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THE NEIGHBORHOOD SOCIAL DISTANCING TO PREVENT COVID-19 IN RED ZONE OF SOUTH TANGERANG CITY IN INDONESIA

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ABSTRACT

Covid-19 pandemic has caused deaths and affected the lives of humankind in the world. The Indonesian government has taken numerous measures to respond to the Covid-19 outbreak through social distancing policy called Large Scale Social Restriction. The Task Force for the Acceleration of Covids-19 in the Sub-District Level, Village Level, and Community Unit Level and Neighborhood Unit in the regions is socializing Covid-19 prevention and breaking transmission chain. The main aim of this study was to mapping neighborhood health conditions to prevent and control on Covid-19. In this online survey, a self-designed questionnaire was distributed among neighborhood unit of urban village in South Tangerang City, Banten, Indonesia. Data were analyzed using descriptive statistic shows that residents in the neighborhood are generally in good health conditions. Some residents suffer from chronic diseases such as hypertension, coronary heart, diabetes, gastric ulcer, and several pregnant woman. The study concludes the importance of resident's neighborhood solidarity and mutual cooperation by showing discipline and complying with health protocols such as social distancing, and physical distancing as well as maintaining good hygiene

INTRODUCTION

The corona virus pandemic has caused deaths and affected the lives of billions of people throughout the world. corona virus outbreak has hit 215 countries in the world. By May 2020 in Indonesia, corona virus has hit 392 Districts and Cities in 34 Provinces, and recorded the highest new Covid-19 cases with 973 positive patients, with totally 20,162 confirmed cases, 1,278 died and 4,838 declared cured (BNPB, 2020). The Indonesian government has taken numerous measures to respond to the COVID-19 pandemic. n order to handling the Corona virus outbreak, the government has chosen social distancing or physical distancing so called Large Scale Social Restrictions (PSBB) instead of Lockdown and Local Quarantine (Bakhtiar & Sunarka, 2016). Ministry of Health Regulation No. 9 of 2020 concerning Large Scale Social Restrictions in the Context of Handling Corona Virus Disease 2019 (Covid-19) as Guidelines for the Acceleration of Handling of Covid-19 including restriction on certain activities of residents in an area suspected of being infected with Covid-19 in such a way as to prevent the possibility of spreading Covid-19. The spread of Covid-19 in Indonesia is increasing and expanding across the regions and across countries accompanied by the number of cases and or number of deaths. This increase has an impact on the political, economic, social, cultural, defence and security aspects as well as the welfare of the people. Therefore, it is necessary to accelerate the handling of Covid-19 in the form of Large Scale Social Restrictions in order to reduce the widespread of Covid-19. These actions included restrictions on certain

activities of the population in an area suspected of being infected with Covid-19 including restriction on the movement of the people and or goods and services for particular province or district or city to prevent the spread of Covid-19. In the government regulation, Large Scale Social Restriction at least include the consolation of schools and workplace, restrictions on religious activities and or restriction in public and facilities. The limitation of certain activities is limiting the gathering of large numbers of people at a particular location. The implementation of Large Scale Social Restrictions is carried out during the longest incubation period of 14 days. If there is still evidence of the spread of a new case, it can be extended within 14 days of the discovery of the last case (Nanotkar, Dhanvij, & Joshi, 2020).

South Tangerang City have agreed on the implementation of Social Distancing so called Large Scale Social Restriction by April 18, 2020 and extended to May 2, 2020. South Tangerang City Decree No. 338/Kep.137-Huk/2020 stipulated that 1) Extension of Enforcement of the implementation of Large Scale Social Restriction in the context of handling Covid-19 starting from May 2, 2020 up to the time limit specified in the Banten Governor's Degree on extension of Large Scale Social Limitation in South Tangerang City Order to Accelerate the management of Covid-19, 2) Communities domiciled/residing and/or carrying out activities in the South Tangerang City region must comply with the provisions of implementing Large Scale Social Restriction in accordance with statutory provisions and consistently applying the Covid-19 prevention health protocol, 3) The implementation of Large Scale Social Restriction as referred to the extension can be extended based on the recommendations of the Task Force for Acceleration of Covid-19 at South Tangerang City (Fofana, 2021).

South Tangerang Mayor Instruction, No:443/1051/Huk, concerning, the Task Force for the Acceleration of Covid-19 in the Sub-District Level, Village Level, and Community Unit Level. First, To invite all administrators in the neighborhood, neighborhood and community elements in their regions to help socializing Covid-19 prevention and transmission with the target of breaking the Covid-19 transmission chain. Second, informing relevant parties if there are residents in the area who experience symptoms of Covid-19 through telephone numbers 112 and 119 (Hedayati-Marzbali, Maghsoodi Tilaki, & Abdullah, 2017). Meanwhile, the Urban Village Head were instructed to form a task force for the acceleration of Covid-19 at the urban village level, consisting of the urban village apparatus, the neighborhood unit, and elements of the community in their area. Coordinate with the residents and neighborhood unit to form a task force for the acceleration of handling of Covid-19 at the level of community pillars consisting of neighborhood units, neighborhood units, and community elements. Following to the South Tangerang Mayor's instructions, Neighborhood and Community Unit Head stipulate decision No. 3/Kep./VV-RW014 Serua / 2020 concerning the establishment of Covid-19 Task Force to map citizens health data and determine strategic steps to prevent and control the spread of Covid-19. The Task Force also responsible to collect data on the health of residents and report to the task force in the urban village to be followed up (Milne & Xie, 2020). The scope of work of the task force is to monitor residents who have ODP (Person under monitoring) and PDP (Patients under supervision) status and are positive at Covid-19, report ODP that does not have an independent quarantine room, record residents with suspect Covid-19 positive status that need to be assisted, and ensure citizens of their respective territories comply with social or physical distancing rules (Kemenkes, 2020).

The purpose of this study is to identify the health conditions of residents, especially neighborhood amid the Covid-19 outbreak, mapping demographic data and disease

symptom data due to the corona virus outbreak, and developing citizen's health database for prevention and control as well as anticipating the spread of the Covid-19 (Alonge et al., 2019).

Actually this virus is not included in the danger category when looking at death rates far below SARS and MERS. The community does not need to panic, but the community must continue to do joint prevention with the government and obey all policies made in the face of national disasters (Caley, Philp, & McCracken, 2018). Efforts to reduce the spread and death rates caused by this virus are through prevention movements by every citizen, efforts by health workers and through existing law enforcement mechanisms. By January 2020, the World Health Organization (WHO) confirmed that a novel corona virus was the cause of a respiratory illness in a cluster of people in Wuhan, Hubei, China, which was reported to the WHO on 31 December 2019. WHO defined corona viruses as a large family of viruses which may cause illness in animals or humans. In humans, several corona viruses are known to cause respiratory infections ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS) (Prem et al., 2020). The most recently discovered corona virus causes corona virus disease COVID-19. According to WHO, the most common symptoms of COVID-19 are fever, dry cough, and tiredness. Other symptoms that are less common and may affect some patients include aches and pains, nasal congestion, headache, conjunctivitis, sore throat, diarrhea, loss of taste or smell or a rash on skin or discoloration of fingers or toes. These symptoms are usually mild and begin gradually. Some people become infected but only have very mild symptoms (Organization, 2019).

(Organization, 2019) stated that corona viruses are a large family of viruses which may cause illness in animals or humans. In humans, several corona viruses are known to cause respiratory infections ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). The most recently discovered corona virus causes corona virus disease COVID-19. COVID-19 is the infectious disease caused by the most recently discovered corona virus. This new virus and disease were unknown before the outbreak began in Wuhan, China, in December 2019. COVID-19 is now a pandemic affecting many countries globally.

(Organization, 2019) described the symptom of Covid-19 as fever, dry cough, and tiredness. Other symptoms that are less common and may affect some patients include aches and pains, nasal congestion, headache, conjunctivitis, sore throat, diarrhea, loss of taste or smell or a rash on skin or discoloration of fingers or toes. These symptoms are usually mild and begin gradually. Some people become infected but only have very mild symptoms. Most people (about 80%) recover from the disease without needing hospital treatment. Around 1 out of every 5 people who gets COVID-19 becomes seriously ill and develops difficulty breathing. Older people, and those with underlying medical problems like high blood pressure, heart and lung problems, diabetes, or cancer, are at higher risk of developing serious illness (Suppawittaya, Yiemphat, & Yasri, 2020). However, anyone can catch COVID-19 and become seriously ill. People of all ages who experience fever and/or cough associated with difficulty breathing/shortness of breath, chest pain/pressure, or loss of speech or movement should seek medical attention immediately. If possible, it is recommended to call the health care provider or facility first, so the patient can be directed to the right clinic (Unhale et al., 2020).

Unhale and colleague (2020) introduced that corona viruses make up a large family of viruses that can infect birds and mammals, including humans, according to world health organisation (WHO). These viruses have been responsible for several outbreaks around the world, including the severe acute respiratory syndrome (SARS) pandemic of 2002-2003 and the Middle East respiratory syndrome (MERS) outbreak in South Korea in 2015. Most recently, a novel corona virus (SARS-CoV-2, also known as COVID-19) triggered an outbreak in China in December 2019, sparking international concern. While some corona viruses have caused devastating epidemics, others cause mild to moderate respiratory infections, like the common cold.

(Gennaro et al., 2020) assured that there are no specific clinical features that can yet reliably distinguish COVID-19 from other viral respiratory infections. Other, less common symptoms have included headaches, sore throat, and rhinorrhea. In addition to respiratory symptoms, gastrointestinal symptoms (e.g., nausea and diarrhea) have also been reported, and in some patients they may be the presenting complaint. Respiratory droplet transmission is the main route and it can also be transmitted through person-to-person contacts by asymptomatic carriers. Main COVID-19-associated symptoms are Fever, Cough, Dyspnea, Headache, Sore throat, Rhinorrhea. Interestingly, the WHO (2020) issued detailed guidelines including: (1) Regularly and thoroughly clean your hands with an alcohol-based hand rub or wash them with soap and water; (2) Avoid touching eyes, nose and mouth; (3) Practice respiratory hygiene covering your mouth and nose with your bent elbow or tissue when you cough or sneeze; (4) If you have fever, cough and difficulty breathing, seek medical care early; (5) Stay informed and follow advice given by your healthcare provider; (6) Maintain at least 1 m (3 feet) distance between yourself and anyone who is coughing or sneezing. In particular, regarding the use of face mask, health care workers are recommended to use particulate respirators such as those certified N95 or Filtering Face Piece 2 (FFP2) when performing aerosol-generating procedures and to use medical masks while providing any care to suspected or confirmed cases. Moreover, while an individual without respiratory symptoms is not required to wear a medical mask when in public, people with respiratory symptoms are advised to use medical masks both in health care and home care settings. COVID-19 prevention measures, including to use face masks, To cover coughs and sneezes, To wash hands regularly, To avoid contact with infected people, To maintain an appropriate distance from people, To refrain from touching eyes, nose, and mouth, In case of symptoms, seek medical care early, To follow advice given by your healthcare provider

(Organization, 2019) protocol on how to protect from Covid-19 by taking some simple precautions: Regularly and thoroughly clean your hands with an alcohol-based hand rub or wash them with soap and water. Why? Washing your hands with soap and water or using alcohol-based hand rub kills viruses that may be on your hands. Maintain at least a meter distance between yourself and others. Why? When someone coughs, sneezes, or speaks they spray small liquid droplets from their nose or mouth which may contain virus. If you are too close, you can breathe in the droplets, including the COVID-19 virus if the person has the disease. Avoid going to crowded places. Why? Where people come together in crowds, you are more likely to come into close contact with someone that has COIVD-19 and it is more difficult to maintain physical distance of 1 meter. Avoid touching eyes, nose and mouth. Once contaminated, hands can transfer the virus to your eyes, nose or mouth. From there, the virus can enter your body and infect you. Stay home and self-isolate even with minor symptoms such as cough, headache, mild fever, until you recover (Wilkerson, Carlson, Yen, & Michael, 2012).

Global Health NOW (2020) stated that corona viruses are typically transmitted from person to person through exhalation of respiratory droplets (from the nose and mouth) and close contact. People can contract COVID-19 if they breathe in droplets from an infected person who coughs or exhales droplets. Those droplets can also land on objects and surfaces, and people can then catch the virus from touching those surfaces and then touching their eyes, nose, or mouth.

Neighborhood

Wilkerson, Carlson, Yen, and Michael defined neighbourliness as a specific form of social support that benefits individuals and is a component of psychological sense of community, "a feeling that members have of belonging, a feeling that members matter to one another and to the group, and a shared faith that members' needs will be met through their commitment to be together". And sense of community is associated with individual well-being. O. (Alonge et al., 2019) stated the important role of community resilience particularly in the neighborhood to addresses health shocks by facilitating collective actions within communities, and effectively targeting resources and response initiatives from other levels of the health system to the community. Where funder-led short-term initiatives dominate recovery efforts, the role of community resilience becomes more important particularly in contexts with weak infrastructure and capacity to coordinate response. Efforts to systematically build social capital and responsible leadership at the community level, including those that strengthen bond among groups in communities and trust among various actors, are needed to address health shocks in future. (Hedayati-Marzbali et al., 2017) proposed the significant contribution of perceived cohesion and neighborhood types to residents' perceptions of safety is increasingly recognised. The behavioural opportunities provided by the environment is a consistent theme in theories developed to address environmental psychology.

Evidence suggests that although gated communities are used as a rational response to rising crime and delinquent behaviours, knowledge is minimal in terms of the extent to which residing in gated communities actually reduces people's risk of being victims and their risk perceptions.

(Marzuki et al., 2021) stated that Ministry oh Home Affair revealed the role of the urban village administrator of Neighborhood Association (RT/RW) in the fight against corona virus, are 1) the delivery of information on prevention and control of Covid-19 to the entire population by using various communication channels available in each village area, 2) facilitating and encouraging RT/RW leader, health cadres and community based social institutions to actively carry out various efforts to prevent Covid-19 transmission, 3) to encourage the readiness and participation of the community to carry out personal hygiene and house cleaning efforts as part of the realization of the Healthy Living Community Movement, 4) to encourage and supervise the community in implementing restrictions on physical contact at various existing facilities such as in crowded places, local/village markets, places of worship, sport facilities and recreational facilities, 5) use the village fund to provide support to the people affected by Covid-19 both as sufferers and other socio-economic consequences, 6) report to the Regional Government regarding matters deemed necessary if there are things that are considered to potentially increase Covid-19 transmission. (Beritasatu.com March 26, 2020)

Social Distancing

WHO (2020) defined Quarantine, Isolation and Physical distancing as follows: Quarantine means restricting activities or separating people who are not ill themselves but may have been exposed to Covid-19. The goal is to prevent spread of the disease at the time when people just develop symptoms. Isolation means separating people who are ill with symptoms of Covid-19 and may be infectious to prevent the spread of the disease. Physical distancing means being physically apart. WHO recommends keeping at least 1-metre distance from others. This is a general measure that everyone should take even if they are well with no known exposure to Covid-19. Caley, P. Philp, D.J. and McCracken, K (2007, 631-632) stated that infectious diseases are commonly controlled by minimizing contact between infectious and susceptible individuals. Personal measures to reduce potentially infectious contacts are sometimes referred to as 'social distancing'. (Mahtani, Heneghan, & Aronson, 2020) argue that social distancing measures are being mandated, including self-isolation for anyone with specific symptoms. More social distancing measures are likely to be introduced, including self-isolation of the over 70s and higher risk groups, irrespective of symptoms and possibly for several months, to reduce their risk of virus exposure. (Suppawittaya et al., 2020) refer to research that social distancing, also known as physical distancing is designed to minimize interactions between people living in a wider community, in which individuals have tendencies to be infectious but have not yet been identified thus not yet isolated (Mack, 2007). Moreover, it is advised for individuals to be apart from one another for at least 6 feet. Due to the disease's ability to be transmitted by respiratory droplets, a certain level of people proximity is required. Therefore, social distancing of people to not gather themselves in such areas will reduce transmission. The important of social distancing is confirmed by Fahim (2020) that social distancing practices allows individuals to maintain distances from eachother for a period of time to ensure the spread of the disease is minimized. This would reduce the basic reproduction number (R0) of the virus which would minimize the disease spread. (Prem et al., 2020) identified that is social distancing practices were carried out properly an estimate of 92% of cases will be lowered by the end of 2020. An individual affected with COVID-19 has the ability to spread it to 2-3 people which will go on until they are distanced from each other. (Milne & Xie, 2020) study on the effectiveness of social distancing shows that the highest reduction in the infection attack rate is achieved by the rapid activation of all available social distancing interventions, and with the highest rates of compliance. With an activation delay of up to six weeks from arrival of the first infectious cases into the modelled community, the continued use of all four social distancing interventions with 90% workplace non-attendance and a 70% reduction in community-wide contact resulted in a reduction of the infection rate from 66% to less than 1%. ECDC report (2020) stated The term 'social distancing' refers to efforts that aim, through a variety of means, to decrease or interrupt transmission of COVID-19 in a population (sub-)group by minimizing physical contact between potentially infected individuals and healthy individuals, or between population groups with high rates of transmission and population groups with no or a low level of transmission. Community-level social distancing measures are needed in parallel with containment efforts (e.g. contact tracing) whenever it becomes clear that containment alone is no longer sufficient as a means of delaying the peak of the epidemic, decreasing the peak magnitude to protect healthcare capacity, or protecting vulnerable groups at risk of severe outcomes. Large-scale social restrictions are currently in place in Indonesia in response to the COVID-19 pandemic. The restrictions are implemented by local governments with the approval of the Ministry

of Health. It includes measures such as closing public places, restricting public transport, and limiting travel to and from the restricted regions.

RESEARCH METHOD

Methods of research using survey methods with respondents determined by purposive and simple random sampling. Data analysis using descriptive statistics, which summarize data from a sample using indexes such as the mean or standard deviation. The research location is in urban village of Serua neighborhood unit 04/014 of South Tangerang City, Banten, Indonesia. The object of the research is the citizens of neighborhood unit 04/014 Bukit Nusa Indah Residence. The number of neighborhood population about 110 people. The data regarding the health conditions and neighborhood perceptions was obtained by using online questionnaires. The online questionnaire consist of items as can be seen in the Table-1 below:

Table 1 Online Questionnaire Design

No.	Variable	Number of Items
1	Demographic	9
2	Symptoms of Covid-19	3
3	Symptom of chronic diseases	3
4	Local traveling	2
5	International traveling	2
6	Contact with other people	9

The online questionnaire was distributed by online on April 13 to 19 April 2020 and will be redistributed regularly every 14 days. The criteria data obtained for household conditions, namely, type of work, age group, population status, education, monthly income

The criteria for the data obtained are for community perception. Respondents were determined by using the probability sampling technique, which provides equal opportunities. Data were collected using the online questionnaire. Because it was not feasible to do a community-based sampling survey during the pandemic, so the data were collected by online questionnaire and distributed to the household head by WhatsApp

RESULT AND DISCUSSION

The collected data of online survey was analyzed based on the respondent of neighborhood unit (04/014) of Bukit Nusa Indah Resident, Serua urban village, South Tangerang City, Banten Provinces with total 56 respondents.

Table 2 Demographic Data of Neighborhood Unit

Respondent	Gender	Age	Marital Status	Job Status
1	Male	61	Married	Retired
2	Male	63	Married	Entrepreneur
3	Male	36	Married	Employee
4	Female	58	Married	Housewife
5	Male	44	Married	Employee
6	Male	58	Married	Employee
7	Male	59	Married	Lecturer
8	Female	55	Married	Housewife

9	Male	23	Not Married	Employee
10	Female	22	Not Married	Entrepreneur
11	Male	30	Married	Entrepreneur
12	Male	65	Married	Retired
13	Male	41	Married	Government employee
14	Male	59	Married	Retired
15	Male	63	Married	Retired
16	Male	38	Married	Employee
17	Female	59	Married	Government employee
18	Female	52	Married	Housewife
19	Female	58	Married	Housewife
20	Female	20	Married	Student
21	Female	24	Married	Employee
22	Male	28	Married	Employee
23	Female	52	Married	Housewife
24	Male	45	Married	Entrepreneur
25	Female	64	Married	Housewife
26	Female	36	Married	Entrepreneur
27	Male	57	Married	Entrepreneur
28	Female	31	Married	Account Group Head
29	Male	25	Married	Employee
30	Male	25	Married	Employee
31	Female	43	Married	Employee
32	Male	7	Not Married	Student
33	Female	21	Not Married	Housewife
34	Female	65	Married	Retired
35	Female	24	Not Married	Employee
36	Male	28	Not Married	Employee
37	Male	35	Married	Entrepreneur
38	Male	36	Married	Government employee
39	Female	36	Married	Housewife
40	Female	46	Married	Housewife
41	Female	62	Married	Housewife
42	Female	25	Not Married	Employee
43	Female	30	Married	Housewife
44	Female	63	Married	Housewife
45	Male	34	Married	Desainer graphic
46	Female	32	Married	Housewife
47	Female	5	Not Married	Student
48	Female	1.5	Not Married	Baby
49	Male	78	Married	Army Retired
50	Female	56	Married	Housewife

51	Female	56	Married	Housewife
52	Male	33	Married	Employee
53	Female	37	Married	Employee
54	Female	7	Not Married	Student
55	Male	3	Nor Married'	Baby
56	Female	64	Married	Housewife

Demographic data of neighborhood 04/14 in Table-1 covering gender, age, marital status, job status shows that total respondents are 56 consists of 26 males and 30 females. Most of the residents are married. The average age of residents is 40.6 years and most of them working as employees and entrepreneurs.

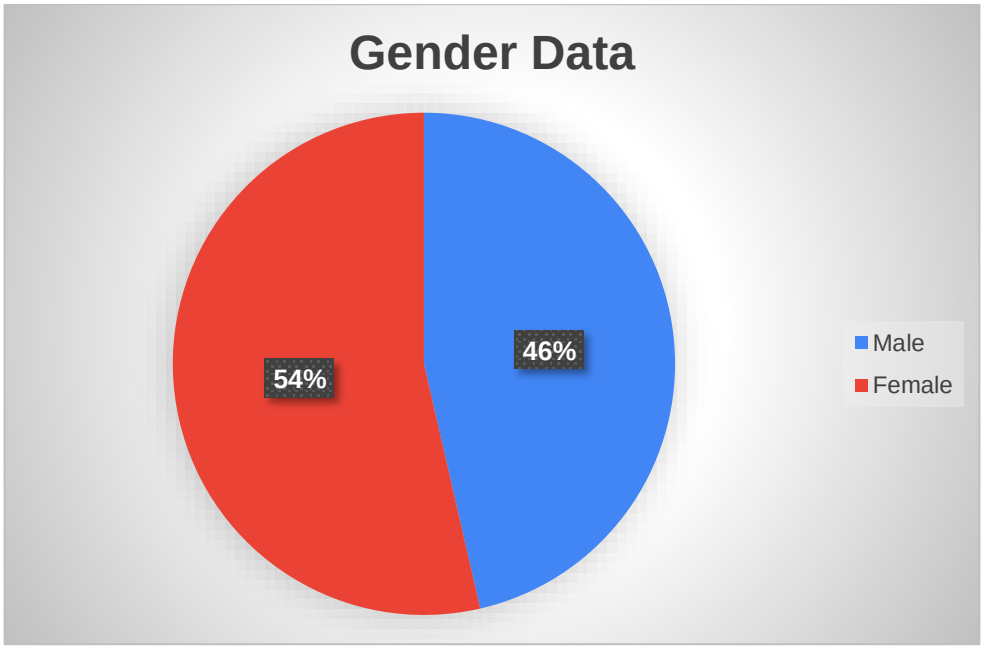

Figure 1 Gender Data of Neighborhood Unit

The gender data in Figure-1 shows neighbourhood unit 04/014 resident consists of 54% female and 46% male, which is including children and babies.

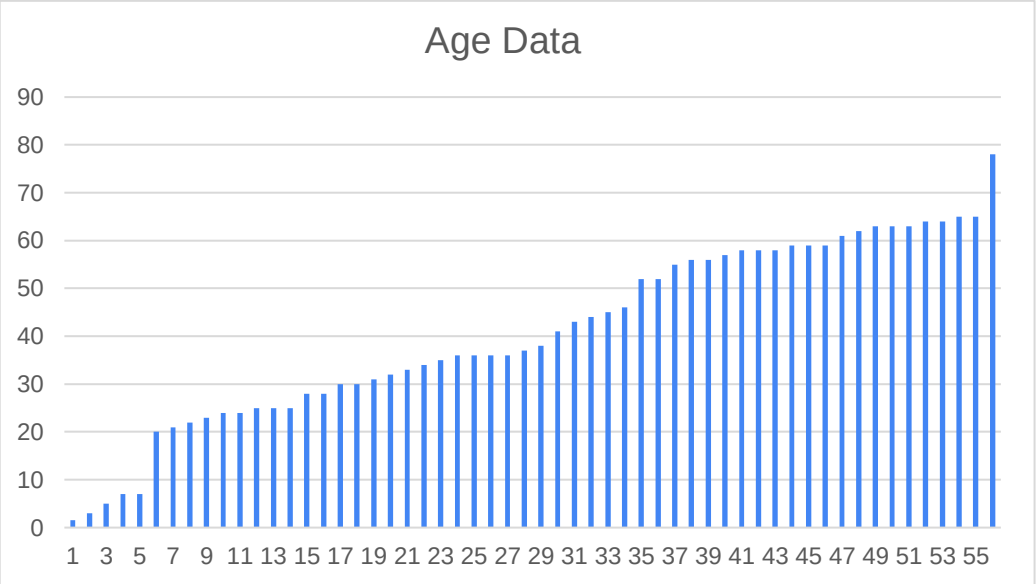

Figure 2 Age Data of Neighborhood Unit (04/014)

The age data of the neighborhood 04/014 residents in Figure-2 shows the age of the residents. Most of the residents are aged between 20-40 years and some at age of more than 45.

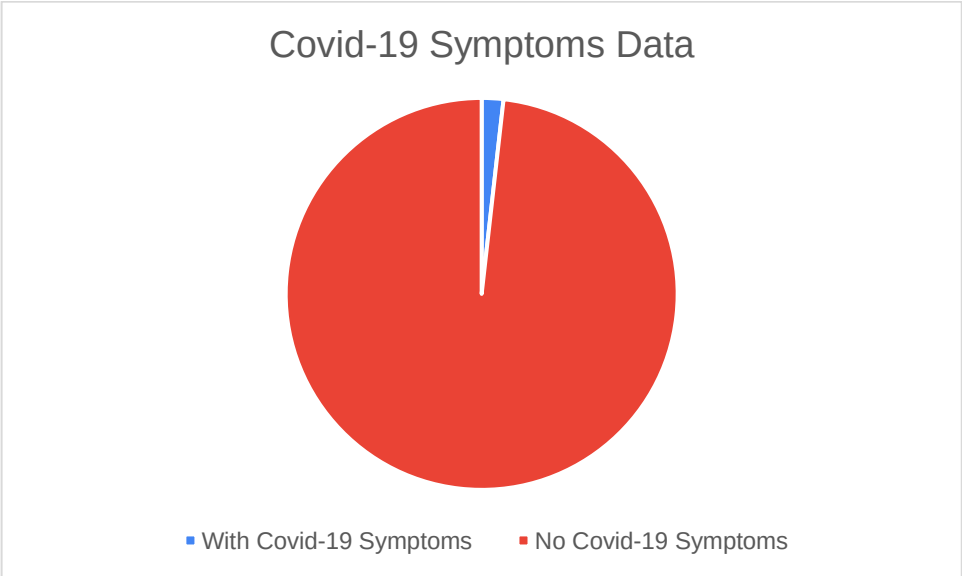

Figure 3 Covid-19 Symptoms Data of Neighborhood Unit

More than 60% of the people who participated in the online survey claimed that they did not experience symptoms that indicate contracting Covid-19 such as fever, dry cough, tiredness, shortness of breath, muscle aches, sore throat, headache, chest pain. However, they still have to monitor the residents who experience symptoms, even though less than 5%

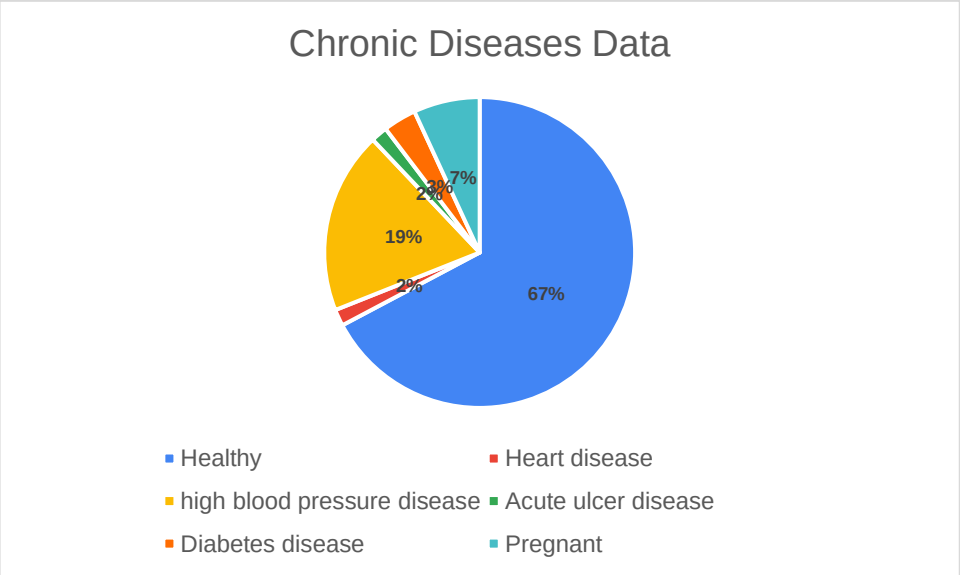

Figure 4 Chronic Diseases Data of Neighborhood Unit

The chronic diseases data of Figure-4 shows that neighborhood residents are generally in healthy conditions. Some residents have chronic congenital diseases such as hypertension, high blood pressure disease, diabetes disease, heart disease, acute ulcer disease. A small percentage of young women are pregnant.

Methods of research using survey methods with respondents determined by purposive and simple random sampling. Data analysis using descriptive statistics, which summarize data from a sample using indexes such as the mean or standard deviation.

Discussion

The demographic data of the neighborhood unit residents 04/014 totally 56 people consists of 26 males and 30 females. Most residents are married. The average of citizens is 40.6 years and most work as employees and entrepreneurs. Gender data shows neighborhood residents 04/014 consist of 30 female or 54%, and 26 male or 46%. Data distribution of neighborhood residents who have filled out the questionnaire seen from age is a little between the ages of 1-10 years. The young age between 20-30 years and 30-40 years is quite dominating. Age between 40-50 years is also quite a lot. Ages between 50 - 60 years also dominate. Overall age distribution of residents was quite evenly distributed. Data of Covid-19 symptoms shows that more than 60% of the people who participated in the survey stated that they did not experience symptoms that indicate contracting Covid-19. However, they still have to monitor residents who experience symptoms, even though less than 5%. Citizens are generally healthy. Need to be aware of the many who suffer from hypertension. This condition is most likely because it is influenced by residents in the age range 50 to 60 years. There is a small percentage who suffer from acute heart diseases and acute ulcer disease. There are residents who experience diabetes mellitus. At the moment there are quite a lot of residents are pregnant, it is certain that this is influenced by some young family members. Work from Home policy is very beneficial for residents, because in general residents are compliant at home. Forcing residents to go out because of the need for treatment to visit health facilities. The rest of the residents go to supermarkets / minimarkets, or pharmacies. For the inevitable interest, residents continue to travel outside the house, which generally uses a private 4-wheeled vehicle. In general residents do not travel. Nevertheless, there are still residents who for some reasons leave their home using public transportation such as online taxi, or walking.

In the critical situation of the Covid-19 outbreak we are better off solidarity and mutual cooperation against Covid-19 by following established health protocols. Residents continuously monitor the suspected people in the environment and make donations in the form of food ingredients. Residents must work hand in hand to help protect themselves, protect their homes, and the environment through compliance with health protocols such as hands, wear masks, keep a distance, do not leave the house unless there is an urgent need. If there are symptoms of illness, then immediately go to the hospital (Puskesmas) for a rapid test and / or swab test. The data collection of residents who are 40 years old and over who have congenital diseases such as asthma, heart disease, diabetes, hypertension and other chronic diseases need to be collected. Monitoring family members at home through body temperature tests, if there is suspicion and found immediate coordination with neighborhood unit head to be helped brought to hospital. To support the health of residents, the head of the neighborhood unit prepares medicines for residents such as vitamin C 50 mg and disinfectant. Neighborhood unit initiated to protect vulnerable citizens from COVID-19 transmission. Neighborhood unit collect and collate data on the most vulnerable citizens in their respective neighbourhood, particularly people aged 60 and above as well as people suffering from hypertension, heart diseases, diabetes, lung diseases and cancer, according to the document. So far, neighborhood unit leaders had acted on their own initiative to limit the movement of people in their respective communities, such as by closing off neighborhood entryways and monitoring traffic in and out of their areas, closing the mosque for the crowd worship

CONCLUSION

Social distancing or large scale social restrictions have a great impact and effective to control the spread of Covid-19 in the neighborhood in South Tangerang City. The neighborhood social solidarity play an important role to prevent and control the corona viruses or Covid-19. Solidarity in the form of mutual cooperation (gotong royong) has been demonstrated by the discipline of staying at home, cleaning the house and the environment, helping other residents who need logistics, providing data and information on the latest developments in the community health map. Residence also adhere to compliance protocols such as keeping a distance, washing hands with soap, using masks, maintaining cleanliness of the house and the environment with disinfectants. Residents who suffer from chronic diseases are of particular concern and are always monitored for their health development.

All neighborhood residents are recommended to comply with physical distancing or large scale social restrictions, such as being prohibited from being close to people or setting a minimum distance of 1-2 meters, staying at home, avoiding public transportation, working, worshiping and learning from home. Neighborhood residents have to: 1) Avoid mass gathering or crowding, 2) Avoid traveling out of town or overseas, 3) Assist urban village apparatus in conducting Covid-19 prevention efforts, 4) Mutual reminded fellow citizens to maintain environmental hygiene and security, 4) Assist in fulfilling logistics for residents who undergo isolation in homes and elderly who do not have families, 5) Do not accept guests and families from outside the area and or immediately report to neighborhood unit head.

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