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Community Legal Compliance With Regulations For The Prevention And Handling of COVID-19

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ABSTRACT

Legal compliance in the community is always an interesting issue to discuss. The research question in this study is how the compliance of the members of the Tadulako University academic community in response to the Decree of the Minister of Health of the Republic of Indonesia Number: HK.01.07/MENKES/413/2020 concerning Guidelines for the Prevention and Control of COVID-19 through the implementation of Tracing, Testing, and Treatment (3T Program)? To answer the research objectives, empirical legal research (socio-legal research) was conducted to support the depth of analysis. The analysis materials include data on the conditions and levels of health risks experienced by the academic community based on the available COVID-19 link records, data on the number and distribution of academic community members who have been infected with COVID-19, and data on the implementation of the 3T program sourced from Tadulako Hospital. Starting from the interpretation of the research data analysis, the findings revealed: (a) there are some members of the academic community who do not respond to filling in data regarding the condition and level of health risk on the available COVID-19 link; (b) members of the academic community who have had a history of contact with COVID-19 sufferers have not all complied with the rules for preventing and handling COVID-19 through the implementation of 3T; (c) members of the academic community who are declared positive for COVID-19 infection have relatively high legal compliance in supporting the implementation of treatment. Their legal compliance is categorized as identification according to Herbert C. Kelman's theory.

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PRELIMINARY

Community compliance with the law is one of the legal issues that does not escape the attention of some scholars, especially when researching the effectiveness of law operations. Community compliance with the law is also related to law enforcement. In Indonesia, studies on the legal compliance of citizens have touched various fields of law, including the field of Health Law. Various points of view from various disciplines have contributed to highlighting issues related to the COVID-19 pandemic. One of the main problems that do not escape the object of the paper/article study is the issue of community

compliance with legal regulations and/or policies set by the government and local governments in efforts to prevent and handle the COVID-19 pandemic.

Studies conducted by Elizabeth Michelle, et al, among others, reveal that the non-compliance of West Jakarta residents to the Large-Scale Social Restriction Regulation or *PSBB* (Governor Regulation No. 88 of 2020 concerning Amendments to Governor Regulation No. 33 of 2020) is one of the factors that cause the spread of COVID-19 outbreak[1]. Furthermore, Joni Hardi also revealed that the enforcement of Law No. 6 of 2018 concerning Health Quarantine demands the attention of the government and private business actors and needs to be supported by public awareness and legal compliance[2].

The compliance of the community in supporting the COVID-19 response policy inherently with the enforcement of health protocol discipline is a necessity. The results of a study conducted by Hari Sutra Disemadi and Denis Oxy Handika in Klaten (Central Java), ultimately concluded that public awareness and compliance were indispensable in supporting health protocol disciplinary enforcement policies in the context of dealing with COVID-19[3]. Furthermore, related to the policy of Large-Scale Social Restrictions (*PSBB*), the results of a study conducted by Dian Cita Sari concluded that public compliance with the rules of *PSBB* in Indonesia is a synergy step between various parties to get out of the terror of the global pandemic. Each *PSBB* rule that is applied has various challenges and obstacles. Community compliance is a succession of priorities so that the impact of the global pandemic can be passed[4].

In addition to the aforementioned studies conducted by Elizabeth Michelle, et al*.,* (in West Jakarta), Joni Hardi (in Tanjung Pinang), Hari Sutra Disemadi and Denis Oxy Handika (in Klaten, Central Java), and Dian Cita Sari, other studies related to citizen compliance in the context of preventing COVID-19 were also conducted by Dewi Setyawati and Mei Yolla Ningrum (Study at Jati Kudus Health Center, 2021)[5], Latif Setyo Nugroho (Study in Ponorogo, 2021)[6], Sri Wahyuningsih, et al., (Study at Puskesmas Depok, Java West, 2020)[7], Chontina Siahaan (Study in Jakarta, 2020)[8], Kujariningrum et al., (Study in Blora, Boyolali, Klaten, Karanganyar, Kebumen, Banyumas, Purbalingga, Humbang Hasundutan, City of Semarang, East Jakarta, and Pekanbaru, 2021)[9].

According to Syahruddin Nawi, et al., the legal knowledge factor of an individual also influences their behavior in obeying the law or otherwise disobeying the law[10]. This opinion can be accepted when looking at the results of several studies related to citizen compliance in the context of dealing with COVID-19. The results of a study conducted by Dewi Setyawati and Mei Yolla Ningrum concluded, among other things, that public compliance in taking precautions to prevent the spread of COVID-19 must be based on good knowledge about COVID-19[11]. Furthermore, the results of the study of Sri Wahyuningsih, et al.[12], and Kujariningrum et al.[13], show that there is a correlation between the level of education and

[1] Michelle et al., 2020.
[2] Hardi, 2020.
[3] Disemadi & Handika, 2020.
[4] Cita Sari, 2020.
[5] Setyawati & Ningrum, 2021.
[6] Nugroho, 2021.
[7] Sri Wahyuningsih et al., 2020.
[8] Siahaan, 2020.
[9] Kujariningrum et al., 2021.
[10] Nawi et al., 2019.
[11] Setyawati & Ningrum, 2021.
[12] Sri Wahyuningsih et al., 2020.
[13] Kujariningrum et al., 2021.

the level of knowledge about COVID-19 with citizens' compliance toward health protocol and social distancing rules.

Another factor that affected the conditions of residents' compliance with health protocols is the supervision carried out by COVID-19 Task Force officers through raid operations. The results of a study conducted by Latif Setyo Nugroho show that residents feel compelled to comply with health protocols when there are raids on public roads. On the contrary, if there is no supervision through raids, then residents ignore health protocols[14]. Meanwhile, the results of Chontina Siahaan study link the actions of residents who forcibly take the bodies of COVID-19 victims as a form of behavior that does not comply with the rules[15].

Although there have been many studies/study on the subject of community compliance with the rules for dealing with COVID-19 and health protocols (recommendations for the use of masks, washing hands, and social restrictions), there are still other government regulations or decisions that have not been touched by legal studies, especially studies related to citizens' compliance with the implementation of the Tracing, Testing, and Treatment (3T) guidelines as stated in the attachment to the Decree of the Minister of Health of the Republic of Indonesia No. HK.01.07/MENKES/413/2020 concerning Guidelines for the Prevention and Control of COVID-19.

A study that highlights the implementation of Tracing, Testing, and Treatment (3T) has been carried out by Rakhmad Hidayat, et al. However, it is different from the current study. The difference is not only in terms of the research location but also in terms of the characteristics of the residents who are the object of research. That particular study by Rahmad Hidayat et al., focused on the matter of Tracing, Testing, and Treatment aimed at staff serving at COVID-19 referral hospitals in Indonesia. It was concluded that the implementation of 3T must be carried out simultaneously with other health precautions to reduce the risk of spreading COVID-19 infection.

This study is conducted to focus on the compliance of the academic community with the implementation of the T3 guidelines. The formulation of the research problem is: how is the compliance of the members of the Tadulako University (hereinafter abbreviated as UNTAD) academic community in responding to the Decree of the Minister of Health of the Republic of Indonesia Number: HK.01.07/MENKES/413/2020 concerning Guidelines for the Prevention and Control of COVID-19 through the implementation of Tracing, Testing, and Treatment (3T Program)? The results of this study are not only useful in making the academic community aware of the importance of preventing and handling COVID-19 among them but also beneficial for the development of legal and health research at UNTAD, as well as for Tadulako Hospital in efforts to overcome the COVID-19 pandemic.

METHOD

The material for the analysis of this paper is obtained from the results of empirical legal research[16]. The research location is the city of Palu, and the targeted research subject is the academic community at UNTAD (consisting of lecturers, non-lecturers, and students). Materials for analysis include data on the condition and level of health risk of the academic community based on the results of the COVID-19 link recording and data on the number and distribution of members of the academic community who have tested positive for COVID-19. Some of the data were obtained from interviews with ten respondents. Meanwhile, data on the number of academics targeted for Tracing, Testing, and Treatment (3T) were obtained from Tadulako Hospital. In addition, all legal materials and data from empirical legal

[14] Nugroho, 2021.
[15] Siahaan, 2020.
[16] Soekanto; Mamudji, 2006.

research were analyzed qualitatively and descriptively. All the data is analyzed with a statute approach and conceptual approach to draw conclusions and offer suggestions.

RESULT AND DISCUSSION

The Basics, Goals, and Implementational Flow of 3T

The implementation of the Tracing, Testing, and Treatment (3T) program is based on the Decree of the Minister of Health of the Republic of Indonesia Number Hk.01.07/Menkes/413/2020 concerning Guidelines for the Prevention and Control of COVID-19, dated 13 July 2020 (hereinafter abbreviated as *KMK-RI* No. HK.01.07/Menkes/247/2020 regarding P3 COVID-19). It is one of the health law instruments that implement some of the government's responsibilities to protect citizens from the COVID-19 outbreak. The objectives of implementing the 3T program are[17]:

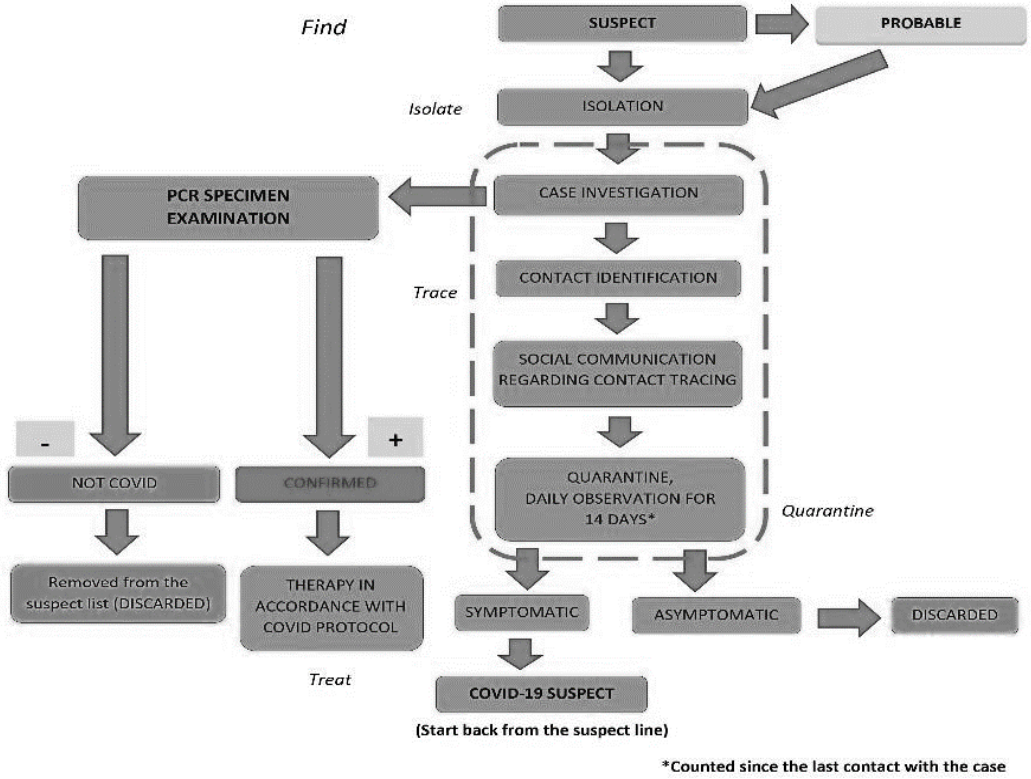
1. Slowing down and stopping the rate of transmission/infection and delaying the contagion.
2. Provide optimal health services for patients, especially in critical cases.
3. Minimize the impact of the COVID-19 pandemic on the health system, social services, economic activities, and other activities sectors.

In addition to bringing up new terms in the control and prevention of COVID-19, KMK-RI No. HK.01.07/MENKES/413/2020 regarding P3 COVID-19 also replacing the old term with the new term. The new term meant in this study is "Probable Case", which is a person believed to be a suspect with Severe Acute Respiratory Infection (ARI) or respiratory failure due to fluid-filled lung alveoli (also called Acute Respiratory Distress Syndrome or ARDS). "Probable Case" can also be defined for severe ARI patients who died with a convincing clinical symptom of COVID-19 and there are no laboratory results related to Reverse Transcriptase (RT)-Polymerase Chain Reaction (PCR). Moreover, other new terms that emerged were "Suspected Case", "Confirmation Case" (both symptomatic and asymptomatic), and "Close Contact". This new term is a replacement for the previous (old) terms: "People Under Monitoring" (*ODP*), "Patients Under Surveillance" (*PDP*), and "Asymptomatic Persons" (*OTG*)[18].

A person is said to have a "suspected" case if they have one of the following criteria: (a) People with ARI and in the last 14 days before symptoms appear, have a history of traveling or living in a country or territory of Indonesia that reports local transmission; (b) People with any of the symptoms or signs of ARI, and in the last 14 days before theonset of symptoms had a history of contact with a confirmed or probable case of COVID-19; or (c) People with severe ARI or severe pneumonia requiring hospitalization and no other cause based on convincing clinical features[19].

The basic principle of efforts to overcome COVID-19 through the implementation of the 3T program is to rely on the discovery of suspected/probable cases (*find*), followed by efforts to *isolate* and laboratory examination (*test*). When the results of the RT-PCR test are positive and the patient is declared a confirmed case, the next step is to administer therapy according to the protocol. Contact tracing must be carried out as soonas a suspected/probable case is found. Close contacts will be quarantined for 14 days. If after 14 days of quarantine, there are no symptoms, then the monitoring process can be stopped. However, if during monitoring close contact shows symptoms, they must be immediately isolated and swab checked (RT-PCR). The steps for implementing the T3 program are illustrated in the following scheme:

[17]*KMK_No._HK.01.07-MENKES-413-2020_ttg_Pedoman_Pencegahan_dan_Pengendalian_COVID-19.pdf*, n.d.
[18]*KMK_No._HK.01.07-MENKES-413-2020_ttg_Pedoman_Pencegahan_dan_Pengendalian_COVID-19.pdf*, n.d.
[19]*KMK_No._HK.01.07-MENKES-413-2020_ttg_Pedoman_Pencegahan_dan_Pengendalian_COVID-19.pdf*, n.d.



Source: KMK-RI No. HK.01.07/Menkes/247/2020 regarding P3 COVID-19

Compliance with the Academic Community in Responding to the COVID-19 Link on the UNTAD Website

Before understanding the attitude of the academic community in responding to the recommendation to fill out the COVID-19 link on the official website, as well as the attitude of the academic community (lecturers and non-lecturers) in supporting the 3T implementation rules, it is necessary to first convey the opinions of experts regarding a person's level of legal compliance with the rule of law.

Literature research revealed that the theory of compliance (obedience) to the law consists of three categories: (1) Compliance, (2) Identification, (3) Internalization. These categories were put forward by two experts, Herbert C. Kelman (born 18 March 1927) a Professor Emeritus at Harvard University, and Leopold J. Pospisil (born 26 April 1923), a Professor Emeritus at Yale University. Herbert C. Kelman proposes three categories of legal compliance through a book entitled "Compliance, Identification, and Internalization: Three Processes of Attitude Change". The book was first published in 1958[20]. The three categories of legal compliance were also proposed by Leopold J. Pospisil in the book "Anthropology of Law"[21]. This book was first published in 1971. Based on the time of publication, Herbert C. Kelman was recorded earlier in publishing the theory of legal compliance (compliance, identification, and internalization) compare to Leopold J. Pospisil.

Herbert C. Kelman, describes the three categories of legal compliance[22]:

a. Compliance, which is a kind of legal compliance that occurs when an individual receives influence from another person or group to get a reaction from another person or group, either in the form of certain rewards (beneficial) or to avoid certain penalties (sanctions)

[20] Kelman, 1958.
[21] Soekanto, 1986.
[22] Kelman, 2006.

controlled by other parties. In other words, legal compliance is based on the motive to obtain approval (profit) or otherwise avoid sanctions from other parties or groups.

b. Identification, which is a kind of legal compliance that occurs when an individual wants to build and maintain social relationships with other people. In other words, someone obeys the law to satisfy other people or social groups.
c. Internalization, which is a kind of legal compliance that occurs when an individual wants to receive influence from others to maintain the suitability of actions and beliefs with the value system they adhere to. In other words, this legal compliance occurs because it is considered useful or useful for solving problems. Behavior adopted in this way tends to be integrated with existing individual values.

In addition to the three categories of legal compliance mentioned above, several studies have also linked an individual's legal compliance with legal awareness. Zulkarnain Hasibuan strengthens this notion, that legal compliance cannot be separated from legal awareness. Legal awareness determines legal compliance behavior[23]. Similarly, Ana Silviana thinks that legal awareness is correlated with legal compliance. People who have legal awareness tend to comply with legal provisions (values) that they are aware of[24].

Regarding the implementation of the 3T program at UNTAD,the UNTAD COVID-19 Task Force (*Satgas*) provided a COVID-19 link that was attached to the official campus website to detect COVID-19 transmission for the UNTAD academic community, especially for students. The provisionof a COVID-19 link for students through the UNTAD website is the right policy choice whenthe learning process during the COVID-19 pandemic can only be done through the Zoom application (online).

The research findings reveal that the distribution of the percentage of students who fill out the COVID-19 link through the website provided by UNTAD is shown in Table 1 below.

Table 1: Percentage of Students Filling in the COVID-19 Link on the Tadulako University Website

Faculty	Total Students	Respons e	%
Faculty of Teacher Training and Education	8.222	809	9.8
Faculty of Mathematics and Science	2.348	697	29.7
Faculty of Economics	4.813	727	15.1
Faculty of Agriculture	3.096	374	12.1
Faculty of Engineering	4.708	725	15.4
Faculty of Social Science and Political Science	4.053	536	13.2
Faculty of Forestry	1.586	117	7.4
Faculty of Law	3.224	103	3.2
Faculty of Medicine	753	365	48.5
Faculty of Public Health	1.071	110	10.3
Faculty of Animal Husbandry and Fisheries	1.785	397	22.2
Postgraduate	1.155	65	5.6
Off-campus study program TOUNA	355	1	0.3
Off-campus study program MOROWALI	526	0	0.0

Source: obtained from primary data

Table 1 shows that only 13.3% of the total 37.695 students filled out the COVID-19 link on the UNTAD website. From that figure, it is read that there are still 32.669 students or

[23] Hasibuan, 2016.
[24] Silviana, 2012.

86.7% of the total number of students (37.695 students) who did not fill out the COVID-19 link on the UNTAD website. Does this figure of 86.7% indicate the number of students who do not comply with the COVID-19 link-filling policy on the UNTAD website?

The research findings revealed that the number of students (86.7%) who did not fill out the COVID-19 Link on the website, was not all caused by the low compliance, but also due to the limitation of the internet network that can be accessed by students. When UNTAD policy prohibited lectures through the face-to-face method on campus, some students who lived outside Palu city were forced to return home. Meanwhile, the fact shows that not all students who return home can access the internet network safely and stably, especially for those who live in villages or remote areas. This is confirmed by data on the number of students attending lectures via the Zoom application. Factors that caused some students who cannot to attend lectures in Zoom application are a disrupted internet network or unstable internet signal conditions.

This description shows that information technology facilities influence student compliance in filling out the COVID-19 link on the UNTAD website. According to Soerjono Soekanto, means or facilities are one of the factors that determine the effectiveness or ineffectiveness of legal regulation[25]. This is in line with the words of Satjipto Rahardjo, that the provision of facilities also influences the implementation of legal regulations[26].

The data in Table 1 above also reads that the students from the Faculty of Medicine dominantly filled out the COVID-19 links on the UNTAD website compared to students from other faculties, witha figure of 48.5%. This large number cannot be separated from the influence of motivation, knowledge, and perceptions of students from the Faculty of Medicine on health risk. Faculty of Medicine students have sufficient knowledge about the riskof COVID-19 compared to students from other faculties. So, this factor helps to condition awareness and compliance by filling out the COVID-19 link on the UNTAD website.

Based on Shubhangi Roy's thoughts on the relationship between legal compliance and social evidence related to cognitive abilities in managing social information explained[27] that the knowledge and perception that students have on the risk of COVID-19 is part of the social evidence that also influences student compliance in filling out the COVID-19 link. Some of the social evidence in the form of knowledge about the risk of COVID-19 (cognitive) has been shown by students of the Faculty of Medicine compared to students from various faculties, which is 48.5%.

Furthermore, to assess the level of risk faced by students during the COVID-19 pandemic, the following criteria and indicators were used[28]:

a. Healthy, not choose any of the symptoms contained in the content on the web link;
b. Low Risk, if choose one or more of the following symptoms: fever, cough, runny nose, sore throat, and headache, without shortness of breath and no history of travel in the last 14 days to risk areas or history of close contact with confirmed casesof COVID-19.
c. Moderate Risk, if there are one or more of the following symptoms: fever, cough, runny nose, sore throat, and headache, without shortness of breath but have a history of travel in the last 14 days to a risk area or a history of close contact with a confirmedcase of COVID-19.
d. Severe Risk, if there are one or more of the following symptoms: fever, cough, runnynose, sore throat, and headache, accompanied by shortness of breath and have a historyof travel in the last 14 days to a risk area or a history of close contact with a confirmed case of COVID-

[25] Soekanto, 2008.
[26] Rahardjo, 1980.
[27] Roy, 2021.
[28] COVID-19 Task Force, 2020.

19.

The use of criteria and indicators for healthy, low risk, moderate risk, and severe risk, still refers to the criteria and indicators stipulated in the *KMK-RI*" No. HK.01.07/Menkes/247/2020 regarding P3 COVID-19. Furthermore, an overview of the level ofrisk faced by UNTAD students during the COVID-19 pandemic for the period of April to December 2020 is shown in Table 2 below.

Table 2: The Risk Level of the Academic Community Based on the COVID-19 Link Filling on the UNTAD Website in the April-December 2020 Period.

No.	Risk Level	Number of Responses (Student)	Percentage (%)
1.	Healthy	3.678	73,2
2.	Low Risk	1.170	23,3
3.	Medium Risk	157	3,1
4.	Heavy risk	21	0,4
	Total	**5.026**	**100,0**

Source: obtained from primary data

3. The Compliance of the UNTAD Academic Community (Lecturer and Non-Lecturer) in Supporting the Implementation of the 3T Program

It is a challenging task to get data from the academic community infected with COVID-19. The data collected from the COVID-19 Task Force was sourced from data fromthe Central Sulawesi Provincial Health Office. Meanwhile, COVID-19 data at the Central Sulawesi Provincial Health Office was obtained from several sources: (a) The report of the Talise Health Center which is responsible for the Tondo area and its surroundings, where many of the UNTAD academic community lives; (b) Report of the person in charge of the Hajj Hostel, if there is a UNTAD academic community member who enters the Hajj Hostel for independent isolation; (c) Reports from COVID-19 treatment hospitals (*RS*); and (d) Direct reports from UNTAD academic community members to the UNTAD COVID-19 Task Force. Furthermore, an overview of the number of UNTAD academics infected with COVID-19 can be seen in Table 3 below.

Table 3: Number of UNTAD Academicians Who Have Been Infected with COVID-19 in April to December 2020.

No.	COVID-19 Data Source	Amount
1.	The Hajj Dormitory (Isolation)	19
2.	At home (self-isolation)	3
3.	Emergency Hospital (*PPSDM*)	5
4.	Madani Hospital ((Treatment)	7
5.	Undata Hospital (Treatment)	3
6.	Anuta Pura Hospital	5
	Total	42

Source: obtained from primary data

The data in Table 3 shows that until the end of December 2020, the number of UNTAD academics who were declared positive for COVID-19 based on the results of the PCR test and reported to the UNTAD COVID-19 Task Force was 42 people or 1.18% of the total COVID-19 sufferers in Central Sulawesi (3.552 people) or 3.72% of the total COVID-19 sufferers in Palu city. In addition, how is the awareness and compliance of the UNTAD academic community (lecturers and non-lecturers) in supporting the implementation of

the 3T Program? The answers to this question cannot be generalized simultaneously. It must be explained one by one according to the stages of the 3T program.

Tracing.

In the implementation of the Tracing stage, the compliance of the UNTAD academic community who have been in contact with COVID-19 sufferers is difficult to classify based on the compliance category proposed by Herbert C. Kelman and Leopold J. Pospisil (compliance, identification, and internalization). This is because there is no valid data that can be presented in assessing the compliance of academics who have beenin contact with COVID-19 sufferers in supporting and facilitating the implementation of theTracing program.

However, several obstacles were found in the implementation of theTracing program stages[29]:

a. Some people who have been positive for COVID-19 have difficulty remembering people who have had physical contact with them.
b. There is an uncomfortable feeling COVID-19 sufferers to mention the names of friends, relatives, colleagues, or neighbors who have been in physical contact with them. COVID-19sufferers are worried about mentioning them or involving them in dealing with COVID-19 issues.
c. Several people in the academic community live around COVID-19 sufferers and know the activities of the COVID-19 sufferers, but they also choose to remain silent and do not want to be involved as information providers regarding the presence of COVID-19 sufferers. Their reason is to avoid reactions or objections from the families of COVID-19 sufferers. It must be admitted that since the beginning of the COVID-19 pandemic, there have been some COVID-19 sufferers who don't want themselves to be known by the people around them as COVID-19 sufferers. They feel ostracized if they are known by the public as COVID-19 sufferers.
d. Some people in the academic community have had a history of contact with COVID-19 sufferers and avoid giving this information to medical officers. The reason, apart from being afraid to undergo a COVID-19 test, is also to avoid being put (isolated) in the Hajj Hostel. They reasoned that the conditions in the Hajj Dormitory were uncomfortable. An interview with one of the UNTAD academic community members who had tested positive for COVID-19 revealed that they felt stressed since they were isolated for 2 weeks in the Hajj Hostel.

By referring to some obstacles mentioned above, it can be said that the UNTAD academic community who have been positively infected with COVID-19, and the UNTAD academic community who have had a history of contact with COVID-19 sufferers, show a low level of compliance. An attitude that does not support and facilitate the implementation of theTracing program can be interpreted as low compliance in supporting the implementationof KMK RI No. Hk.01.07/Menkes/413/2020 concerning Guidelines for the Prevention and Control of COVID-19).

Starting from the aspect of the level of education and knowledge, the academic community is classified as a community that has a higher level of education and knowledge when compared to ordinary citizens. However, the research findings show several constraints above do not correlate with compliance with the implementation of Tracing. Thus, the notion that states that an individual's legal knowledge factor influences their behavior in obeying the law or otherwise disobeying the law only applies in ordinary social environmental conditions. Other than that, in conditions of an abnormal social environment such as the current COVID-19 pandemic, this notion is not necessarily true.

[29] dr. Ketut Suarayasa, Head of Tadulako University COVID-19 Task Force, personal communication, June 7, 2022.

However, apart from the low compliance of the academic community in supporting and facilitating the implementation of the stages of the Tracing program, other factors do not support the effectiveness of the implementation of these stages which as the limited number of medical officers in conducting Tracing. Track people who have had a history of physical contact with COVID-19 sufferers is not an easy job. Besides being difficult to get valid information, especially from people around COVID-19 sufferers or from people who have had a history of contact with COVID-19 sufferers, they are also difficult to communicate with when media officers know their whereabouts.

These constraints caused the time of Tracing to be longer and the number of target contacts with sufferers to be less. Ideally, within 24 hours, tracing has been carried out on those who have had a history of contact with COVID-19 sufferers to prevent the widespread of COVID-19. This is because, based on World Health Organization (WHO) standards, the ideal ratio for tracing is 1:30 (1 patient must be traced to 30 contacts). If using the American Central of Disease Control (CDC) standard, the ideal ratio for tracing is 1:10 (1 patient must betraced to 10 contacts). While in practice so far, the ability of medical officers to carry out tracing can only reach 3 to 5 people who have a history of contact with COVID-19 sufferers.

Testing.

In the implementation of the Testing program stage, the compliance of the UNTAD academic community who have been in contact with COVID-19 sufferers is also difficultto group based on the compliance category proposed by Herbert C. Kelman and Leopold J. Pospisil (compliance, identification, and internalization). At this stage of the Testing program, there were only indications that the academic community who had been infected with COVID-19 showed low compliance in supporting and facilitating the implementation of the Testing program.

The low compliance of the UNTAD academic community in supporting and facilitating the implementation of the Treatment program, among others, is conditioned by several obstacles, as follows:

a. Limited testing tools (especially the ability of PCR to examine specimens per day). This conditions the waiting time for the results of the PCR examination from the Health Laboratory is relatively long. As a result, sufferers who have undergone isolation in Hajj Dormitory are forced to wait indefinitely. A COVID-19 patient who had been isolated for 3 weeks in the Hajj Dormitory, once revealed that the PCR results had waited for a long time. This is troubling for COVID-19 sufferers because as long as the PCR results have not been released, the medical officers havenot allowed them to return home.
b. The existence of distorting news or information through social media, namely newsor information related to the adverse effects caused by the implementation of rapid tests and CPR, as well as the inconvenience of isolation in the Hajj Dormitory, also contributed to the ineffectiveness of the implementation of the Testing program. Although some residents have felt symptoms of being infected with COVID-19, they do not want to report it to medical officers. There are concerns fromsome members of the public, especially those who have had a history of contact with COVID-19 sufferers, that if the rapid test results show positive or reactive results for COVID-19, then they will be isolated or quarantined. They avoid being isolated or quarantined for reasons they cannot be visited by relatives.

By referring to the legal compliance theory put forward by Herbert C. Kelman and Leopold J. Pospisil (compliance, identification, and internalization), the compliance of the academic community who have been infected with COVID-19 and have received treatment or treatment in a hospital is in the category identification. The results of this mapping are based on the reason that each individual always tries to build and maintain social relationships with others. Therefore, the hope that he will recover as soon as possible and

leave the hospital as soon as possible reflects the hope that he willbe able to maintain social relations in his community, especially in his family environment.

The author should explain the results of the research (what was discovered) in detail. The research result and discussion section contain the results of the research findings and their ensuing discussions. The findings acquired from the results of the conducted research should be written with the supplementary support of adequate data. The research results and findings should be able to resolve or provide explanations to the question stated in the introduction.

Treatment.

Unlike the implementation of Tracing and Testing, in the implementation of Treatment, academics who have been infected with COVID-19 generally show a high level of compliance in supporting and facilitating the implementation of the Treatment program. All patients who receive medical treatment at the hospital, including patients infected with COVID-19, always have hope for a speedy recovery and can leave the hospital.

With reference to the theory of legal compliance put forward by Kelman (1958 and 2006), Pospisil (Soerjono Soekanto, 1986), and Achmad Ali (1998), Kelman (1958 and 2006), namely: compliance, identification, and internalization, the compliance of the community academics who have been infected with COVID-19 and received treatment at the hospital, are in the identification category. The results of this mapping are based on the reason that each individual always tries to build and maintain social relationships with others. Therefore, the hope for a speedy recovery and to be able to leave the hospital actually reflects the hope to be able to maintain social relations in the community, especially in the family environment.

CLOSING

Based on the description of the results and discussion above, the following conclusion is drawn:

(1) 86.7% of UNTAD students did not fill in the COVID-19 link on the UNTAD website and only 13.3% of students filed the link. This large percentage of students is not solely causedby the student's disobedience to the COVID-19 provision policy, but also due to the limitation of the internet network that can be accessed by students when they are out of the University area after the establishment of the policy prohibiting face-to-face lectures.

(2) In the implementation of the Tracing and Testing programs, the academic community (lecturers and non-lecturers) who have had a history of contact with COVID-19 sufferers, show a low level of legal compliance. This, apart from being worried about being isolated or quarantined after receiving the results of the rapid test and PCR test results, is also conditioned by the limited number of medical officers and supporting health facilities in the implementation of the two programs.

(3) The academic community who had been infected with COVID-19 and have received treatment in a hospital have a high level of compliance in supporting the implementation of the Treatment program. Their compliance is mapped in the identification category based on Kelman's theory. This is because the hope that they will recover and leave the hospital as soon as possible reflects the hope to quickly build and maintain social relations in their community, especially in their family environment.

Based on these conclusions, individual legal compliance is highly dependent on the beliefs and values they adhere to. Therefore, the suggestion of this paper is: State institutions such as UNTAD must encourage compliance that is born from the internalization of the *tri-dharma* values that apply nationally for higher education institutions and the values of *Tadulako* which are accepted as the basic philosophy of the establishment of UNTAD institutions.

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