perilaku Masyarakat Dalam Terafi	140	-.712	.205	.940	.407
Representasi Sosial Secara Struktural	140	-.499	.205	.065	.407
Representasi Sosial Secara Dialogis	140	-1.349	.205	2.973	.407
Disiplin Prokes Dalam Pengendalian Covid 19	140	-1.272	.205	2.031	.407
Valid N (listwise)	140				

Based on the SPSS output, all variables in this study are not normally distributed, because the p value is below 0. According to Azwar (2017), there is no need to worry too much about this normality test as long as it has many subjects for each variable (Saifuddin 2017). Priyatno (2010) revealed that the number of data is more than 30 so it can be said to be normally distributed and commonly called a large sample. In this study using as many as 140 subjects (Priyatno 2010).

Linearity Test

To find out whether the regression equation obtained is linear or not can be known using the regression linearity test with the help of SPSS Ver.17.0. The assessment criterion is if $F_{calculate} > F_{table}$ then accept H_0 which means linear, and if $F_{Linear\ (Calculate)} > F_{Linear\ (Table)}$ then accept H_0 which means linear patterned, and if F is $_{Linear\ (Calculate)} < F_{Linear\ (Table)}$ then accept H_a which means patterned non-linear: (1) Regression Linearity Test of Covid 19 Control Health Process Discipline (Y) on Role as community protection policy (X1) The output results are as follows:

Table 3. Regression Linearity Test of Covid 19 Control Health Process Discipline on Role as Community Protection Policy

ANOVA[b]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	12.382	1	12.382	17.178	.000[a]
	Residual	99.468	138	.721		
	Total	111.850	139			

The results of the regression significance test obtained $F_{Linear\ (Calculate)} = 17.178$ were consulted with $F_{Linear\ (table)} = 3.91$ at the level of significance 0.05 and degrees of freedom (dk = 1: 140). Thus, $F_{Linear\ (Calculate)} > F_{Linear\ (table)}$ which means that the regression of Health Process

Discipline in Covid 19 Control (Y) on the role as a Community Protection Policy (X1) is a linear pattern; (2) Regression Linearity Test of Covid 19 Control Health Process Discipline (Y) on Role as a community protection strategy (X2) The output results are as follows:

Table 4. Regression Linearity Test of Covid 19 Control Health Process Discipline on Role as a Community Protection Strategy

ANOVA[b]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	35.022	1	35.022	62.907	.000[a]
	Residual	76.828	138	.557		
	Total	111.850	139			

The results of the regression significance test obtained $F_{Linear\ (Calculate)} = 62.907$ were consulted with $F_{Linear\ (table)} = 3.91$ at a significance level of 0.05 and degrees of freedom (dk = 1:140). Thus, $F_{Linear\ (Calculate)} > F_{Linear\ (table)}$ which means that the regression of Health Care Discipline in Covid 19 Control (Y) on the role as a Community Protection Strategy (X2) is linearly; (3) Regression Linearity Test of Covid 19 Control Health Process Discipline (Y) over Role as government communication (X3) Output results as follows:

Table 5. Regression Linearity Test of Covid 19 Control Health Process Discipline Over Role as Government Communication

ANOVA[b]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	34.651	1	34.651	61.943	.000[a]
	Residual	77.199	138	.559		
	Total	111.850	139			

The results of the regression significance test obtained $F_{Linear\ (Calculate)} = 61.943$ consulted with Linear $F_{(table)} = 3.91$ at the level of significance 0.05 and degrees of freedom (dk = 1: 140). Thus, $F_{Linear\ (Calculate)} > F_{Linear\ (table)}$ which means that the regression of Health Care Discipline in Covid 19 Control (Y) on the role as Communication Between Actors (X3) is a linear pattern; (4) Regression Linearity Test of Covid 19 Control Health Process Discipline (Y) on Role as Dispute / conflict resolution (X4) Output results as follows:

Table 6. Regression Linearity Test of Covid 19 Control Health Process Discipline on Role as Dispute / Conflict Resolution

ANOVA[b]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	39.904	1	39.904	76.539	.000[a]
	Residual	71.946	138	.521		
	Total	111.850	139			

The results of the regression significance test obtained $F_{Linear\ (Calculate)}$ = 76.539 were consulted with $F_{Linear\ (table)}$ = 3.91 at the level of significance 0.05 and degrees of freedom (dk = 1: 140). Thus, $F_{Linear\ (Calculate)} > F_{Linear\ (table)}$ which means that the regression of Health Care Discipline in Covid 19 Control (Y) for the role as Dispute / Conflict Resolution (X4) is a linear pattern; (5) Regression Linearity Test of Covid 19 Control Health Process Discipline (Y) Top Role as therapy (X5) Output results as follows:

Table 7. Regression Linearity Test of Covid 19 Control Health Process Discipline Top Role as Therapy

ANOVA[b]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	36.049	1	36.049	65.629	.000[a]
	Residual	75.801	138	.549		
	Total	111.850	139			

The results of the regression significance test obtained $F_{Linear\ (Calculate)}$ = 65.629 consulted with $F_{Linear\ (table)}$ = 3.91 at a significance level of 0.05 and degrees of freedom (dk = 1:140). Thus, $F_{Linear\ (Calculate)} > F_{Linear\ (table)}$ which means that the regression of Health Care Discipline in Covid 19 Control (Y) on the role as Community Behavior in therapy (X5) is a linear pattern; (6) Regression Linearity Test of Covid 19 Control Health Process Discipline (Y) over Structural Approach (Z1) The output results are as follows:

Table 8. Regression Linearity Test of Covid 19 Control Health Process Discipline over Structural Approach

ANOVA[b]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	46.804	1	46.804	99.297	.000[a]
	Residual	65.046	138	.471		
	Total	111.850	139			

The results of the regression significance test obtained $F_{Linear\ (Calculate)}$ = 62.907 consulted with $F_{Linear\ (table)}$ = 3.91 at the level of significance 0.05 and degrees of freedom (dk = 1: 140).

Thus, $F_{Linear\ (Calculate)} > F_{Linear\ (table)}$ which means that the regression of Health Care Discipline in Covid 19 Control (Y) over Structural Social Representation (Z1) is linearly patterned; (7) Regression Linearity Test of Covid 19 Control Health Process (Y) Discipline on Dialogical Approach (Z2) The output results are as follows:

Table 9. Regression Linearity Test of Covid 19 Control Health Process (Y) Discipline on Dialogical Approach

ANOVA[b]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	87.130	1	87.130	486.408	.000[a]
	Residual	24.720	138	.179		
	Total	111.850	139			

The results of the regression significance test obtained $F_{Linear\ (Calculate)} = 486.408$ consulted with $F_{Linear\ (table)} = 3.91$ at the level of significance 0.05 and degrees of freedom (dk = 1: 140). Thus, $F_{Linear\ (Calculate)} > F_{Linear\ (table)}$ which means that the regression of Health Care Discipline in Covid 19 Control (Y) over Dialogical Social Representation (Z2) is a linear pattern.

The Effect of the Role as a Community Protection Policy (X1) on the Discipline of Covid 19 Control Health Process (Y)

The hypothesis proposed is "There is a positive influence Role as a policy of community protection against discipline Covid 19 control health protocols". In other words, the better the role as a community protection policy, the higher the discipline of the Health Program for Covid 19 control. Conversely, the less the role as a community protection policy, the lower the discipline of the Health Process for Covid 19 control. To determine the acquisition of regression coefficient values and significant values of data pairs The role as a community protection policy (variable X1) with data from the Covid 19 Control Health Process Discipline (variable Y) can be seen in the results of the analysis below.

Table 10. Regression Coefficient Values and Significant Values of Data Pairs The role as A Community Protection Policy

Coefficients[a]

Model		Unstandardized Coefficients		Standardize Coefficient			Collinearity Statistics	
		B	Std. Error	Beta	t	Sig.	Toleranc	VIF
1	(Constant)	2.606	.379		6.869	.000		
	Kebijakan Perlindungan Masyarakat	.105	.025	.333	4.145	.000	1.000	1.000

Based on the results of the regression coefficient analysis and significance above, the magnitude of the regression coefficient Y value of X_1 is obtained, which is a = 2.606 and b =

0.105. With these results, the relationship between the two variables is shown by the equation $\hat{Y} = 2.606 + 0.105X_1$. The regression equation means that every increase in 1 score the role as a community protection policy will cause an increase 0.105 Covid 19 Control Health Care Discipline at constant 2.606. Furthermore, based on the results of the t test analysis, the amount $t_{count} = 4.145 > t_{table}$ (0.05) was 1.977 which showed that the correlation coefficient between the Role as a community protection policy (variable X_1) and the Covid Control Health Process Discipline 19 (variable Y) is **significant**. Furthermore, the calculation of a simple correlation score against variable data pairs the role as a community protection policy (X_1) with the Covid 19 Control Health Process Discipline (Y) can be seen in the following output.

Table 11. Simple Correlation Score Against Variable Data Pairs the Role as a Community Protection Policy with the Covid 19 Control Health Process Discipline

Model Summary[b]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.333[a]	.111	.104	.849	1.890

Based on the results of a simple correlation analysis with the help of SPSS Ver.17.0 in the table above, the price of the correlation coefficient shown is ry1 = 0.333. The results of this test show that the relationship between the Role as a community protection policy (X1) and the Covid 19 Control Health Care Discipline (Y) is positive. In other words, the higher the role as a community protection policy, the higher the Covid 19 Control Health Care Discipline. And vice versa, the less the role as a community protection policy, the lower the Covid 19 Control Health Process Discipline. The magnitude of the correlation or strong influence between the variables of the role as a community protection policy with the Covid 19 Control Health Care Discipline can be shown by the R Square value or the coefficient of determination shown in the table of 0.111 or 11.10%. In other words, 11.10% of the variance that occurs in the Covid 19 Control Health Process Discipline can be explained through the role as a community protection policy. While the remaining 89.90% came from other factors.

The Effect of the Role as a Community Protection Strategy (X2) on the Discipline of Covid 19 Control Health Procedures (Y)

The hypothesis proposed is "There is a positive influence role as a community protection strategy against the discipline of the Covid 19 control health process". In other words, the better the role as a community protection strategy, the higher the discipline of the Health Process for Covid 19 control. Conversely, the less the role as a community protection strategy, the lower the discipline of the Health Program for Covid 19 control. To determine the acquisition of regression coefficient values and significant values of data pairs The role as a community protection strategy (variable X2) with data from the Covid 19 Control Health Process Discipline (variable Y) can be seen in the results of the analysis below.

Table 12. Regression coefficient values and significant values of data pairs the role as a community protection strategy with data from the Covid 19 Control Health Process Discipline

Coefficients[a]

Model		Unstandardized Coefficients		Standardize Coefficient			Collinearity Statistics	
		B	Std. Error	Beta	t	Sig.	Toleranc	VIF
1	(Constant)	1.237	.373		3.320	.001		
	Strategi Perlindungan Masyarakat	.094	.012	.560	7.931	.000	1.000	1.000

Based on the results of the regression coefficient analysis and significance above, the magnitude of the regression coefficient Y value of X2 is obtained, which is a = 1.237 and b = 0.094. With these results, the relationship between the two variables is shown by the equation $\hat{Y} = 1.237 + 0.094$ X2. The regression equation means that every increase of 1 score Role as a community protection strategy will cause an increase of 0.094 The discipline of the Covid 19 Control Health Process at a constant of 1,237.

Based on the results of the t test analysis, the amount t calculated = 7.931 was obtained > t table (0.05) of 1.977 which shows that the correlation coefficient between Role as a community protection strategy (X2) and the Covid 19 Control Health Care Discipline (Y) is significant. The calculation of a simple correlation score against variable data pairs the role as a community protection strategy (X2) with the Covid 19 Control Health Care Discipline (Y) can be seen in the following output:

Table 13. Correlation score against variable data pairs the role as a community protection strategy (X2) with the Covid 19 Control Health Care Discipline

Model Summary[b]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.560[a]	.313	.308	.746	1.895

Based on the results of a simple correlation analysis with the help of SPSS Ver.17.0 in the table above, the price of the correlation coefficient shown is $r_{y1} = 0.560$. The results of this test show that the relationship between the Role as a community protection strategy (X_2) and the Covid 19 Control Health Process Discipline (Y) is positive. In other words, the higher the role as a community protection strategy, the higher the Covid 19 Control Health Process Discipline. And vice versa, less and less Role As a community protection strategy, it is also lower Discipline of Covid 19 Control Health Process.

The magnitude of the correlation or strong influence between the variables the role as a community protection strategy with the Covid 19 Control Health Care Discipline can be shown by the R Square value or the coefficient of determination shown in the table of 0.313 or 31.30%.

In other words, 31.30% of the variance that occurs in the Covid 19 Control Health Process Discipline can be explained through the role as a community protection strategy. While the remaining 68.70% came from other factors.

The Effect of the Role as Government Communication (X3) on the Discipline of Covid 19 Control Health Process (Y)

The hypothesis proposed is "There is a positive influence role as government communication towards the discipline of the Covid 19 control health process". In other words, the better the role as government communication, the higher the discipline of the Health Program for Covid 19 control. Conversely, the less the role as government communication, the lower the discipline of the Health Process for Covid 19 control. To determine the acquisition of regression coefficient values and significant values of data pairs The role as government communication (variable X_3) with data from the Covid 19 Control Health Process Discipline (variable Y) can be seen in the results of the analysis below.

Table 14. Regression coefficient values and significant values of data pairs the role as government communication with data from the Covid 19 Control Health Process Discipline

Coefficients[a]

Model		Unstandardized Coefficients		Standardize Coefficients			Collinearity Statistics	
		B	Std. Error	Beta	t	Sig.	Toleranc	VIF
1	(Constant)	1.552	.336		4.616	.000		
	Komunikasi Antar Aktor	.230	.029	.557	7.870	.000	1.000	1.000

Based on the results of the regression coefficient analysis and significance above, the magnitude of the regression coefficient Y value of X_3 is obtained, which is a = 1.552 and b = 0.230. With these results, the relationship between the two variables is shown by the equation $\hat{Y} = 1.552 + 0.230\ X_3$. The regression equation means that every increase of 1 score Role as government communication will cause an increase of 0.230 The discipline of the Covid 19 Control Health Process at a constant of 1.552.

Based on the results of the t test analysis, the amount $t_{calculated} = 7.870$ was obtained > t_{table} (0.05) of 1.977 which shows that the coefficient correlation between government communication (X_3) and Health Care Discipline Control of Covid 19 (Y) is **significant**. Furthermore, the calculation of a simple correlation score against variable data pairs the role as government communication (X_3) with the Covid 19 Control Health Process Discipline (Y) can be seen in the following output.

Table 15. Simple correlation score against variable data pairs the role as government communication (X_3) with the Covid 19 Control Health Process Discipline

Model Summary[b]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.557[a]	.310	.305	.748	1.879

Based on the results of a simple correlation analysis with the help of SPSS Ver.17.0 in the table above, the price of the correlation coefficient shown is $r_{y1} = 0.557$. The results of this test show that the relationship between the Role as government communication (X_3) and the Covid 19 Control Health Process Discipline (Y) is positive. In other words, the higher the role as government communication, the higher the Covid 19 Control Health Care Discipline. And vice versa, the less the role as government communication, the lower the Covid 19 Control Health Process Discipline.

The magnitude of the correlation or strong influence between variables The role as government communication with the Covid 19 Control Health Care Discipline can be shown by the *R Square* value or the coefficient of determination shown in the table of 0.310 or 31%. In other words, 31% of the variance that occurs in the Covid 19 Control Health Process Discipline can be explained through the role as government communication. While the remaining 69% came from other factors.

The Effect of the Role as a Dispute / Conflict Resolution (X4) on the Discipline of Covid 19 Control Health Process (Y)

The hypothesis proposed is "There is a positive influence Role as a dispute resolution / conflict against the discipline of the Covid 19 control Health Program". In other words, the better the role as a role as a dispute / conflict resolution, the higher the discipline of the Health Program for Covid 19 control. Conversely, the less the role as a dispute / conflict resolution, the lower the discipline of the Health Process for Covid 19 control. To determine the acquisition of regression coefficient values and significant values of data pairs Role as Role as dispute / conflict resolution (variable X_4) with data from the Covid 19 Control Health Process Discipline (variable Y) can be seen in the results of the analysis below.

Table 16. Regression coefficient values and significant values of data pairs Role as Role as dispute / conflict resolution

Coefficients[a]

Model		Unstandardized Coefficients		Standardize Coefficient			Collinearity Statistics	
		B	Std. Error	Beta	t	Sig.	Toleranc	VIF
1	(Constant)	1.296	.332		3.903	.000		
	Penyelesaian Sengketa/Konflik	.233	.027	.597	8.749	.000	1.000	1.000

Based on the results of the regression coefficient analysis and significance above, the magnitude of the regression coefficient Y value of X_4 is obtained, which is a = 1.296 and b = 0.233. With these results, the relationship between the two variables is shown by the equation $\hat{Y} = 1.296 + 0.233\ X_4$. The regression equation means that every increase of 1 score Role as

dispute / conflict resolution will cause an increase of 0.233 The discipline of the Covid 19 Control Health Process at a constant of 1,296.

Based on the results of the t test analysis, the $t_{calculated}$ amount = 8.749 was obtained > t_{table} (0.05) of 1.977 which shows that the correlation coefficient between the role as conflict resolution (X_4) and the Covid 19 Control Health Care Discipline (Y) is significant.

Furthermore, the calculation of a simple correlation score against variable data pairs Role as dispute resolution (X_4) with the Covid 19 Control Health Process Discipline (Y) can be seen in the following output.

Table 17. Simple correlation score against variable data pairs Role as dispute resolution with the Covid 19 Control Health Process Discipline

Model Summary[b]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.597[a]	.357	.352	.722	1.863

Based on the results of a simple correlation analysis with the help of SPSS Ver.17.0 in the table above, the price of the correlation coefficient shown is r_{y1} = 0.597. The results of this test show that the relationship between the Role as dispute resolution (X_4) and the Covid 19 Control Health Process Discipline (Y) is positive. In other words, the higher the role as dispute resolution, the higher the Covid 19 Control Health Process Discipline. And vice versa, the less the role as dispute resolution, the lower the Covid 19 Control Health Protocol Discipline.

The magnitude of the correlation or the strength of the influence between variables Role as dispute resolution with Health Care Discipline Covid 19 control can be indicated by the R Square value or the coefficient of determination shown in the table is 0.357 or 35.70%. In other words, 35.70% of the variance that occurs in the Covid 19 Control Health Process Discipline can be explained through the role as dispute resolution. While the rest is as big as 64.30% came from other factors.

The Effect of Role as Therapy (X5) on Discipline Covid 19 Control on Health Protocol (Y)

The hypothesis proposed is "There is a positive influence Role as Therapy for the discipline of Covid control health procedures 19". In other words, the better the Role as a Therapy, the higher the discipline of the Health Program for controlling Covid 19. Conversely, the less the Role as a Therapy, the lower the discipline of the Health Program for Covid 19 control. To determine the acquisition of regression coefficient values and significant values of Role as Therapy data pairs (variable X_5) with data from the Covid 19 Control Health Process Discipline (variable Y) can be seen in the results of the analysis below.

Table 18. Regression coefficient values and significant values of Role as Therapy data pairs with data from the Covid 19 Control Health Process Discipline

Coefficients[a]

Model		Unstandardized Coefficients		Standardize Coefficient			Collinearity Statistics	
		B	Std. Error	Beta	t	Sig.	Toleranc	VIF
1	(Constant)	1.610	.320		5.035	.000		
	Perilaku Masyarakat Dalam Terafi	.325	.040	.568	8.101	.000	1.000	1.000

Based on the results of the regression coefficient analysis and significance above, the magnitude of the regression coefficient Y value of X_5 is obtained, which is a = 1.610 and b = 0.325. With these results, the relationship between the two variables is shown by the equation $\hat{Y} = 1.610 + 0.325\ X_5$. The regression equation means that every increase in 1 score of Role as therapy will cause an increase of 0.325 Covid 19 Control Health Discipline at a constant of 1.610.

Furthermore, based on the results of the t test analysis, the $t_{calculated} = 8.101 > t_{table}$ (0.05) of 1.977 showed that the correlation coefficient between the role as therapy (variable X_5) and the Covid 19 Control Health Process Discipline (variable Y) was significant.

Furthermore, the calculation of a simple correlation score against the variable data pair of Role as therapy (X_5) with the Covid 19 Control Health Process Discipline (Y) can be seen in the following output.

Table 19. Simple correlation score against the variable data pair of Role as therapy with the Covid 19 Control Health Process Discipline

Model Summary[b]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.568[a]	.322	.317	.741	2.047

Based on the results of a simple correlation analysis with the help of SPSS Ver.17.0 in the table above, the price of the correlation coefficient shown is $r_{y1} = 0.568$. The results of this test show that the relationship between the role as therapy (X_5) and the Covid 19 Control Health Process Discipline (Y) is positive. In other words, the higher the role as a trap, the higher the Covid 19 Control Health Process Discipline. And vice versa, the less the role as a trap, the lower the Covid 19 Control Health Process Discipline.

The magnitude of the correlation or strong influence between the variables of the role as therapy with the Covid 19 Control Health Process Discipline can be shown by the *R Square* value or the coefficient of determination shown in the table of 0.322 or 32.20%. In other words, 32.20% of the variance that occurs in the Covid 19 Control Health Process Discipline can be explained through the role as a trap. While the remaining 67.80% came from other factors.

The Influence of Social Representation with a Structural Approach (Z1) on the Discipline of Covid 19 Control Health Process (Y)

The hypothesis proposed is "There is a positive influence of Social Representation with a Structural Approach to the discipline of the Covid 19 control process". In other words, the better the Social Representation with a Structural Approach, the higher the discipline of the Health Process for Covid 19 control. Conversely, the less Social Representation with a Structural Approach, the lower the discipline of the Health Process for Covid 19 control. To determine the acquisition of regression coefficient values and significant values of Social Representation data pairs with a Structural Approach (variable Z_1) with data from the Covid 19 Control Health Discipline (variable Y) can be seen in the results of the analysis below.

Table 20. Regression coefficient values and significant values of Social Representation data pairs with a Structural Approach

Coefficients[a]

Model		Unstandardized Coefficients		Standardize Coefficient			Collinearity Statistics	
		B	Std. Error	Beta	t	Sig.	Toleranc	VIF
1	(Constant)	1.318	.290		4.543	.000		
	Representasi Sosial Secara Struktural	.372	.037	.647	9.965	.000	1.000	1.000

Based on the results of the regression coefficient analysis and significance above, the magnitude of the regression coefficient Y value of Z_1 was obtained, namely a = 1.318 and b = 0.372. With these results, the relationship between the two variables is shown by the equation $\hat{Y} = 1.318 + 0.372\ Z_1$. The regression equation means that every increase in 1 Structural Social Representation score will cause an increase of 0.372 Covid 19 Control Health Discipline at a constant of 1.318.

Furthermore, based on the results of the t test analysis, the $t_{calculated} = 9.965 > t_{table}$ (0.05) of 1.977 showed that the correlation coefficient between Structural Social Representation (variable Z_1) and the Covid 19 Control Health Process Discipline (variable Y) was significant.

Furthermore, the calculation of a simple correlation score against the variable data pair of Structural Social Representation (Z_1) with the Covid 19 Control Health Process Discipline (Y) can be seen in the following output.

Table 21. Correlation score against the variable data pair of Structural Social Representation

Model Summary[b]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.647[a]	.418	.414	.687	2.056

(Z_1) with the Covid 19 Control Health Process Discipline

Based on the results of a simple correlation analysis with the help of SPSS Ver.17.0 in the table above, the price of the correlation coefficient shown is $r_{y1} = 0.647$. The results of this test show that the relationship between Structural Social Representation (Z_1) and Covid 19 Control Health Care Discipline (Y) is positive. In other words, the higher the Structural Social Representation, the higher the Covid 19 Control Health Process Discipline. And conversely, the less Structural Social Representation, the lower the Covid 19 Control Health Process Discipline.

The magnitude of the correlation or strong influence between the variables of Structural Social Representation and the Discipline of Covid 19 Control Health Procedures can be shown by the value of *R Square* or the coefficient of determination shown in the table of 0.418 or 41.80%. In other words, 41.80% of the variance that occurs in the Covid 19 Control Health Process Discipline can be explained through Structural Social Representation. While the rest is as big as 58.20% came from other factors.

The influence of social representation with the approach Dalogis (Z2) on Covid Control Health Care Discipline 19 (Y)

The hypothesis proposed is "There is a positive influence of Social Representation with a Dialogical Approach on the discipline of the Covid 19 control health process". In other words, the better the Social Representation with a Dialogical Approach, the higher the discipline of the Health Process for Covid 19 control. Conversely, the less Social Representation with a Dialogical Approach, the lower the discipline of the Health Process for Covid 19 control. To determine the acquisition of regression coefficient values and significant values of Social Representation data pairs with a Dialogical Approach (variable Z_2) with data from the Covid 19 Control Health Process Discipline (variable Y) can be seen in the results of the analysis below.

Table 22. Regression coefficient values and significant values of Social Representation data pairs with a Dialogical Approach (variable Z_2) with data from the Covid 19 Control Health Process Discipline

Coefficients[a]

Model		Unstandardized Coefficients		Standardize Coefficient			Collinearity Statistics	
		B	Std. Error	Beta	t	Sig.	Toleranc	VIF
1	(Constant)	-.009	.192		-.046	.963		
	Representasi Sosial Secara Dialogis	.342	.016	.883	22.055	.000	1.000	1.000

Based on the results of the regression coefficient analysis and significance above, the magnitude of the regression coefficient Y value of Z_2 is obtained, namely a = - 0.009 and b = 0.342. With these results, the relationship between the two variables is shown by the equation $\hat{Y} = - 0.009 + 0.342\ Z_2$. The regression equation means that every increase in 1 Dialogical Social Representation score will cause an increase of 0.342 Covid 19 Control Health Process Discipline at a constant of -0.009.

Furthermore, based on the results of the t test analysis, the t_{amount} count = 22.055 > t_{table} (0.05) of 1.977 showed that the correlation coefficient between Dialogical Social Representation (variable Z_2) and the Covid 19 Control Health Process Discipline (variable Y) was significant. Furthermore, the calculation of a simple correlation score against the variable data pair of Dialogical Social Representation (Z_2) with the Covid 19 Control Health Process Discipline (Y) can be seen in the following output.

Table 23. Simple correlation score against the variable data pair of Dialogical Social Representation with the Covid 19 Control Health Process Discipline

Model Summary[b]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.883[a]	.779	.777	.423	1.864

Based on the results of a simple correlation analysis with the help of SPSS Ver.17.0 in the table above, the price of the correlation coefficient shown is r_{y1} = 0.883. The results of this test show that the relationship between Dialogical Social Representation (Z_2) and the Covid 19 Control Health Process Discipline (Y) is positive. In other words, the higher the Dialogical Social Representation, the higher the Covid 19 Control Health Process Discipline. And vice versa, the less dialogical Social Representation, the lower the Covid 19 Control Health Process Discipline.

The magnitude of the correlation or strong influence between the variables of Dialogical Social Representation with the Covid 19 Control Health Process Discipline can be shown by the value of *R Square* or the coefficient of determination shown in the table of 0.779 or 77.90%. In other words, 77.90% of the variance that occurs in the Covid 19 Control Health Process Discipline can be explained through dialogical Social Representation. While the rest is as big as 22.10% came from other factors.

Conclusion

The results of hypothesis testing showed that the seven alternative hypotheses (Ha) proposed in this study were accepted, and rejected the null hypothesis (Ho). Some research conclusions can be formulated as follows:

1. There is a positive influence on the role of community protection policy on the discipline of the Covid 19 control health process.
2. There is a positive influence on the role as a community protection strategy on the discipline of the Covid 19 control Health Program.
3. There is a positive influence on the role of government communication on the discipline of the Covid 19 control health process.

4. There is a positive influence on the role of dispute / conflict resolution on the discipline of the Covid 19 control Health Program.
5. There is a positive influence on the role as therapy on the discipline of the Covid 19 control health process.
6. There is a positive influence of structural social representation on the discipline of the Covid 19 control health process.
7. There is a positive influence of dialogical social representation on the discipline of the Covid 19 control health process.

Dialogical social representation of the discipline of the Covid-19 control health program shows that: Pentahelix actors in tackling COVID-19 as a collaboration of the government, universities, private sector, community, NGOs / NGOs, TNI / POLRI, etc.

References

Alcadipani, Rafael, and John Hassard. 2010. "Actor-Network Theory, Organizations and Critique: Towards a Politics of Organizing." *Organization* 17:419–35. doi: 10.1177/1350508410364441.

Amrial, A., A. Muhammad, and E. Muhamad. 2017. "Penta Helix Model: A Sustainable Development Solution through the Industrial Sector, HISAS 14th Proceedings of Conference." *Social and Human Sciences* (November):152–56.

Cooper, D.R. and Schindler, P. .. 2014. *Business Research Methods*. 12th ed. New York: McGraw Hill International Edition.

Creswell, J. W. 2017. *RESEARCH DESIGN PENDEKATAN METODE KUALITATIF KUANTITATIF DAN CAMPURAN ED.4*. Yogyakarta: PUSTAKA PELAJAR.

Malhotra, Naresh. 2017. *Marketing Research: An Applied Orientation*. 7th ed. New Jersey: Pearson.

Priyatno, Duwi. 2010. *Paham Analisa Statistik Data Dengan Spss*. Yogyakarta: Mediakom.

Rinaldi, Martaria Rizky, and Reny Yuniasanti. 2020. *Kecemasan Pada Masyarakat Saat Masa Pandemi Covid-19 Di Indonesia*. Yogyakarta: MBrige.

Ryan, Jacko. 2020. "Peranan Jaringan Aktor Dalam Kebijakan Penanganan Covid-19 Di Indonesia." *Journal Publicuho* 3(4):491. doi: 10.35817/jpu.v3i4.15380.

Saifuddin, Azwar. 2017. *Metode Penelitian Psikolog*. edited by Saifuddin Azwar.

Sekaran, U. and Bougie, R. 2013. *Research Methods for Business: A Skill-Building Approach*. 6th ed. New York: West Sussex.

Sufa, Siska Armawati, Nevrettia Christantyawati, and Raden Ayu Erni Jusnita. 2017. "Tren Gaya Hidup Sehat Dan Saluran Komunikasi Pelaku Pola Makan Food Combining." *Jurnal Komunikasi Profesional* 1(2):105–20. doi: 10.25139/jkp.v1i2.473.

Suherman, Diki. 2020. "Peran Aktor Kebijakan Pembatasan Sosial Berskala Besar Dalam Mengatasi Penyebaran COVID-19 Di Indonesia." *Ministrate: Jurnal Birokrasi Dan Pemerintahan Daerah* 2(2):51–62. doi: 10.15575/jbpd.v2i2.9383.

Syafari, Syafari. 2018. “Pembangunan Cluster Industri Dalam Rangka Meningkatkan Pertumbuhan Investasi Di Aceh.” *Jurnal Sains Dan Teknologi Reaksi* 16(1):1–8. doi: 10.30811/jstr.v16i1.630.

Tornquist, Olle, Neil Webster, and Kristian Stokke. 2009. “Rethinking Popular Representation.” *Rethinking Popular Representation* (January). doi: 10.1057/9780230102095.

Wagner, W. &. N. Hayes. 2005. *Everyday Discourse and Common-Sense - the Theory of Social Representations*. New York: Palgrave Macmillan.

Wisudayati, Tri Astuti, Dian Charity Hidayat, and Kresno Agus Hendarto. 2020. “Implementation of Pentahelix Collaboration Model in the Development of Government Institution’s Potency as General Services Agency.” *Jurnal Penelitian Kehutanan Wallacea* 9(1):13. doi: 10.18330/jwallacea.2020.vol9iss1pp13-22.

Yuningsih, Tri, Titi Darmi, and Susi Sulandari. 2019. “Model Pentahelik Dalam Pengembangan Pariwisata Di Kota Semarang.” *JPSI (Journal of Public Sector Innovations)* 3(2):84. doi: 10.26740/jpsi.v3n2.p84-93.