

Model of Trauma Healing Policy for Mitigation Communities in the COVID-19 Pandemic Period in Padang Pariaman District - Indonesia

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Keywords: COVID-19, Policy Model, Trauma Healing.


Abstract: Padang Pariaman Regency is one of the top 5 largest COVID-19 cases in West Sumatra. Coronavirus Disease 2019 or COVID-19 is a disease caused by the corona virus with the fastest spread in the time and way, so that it becomes a pandemic in the world, including in Indonesia and West Sumatra. -existing psychological problems and secondary traumatic stress (STS), so this study aims to develop a trauma healing policy model for the community during the COVID-19 pandemic in Padang Pariaman Regency so that the community adapts and mitigates this pandemic. This research is a quantitative descriptive study, using in-depth interview data collection techniques to expert respondents whose results were analyzed using the Analytical Hierarchy Process. In formulating the policy model, stigma or point of view, mental or mental health and behavior are used as policy criteria. The results of the study indicate that the priority policies to be considered for the Padang Pariaman Regency Government are: (1) Promoting and socializing the prevention of COVID-19 transmission directly or online to the community, then getting people used to implementing it in daily life by applying various rules in the community. public environment (84.9%); (2) Conduct socialization and increase public knowledge and awareness about COVID-19, its transmission and prevention, so that the negative stigma of the community can change and become support for positive sufferers (75.4%); (3) Increasing vertical and horizontal cooperation from the community to the government (73.5%); and (4) Improving the adaptation and recovery of COVID-19 through re-centering, personal awakening, emotion stabilizing, and the implementation of the buddy system (64.3%).


1 INTRODUCTION

The COVID-19 virus or Coronavirus Disease 2019 became a disease with human-to-human transmission in the fastest time and way, so it was declared a world pandemic by WHO (Bender, 2020). The COVID-19 virus originated from Whuhan City, China (WHO, 2020), which finally arrived in Indonesia due to Indonesia's geographical location which is directly adjacent to several countries affected by the spread of the COVID-19 virus, the development of globalization and the increasingly smooth traffic between countries. Indonesia is one of many countries that are facing a non-natural disaster, namely the COVID-19 virus pandemic.

Indonesia, from the beginning of the case on March 2, 2020 to May 20, 2020, has reached 19,189 people with 4,575 recoveries and 1,242 people who died from the site <https://covid19.go.id> (Asman et al., 2020). The speed of the spread of this virus is due to the fact that transmission can occur only by touching a contaminated surface or object, which then knowingly or not touches the eyes, nose or mouth (Steffens, 2020). The large number of cases of COVID-19 from time to time, one of which is because a vaccine for a cure has not yet been found, so the government can only carry out treatment and care with symptoms that are still early as well as control and prevent the spread of virus transmission (Yi et al., 2020) .

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This COVID-19 has spread to all provinces in Indonesia, where of 34 provinces, West Sumatra Province which is located in the west of Sumatra Island which consists of 19 regencies/cities is the province with the most positive cases of COVID-19, namely 428 people or 2, 2% or in position 9. The results from West Sumatra's corona response on May 20, 2020 from the website https://corona.sumbarprov.go.id/details/peta_covid19 it is Including the top 5 highest cases, Padang Pariaman Regency can be caused because Padang Pariaman Regency, which is a regency with a large area, close to the provincial capital, namely Padang City, is a crossing point for migrants who will go to other districts/cities in West Sumatra Province (Asman et al., 2020). In addition, the transmission and spread of COVID-19 in Padang Pariaman Regency tends to be local transmission or transmission that occurs locally, with the center of the spread being at several points such as the markets of each Nagari in Padang Pariaman Regency, the border with the City of Padang, Bukittinggi and Pasaman, and hospitals. Pariaman Padang.

During the current COVID-19 outbreak, with the enactment of PSBB in almost all of Indonesia including the Padang Pariaman Regency, people are required to stay at home and go out only to fulfill mandatory or daily needs. The enactment of this PSBB has caused many people to lose their jobs due to staff reductions, loss of livelihoods, and health workers who cannot meet their families as well as large work demands such as working longer hours or 40 hours a week and with a continuous work schedule compared to normal working hours (Hua & Shaw, 2020). The obligation to stay at home and do physical distancing, over time makes people who do not have activities or busy at home experience stress, which will have an impact on their mental well-being and health, such as depression, excessive fatigue and anxiety (Kim & Knesebeck, 2015). This is exacerbated by the amount of social stigma and discriminatory behavior towards patients who are positive for COVID-19 or their families or communities who come into contact with positive patients (Pfefferbaum & North, 2020), which then has an impact on exclusion and cynical or negative views (ILO, 2020).

These conditions cause people to panic and if they last for a long time can cause people to experience psychological problems such as stress and trauma. Each individual who experiences stress and trauma has a different response from each other in terms of intensity and expression, depending on the windows of tolerance. Windows of tolerance is the extent or

narrowness of an individual's tolerance level when dealing with stressful or traumatic situations (Dewi, 2020). Dewi also explained that if this window of tolerance does not work, stress and trauma will reappear, causing pre-existing psychological problems such as psychosomatic, depression and anxiety disorders, post-traumatic stress disorder (PTSD), obsessive-compulsive disorder (OCD), interpersonal conflict (attachment issue), self-esteem issue, chronic emotional problems, aggressiveness relapse (dropping treatment & care), and family and marriage problems (Dewi, 2020). There needs to be the right strategy so that it doesn't increase again in the number of positive COVID-19 (Asman et al., 2021).

In addition to experiencing pre-existing psychological problems, people, especially those with the highest risk of exposure, can also experience secondary traumatic stress (STS), such as excessive worrying and fear of something bad happening, being easily surprised or alert all the time, experiencing physical stress (eg: palpitations, cold sweats), nightmares or recurring thoughts about the traumatic event, and a feeling that someone else's trauma is his or her own. This stress and trauma, apart from occurring in patients with COVID-19 and patients with ODP and PDP status, also often occurs in health workers. The impact of COVID-19 showed a high level of distress (72%), with very high rates of depression (50%), anxiety (45%) and insomnia (34%), where symptoms were more severe. arise in those with prolonged contact with the patient (Muhandi, 2020).

These pre-existing psychological problems and Secondary Traumatic Stress (STS) can be minimized by doing trauma healing for vulnerable groups and groups who really need it. However, until now the government has not issued a policy regarding trauma healing which is very much needed for positive COVID-19 patients, ODP, PDP and health workers in particular and for the community in general. Therefore, in this study, the formulation of a trauma healing policy model for the community in Padang Pariaman Regency was carried out.

2 RESEARCH METHODS

This research is a quantitative descriptive study, using interview data collection techniques to expert respondents to obtain the most prioritized policies in trauma healing. According to Saaty (1991) and Saaty (2008) furthermore, using a pairwise comparison questionnaire between elements at each level to

obtain a hierarchical structure, which was processed with Criterium Decision Plus 4.0 software, and analyzed using the Analytical Hierarchy Process (AHP) method. According to Marimin (2004) and Latifah (2005) the working principle of AHP consists of hierarchical arrangement (decomposition), assessment of criteria and alternatives (comparative judgment), prioritization (synthesis of priority), and logical consistency (local consistency). The basic concept of the AHP is the use of a pairwise comparison matrix (matrix of pairwise comparisons) to generate relative weight values between criteria and alternatives. A criterion is compared to another in terms of how important it is to the achievement of the above objectives (Saaty, 1991)

3 RESEARCH AND DISCUSSIONS

Padang Pariaman Regency is one of the regencies that has the 5 highest number of COVID-19 cases on the island of Sumatra. Of all community activities in Padang Pariaman Regency, transmission of COVID-19 will pose a higher risk to people who work on the front lines, such as health care workers, and in particular those who are actively involved in handling the outbreak (first responder from the emergency medical team, health care workers in emergency departments and special care units, transportation and first aid), psychiatrists for providing the services needed by patients experiencing psychological stress, fatigue, and negative stigma; sellers of basic necessities such as in traditional and modern markets; and workers in the transportation sector such as online transportation and public transportation.

The extent and high risk of transmission of the virus, makes the government must implement PSBB rules to break the chain of transmission. However, from March to May 2020, the number of patients affected by COVID-19 continued to increase. This means that there have been no significant changes due to the enactment of the PSBB. This can be caused by the mental weakness of the community in implementing the PSBB and dealing with the COVID-19 virus. Therefore, a policy model regarding trauma healing or trauma recovery that can be implemented by the Padang Pariaman Regency government has been formulated to improve mental health and windows of tolerance for every Covid-19 positive patient, health worker, and the general public.

In the formulation of this trauma healing policy model, three criteria were used, namely the point of view or stigma, mental or mental health, and behavior. This means that the policies formulated focus on changing the stigma circulating in the community regarding COVID-19 and its sufferers, improving the mental or mental health of positive patients and the general public in dealing with COVID-19, and getting used to people's behavior to be able to live clean and healthy in order to avoid COVID -19. From these criteria, 9 alternative policies are produced that can be implemented by the government which in the implementation will pay attention to policy priorities. The alternative policies are as follows:

1. Application of relaxation and therapy methods as a way to restore mental or mental health.
2. Prioritizing and implementing Occupational Safety and Health (K3), especially for people who have the potential to have a high risk of transmitting COVID-19.
3. Increase positive activities and limit information containing negative news, especially for patients with COVID-19 and people who are at the forefront.
4. Activate and socialize to the public regarding self-checking services for psychological problems and telemedicine regarding online drug consultation services.
5. Improve communication and good cooperation between family members, including the application of appreciative parenting.
6. Increase cooperation vertically and horizontally from the community to the government.
7. Conduct socialization and increase public knowledge and awareness about COVID-19, its transmission and prevention, so that the negative stigma of society can change and become support for positive sufferers.
8. Improving adaptation and recovery of COVID-19 through re-centering (building each individual's internal system), personal awakening (rising up and then adjusting life patterns), emotion stabilizing (increasing sense of control), and implementing the buddy system (colleague system).
9. Promote and socialize the prevention of COVID-19 transmission directly and online to the community, then familiarize the community with applying it in daily life by applying various rules in the public environment

The criteria and policy alternatives, using CDP (Criteria Decision Plus) software produce a policy hierarchy as shown in Figure 1. The policy

hierarchy shows that in the formulation of the policy model, the criteria will be interrelated with all policy alternatives. Furthermore, the consistency ratio value resulting from the analysis of the pairwise comparison matrix (paired comparison matrix) is

0.055 or less than 0.1. This means that in compiling a pairwise comparison matrix, expert respondents or experts are consistent so that policy priorities can be determined.

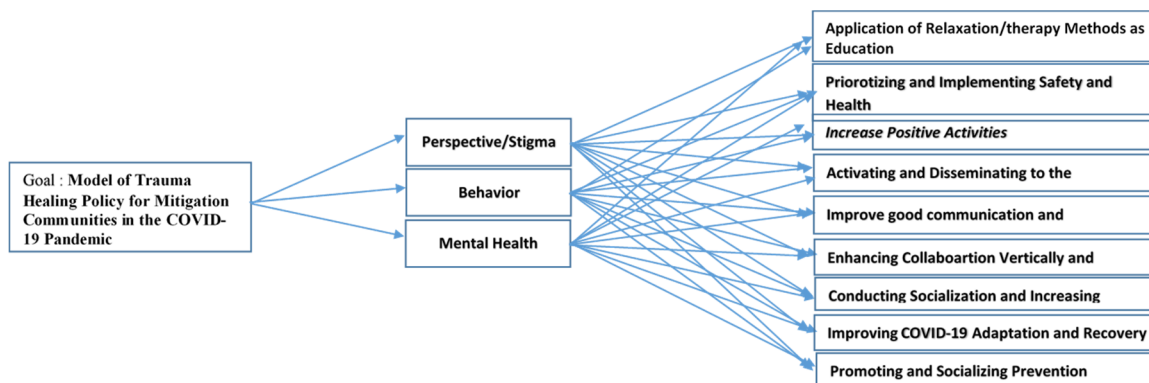


Figure 1: Hierarchy of the Trauma Healing Policy Model.

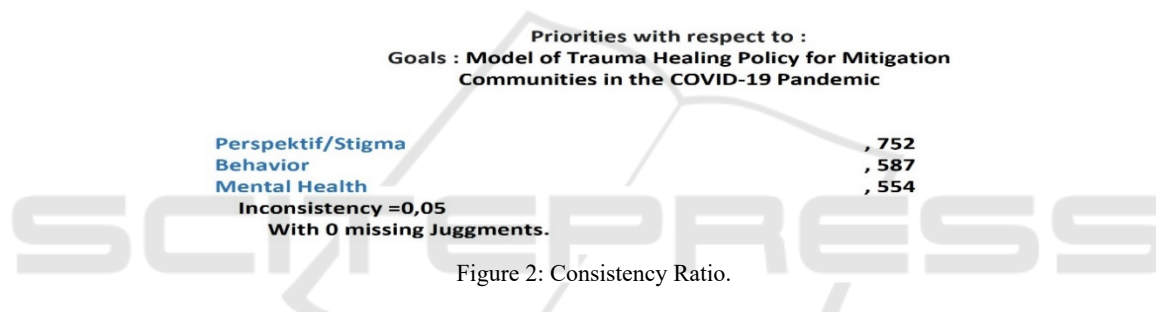


Figure 2: Consistency Ratio.

Figure 3 shows that there are 4 policy priorities in formulating a trauma healing policy model in Padang Pariaman Regency, which can be applied with the following strategies:

1. Promote and socialize the prevention of COVID-19 transmission directly and online to the community, then familiarize the community with applying it in daily life by applying various rules in the public environment
 - a. Improve communication and openness of health in the family.
 - b. Be transparent to the surrounding community.
 - c. Local governments with Nagari leaders, Korong leaders, religious leaders or traditional leaders or community leaders carry out promotions both directly and online.
 - d. Involving radio broadcasts and print media in the promotion of transmission prevention.
 - e. The teacher always informs the students to get used to living a healthy and clean life.
 - f. The government has begun to implement health protocols in all work and public environments.
2. Conduct socialization and increase public knowledge and awareness about COVID-19, its

transmission and prevention, so that the negative stigma of the community can change and become support for positive sufferers.

- a. The government conducts socialization in stages to save financing.
 - b. Evaluating the results of socialization on a regular and consistent basis.
 - c. Follow up on the evaluation results.
 - d. Communicate actively with Nagari leaders, Korong leaders, religious leaders or traditional leaders or community leaders to be able to convey information and convince and increase public awareness so that they no longer have negative stigma.
 - e. Spreading facts both online and in person regarding the transmission and prevention of COVID-19.
 - f. Amplifying the voices of people recovering from COVID-19.
 - g. Equalize perceptions about COVID-19 so that if there are positive citizens, they can be given support.
3. Increase cooperation vertically and horizontally from the community to the government.

- a. Avoiding miscommunication between the Padang Pariaman Regency government and the community.
 - b. Making Nagari leaders, Korong leaders, religious leaders or traditional leaders or community leaders a source of information about COVID-19.
 - c. Provide support and assistance for residents who are positive for COVID -19 or self-isolating or affected by COVID-19 using a local economy-based approach/ assisting in providing basic needs.
 - d. Active involvement of the local community/ Nagari-Korong in supporting the process of implementing self-quarantine/ isolation by providing a place for migrants.
 - e. Forming a task force unit with the aim of monitoring residents who are either self-isolating or affected.
4. Improving adaptation and recovery of COVID-19 through re-centering (building an individual's internal system), personal awakening (rising up and then adjusting life patterns), emotion stabilizing (increasing sense of control), and implementing the buddy system (a coworker system).
- a. Improving the quality of each individual's faith by worshipping.
 - b. Build emotional stability by always thinking positively.
 - c. the head of the Nagari, Korong, religious or traditional leaders or community leaders always urge and invite the community to behave in a healthy life and exercise.
 - d. Keeping pet animals for mind distraction.
 - e. Increase awareness among individuals in the family, in the neighborhood, workplace and public places by reminding each other not to forget the health protocol.
 - f. Especially for the front row, the government must pay attention to mental/mental health conditions by increasing immunity, monitoring mental/mental health.
- Regularly, providing a psychiatrist, setting up facilities that make them more confident, comfortable, and stay positive.

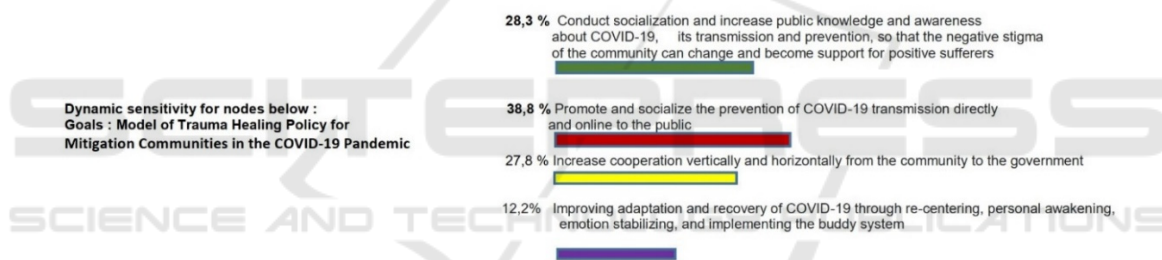


Figure 3: Priority Model of Trauma Healing Policy.

Thus, the trauma healing policy model for the community in Padang Pariaman Regency during the COVID-19 pandemic can be done by eliminating the community's negative point of view or stigma first against positive patients or people who make contact so that isolation is necessary. This is in accordance with (Asman et al., 2020) WHO stated that negative stigma must be annulled with optimal health literacy from various parties because COVID-19 sufferers are not people who commit disgraceful acts, so there is no need to be isolated or shunned. If this stigma is allowed, it can: 1) encourage people to hide their illness to avoid discrimination, 2) prevent people from seeking immediate health care, and 3) prevent them from adopting healthy behaviors.

Furthermore, trauma recovery will be easier to overcome if the community has a healthy mental or spirit. In improving this mental or mental health, it is very necessary to support the family and the surrounding environment. Communication is the key

to the success of this mental or mental health, so that individuals can have good windows of tolerance in dealing with stress or trauma. Then, trauma and stress in the community in Padang Pariaman Regency can also be overcome by changing people's behavior who have started to get used to maintaining cleanliness and healthy living, so that indirectly also apply positive thinking, always be enthusiastic and get used to being open and transparent about the conditions experienced. The policy with the above implementation strategy can be carried out by the Padang Pariaman Regency government in collaboration with the community.

4 CONCLUSIONS

Padang Pariaman Regency is one of the regencies on the island of Sumatra that has the highest 5 major

COVID-19 cases. This condition makes the government issue a policy for implementing PSBB (Large-Scale Social Restrictions) by requiring people to only carry out activities at home. As a result, many people have lost their jobs due to staff reductions, lost their livelihoods, health workers are unable to meet their families and high work demands, people who are at home also experience conditions of boredom, boredom and stress. This condition, if left unchecked for a long time can cause pre-existing psychological problems and secondary traumatic stress (STS), so a policy is needed to recover the trauma and stress. Policy priorities to be able to recover community stress and stress that can be taken into consideration for the Padang Pariaman Regency government are (1) Promoting and socializing the prevention of COVID-19 transmission directly or online to the community, then getting people used to applying it in daily life by applying various rules. in the public environment (84.9%); (2) Conduct socialization and increase public knowledge and awareness about COVID-19, its transmission and prevention, so that the negative stigma of the community can change and become support for positive sufferers (75.4%); (3) Increasing vertical and horizontal cooperation from the community to the government (73.5%); and (4) Improving the adaptation and recovery of COVID-19 through re-centering, personal awakening, emotion stabilizing, and the implementation of the buddy system (64.3%).

REFERENCES

- Asman, A., Asman, A., & Dewi, A. K. (2021). Community Nursing Strategies for Tourism Health Families during COVID-19 Pandemic. *International Journal of Health Sciences*, 5(3), 224–231. <https://doi.org/10.53730/ijhs.v5n3.1449>
- Asman, A., Barlian, E., Fatimah, S., Dewata, I., & Asman, A. (2020). Model of Trauma Healing Policy for Communities in the COVID-19 Pandemic Period in Padang City – Indonesia. *Journal of Advanced Research in Dynamical and Control Systems*, 12(7), 646–651.
- Bender, L. (2020). *Pesan dan Kegiatan Utama Pencegahan dan Pengendalian COVID-19 di Sekolah*. [www.who.int. https://www.who.int/docs/default-source/searo/indonesia/covid19/pesan-dan-kegiatan-utama-pencegahan-dan-pengendalian-covid-19-di-sekolah---indonesian--march-2020.pdf](https://www.who.int/docs/default-source/searo/indonesia/covid19/pesan-dan-kegiatan-utama-pencegahan-dan-pengendalian-covid-19-di-sekolah---indonesian--march-2020.pdf)
- Dewi, L. Z. (2020). *Masa Darurat COVID 19 & Kesehatan Jiwa*. PPH ATMADJAYA.
- Hua, J., & Shaw, R. (2020). Corona Virus (COVID-19) “Infodemic” and Emerging Issues through a Data Lens: The Case of China. *International Journal of Environmental Research and Public Health*, 17(7), 1–12.
- ILO. (2020). *Dalam Menghadapi Pandemi: Memastikan Keselamatan dan Kesehatan di Tempat Kerja*. www.ilo.org.
- Kim, T. J., & Knesebeck, O. Von Dem. (2015). Is An Insecure Job Better for Health Than Having No Job At All? A Systematic Review of Studies Investigating The Health-Related Risks of Both Job Insecurity and Unemployment. *BMC Public Health*, 15(985), 1–9.
- Latifah, S. (2005). *Prinsip-Prinsip Dasar Analytical Hierarchy Process*. Repositori Institusi Universitas Sumatera Utara.
- Marimin. (2004). *Teknik dan Aplikasi Pengambilan Keputusan Kriteria Majemuk*. Jakarta: Grasindo.
- Muhdi, N. (2020). *Layanan Konseling Tenaga Kesehatan Era Pandemi COVID-19: Peluang dan Tantangan*. www.persi.or.id.
- Pfefferbaum, B., & North, C. S. (2020). Mental Health and The Covid-19 Pandemic. *New England Journal of Medicine*, 383(6), 510–512.
- Saaty, T. L. (1991). *Pengambilan Keputusan Bagi Para Pemimpin*. Jakarta: Pustaka Binaman Pressindo.
- Saaty, T. L. (2008). Decision Making with The Analytic Hierarchy Process. *Int. J. Services Sciences*, 1(1), 83–98.
- Steffens, I. (2020). A Hundred Days Into the Coronavirus Disease (COV ID-19) Pandemic. *Euro Surveil*, 25(14), 1–4.
- WHO. (2020). *Stigma Sosial terkait dengan COVID-19*. [www.who.int. https://www.who.int/docs/default-source/searo/indonesia/covid19/panduan-untuk-mencegah-dan-mengatasi-stigmasosial.pdf?sfvrsn=4f8bc734_2](https://www.who.int/docs/default-source/searo/indonesia/covid19/panduan-untuk-mencegah-dan-mengatasi-stigmasosial.pdf?sfvrsn=4f8bc734_2)
- Yi, Y., Lagniton, P. N. P., Ye, S., Li, E., & Xu, R. H. (2020). COVID-19: What Has Been Learned and To Be Learned About The Novel Coronavirus Disease. *International Journal of Biological Sciences*, 16(10), 1753–1766.