

Model of Trauma Healing Policy for Communities in the COVID-19 Pandemic Period in Padang City – Indonesia

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Abstract--- *Corona Virus Disease 2019* or COVID-19 is a disease caused by the coronavirus with the spread in the fastest time and manner so that it becomes a pandemic in the world, including in Indonesia. Padang City is one of the cities or regencies on Sumatra Island that has the highest COVID-19 case. The high number of cases causes many people to experience pre-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 City. This research is a quantitative descriptive study, using in-depth interview data collection techniques for expert respondents whose results are analyzed using the Analytical Hierarchy Process (AHP). In compiling a policy model, used stigma or point of view, mental or mental health, and behaviour as policy criteria. The results showed that the priority policies for consideration for the Padang City government were: a) Conducting socialization and increasing public knowledge and awareness about COVID-19, transmission and prevention, so that negative community stigma can change and become support for positive sufferers (76.7%); b) Increase cooperation vertically and horizontally starting from the community to the government (55.50%); c) Promote and socialize prevention of COVID-19 transmission directly or online to the community, then familiarize the community applying it in daily life by applying various rules in the public environment (54.90%); and d) Increase COVID-19 adaptation and recovery through re-centring, personal awakening, emotion stabilizing, and buddy system application (53.80%).

Keywords--- Covid-19, Policy Model, Trauma Healing, Padang.

I. Introduction

Indonesia is one of the many countries facing non-natural disasters i.e. the COVID pandemic virus 19. COVID-19 virus or Coronavirus Disease 2019 becomes a disease with human transmission in the fastest and fastest time so that it is declared a world pandemic by WHO [1]. COVID-19 virus originated from Wuhan City, China [2], which finally arrived in Indonesia due to Indonesia's geographical location which borders directly with several countries affected by the COVID-19 virus spread, the development of globalization and increasingly smooth traffic between countries.

The speed of the spread of this virus is caused by a transmission that can occur only by touching a contaminated surface or object, which then consciously or not touches the eyes, nose, or mouth [1, 3]. In this simple way, recorded in Indonesia from the beginning of the case occurred on March 2, 2020, until May 20, 2020, has reached the number 19,189 people recovered 4,575 and 1,242 died which is accessed from the site <https://covid19.go.id>. A large number of COVID-19 cases is from time to time, one of which is due to the vaccine to cure it has not yet been found so that the government can only treat and treat with early symptoms and control and prevent the spread of virus transmission [4].

COVID-19 has spread throughout the provinces of Indonesia, from all 34 provinces, West Sumatra Province which consists of 19 regencies/cities in the province with the most positive cases of COVID-19, ie 428 people or 2.2% or are in position 9. The results from West Sumatra response corona on May 20, 2020, which is accessed from the site https://corona.sumbarprov.go.id/details/peta_covid19 shows that Sijunjung Regency and Sawahlunto City are Regency/City that does not have positive cases, meanwhile Padang City is the Regency/City with the highest COVID-19 cases reaching 275 of 478 positive cases in West Sumatra Province.

The high case in Padang City can be caused which is the provincial capital being a crossing point for migrants who will go to other Regency/City in the province of West Sumatra. Besides, COVID-19 transmission and spread in Padang City tend to be local transmission or transmission that occurs locally [5], with distribution centres located at several points such as Pasar Raya, Pengambiran, and RS. M.Djamil.

During the current COVID-19 outbreak, with the implementation of PSBB in almost all of Indonesia cities including Padang city, the community is required to stay at home and go out just to supply their mandatory needs or daily needs. The implementation of this PSBB causes many people to lose their jobs due to staff reductions, loss of livelihoods and health workers who cannot meet their families and large work demand such as working in long hours or 40 hours of work in a week and with continuous work schedules compared to normal working hours [6]. The obligation to remain at home and do physical distancing at the very least time makes people who do not have activities or busyness at home experience stress, which will later have an impact on mental well-being and health, such as depression, excessive fatigue, and anxiety [7]. This is exacerbated by the amount of social stigma and discriminatory behaviour towards patients who are positive COVID-19 or family or community who come in contact with positive patients [8], which then have an impact on exclusion and cynical or negative views [9].

These conditions causing people to panic and if it lasts long can cause people to experience psychological problems such as stress and trauma. Every individual who experiences stress and trauma has a different response to each other in terms of intensity and expression, depending on the windows of tolerance. Windows of tolerance are the extent or narrowness of an individual's tolerance level when facing a stress or trauma situation he/she has [10]. [10] also explained that if this window of tolerance does not work, then stress and trauma will re-emerge, 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).

In addition to experiencing pre-existing psychological problems, people, especially those who have the highest risk of exposure, can also experience secondary traumatic stress (STS), such as excessive worry and fear of something bad happening, easily shocked or alert at all times, experiencing physical stress (for example heart palpitations, cold sweats), nightmares or recurring thoughts about a traumatic event, and the feeling that the trauma of another person is his trauma. Stress and traumatic, in addition to patients with COVID-19 and patients with the person in monitoring (ODP) and patients in oversight (PDP) status, also often occur in health workers. The study [11] states that the impact of COVID-19 shows a high level of distress (72%), with very high levels in depression (50%), anxiety (45%) and insomnia (34%).

Pre-existing Psychological Problems and Secondary Traumatic Stress (STS) can be minimized by conducting trauma healing for vulnerable groups and groups that do need it. However, until now the government has not issued a policy regarding trauma healing which is very necessary for positive patients of COVID-19, ODP, PDP, and health workers in particular and for the community in general. Therefore, in this study, a trauma healing policy model was made for the people in Padang City.

II. Research Methods

The research conducted was a quantitative descriptive study, using interview data collection techniques to expert respondents to obtain the policy that prioritized the most in conducting trauma healing. Furthermore, using a paired comparison questionnaire between elements at each level to obtain a hierarchical structure, which is processed with Criterium Decision Plus 4.0 software, and analyzed using the AHP method [12, 13]. According to [12-14], AHP's working principles consist of compiling a hierarchy (decomposition), evaluating criteria and alternatives (comparative judgment), determining priorities (synthesis of priority), and logical consistency (local consistency). The basic concept of the AHP is the use of pairwise comparison matrices (matrix pairwise comparison) to produce relative weight values between criteria and alternatives. A criterion is compared with other criteria in terms of how important it is to achieve the objectives above [12].

III. Results and Discussion

Padang City is one of the cities with the highest number of COVID-19 cases on the island of Sumatra. From all community activities in Padang City, COVID-19 transmission will have a higher risk for people working on the front lines, such as health care workers, and especially those who are actively involved in epidemic relief (the first responder from the emergency medical team, workers health care in the emergency department and special care units, transportation and first aid), psychiatrists for providing the services needed by patients who experience psychological stress, fatigue, and negative stigma; sellers of daily needs such as people who sell and work in

traditional and modern markets; and workers in transportation such as online transportation and public transportation.

The extent and high risk of transmission of the virus lead the government to implement the PSBB rules to break the chain of transmission. However, from March to May 2020, the number of patients affected by COVID-19 continues to increase. This means that there has been no significant change, due to the enactment of the PSBB. This can be caused by the mental weakness of the community in the implementation of PSBB and dealing with the COVID-19 virus. Therefore, a policy model on trauma healing or trauma recovery can be prepared that can be implemented by the Padang City government to improve mental health and windows of tolerance that are owned by each positive patient of COVID-19, health workers, and the general public.

In compiling this trauma healing policy model, three criteria are used, namely perspective or stigma, mental or mental health, and behaviour. This means that the policies that are drawn up 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 accustoming people's behaviour to being able to live clean and healthy lives to avoid COVID-19. From these criteria, 9 alternative policies were produced that could be carried out by the government which in the future would pay attention to policy priorities. Alternative policies are as follows:

1. Application of relaxation and therapy methods as a way to restore mental or mental health.
2. Prioritize and implement 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 avoid and do not take the information that contains negative news, especially for patients with COVID-19 and the public who are at the forefront.
4. Activating and socializing to the public about psychological check services 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. Conducting socialization and increasing public knowledge and awareness about COVID-19, transmission, and prevention, so that negative community stigma can change and become support for positive sufferers.
8. Improving COVID-19's adaptation and recovery through re-centring (building internal systems of each individual), personal awakening (rising and adjusting lifestyles), emotion stabilizing (increasing sense of control), and implementing a buddy system (colleague system).
9. Promote the prevention of COVID-19 transmission both directly and indirectly (with using social media) to the community continuously, then familiarize the community applying it in daily life by applying various rules in the public environment.

These policy criteria and alternatives, using the Criterium Decision Plus (CDP) software produce a policy hierarchy as shown in Fig 1. The policy hierarchy shows that in formulating the policy model, the criteria will be interrelated with all policy alternatives. Furthermore, the value of consistency ratio resulting from pairwise comparison matrix analysis is 0.033 or smaller than 0.1. That is, in preparing a pairwise comparison matrix, expert respondents or experts are consistent so that policy priorities can be determined.



Fig. 1: Hierarchy of the Trauma Healing Policy Model

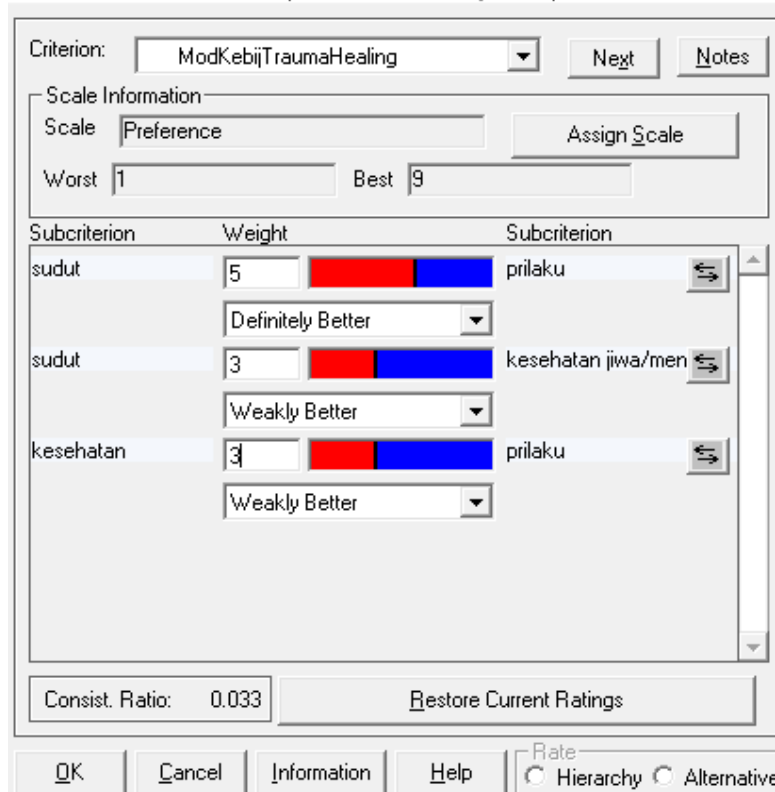


Fig. 2: Consistency Ratio

Fig 3 shows that there are 4 policy priorities in developing a trauma healing policy model in Padang City, which can be applied with the following strategies:

1. Conducting socialization and increasing public knowledge and awareness about COVID-19, transmission, and prevention, so that negative community stigma can change and become support for positive sufferers.
 - a. The government conducts socialization in stages to save funding.
 - b. Evaluate the results of outreach on a regular and consistent basis.
 - c. Follow up on the evaluation results.
 - d. Actively communicating with leaders of a region, 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 a negative stigma.
 - e. Spread the facts both online and direct to the public about COVID-19 transmission and prevention
 - f. Strengthen the voices of people that recovering from COVID-19.
 - g. Equating perceptions about COVID-19 so if there are positive citizens, support can be given.
2. Increase cooperation vertically and horizontally from the community to the government.
 - a. Avoid miscommunication between the Padang City government and the community.
 - b. Making leaders from a region, religious leaders, traditional leaders or community leaders a source of information about COVID-19.
 - c. Provide support and assistance for positive citizens of COVID-19 or carry out isolation independently or affected by COVID-19 by using a local economy based approach or assisting in providing basic needs.
 - d. Actively involved in the local community or RT-RW in supporting the process of quarantine or independent isolation in the form of providing a place for residents of migrants.
 - e. Form a task force to monitor citizens whether they are carrying out isolation independently or are affected.
3. Promote the prevention of COVID-19 transmission directly and online to the community continuously, then familiarize the community applying it in daily life by applying various rules in the public environment.
 - a. Improve the communication between family and opens to the family about the current health.

- b. Be transparent to the surrounding community.
 - c. Local governments with leaders of a region, religious leaders, tribe leaders or community leaders do promotions both directly and online.
 - d. Involve radio broadcasts and printed 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 begins to implementing health protocols in all work environments and the public.
4. Improving COVID-19's adaptation and recovery through re-centring (building individual internal systems), personal awakening (rising and adjusting lifestyles), emotion stabilizing (increasing sense of control), and implementing a buddy system (colleague system)
- a. Improving the quality of the faith of each individual by worshipping.
 - b. Build emotional stability by always thinking positive.
 - c. RT chiefs, religious leaders, tribe leaders or community leaders have to always urge and lead the community to behave in a healthy lifestyle and exercise regularly so they can be healthy.
 - d. Raising rearing animals for a mind diversion.
 - e. Increase awareness among individuals in the family, in the neighbourhood, workplace and public places by reminding each other not to forget to apply the health protocol.
 - f. Especially for the front row, the government must pay attention to their bodily or mental health conditions by increasing immunity, monitoring bodily or mental health regularly, providing psychiatrists, preparing facilities that make them more confident, comfortable, and keep thinking positive.

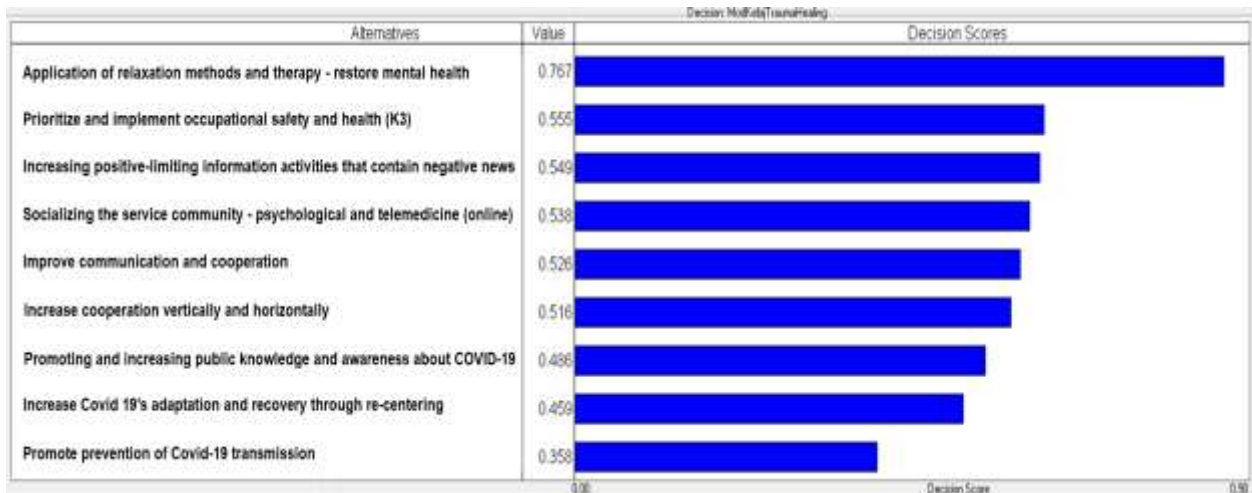


Fig. 3: Priority Model of Trauma Healing Policy

Thus, the trauma healing policy model for the community in the city of Padang during the COVID-19 pandemic can be done by first removing negative viewpoints or stigma from the community towards positive patients or people who make contact so that isolation is needed. This is following [15] which states that negative stigma must be annulled with optimal health literacy from various parties because people with COVID-19 are not people to commit disgrace, so they do not need to be ostracized or shunned. If this stigma is allowed, then the stigma can: 1) Encourage people to hide the disease to avoid discrimination, 2) Prevent people from seeking immediate health care, and 3) Prevent them from adopting healthy behaviour.

Furthermore, trauma recovery will be easier to overcome if the community has a healthy mind or soul. In improving mental or mental health, it is very necessary to support the family and the environment. Communication is the key to the success of mental or mental health, so individuals can have a good window of tolerance in dealing with stress or trauma. Then, trauma and stress among the people in Padang City can also be overcome by changing the behaviour of people who have started to get used to maintaining cleanliness and healthy living, so that they indirectly also apply positive thinking, always excited and accustomed themselves to being open and transparent about their current conditions. Policies with the strategy above can be done by Padang city government with cooperated with the community.

IV. Conclusion

Padang City is one of the cities/regencies on Sumatra Island that has the highest COVID-19 case. This condition made the government issues a policy to implement the PSBB (Large-Scale Social Restrictions) by requiring people to carry out activities at home. As a result, many people lost their jobs due to staff reductions, loss of livelihoods, health workers who could not meet with families and the demands of work are large, people who are at home also experience conditions of saturation, boredom, and stress. These conditions, if it lasts 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 the community's stratum and stress that can be taken into consideration for the Padang City government are a) Conducting socialization and increasing public knowledge and awareness about COVID-19, transmission and prevention so that negative community stigma can change and become support for positive sufferers; b) Increase cooperation vertically and horizontally from the community to the government; c) Promote and socialize prevention of COVID-19 transmission both directly and indirectly (with using social media) to the community, then familiarize the community in applying it in daily life by applying various rules in the public environment; and d) Improving the adaptation and recovery of COVID-19 through re-centring, personal awakening, emotion stabilizing.

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