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Cognitive Analysis of Traders Regarding COVID-19 in Traditional Market 2021-2022

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ABSTRACT

Coronavirus infection was confirmed in 64,329 people in Makassar with 1,106 people dying and 63,147 recovering. Makassar, Daya's traditional market, is one of the top four markets with a high risk of COVID-19 transmission. This traditional market has 82 active shop houses, 42 shops, 67 kiosks, 100 lodz, and 232 street vendors, with an estimated annual visitor population of 23,182-27,639 people, ranking fourth among the twenty largest traditional markets in Makassar, behind Sentral Market, Terong Market, and Toddopuli Market. The study's goal is to gather detailed information about traders' knowledge of COVID-19 symptoms and characteristics, how COVID-19 spreads, how COVID-19 is transmitted from people who do not show symptoms, the definition of contact with someone infected with COVID-19, how to prevent COVID-19, why COVID-19 affects health behavior, how self-isolation works, and what to do if someone is infected with the virus in 2021-2022. The research employs a qualitative/ethnographic approach. Data analysis is aided by Spradley, Miles, and Huberman techniques. The findings revealed that traders' knowledge of COVID-19 symptoms is limited to understanding heat and fever symptoms; COVID-19 can only be transmitted from infected people; and the effect of COVID-19 on health behavior occurs when the trader's body weakens, falls ill, and becomes unable to trade. Finally, traders' knowledge ranges from C1 to C4.

Keywords: Covid prevention, trader knowledge, traditional market

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INTRODUCTION

The Makassar Government in South Sulawesi has conducted mass rapid tests on traders in 18 wholesale markets. As a result, 204 traders were reactive to the Coronavirus (COVID-19). During four days of mass rapid tests in 18 wholesale markets, there were 204. Traders who were declared reactive would then take part in the COVID-19 tourism program at hotels. There are 78 reactive people, and on the fourth day today, there are 61 reactive people. They are all active in the Butung market, the rice field market, the Daya market, and the Mandai market. Thus, a total of 204 reactive traders underwent rapid tests in the four markets alone, totaling 1,914. (1)

The end of 2019 was marked by the introduction of the third highly pathogenic coronavirus, after SARS-CoV (2003) and MERS-CoV (2012), to the human population, which was officially declared a global pandemic by the World Health Organization (WHO) on March 11, 2020. Indeed, the COVID-19 (Coronavirus Disease 19) pandemic has progressed at an unprecedented pace: after its emergence in Wuhan, the capital city of Hubei province, People's Republic of China, in December 2019, the total number of confirmed cases is not expected to stop growing very fast in the world. In this manuscript, we have provided an overview of the impact of COVID-19 on health and proposed various suitable nutrition for infected patients to boost their immune systems. Besides that, we have explained the advantages and disadvantages of COVID-19 on the environment, including water quality, air quality, waste management, and energy consumption, as well as the impact of this pandemic on human psychology, the education system, and the global economy. In addition, we have tried to find some solutions to counter the negative effects of the pandemic. (2)

The characteristics of traditional markets in Makassar were: 1). Never locked down. 2). Be heroic traders and keep trading to meet family needs even at the risk of contracting the Corona virus. 3). likes to gather and interact with fellow traders and buyers. Traditional markets still have a place in people's hearts because of their superiority compared to modern markets. Among them is the process of bargaining that can be done so as to create contact (socialization) between the seller and the buyer. When compared to modern markets, which have fixed prices that are not negotiable, traditional markets, are more profitable in terms of price. Apart from the bargaining process and bargain prices, traditional markets also provide various kinds of commodities or goods according to economic conditions, such as during a crisis, when the market provides various needs at low prices. Another thing that is also an important factor in the existence of traditional markets is the provision of jobs for pedicab drivers, motorcycle taxi drivers, porters, small traders, and hawkers, which visually illustrates the economic conditions of the people. (3)

Traditional markets also have weaknesses in terms of public health, including: 1. being chaotic and dirty. 2). The existence of rodents that can cause zoonotic diseases 3). In addition, the market is also a breeding ground for animals, insects, and nuisance animals such as flies, cockroaches, and rats. 4). Hygiene and sanitation in traditional markets are quite concerning. This situation is a risk factor for disease transmission and endangers health status and livelihood, especially in traditional markets.

Regardless of whether traditional markets have access to modern infrastructure, they are likely to encounter organisms such as campylobacter fetal, subsp, clostridium perfringens, staphylococcus aureus, and vibrio parahaemolyticus; indicator organisms such as escherichia coli; as well as non-food pathogenic bacterial species potentially associated with nosocomial infections, such as klebsiella pneumoniae and other vibrio species, parahaemolyticus and vulnificus, commonly associated with contaminated raw or undercooked seafood with the potential to cause human disease, were also found on wooden cutting boards. This study shows that the hygienic practices used in Hong Kong's traditional markets are not sufficient to prevent the formation of spoilage or pathogenic organisms. (4)

The aim of the research is to obtain in-depth information about traders' knowledge about the symptoms and characteristics of people infected with COVID-19, how COVID-19 spreads, how COVID-19 is transmitted from people who are asymptomatic, the meaning of contact with someone who is infected with COVID-19, how to prevent COVID-19, why COVID-19 affects health behavior, how self-isolation works, and what happens if someone is infected with the virus.

METHOD

Qualitative or ethnographic research methods with five informants, using in-depth interview guidelines, with the criteria of informants willing to be interviewed, living in traditional markets for more than ten years, being able to communicate well, and not providing false information This study also uses daily conversations, with the aim of being able to obtain data naturally, not designed with questions, not formal, not equipped with a log book except for hidden tape recorders, so that the interaction between researchers and informants is more comfortable, leisurely, relaxed, productive, and not boring. The method of writing this research report uses a 12-step ethnographic writing technique from Spradley, including a matrix covering domain knowledge, code descriptions, and data reduction. This study uses data analysis techniques, namely domain analysis, taxonomic analysis, component analysis, and theme analysis, supported by Miles and Huberman's analysis, including data collection, data display, data reduction, and conclusion and verification. For the reliability and validity of the data, triangulation includes sources, methods, theories, and data.

RESULTS AND DISCUSSION

Traders at the Daya traditional market in Makassar have knowledge at the taxonomic level (C1 to C4) and are analyzed through four types of analysis, namely: 1. domain analysis; 2. taxonomic analysis; 3. component analysis; and 4. thematic analysis, based on eight question items that included probing data.

Table 1: Overview of Informants for 2021–2022

Informant	Trade Type	Age (Years)	Gender	Education
(S-01)	Fruit	33	Man	Bachelor
(S-02)	Vegetable	44	Man	High school
(S-03)	Household appliance	43	Woman	High school
(S-04)	Furniture	62	Man	Middle school
(S-05)	Young coconut	40	Man	Middle school

Source: Primary data, 2021

Of the five informants, only S-01 holds a university degree, trades in traditional markets, occasionally sells fruit from pickup trucks, is married, and actively complies with health regulations. Qualitative research is synonymous with grouping data, including domain knowledge, code descriptions, and data centering, as shown in Table 2.

Table 2: Knowledge Domain, Code Description, and Data Reduction

Knowledge Domains	Code description	Data Reduction
Symptoms and characteristics of people infected with COVID-19.	COVID-19 is just an ordinary illness like the flu, and the coronavirus can last a few hours. COVID comes from other people, and the symptoms of COVID are cough, and fever.	<ul style="list-style-type: none"> • Symptoms: flu-like • Characteristics: cough, fever.
How COVID-19 spreads.	COVID can be spread by people who have it.	<ul style="list-style-type: none"> • It can only be spread by infected people.
COVID-19 is transmitted by people without symptoms.	COVID transmission does not occur from people without symptoms, who may communicate or talk.	<ul style="list-style-type: none"> • There is no transmission from asymptomatic people.
Definition of contact with a person infected with COVID-19.	Close contact can occur when eating with someone who is positive for COVID-19 while talking, sitting close together, and not wearing a mask. The criteria for contact are direct physical contact, such as shaking hands, holding hands, hugging, and so on.	<ul style="list-style-type: none"> • Media contact: eating together, talking, without masks, physical contact (shaking hands, holding hands, hugging)
How to prevent COVID-19.	If you cough or sneeze, you must cover your nose using your upper arm, wash your hands frequently with soap, wear a mask when outside the house, maintain a minimum distance of 1-2 meters from other people, and avoid crowded places or crowds.	<ul style="list-style-type: none"> • Cover nose. • Wipe with the upper arm. • Wash your hands, wear a mask, keep your distance, and avoid crowds.
COVID-19 affects health behaviors.	Initially infected, she was physically weakened, sick, and unable to work. Health behavior becomes unsafe when it is not protected from oneself, family, and traders' groups.	<ul style="list-style-type: none"> • Physically weakened, became sick, unable to work and trade anymore.
How self-isolation works	Quarantined patients, who are taken to a hotel but	<ul style="list-style-type: none"> • Unsafe behavior. • In hotels, stay at home.

The solution if you are infected with the Coronavirus	<p>can also choose to stay at home, should not go out for 14 days and take another rapid test until the results are negative.</p> <p>If you get COVID-19, it's best to stay at home and not meet your children, husband or wife, or neighbors.</p>	<ul style="list-style-type: none"> • Test again until the result is negative. • Enough at home • Did not meet with family or other people
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Source: Primary data, 2021-2022 processed by researchers.

Traders' knowledge of the symptoms and characteristics of people infected with COVID-19 only includes general knowledge, namely fever and shortness of breath, because their reasoning is that COVID-19 resembles influenza.

In the componential analysis, informant data was found, namely knowledge about the symptoms and characteristics of COVID-19 and a lack of knowledge about them. This information is very important for researchers to review and predict whether traders can make behavioral changes based on the cognitive aspects of traders in the Daya traditional market, Makassar. Behavior change can occur by providing educational, communication, and informational interventions as well as social support.

This is supported by research by Arlinghaus (2011). Education is a broad term that includes the process of acquiring general knowledge, personal awareness, and skills training. Although not sufficient, education is a necessary component for behavior change. (5)

Ethnographic analysis on the domain of how COVID-19 spreads with the results of concentrating data based on raw data is as follows:

"I know that COVID-19 transmission can occur if the same person has COVID-19." But the thing is, I don't know who has COVID-19. As a trader, you can infect buyers, or buyers who come to buy coconuts infected with COVID-19 can infect me. That's the thing, I don't know for sure who got COVID-19"

Data reduction shows that COVID-19 can only spread from infected people with similar knowledge description codes, namely, Covid-19 can spread from people infected with Covid-19, thus the knowledge of traders in traditional markets is at Level C1, namely, the ability of a person to be able to recognize or recall about the name, term, date or time, symptoms, characteristics, and so on. Without any demands to understand or use it.

In the domain of knowledge that COVID-19 can be transmitted by people without symptoms, the knowledge of traders in traditional markets is at Level C1, as the following raw data displays:

"As far as I know, people who can transmit COVID are only those who have symptoms, and healthy people don't need to wear masks when leaving the house because they don't have COVID symptoms, but healthy people can be infected."

If observed from the reduction of informant data, it shows that there is no transmission from people without symptoms with the following data description code: COVID transmission

does not occur from people without symptoms, and it is permissible to communicate or talk. As for the domain of knowledge, it refers to contact with people infected with COVID-19 with the following description code: Contact with sufferers of COVID-19, namely having met and been close to each other. or the condition of people who have had contact with people infected with the COVID-19 coronavirus. Apart from that, close contact can also occur when eating with someone who is positive for COVID-19 while talking, sitting close together, and not wearing a mask. Close contact criteria include making direct physical contact, such as shaking hands, holding hands, hugging, and others.

The domain of knowledge of traders in the Daya traditional market, Makassar, is how to prevent The COVID-19 code description data shows that if you cough or sneeze, you must cover your nose with your upper arm, wash your hands diligently with soap, wear a mask when outside the house, maintain a minimum distance of 1-2 meters from other people, and avoid crowded places or crowds. Trader knowledge is at Level C2, namely the ability of a person to be able to understand or know something and be able to see it from various angles. For example, in decomposing a proposition into sentences or verbal descriptions by explaining, determining, presenting, interpreting, and so on, The concentration of data is covered by covering the nose, wiping body parts with the upper arm, washing hands with soap, wearing a mask, keeping a distance, and avoiding crowds.

For ethnographic data, tracing the informant's knowledge regarding how COVID-19 can affect health behavior is at Level C3, where the trader in the description code implies that initially contracting COVID-19 is physically debilitating, making the informant sick and unable to work, and resulting in unsafe behavior. Health behavior becomes insecure and is not protected from oneself, family, and traders' groups with data reduction: one physically begins to weaken and becomes sick, so that they are unable to work or trade. Ranking of traders' knowledge at Level C3 because traders are able to go one level higher than understanding, which simply requires someone to be able to choose, use, or apply a theory, law, or method appropriately when faced with a new situation or problem, and traders are able to connect, develop, and apply knowledge.

As for how self-isolation works, the trader's knowledge is Level C2, as in the description of the data code: Self-quarantine is if a person has symptoms of COVID-19, such as fever or cough. There used to be isolation and being taken to a hotel, but you can also choose to stay at home, not go out for 14 days, and take another rapid test until the results are negative. It exists so that there is no transmission to other people by reducing data: quarantine can be done at a hotel, or you can stay at home and do another rapid test until the results are negative.

The trader's knowledge regarding solutions if infected with the Corona virus is described in the code description, which states that if infected with COVID-19, it is better to stay at home and not meet children, husbands, wives, or neighbors. The data reduction is if you are infected enough at home and don't meet with family or other people. The informant's knowledge at Level C4 is the informant's ability at a higher level than the application, namely the informant's ability to detail or describe a material, material, information, or situation according to an even smaller part or component, or the factors that cause it, and be able to understand the relationship between these factors by differentiating, classifying, analyzing, finding, and comparing.

According to research findings, traders' knowledge of the symptoms and characteristics of Covid-19 has become a common cognition around the world. This trader's knowledge can be obtained through a study by YuBAI and Tao Xiaonan (2021), which states that although COVID-19 and influenza are different in many ways, there are many similarities; thus, apart from using nucleic acid-based polymerase chain reaction (PCR) and antibody-based approaches, clinicians and epidemiologists must differentiate between the two using their respective characteristics at an early stage. Because the prognosis of COVID-19 and influenza is different, it is important to accurately differentiate these two respiratory infections based on the characteristics of the early stages of each. The latest information on COVID-19 and influenza is summarized and compared in terms of their biological characteristics and epidemiology. (6)

Informants' knowledge is generally obtained from social media, as in the following expression:

"I do know COVID from social media, and the people I meet do too, from other people. I also take precautions such as maintaining distance, washing hands, using masks, and wearing personal protective equipment because I often hear information about COVID-19."

It is commendable that social media has played a good role, for example, in advocating economic solidarity (increasing environmental spending for informal workers). Interesting short videos raising awareness for self-isolation were produced by members of the public, including Najwa Shihab (a well-known news anchor) and Nadiem Makarim (the Ministry of Education). Recently, an awareness video was made in local languages (Javanese, Sundanese, and Sasak). However, time and time again, social media is bombarded with dangerous hoaxes, such as promoting chloroquine as a mainstay drug to fight COVID-19 or alcohol-based hand sanitizers as the most effective prevention. The government has developed a hoax buster (<http://www.covid10.go.id/hoaks>), although with a limited amount of information. (7)

In terms of informants' understanding of how COVID-19 spreads, informants are only able to remember what they have heard or read via social media; this is natural because COVID-19

is a new disease, even though they have knowledge about infectious diseases that have happened before.

The informants' understanding above is not as detailed as the research results of Adekunle Sanyaolu et al. (2021), who report that a novel coronavirus was identified as the cause of a cluster of pneumonia cases in Wuhan, China, in December 2019. This cluster quickly spread throughout the world and created the World Health Organization (WHO). WHO declared severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) a pandemic on March 11, 2020. Its sudden appearance, relentless human-to-human transmission, and rapid spread have led to a continuous pandemic. As of June 9, 2020, there have been 7,039,918 confirmed cases and 404,396 deaths globally. The rate of spread of COVID-19 is affected by respiratory droplets, most often when an infected person coughs or speaks. (8)

Regarding the method of transmission of COVID-19, the informant's version stated that traders denied that there would be transmission of COVID-19 from people without symptoms. Data exploration showed that informants were accustomed to using language adapted to the argument and the fact that all infectious diseases in the world certainly originate from people who have symptoms of certain infectious diseases such as influenza, AIDS, morbus Hansen (leprosy), and so on.

The above understanding is certainly different from the research of Michael A. Johansson et al. (2021), who reviewed that, in the decision analytic model of several scenarios, the proportion of asymptomatic individuals with COVID-19 and the infectious period is estimated to account for more than half of all transmissions. In addition to identifying and isolating people with symptoms of COVID-19, effective control of the spread will require reducing the risk of transmission from people with the infection who do not have symptoms. These findings suggest that measures such as wearing masks, hand hygiene, social distancing, and strategic testing of people who are not sick will form the basis for slowing the spread of COVID-19 until a safe and effective vaccine is available and widely used. (9)

Using the trader's knowledge regarding the meaning of contact with a person infected with COVID-19, the trader provides an informative explanation of the contact according to the source of the knowledge they have obtained.

The informant's cognitive above is in line with the research of Y. Wu et al. (2020), with his review reviewing that the study determined the secondary infection rate among individual contacts with confirmed coronavirus disease 2019 (COVID-19) in Hangzhou according to the type of contact, intensity of contact, and relationship with the patient index, with the conclusion of his research being that the form and frequency of contact are the main factors that influence the risk of transmission between individual contacts with Covid-19. Centralized isolation and close observation of individuals with confirmed SARS-CoV-2

infection, in addition to population-based control measures, can reduce the risk of secondary infection and curb the spread of infection.(10)

Then, the informant's knowledge of how to prevent COVID-19 was practically disclosed technically by the informant, such as general information available on social media or leaflets from the health office or other institutions. The natural knowledge of the informant was scientifically explained by Lijun Pan *et al.* (2021) that public places support the transmission of Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) due to dense population, large personal mobility, and higher chances of contact. To protect the general public's health in public places operating during the COVID-19 pandemic, this study proposes general precautions and control strategies from the perspectives of operations management, social distancing, cleaning and disinfection, and personal protection. In addition, with respect to the level of risk, specific prevention and control strategies are proposed for live, open, and closed service areas. Comprehensive implementation of the above recommendations can effectively stop the spread of COVID-19 and protect the health of the general public in public places. (11)

For the informant's knowledge about how COVID-19 affects health behavior, the informant explained in a simple way the cycle of contracting COVID-19. This simple understanding of traffickers, explained in more detail by Jutta Mata *et al.* (2021), is presented in their abstract with the aim of research to understand the mental health response to repeated and prolonged stress during the COVID-19-related lockdown and the role of certain health behaviors to withstand this stress. This study used a longitudinal study method with multiple measurement points over three months during the COVID-19 pandemic. Around 3500 randomly selected participants representing the German population reported their mental health (anxiety, depression, loneliness) and health behaviors (watch time, snack consumption, physical activity). The results of the study showed that symptoms of anxiety, depression, and loneliness were highest shortly after the lockdown was imposed. Over time, the symptoms stabilize or decrease slightly, according to the habituation pattern. Among people with a higher susceptibility to poor mental health during lockdown (for example, women), the proportion with high levels of anxiety, depression, and loneliness was much larger. These groups also reported fewer health-promoting behaviors. More screen time, more snacking, and less physical activity were linked to higher symptoms of anxiety, depression, and loneliness across all time points. Changes in health behavior over time did not largely predict changes in mental health symptoms, and the conclusions are that mental health and engagement in health protective behaviors were lowest at the start of lockdown. Health behavior mostly returned to pre-lockdown levels within three months. Engaging in healthier behaviors is associated with better mental health. The policy implications of these findings

are discussed. This study provides important insight into the (unintended) side effects of international crises and may contribute to a better understanding of how to maintain mental health. (12)

According to the informant, the way independent isolation works is that self-quarantine is only carried out if someone is infected with COVID-19. The relationship between informants' knowledge about quarantine was scientifically explained by Sukhyun Ryu *et al.* (2021) in their abstract writing. In South Korea, many people are self-quarantined due to the 2019 coronavirus disease (Covid-19) after the quarantine criteria were extended to all foreign travelers. This study was conducted to identify the level of self-quarantine non-compliance for COVID-19 cases and assess the impact of the 1-time strike policy and increasing the number of penalties for self-quarantine violations in South Korea. Research method: Self-quarantine non-compliance rates for COVID-19 were examined using publicly available data. We collected daily numbers of quarantine cases and quarantine violations from March 22, 2019, to June 10, 2019. A poisson regression analysis was performed to identify the impact of additional sanctions on quarantine violations. Results: The median number of individuals quarantined per day was 36,561 (interquartile range, 34,408-41,961). The average daily number of self-quarantine violations was 6 (range, 0-13). The mean self-quarantine violation rate was 1.6 per 10,000 self-quarantined individuals (range, 0.0-8.0 per 10,000 self-quarantined individuals). Additional sanctions had no significant impact on the number of violations among quarantined individuals ($P=0.99$). Conclusion: Additional sanctions for individual quarantine violations do not reduce self-quarantine violations.(13).

If you are infected with COVID-19, you should stay at home and not interact with the physical environment or social environment; that is the advice from informants according to what they know about solutions when exposed to COVID-19, and try not to meet anyone, including your husband or wife, children, family, and others.

What the informants offered above should be supported because COVID-19 is indeed very deadly, as research by Marco Cascella *et al.* (2022) shows. Coronavirus disease 2019 (Covid-19) is a highly contagious infectious disease caused by acute respiratory syndrome coronavirus 2 (SARS-CoV-2). It had catastrophic effects on the world, resulting in more than 6 million deaths worldwide. It has emerged as the most important global health crisis since the 1918 influenza pandemic. As the virus mutates, treatment guidelines change to reflect the most efficacious therapy. This activity is a comprehensive review of the disease presentation, complications, and treatment options that current guidelines recommend for managing this disease.(14).

Refers to Bloom's Taxonomy Theory (1956) with its various revisions and is related to the informant's level of knowledge (C1, C2, C3, C4). At the C1 level, traders are only able to

mention the symptoms and characteristics of people infected with Covid-19 with very simple abilities such as remembering, calling, and giving signs, but traders have not been able to explain in detail, and this is the lowest level of knowledge but is a prerequisite to Level C2-C3 -C4 with characteristics at each level such as traders starting to be able to change signs, symbols becoming more complete such as symptoms of Covid-19 becoming symbiotic

The narrative is supported by a study that examined knowledge, attitudes, and prevention practices towards COVID-19 and related factors among visitors to outpatient services at Debre Markos Compression Specialty Hospital, northwestern Ethiopia, in 2020, but different subjects. COVID-19 is an emerging infectious disease that is a major public health problem worldwide. Given the serious threat posed by COVID-19 and the absence of a vaccine until August 2020, precautionary measures are playing an important role in reducing the infection rate and controlling its spread. This indicates the need for community adherence to prevention and control measures, which is influenced by their knowledge, attitudes, and practices. In this study, knowledge, attitudes, and poor outpatient service visitor practices require targeted health education and intervention from health workers to improve their knowledge, attitudes, and practices towards COVID-19. In line with that, special attention must be given to rural communities and those with educational status who cannot read and write.(15)

CONCLUSION

Based on the research objectives, methods, results, and discussion, this study concluded that traders at the Daya traditional market in Makassar recognize the symptoms and characteristics of COVID-19 as flu-like, with the main characteristics being cough, fever, and fever. COVID-19 can only spread from infected people; there is no transmission from people without symptoms. The informant's understanding of contact is that they have met or been close to sufferers by means of contact, namely eating together, talking without masks, making physical contact, shaking hands, holding hands, and hugging. Ways to prevent COVID-19 include covering your nose, wiping your body or limbs with your upper arm and not using your palms, washing your hands with water, wearing a mask, maintaining physical distance, and avoiding crowds. The effects of COVID-19 on health are physical weakness, becoming sick, being unable to trade anymore, and resulting in unsafe or sick behavior. Independent quarantine, according to the informant, namely going to a hotel or staying at home, and the rapid test returns until the result is negative. If exposed to COVID-19, just stay at home and don't meet with family or other people.

CONFLICT OF INTEREST

The authors state that we have no conflicts of interest. This paper's content and writing are

solely the responsibility of the authors.

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