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LAPORAN AKHIR PENELITIAN DASAR



ANALISIS KUALITAS HIDUP MASYARAKAT KOTA MEDAN SEMASA *PHYSICAL DISTANCING* AKIBAT PANDEMI GLOBAL COVID-19

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RINGKASAN

COVID-19 yang pertama kali ditemukan di Wuhan, China, telah menyebar secara dramatis ke seluruh penjuru dunia. Bahkan, World Health Organization (WHO) telah mendeklarasikannya sebagai Pandemi Global. Dengan ketidakadaan vaksin, WHO menghimbau langkah-langkah penghindaran dengan *physical distancing* agar dapat menghambat laju infeksi virus dan memutus rantai penularan. Situasi ini dapat mengakibatkan masyarakat mengalami bencana kronis. Bencana Kronis yang dimaksud adalah penurunan kualitas hidup secara bertahap pada masyarakat yang terkena dampak bencana dan pengaruhnya terhadap struktur sosial dan kesehatan keseluruhan anggota masyarakat. Apabila dibiarkan, penurunan kualitas hidup dapat merusak kesehatan mental masyarakat, yang dampaknya bisa lebih parah dari wabah virus itu sendiri. Karenanya, perlu untuk dikaji bagaimana kualitas hidup masyarakat khususnya Kota Medan dalam menghadapi COVID-19. Untuk itu penelitian ini bertujuan untuk 1) Mengetahui kondisi kapasitas fisik masyarakat Kota Medan semasa *Physical Distancing*; 2) Mengetahui kondisi psikologis masyarakat Kota Medan semasa *Physical Distancing*; 3) Mengetahui tingkat independensi masyarakat Kota Medan semasa *Physical Distancing*; 4) Mengetahui kondisi hubungan sosial masyarakat Kota Medan semasa *Physical Distancing*; 5) Mengetahui kondisi lingkungan sosial ekonomi masyarakat Kota Medan semasa *Physical Distancing*; 6) Mengetahui kondisi spiritualitas masyarakat Kota Medan semasa *Physical Distancing*. Data akan dikumpulkan dengan memanfaatkan kuisioner elektronik dan memberdayakan mahasiswa dan komunitas sebagai enumerator pengumpul data dengan menggunakan teknik *simple random sampling* pada populasi. Data yang terkumpul akan dianalisis dengan statistik deskriptif, ANOVA, Kruskal Wallis, dan korelasi Rank Spearman. Pengukuran kualitas hidup pada penelitian ini mengacu pada framework WHO (2012). Penelitian ini berhasil mengumpulkan 370 respon. Dari enam domain penentu quality of life, spiritual belief ditemukan tidak memiliki pengaruh signifikan terhadap kualitas hidup. Sementara itu, Physical, Psychological, Level of Independence, Social Relationship, Environment ditemukan memiliki pengaruh yang signifikan terhadap kualitas hidup. Studi ini merekomendasikan agar pengambil kebijakan secara khusus dapat mengelola konsudifitas lingkungan dan kondisi psychological masyarakat dalam hal pengendalian kualitas hidup masyarakat semasa pandemic covid-19.



BAB I

PENDAHULUAN

1.1. Latar Belakang

COVID-19 yang pertama kali ditemukan di Wuhan, China, telah menyebar secara dramatis ke seluruh penjuru dunia. Bahkan, World Health Organization (WHO) telah mendeklarasikannya sebagai Pandemi Global. Dengan ketidakadaan vaksin, WHO menghimbau langkah-langkah penghindaran dengan *physical distancing* agar dapat menghambat laju infeksi virus dan memutus rantai penularan (WHO, 2020; Ferguson, 2020). Bentuk dari Physical Distancing adalah pembatasan interaksi sosial, kerumunan di areal publik, penutupan perkantoran, sekolah, dan institusi publik lainnya (Singh dan Adhikari, 2020). Pemberlakuan *Physical Distancing* dilakukan karena kontak fisik dalam interaksi sosial dikhawatirkan menjadi momentum penularan COVID-19 (WHO, 2020). WHO (2020) memandang langkah-langkah sosial dan antisipasi kesehatan masyarakat ini adalah strategi paling memungkinkan selama vaksin belum ditemukan. Tingkat pemberlakuan Physical Distancing berbeda-beda di berbagai negara. Beberapa negara, seperti China, Italia, Jerman, Spanyol, Amerika Serikat, Singapura, dan Malaysia, melakukan *lockdown* penuh. Sementara beberapa negara lain, seperti Indonesia, Turki, dan Thailand, hanya memberikan himbawan dan pembatasan interaksi sosial. Di Indonesia sendiri beberapa daerah telah memberlakukan Pembatasan Sosial Berskala Besar (PSBB) yang menunjukkan pembatasan interaksi sosial berlaku secara ketat. Opsi ini tentu membawa risiko tersendiri karena masyarakat harus mengisolasi dirinya dari aktivitas sosial, bisnis, dan pendidikan yang telah menjadi kesehariannya dan menjadi sumber pengidupannya.

Situasi ini dapat mengakibatkan masyarakat mengalami bencana kronis. Bencana Kronis yang dimaksud adalah penurunan kualitas hidup secara bertahap pada masyarakat yang terkena dampak bencana dan pengaruhnya terhadap struktur sosial dan kesehatan keseluruhan anggota masyarakat (Goldsteen dan Schorr, 1982). Bencana tersebut dapat mengakibatkan efek jangka panjang terhadap kehidupan masyarakat yang mengganggu kondisi lingkungan kemasyarakatan, ekonomi, psikologis dan sosial, infrastruktur, dan tekanan pada layanan dan sumber daya darurat (Annang et al, 2015, Bland, O'Leary, Farinaro, Jossa, & Trevisan, 1996; Davis, Wilson, Brock-Martin, Glover, & Svendsen, 2010; Lindell & Prater, 2003; Norris, Friedman,

& Watson, 2002; Rubin, 2009; Runkle et al., 2012; Toldson, Ray, Hatcher, & Louis, 2011). Memang bencana Pandemi Global COVID-19 ini berbeda dengan bencana alam seperti gempa bumi, banjir, angin tornado, ataupun tsunami. Pandemi global tidak menimbulkan kerusakan infrastruktur secara fisik. Namun demikian, pemberlakuan Physical Distancing memiliki risiko yang tidak kalah tinggi pada tekanan psikologis, ekonomi, dan layanan kesehatan. Jaffrey (2020) berpandangan bahwa Indonesia saat ini menghadapi kesulitan dalam sistem kesehatan, ancaman krisis ekonomi, dan kerusuhan sosial akibat tekanan Pandemi Global ini. Hal-hal tersebut dapat terjadi akibat terlambatnya respon antisipasi, terbatasnya kapasitas layanan kesehatan masyarakat, berhentinya industri bisnis beroperasi, terbatasnya aktivitas ekonomi, terbatasnya sarana transportasi, dan terbatasnya aktivitas sosial kemasyarakatan. Akibatnya, secara umum masyarakat terdampak akan terganggu kualitas hidupnya dan bahkan kesehatan emosional dan atau mentalnya (lihat: Izutsu, Tsutsumi, Islam, & Kato, 2006; Bland et al., 1996 ; Davis et al., 2010; Norris et al., 2002; Toldson et al., 2011).

Dari sudut pandang mitigasi bencana, sebenarnya telah banyak studi, baik dasar maupun terapan yang mengkaji dan menawarkan strategi *recovery* masyarakat terdampak baik aspek ekonomi maupun sosial kemasyarakatan. Namun demikian strategi tanggap bencana tersebut umumnya masih terbatas pada asistensi masyarakat terdampak pasca kejadian. Masih belum banyak studi yang menyoroti tentang bagaimana membangun ketahanan masyarakat untuk mencegah dampak negatif jangka panjang dari bencana tersebut (Runkle et al., 2012). Padahal, Beberapa penelitian menunjukkan bahwa masyarakat yang hancur karena bencana dapat mengalami dampak negatif bahkan bertahun-tahun pasca bencana (Annang et al., 2015). Karenanya, aspek mitigasi semasa bencana menjadi sorotan penting pada penelitian saat ini. Terlebih lagi bencana pandemi global tidak seperti gempa atau tsunami yang datang dengan seketika dan cepat. Pandemi global ini berkembang secara bertahap dan masyarakat dapat bersikap antisipatif. Hanya saja tindakan antisipatif yang menuntuk physical distancing tersebut cenderung membawa bencana sosial. Bencana sosial inilah yang menjadi konsentrasi pada studi ini. Secara umum, studi ini berupaya menangkap fenomena kualitas hidup masyarakat semasa *Physical Distancing*. Profil kualitas hidup tersebut selanjutnya akan diterjemahkan menjadi

informasi-informasi yang bernilai dalam pengambilan keputusan untuk mitigasi bencana semasa pandemi global. Sehingga alih-alih menghasilkan strategi *recovery*, studi ini justru mengeksplorasi strategi bertahan di masa pandemi global ini. Secara khusus rumusan masalah akan diuraikan pada sub bagian selanjutnya.

1.2. Rumusan Masalah

Berdasarkan latar belakang penelitian di atas, secara umum studi ini berupaya meninjau fenomena kualitas hidup masyarakat Kota Medan semasa *Physical Distancing* akibat Pandemi Global COVID 19. Agenda tersebut selanjutnya dirumuskan menjadi pertanyaan-pertanyaan penelitian berikut:

1. Bagaimanakah kondisi kapasitas fisik masyarakat Kota Medan semasa *Physical Distancing*?
2. Bagaimanakah kondisi psikologis masyarakat Kota Medan semasa *Physical Distancing*?
3. Bagaimanakah tingkat independensi masyarakat Kota Medan semasa *Physical Distancing*?
4. Bagaimanakah kondisi hubungan sosial masyarakat Kota Medan semasa *Physical Distancing*?
5. Bagaimanakah kondisi lingkungan sosial ekonomi masyarakat Kota Medan semasa *Physical Distancing*?
6. Bagaimanakah kondisi spiritualitas masyarakat Kota Medan semasa *Physical Distancing*?

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BAB II

TINJAUAN PUSTAKA

2.1. Kesehatan Mental Semasa Pandemi

Semasa penyebaran virus pandemi, reaksi psikologis populasi masyarakat memainkan peran yang penting, baik itu penyebaran virus itu sendiri, maupaun terjadinya tekanan emosional dan gangguan sosial selama dan setelah wabah (Cullen, Gulati, & Kelly, 2020). Cina, sebagai negara asal wabah virus COVID-19 telah membuktikan hal ini. Salah satu studi yang dilakukan terhadap 1.210 responden yang tersebar di 194 kota dan dilakukan dari bulan Januari hingga Februari 2020 menemukan bahwa 54% responden menilai dampak psikologis dari wabah COVID-19 sebagai sedang atau berat; 29% melaporkan gejala kecemasan sedang sampai parah; dan 17% melaporkan gejala depresi sedang hingga berat (Wang et al., 2020). Padahal, pada kondisi normal saja orang-orang dengan gangguan kesehatan mental cenderung memiliki harapan hidup yang rendah dan disertai dengan kondisi fisik yang lebih lemah dibandingkan dengan populasi umum (Rodgers et al., 2018). Hal ini akan berdampak pada orang-orang yang memiliki kesehatan mental yang sudah ada sebelumnya, membuat mereka cenderung memiliki dampak yang jauh lebih buruk saat pandemik berlangsung. Belum lagi diperparah dengan pemberlakuan *physical distancing* yang dipercaya sebagai solusi untuk menghentikan laju penyebaran virus. Dengan terbatasnya ruang gerak warga, memunculkan kekhawatiran yang meluas tentang dampaknya pada kesejahteraan; peningkatan kecemasan, depresi, stres, dan perasaan negatif lainnya; serta kekhawatiran terhadap dampak nyata dari pandemi, termasuk kesulitan keuangan (Holmes et al., 2020; Shah et al., 2020). Pengukuran atas kesehatan mental semasa pandemi menjadi semakin genting, karena riset terdahulu telah membuktikan, bahwa kesehatan mental yang terganggu akan mengakibatkan stres berlebihan yang dapat berimplikasi pada keinginan untuk melakukan perilaku menyakiti diri sendiri, sampai bunuh diri (Elovainio et al., 2017; Matthews et al., 2019). Kejadian pandemi di masa lalu telah membuktikan hal ini. Jumlah bunuh diri di Amerika Serikat pada masa wabah tahun 1918-1919 dan Hong Kong ketika SARS mewabah di tahun 2003 menunjukkan angka bunuh diri yang tinggi dibandingkan keadaan normal (Gunnell et al., 2020). Belum lagi pemberitaan media yang dengan gencarnya menginformasikan bahaya dan jumlah korban juga

turut andil dalam memperparah keadaan (Holmes et al., 2020). Peran media dalam menyebarkan tekanan terhadap masyarakat di masa pandemi juga bukanlah hal yang baru terjadi ketika wabah COVID-19, di masa wabah EBOLA, peran media dalam menyebarkan tekanan psikis juga cukup besar (Sell et al., 2017). Peran teknologi informasi yang membuat penyebaran informasi semakin cepat dengan adanya media sosial juga berimplikasi buruk pada kesehatan mental masyarakat.

2.2. Kualitas Hidup

Beberapa tahun belakangan, perhatian untuk mengukur kondisi kesehatan melebihi indikator tradisional seperti mortalitas dan morbiditas terus berkembang (World Bank, 1993; WHO, 1991). Tingkat bahaya dari suatu penyakit tidak hanya dilihat dari keberancamannya saja, melainkan juga bagaimana akhirnya mempengaruhi kualitas hidup seseorang (Baum, Ebbs, Fallowfield, & Fraser, 1990). Defenisi atas kualitas hidup sendiri memang berbeda-beda. Apabila merujuk pada WHO (2012), kualitas hidup didefenisikan sebagai persepsi seseorang atas keadaan hidupnya, sesuai dengan konteks nilai dan budaya tempat ia tinggal, sehubungan dengan tujuan, harapan, dan standar tempat tersebut. Konsep kualitas hidup yang ditawarkan oleh WHO sendiri juga mencakup domain yang luas, seperti kondisi fisik, kondisi psikologis, tingkat independensi, hubungan sosial, lingkungan, sampai kepercayaan spritual/religius. Keenam domain inipun terbagi lagi atas beberapa aspek.

Domain I. Kondisi Fisik

1. Rasa sakit atau ketidaknyamanan yang dirasakan
2. Tingkat energy dan kelelahan
3. Kualitas tidur dan istirahat

Domain II. Kondisi Psikologis

1. Perasaan positif
2. Kemampuan berpikir, belajar, ingatan, dan konsentrasi
3. *Self-esteem*
4. Citra diri dan penampilan
5. Perasaan negatif

Domain III. Tingkat Independensi

1. Mobilitas
2. Aktivitas sehari-hari
3. Ketergantungan terhadap obat dan perawatan medis
4. Kapasitas kerja

Domain IV. Hubungan Sosial

1. Hubungan pribadi
2. Dukungan sosial
3. Aktivitas seksual

Domain V. Lingkungan

1. Keamanan fisik
2. Keadaan lingkungan tempat tinggal
3. Sumber pendapatan
4. Akses jaminan kesehatan
5. Kesempatan memperoleh informasi dan keterampilan
6. Partisipasi dan kesempatan untuk melakukan aktivitas rekreasi dan hiburan
7. Kondisi lingkungan (polusi, kepadatan lalu lintas, iklim)
8. Transportasi

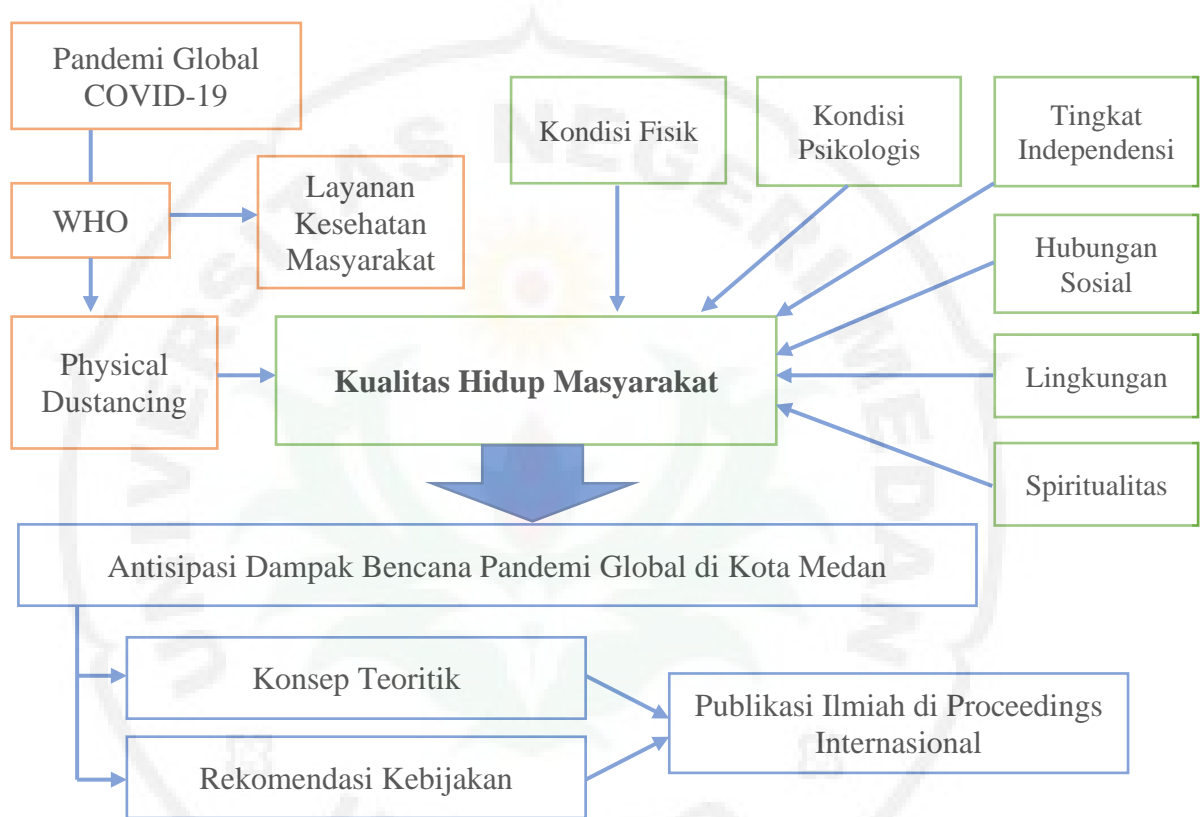
Domain VI. Kepercayaan spiritual/religius

2.3. Kerangka Pemikiran

Studi ini berupaya untuk mengelaborasi berbagai studi-studi yang mengkhususkan terhadap tema serupa yang telah dilakukan lebih dulu di negara-negara terjangkit pandemi COVID-19, maupun wabah-wabah sebelumnya (Cullen et al., 2020; Gunnell et al., 2020; Holmes et al., 2020; Moccia et al., 2020; Ornell, Schuch, Sordi, & Kessler, 2020; Shah et al., 2020; van Hoek, Underwood, Jit, Miller, & Edmunds, 2011; Zhai & Du, 2020; J. Zhang et al., 2020; Y. Zhang & Ma, 2020). Pengukuran atas kualitas hidup dan kesehatan mental menjadi penting karena jangan sampai kecemasan atas wabah yang terjadi justru menimbulkan dampak yang lebih parah dibandingkan wabah itu sendiri.

Domain-domain pengukuran kualitas hidup merujuk pada instrumen yang telah dibangun WHO. Namun disini juga akan diukur mengenai kepatuhan

masyarakat dalam mengikuti anjuran pemerintah dalam melaksanakan *physical distancing*, sehingga terlihatlah dampak kualitas hidup dan kesehatan mental mereka setelah menjalankan atau tidak menjalankan *physical distancing*.



Gambar 2.1. Rerangka Pemikiran

BAB III

TUJUAN DAN MANFAAT PENELITIAN

3.1. Tujuan Penelitian

Berdasarkan rumusan masalah di atas, maka penelitian ini memiliki tujuan-tujuan sebagai berikut.

1. Bagaimanakah kondisi kapasitas fisik masyarakat Kota Medan semasa *Physical Distancing*?
2. Bagaimanakah kondisi psikologis masyarakat Kota Medan semasa *Physical Distancing*?
3. Bagaimanakah tingkat independensi masyarakat Kota Medan semasa *Physical Distancing*?
4. Bagaimanakah kondisi hubungan sosial masyarakat Kota Medan semasa *Physical Distancing*?
5. Bagaimanakah kondisi lingkungan sosial ekonomi masyarakat Kota Medan semasa *Physical Distancing*?
6. Bagaimanakah kondisi spiritualitas masyarakat Kota Medan semasa *Physical Distancing*?

3.2. Manfaat Penelitian

Tercapainya tujuan penelitian ini akan menghasilkan beberapa manfaat praktis dan teoritis



BAB IV

METODE PENELITIAN

4.1. Populasi dan Sampel Penelitian

Populasi penelitian ini adalah masyarakat Kota Medan. Masyarakat Kota Medan dipilih sebab Medan termasuk kota terdampak yang melaksanakan Physical Distancing. Physical Distancing di Kota Medan masih tergolong moderat. Sehingga temuan yang terjadi di Kota Medan berada pada level konservatif untuk menerjemahkan fenomena pada daerah dengan Physical Distancing yang lebih ketat. Misalnya, jika masyarakat Kota Medan saja sudah terganggu kualitas hidupnya dengan pelaksanaan Physical Distancing maka masyarakat di Kota Jakarta lebih terganggu lagi dengan pemberlakuan PSBB (Pembatasan Sosial Berskala Besar). Dengan demikian Kota Medan dapat menjadi tolok ukur yang baik dalam menerjemahkan kondisi kualitas hidup masyarakat semasa Physical Distancing ini.

Data akan dikoleksi pada dua bulan setelah instruksi Physical Distancing pertama kali diumumkan dan sebelum instruksi tersebut di cabut. Hal ini ditujukan untuk mendapatkan respon actual setelah responden merasakan dampak dari pemberlakuan physical distancing tersebut. Unit analisis adalah rumah tangga. Sehingga data yang mendeskripsikan kualitas hidup tersebut adalah di level rumah tangga. Level ini dipandang lebih tepat menggambarkan kondisi kualitas hidup karena mencakup berbagai aspek dalam aktivitas keluarga.

4.2. Metode Pengumpulan Data

Secara umum data akan dikumpulkan dengan metode survey dengan kuisioner elektronik. Penggunaan kuisioner elektronik ditujukan untuk menjangkau banyak responden di masa physical distancing akibat pandemic global covid-19. Kuisioner akan menangkap persepsi masyarakat (rumah tangga) terkait kualitas hidupnya semasa physical distancing. Data yang terkumpul akan ditabulasi dan dianalisis secara kuantitatif untuk menghasilkan informasi yang bernilai dalam menerjemahkan fenomena. Selanjutnya akan dijelaskan secara rinci metode pengumpulan data dan analisis data.

Instrumen yang digunakan dalam pengumpulan data di kodifikasi langsung dari dimensi-dimensi kualitas hidup yang dikembangkan oleh WHO (2012). Dimensi

tersebut dipandangan sangat relevan karena berkaitan dengan penilaian kualitas hidup masyarakat terdampak bencana. Indikator dan dimensi-dimensi tersebut diterjemahkan dan dilakukan berbagai penyesuaian agar sesuai dengan karakteristik masyarakat Kota Medan dan nyaman di baca melalui ponsel atau komputer. Instrumen didesain dengan anonim untuk menjamin privasi (lihat: Cooper and Schindler, 2010; Sekaran and Bougie, 2010). Di samping itu, responden juga diminta untuk mengisi kuisioner tersebut secara sukarela untuk menjaga independensi responden dalam memberikan responnya. Untuk memaksimalkan terkumpulnya respon, kuisioner didistribusikan secara elektronik menggunakan Google Form. Disamping itu, pengumpulan data melibatkan enumerator yang tergabung dalam komunitas-komunitas masyarakat. Sehingga distribusi instrumen dapat dimaksimalkan dengan dibagikan secara massif pada seluruh jaringan media sosial.

Data yang akan dikumpulkan mencakup beberapa kategori baik nominal, ordinal, maupun interval mengacu pada keleluasaan informasi yang memungkinkan untuk ditangkap. Penentuan jenis data juga mengacu pada kelaziman pada studi-studi terdahulu. Distribusi kuisioner direncanakan dilakukan dari tanggal 16 hingga 30 Juni 2020 dan ditargetkan terkumpul sebanyak 1.000 respon. Keseluruhan data selanjutnya akan discreening dan filter sehingga hanya meninggalkan data dengan responden yang berdomisili di Kota Medan dan sekitarnya.

4.3. Teknik Analisis Data

Untuk mendapatkan informasi yang bernilai dari data yang terkumpul, tim peneliti melakukan analisis statistik deskriptif, ANOVA, Kruskal Wallis, dan korelasi Rank Spearman. Analisis data tersebut akan memberikan informasi bernilai terkait interrelasi setiap item dan pola kualitas hidup yang dimiliki masyarakat kota medan sebagai dampak dari pandemi global covid-19. Peneliti ini juga menguji lebih lanjut data tersebut dengan alat analisis regresi untuk meninjau hubungan antar dimensi yang mungkin terjadi. Sehingga dapat ditemukan informasi yang bernilai dalam mengendalikan dimensi-dimensi kualitas hidup satu sama lain.

BAB V

HASIL DAN LUARAN YANG DICAPAI

5.1. Pengumpulan Data

Secara umum data dikumpulkan dengan metode survey dengan kuisisioner elektronik. Penggunaan kuisisioner elektronik ditujukan untuk menjangkau banyak responden di masa physical distancing akibat pandemic global covid-19. Kuisisioner akan menangkap persepsi masyarakat (rumah tangga) terkait kualitas hidupnya semasa physical distancing. Level persepsi responden ditangkap dengan 5 skala likert. Instrumen yang digunakan dalam pengumpulan data di kodifikasi langsung dari dimensi-dimensi kualitas hidup yang dikembangkan oleh WHO (2012). Dimensi tersebut dipandang sangat relevan karena berkaitan dengan penilaian kualitas hidup masyarakat terdampak bencana. Indikator dan dimensi-dimensi tersebut diterjemahkan dan dilakukan berbagai penyesuaian agar sesuai dengan karakteristik masyarakat Kota Medan dan nyaman di baca melalui ponsel atau komputer. Instrumen didesain dengan anonim untuk menjamin privasi (lihat: Cooper and Schindler, 2010; Sekaran and Bougie, 2010).

Di samping itu, responden juga diminta untuk mengisi kuisisioner tersebut secara sukarela untuk menjaga independensi responden dalam memberikan responnya. Untuk memaksimalkan terkumpulnya respon, kuisisioner didistribusikan secara elektronik menggunakan Google Form. Disamping itu, pengumpulan data melibatkan enumerator yang tergabung dalam komunitas-komunitas masyarakat. Sehingga distribusi instrumen dapat dimaksimalkan dengan dibagikan secara massif pada seluruh jaringan media sosial. Dengan teknik sampel acak sederhana dan snowball, penelitian ini berhasil mengkoleksi 370 respon. Data yang terkumpul akan ditabulasi dan dianalisis secara kuantitatif untuk menghasilkan informasi yang bernilai dalam menerjemahkan fenomena.

Untuk mendapatkan informasi yang bernilai dari data yang terkumpul, tim peneliti melakukan analisis statistik deskriptif dan analisis regresi berganda. Analisis data tersebut akan memberikan informasi bernilai terkait interrelasi setiap variable antededen terhadap kualitas hidup yang dimiliki masyarakat kota medan dalam kondisi pandemi global covid-19. Dari hasil analisis data akan ditemukan informasi yang bernilai dalam mengendalikan dimensi-dimensi kualitas hidup satu sama lain.

5.2. Statistik Deskriptif

Statistik deskriptif penelitian ini menunjukkan bahwa kualitas hidup yang dimiliki responden adalah tinggi dengan nilai rerata 4,23 dengan nilai tertinggi 5. Sementara itu domain physical tampak relative rendah dengan nilai rerata 2,98. Selanjutnya, Psychological (\bar{x}_2 : 3,97), Social Relationship (\bar{x}_4 : 3,61), dan Environment (\bar{x}_5 : 3,81) berada di level moderate. Kemudian Level of Independence (\bar{x}_3 : 4,02) juga ditemukan pada level tinggi. Sementara angka standar deviasi pada masing-masing domain menunjukkan variasi data yang cukup namun tidak tinggi, hal itu tampak pada nilai standar deviasi yang secara umum di bawah $<1,00$.

Table 5.1. Descriptive Statistics

No.	Variable	N	Mean	Std. Deviation
1.	Quality of Life	370	4.2318	.72590
2.	Physical	370	2.9824	.46787
3.	Psychological	370	3.9701	.50791
4.	Level of Independence	370	4.0203	.56442
5.	Social Relationship	370	3.6097	.90918
6.	Environment	370	3.8124	.56809
7.	Spirituality Beliefs	370	4.6811	.56428

5.3. Analisis Regresi

Hasil analisis data menggunakan analisis regresi berganda menunjukkan bahwa Physical berpengaruh positif secara signifikan terhadap Quality of Life dengan koefisien regresi sebesar 0.18 dan p-value $<0,05$. Dengan demikian, individu dengan kondisi kesehatan yang baik akan memiliki kualitas hidup yang baik pula. Psychological juga menunjukkan pengaruh positif secara signifikan terhadap Quality of Life dengan koefisien regresi sebesar 0.29 dan p-value $<0,05$. Selanjutnya, Level of Independence menunjukkan pengaruh positif yang signifikan terhadap Quality of life dengan koefisien regresi sebesar 0,201 dan p-value $<0,05$. Social relation ditemukan memiliki pengaruh positif secara signifikan terhadap Quality of Life dengan koefisien regresi 0,137 dan p-value 0,137. Koefisien regresi tersebut adalah yang terkecil dari

keempat variable lainnya. Environment juga ditemukan memiliki pengaruh positif secara signifikan terhadap Quality of Life. Environment memiliki koefisien regresi terbesar dari lima variable lainnya, yakni senilai 0.307 dan p-value <0,05. Sementara itu, Spiritual Belief tidak menunjukkan pengaruh yang signifikan terhadap Quality of life. Hasil analisis regresi dapat diobservasi di table 3 di bawah.

Table 5.2. Result of Multiple Regression

No.	Model	p	t-value	p-value	Std. Error
1.	Physical → Quality of Life	.180	5.195	.000	.054
2.	Psychological → Quality of Life	.290	5.498	.000	.075
3.	Level of Independence → Quality of Life	.201	4.329	.000	.060
4.	Social Relation → Quality of Life ship	.137	3.718	.000	.030
5.	Environment → Quality of Life	.307	6.215	.000	.063
6.	Spirituality Beliefs → Quality of Life	.045	1.258	.209	.046

Selanjutnya, model regresi yang diujikan pada penelitian ini termasuk pada kategori fit. Kategori tersebut ditunjukkan oleh angka R^2 senilai 0,65 yang termasuk kategori tinggi, dan F-value senilai 110,477 dengan p-value <0,05. Angka tersebut menunjukkan bahwa variable-variabel bebas yang diujikan dapat menjelaskan proportion of variance dari quality of life sebagai variable independent. Dengan R^2 of a model is 0.65, then approximately more than half of the observed variation of the variable can be explained by the model's inputs. Hasil dari uji R^2 dan F-value dapat ditinjau pada table 4 di bawah.

Table 5.3. Result of R^2 and F-value

Model	df	Mean Square	R	R^2	F	Sig.
Regression	6	20.940	.804	.646	110.477	.000 ^b
Residual	363	.190				
Total	369					

5.4. Pembahasan

Temuan yang sangat menarik pada data riset ini adalah responden memiliki persepsi kualitas hidup yang tinggi meskipun dalam kondisi pandemic global covid-19. Hal ini menunjukkan ada dorongan yang kuat dari variabel-variabel anteseden dari kualitas hidup. Artinya variable-variabel penentu kualitas hidup pada masyarakat kota medan tetap terkendali meskipun dalam tekanan pandemic global covid-19. Dengan demikian, untuk dapat mengendalikan kualitas hidup masyarakat maka perlu diperhatikan anteseden-anteseden penting dari variable kualitas hidup. Hasil penelitian ini menunjukkan bahwa dari enam variable penentu kualitas hidup yang ditawarkan WHO (2012), hanya lima variable yang menunjukkan pengaruh positif yang signifikan terhadap kualitas hidup, yaitu Physical, Psychology, Level of Independence, Social Relation, dan Environment. Sementara Spiritual Beliefs tidak menunjukkan pengaruh yang signifikan terhadap kualitas hidup.

WHO (2012) memaknai kualitas hidup sebagai persepsi individual terkait posisinya dalam kehidupan dalam konteks system budaya dan nilai dimana dia hidup dan dalam kaitannya dengan tujuan, ekspektasi, standar, dan concern hidup mereka. Definisi tersebut merefleksikan pandangan subjektif terkait kualitas hidup yang melekat pada konteks cultural, social and environmental yang tentunya akan menghasilkan padangan yang berbeda antara satu daerah dan daerah yang lain (WHO, 2012). Sehingga terminology yang tepat untuk mengukur kualitas hidup ini adalah perceived quality of life. Maka dari itu, keenam domain yang ditawarkan WHO (2012) itu juga tidak menunjukkan keadaan kesehatan yang senyatanya atau secara objektif, namun lebih kepada perceived effects of disease and health interventions on the individual's quality of life. Persepsi itu terbangun dari belief yang dirasakan individu mengacu konsensus yang berlaku di lingkungan masyarakat yang mereka tinggali, Karenanya penitikberatan keenam domain tersebut mengacu pada pengukuran multi-dimensional terkait individual's perception of health status, psycho-social status and other aspects of life.

Dalam konteks ini, masyarakat Kota Medan ternyata tetap memiliki kualitas hidup yang tinggi semasa pandemic global Covid-19. Kondisi tersebut diduga paling besar disebabkan oleh lingkungan yang sesuai ekspektasi masyarakat. Artinya, patut diduga, dalam kondisi tekanan sosial dan ekonomi, lingkungan rumah, kantor, dan

public merespon adanya ancaman sesuai dengan ekspektasi masyarakat terdampak. Sehingga ancaman bencana dapat tereduksi dengan baik. Selanjutnya, Psychological dan level of independence ditemukan memiliki pengaruh besar pula setelah environment. Kondisi psikologis masyarakat Kota Medan diduga dapat merespon bencana dengan rasional dan memberikan respon antisipatif sehingga kehadiran bencana tidak meruntuhkan positive feeling masyarakat. Hal tersebut diindikasikan pula dengan angka rerata psychological yang relative tinggi. Level of independence juga memegang peran penting, karena fleksibilitas individu dalam mengelola hidupnya ketika dalam tekanan akan menghasilkan agility dalam dirinya sehingga ia dapat mengantisipasi permasalahan dengan berbagai alternative. Kemudian, physical dan social relation ditemukan memiliki pengaruh yang signifikan terhadap kualitas hidup. Kebugaran fisik tentu menjadi penentu kelangsungan aktivitas sehari-hari. Terutama di masa pandemic global Covid-19 aspek physical menjadi kunci bertahannya individu melewati bencana ini. Sementara itu di lain fungsi, social relation memberikan jarring pengaman dari tekanan sosial dan ekonomi yang mungkin terjadi. Namun, menariknya, koefisien regresi yang dimiliki kebugaran fisik terhadap kualitas hidup tidak lebih baik dari environment, psychological, dan level on independence. Temuan ini mengindikasikan ada hal yang lebih besar mengancam ketahanan masyarakat selain kesehatannya. Hal besar itu adalah dampak sosial dan ekonomi yang dikorbankan saatantisipasi penularannya. Physical distancing menekan aktivitas ekonomi sehingga pertumbuhannya terganggu dan secara bersamaan pula membatasi interaksi sosial.

Temuan penelitian ini cukup menarik dan unik mengingat pengambilan respon dilakukan di masa pandemic global covid-19. Temuan ini dapat menambah wawasan terkait ketahanan masyarakat dalam menghadapi bencana, khususnya dalam mencegah dampak negatif jangka panjang dari bencana tersebut (Runkle et al., 2012). Beberapa penelitian sebenarnya menunjukkan bahwa masyarakat yang hancur karena bencana dapat mengalami dampak negatif bahkan bertahun-tahun pasca bencana (Annang et al., 2015). Penelitian lain bahkan mengindikasikan bahwa bencana dapat menghasilkan dampak destruktif pula secara psikologis hingga dapat mengakibatkan perilaku stress berlebih hingga bunuh diri (Elovainio et al., 2017; Matthews et al., 2019). Namun berdasarkan data penelitian ini, Kota Medan memiliki modal psychological dan modal social masyarakat yang baik sehingga berpeluang

mengantisipasi dampak negative dan desktruktif tersebut. Dengan demikian aspek mitigasi dengan mengandalkan environment, psychological, dan level of independence harus menjadi perhatian bagi pengambil kebijakan. Pengambil kebijakan harus mengembangkan kebijakan taktis sebagai jaring pengaman social khususnya dalam memfasilitasi akses produktivitas dan profitabilitas masyarakat meski dalam pembatasan interaksi.

5.5. Luaran yang Dicapai

Penelitian ini telah menghasilkan model kualitas hidup masyarakat Kota Medan sebagai adaptasi dari model kualitas hidup yang dikembangkan WHO. Sebagai luaran, penelitian ini telah menghasilkan satu artikel ilmiah yang telah disubmit di Untidar International Conference, Universitas Tidar, Magelang. Penelitian ini juga telah menghasilkan artikel ilmiah yang disubmit di Dta in Brief dalam bentuk data artikel.



BAB VI

KESIMPULAN

Studi ini bertujuan untuk menangkap fenomena kualitas hidup masyarakat semasa *Physical Distancing*. Pengukuran kualitas hidup pada penelitian ini mengacu pada framework WHO (2012). Temuan yang sangat menarik pada data riset ini adalah responden memiliki persepsi kualitas hidup yang tinggi meskipun dalam kondisi pandemic global covid-19. dari enam variable penentu kualitas hidup yang ditawarkan WHO (2012), hanya lima variable yang menunjukkan pengaruh positif yang signifikan terhadap kualitas hidup, yaitu Physical, Psychology, Level of Independence, Social Relation, dan Environment.

Tercapainya tujuan penelitian ini menghasilkan beberapa kontribusi praktis dan teoritis sebagai. Secara teoritis, hasil penelitian ini dapat menambah khasanah pengetahuan terkait pengendalian dampak sosial ekonomi semasa bencana pandemi global. Pengetahuan terkait kajian ini relatif jarang sehingga membutuhkan kuantitas kajian yang lebih banyak dan berkelanjutan untuk memperkaya pemahaman dan rekomendasi pengambilan keputusan. Selanjutnya, hasil penelitian ini juga dapat menjadi penjembaran bagi penelitian lain dalam mengeksplorasi desain rekayasa sosial untuk menjaga kualitas hidup masyarakat dan ketahanan ekonomi masyarakat dalam menghadapi pandemi global. Peneliti selanjutnya dapat meneliti lebih khusus lagi terkait aspek recovery atau simulasi pengelolaan ketahanan masyarakat dapat menghadapi pandemi global. Secara praktis, hasil penelitian ini akan berkontribusi dalam pengambilan keputusan strategis terkait pengendalian bencana dari sudut pandang rekayasa sosial yang dapat menjaga kualitas hidup masyarakat.



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TIDAR INTERNATIONAL CONFERENCE TIDAR UNIVERSITY OCTOBER 21-22, 2020

August 26th, 2020

Professor/Associate Professor/Dr/Sir/Madam,

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We are pleased to inform you that your abstract "Quality of Life Model on Medan Resident During COVID-19 Global Pandemic" has been **ACCEPTED** by the Programme Committee to be presented at the Tidar International Conference (TIC) from 21th – 22th October 2020 in Tidar University, Magelang, Central Java, Indonesia.

The Committee now needs to have confirmation from you that you will be able to attend and present your paper in the conference. Furthermore, we kindly ask you to send a full paper no later than October 10th, 2020 and pay the conference fee no later than October 15th, 2020 and email proof of payment via email to tic.untidar.ac.id.

For complete information, you can contact the contact below or phone number:
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We are looking forward to welcoming you in Tidar International Conference (TIC) on the 21th of October. Thank you.

Regards,
Chairman of Organizing Committee



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Quality of Life Model on Medan Resident During COVID-19 Global Pandemic

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Abstract. COVID-19, which was first discovered in Wuhan, China, has spread dramatically across the globe. The World Health Organization (WHO) has declared it a global pandemic. In the absence of a vaccine, the WHO calls for avoidance measures with physical distancing to inhibit the rate of viral infection and break the transmission. This situation can result in a community experiencing chronic disasters. Chronic disaster here is a gradual decrease in the quality of life of the population affected by the disaster and its impact on the social structure and overall health of community members. If ignored, the decline in quality of life can damage people's mental health, the effect of which could be more severe than the virus outbreak itself. Therefore, it is necessary to study the quality of life of the people in dealing with COVID-19. This study aims to capture the phenomenon of people's quality of life during physical distancing. Measuring the quality of life in this study refers to the WHO framework (2012). Data were collected using an electronic questionnaire with a simple random sampling technique on the population. This study managed to receive 370 responses. The collected data were analyzed using descriptive statistics and multiple regression. From six determinants of quality of life, the spiritual belief was found to have no significant effect on the quality of life. Meanwhile, physical, psychological, level of independence, social relationship, and the environment were found to have a substantial impact on the quality of life. This study recommends the policymakers can accurately manage the environment of community and psychological conditions in terms of controlling the quality of life of the population during the COVID-19 pandemic.

Keywords: Disaster Management, Covid-19, Quality of Life, Psychological Health

1 Introduction

COVID-19, which was first discovered in Wuhan, China, has spread dramatically across the globe. The World Health Organization (WHO) has declared it a global pandemic. In the absence of a vaccine, WHO calls for physical distancing to inhibit the rate of virus infection and break the transmission (WHO, 2020; Fergusin, 2020). The form of physical distancing is the limitation of social interaction, crowds in public areas, the closure of offices, schools, and other public institutions (Singh and Adhikari, 2020). Physical distancing is implemented because it is feared that physical contact in social interactions will become a momentum for the transmission of COVID-19 (WHO, 2020). WHO (2020) views social measures and public health anticipation as a possible strategy as long as a vaccine has not been found. The level of implementation of Physical Distancing varies in different countries. Several countries, such as China, Italy, Germany, Spain, the United States, Singapore, and Malaysia, have implemented a full lockdown.

Meanwhile, several other countries, such as Indonesia, Turkey, and Thailand, only provide

advice and restrictions on social interactions. In Indonesia, several regions have implemented Large-Scale Social Restrictions (LSSR-in Bahasa: PSBB), which indicates that restrictions on social interactions are strictly enforced. This option certainly carries its risks because people must isolate themselves from the social, business, and educational activities that have become their daily life and become their source of livelihood. This condition can result in a community experiencing chronic disasters. Chronic Disaster is a gradual decline in the quality of life of the affected population and its impact on the social structure and overall health of community members (Goldsteen and Schorr, 1982). Such disasters can have long-term effects on people's lives that disrupt social, economic, psychological and social-environmental conditions, infrastructure, and pressure on emergency services and resources (Annang et al., 2015, Bland, O'Leary, Farinero, Jossa, & Trevisan, 1996; Davis, Wilson, Brock-Martin, Glover, & Svendsen, 2010; Lindell & Prater, 2003; Norris, Friedman, & Watson, 2002; Rubin, 2009; Runkle et al., 2012; Toldson, Ray, Hatcher, & Louis, 2011).

The COVID-19 Global Pandemic disaster is different from natural disasters such as earthquakes, floods, tornadoes, or tsunamis. This global pandemic does not cause physical damage to infrastructure. However, the application of Physical Distancing has no less risk of psychological, economic, and health service stress. Jaffrey (2020) is of the view that Indonesia is currently facing difficulties in the health system, the threat of an economic crisis, and social unrest due to the pressure of this Global Pandemic. These things can occur due to delayed response to anticipation, limited capacity of public health services, cessation of business industry operations, limited economic activity, limited means of transportation, and limited social activities. As a result, in general, the affected people will be affected by their quality of life and even their emotional and mental health (see: Izutsu, Tsutsumi, Islam, & Kato, 2006; Bland et al., 1996; Davis et al., 2010; Norris et al., 2002; Toldson et al., 2011).

In disaster mitigation, there are many studies, both basic and applied, that examines and offer recovery strategies for the affected communities, both in economic and social aspects. However, the disaster response strategy is generally still limited to the assistance of the affected community after the incident. There are still not many studies that highlight how to build community resilience to prevent the long-term negative impacts of these disasters (Runkle et al., 2012). Several studies show that communities destroyed by disasters can experience negative effects even years after the disaster (Annang et al., 2015). Therefore, the mitigation aspect during the pandemic is an essential highlight in current research. What's more, a global pandemic disaster is not like an earthquake or tsunami that comes suddenly and quickly. This global pandemic is developing gradually, and people can be anticipatory. It's just that anticipatory actions that require physical distancing tend to lead to social disasters. This social disaster is the focus of this study.

In general, this study seeks to capture the phenomenon of people's quality of life during physical distancing. Measuring the quality of life in this study refers to the WHO framework (2012). Referring to WHO (2012), quality of life is reviewed using a regression model with six antecedent variables, namely Physical Health, Psychological, Level of Independence, Social Relationship, Environment, and Spirituality Beliefs. The quality of life profile will then be translated into valuable information in decision making for disaster mitigation during the global pandemic. So instead of producing a recovery strategy, this study explores survival strategies in this global pandemic.

2 Theoretical Framework

The psychological reaction of the population plays an essential role during the spread of the pandemic virus, especially in the occurrence of emotional distress and social disruption during and after the outbreak (Cullen, Gulati, & Kelly, 2020). China, as the country of origin for the COVID-19 virus outbreak, has proven this. One study conducted on 1,210 respondents spread across 194 cities and conducted from January to February 2020 found that 54% of respondents rated the psychological impact of the COVID-19 outbreak as moderate or severe; 29% reported moderate to severe symptoms of anxiety; and 17% reported moderate to severe depressive symptoms (Wang et al., 2020). Even in normal conditions, people with mental health disorders tend to have a low life expectancy and are accompanied by weaker physical conditions compared to the general population (Rodgers et al., 2018). It will have an impact on people with pre-existing mental health, making them likely to have a much worse impact during the pandemic. It is not to mention exacerbated by the implementation of physical distancing, which is believed to be a solution to stop the spread of the virus.

With limited space for citizens to move, it raises widespread concern about their impact on well-being, increased anxiety, depression, stress, and other negative feelings; as well as concerns about the real effect of the pandemic, including financial hardship (Holmes et al., 2020; Shah et al., 2020). Measurement of mental health during an epidemic is becoming increasingly precarious, because previous research has proven that impaired mental health will result in excessive stress which can have implications for the desire to engage in self-harm behavior, to suicide (Elovainio et al., 2017; Matthews et al., 2019). Past pandemic events have proven this. The number of suicides in the United States during the 1918-1919 epidemic and Hong Kong when SARS broke out in 2003 showed a higher suicide rate than average (Gunnell et al., 2020). Not to mention the media coverage, which incessantly informs about the dangers and the number of victims, also contributed to aggravating the situation (Holmes et al., 2020). The role of the media in spreading pressure on society during a pandemic is also not new when the COVID-19 outbreak, during the EBOLA outbreak, the role of the media in spreading psychological stress is also quite significant (Sell et al., 2017). The purpose of information technology in making the spread of information faster with the existence of social media also has negative implications for people's mental health.

In recent years, attention to measuring health conditions beyond traditional indicators such as mortality and morbidity has continued to grow (World Bank, 1993; WHO, 1991). The level of danger of a disease is not only seen from its threat, but also how it ultimately affects a person's quality of life (Baum, Ebbs, Fallowfield, & Fraser, 1990). The definition of the quality of life itself is different. When referring to WHO (2012), quality of life is defined as a person's perception of his / her life situation, following the value and cultural context in which he lives, concerning the goals, expectations, and standards of the place. The concept of quality of life offered by WHO itself also covers broad domains, such as physical conditions, psychological conditions, levels of independence, social relations, environment, to spiritual/religious beliefs. The six domains are divided into several aspects. These aspects can be reviewed in table 1 below.

Table 1. Domain of Quality of Life (WHO, 2012)

No	Domain	Aspects/Indicators
1.	Physical	Pain and discomfort Energy and fatigue Sexual activity Sleep and rest Sensory functions
2.	Psychological	Positive feelings Thinking, learning, memory and concentration Self-esteem Bodily image and appearance Negative feelings
3.	Level of Independence	Mobility Daily activity Dependence on drugs and medical substances Dependence on nonmedicinal substances (alcohol, tobacco, drugs) Communication capacity Work capacity
4.	Social Relationship	Personal relationship Social support Activities as provider/supporter
5.	Environment	Freedom, physical safety and security Home environment Work satisfaction Financial resources Health and social care: accessibility and quality Opportunities for acquiring new information and skills Participation in and opportunities for recreation/ leisure activities Physical environment (pollution/noise/traffic/climate) Transport
6.	Spiritual Beliefs	

3 Method

The population of this research is the people of Medan City. The people of Medan City were chosen because Medan is one of the affected cities that carry out Physical Distancing. Physical distancing in Medan is still moderate. So that the findings that occur in Medan City are at a conservative level to translate the phenomenon in areas with tighter Physical Distancing. For example, If the people of Medan City have disturbed their quality of life with the implementation of Physical Distancing, then the people in the City of Jakarta will be even more disturbed by the application of LSSR (Large-Scale Social Restrictions). Thus the city of Medan can be a good benchmark in translating the quality of life for the community during this physical distancing.

Data will be collected two months after the Physical Distancing instructions were first announced and before it is withdrawn. It is intended to get the actual response after the respondent feels the impact of the application of physical distancing. The unit of analysis is the

household. Thus, the data describing the quality of life is at the household level. That level is considered to more accurately describe the condition of the quality of life because it covers various aspects of the family sphere.

3.1 Data Collecting

In general, the data is collected using a survey method with an electronic questionnaire. The use of electronic questionnaires is intended to reach many respondents during physical distancing due to the COVID-19 global pandemic. The questionnaire will capture the perceptions of the community (household) regarding their quality of life during physical distancing. The respondent's perception level was obtained by using a 5-Likert scale. The instruments used in data collection were codified directly from the dimensions of quality of life developed by WHO (2012). This dimension is viewed as very relevant because it relates to assessing the quality of life of people affected by the disaster. The indicators and aspects are translated, and various adjustments are made to suit the characteristics of the people of Medan City and are comfortable reading on a cellphone or computer. The instrument is designed anonymously to ensure privacy (see: Cooper and Schindler, 2010; Sekaran and Bougie, 2010).

Table 2. Demography of Sample

		f (N = 370)	%
Gender	Male	176	47,6
	Perempuan	194	52,4
Age	< 21	42	11,4
	21 - 30	168	45,4
	31 - 40	82	22,2
	41 - 50	55	14,9
	51 - 60	19	5,1
	> 60	4	1,1
Education	Primary School	6	1,6
	Junior High School	11	3
	Senior High School	130	35,1
	Bachelor	181	48,9
	Magister/Doctoral	42	11,4
Maritas Status	Married	258	69,7
	Single	106	28,6
	Widow	4	1,1
	Widower	2	0,5
Number of Family Members	1 - 2	84	22,7
	3 - 4	180	48,6
	5 - 6	88	23,8
	> 6	18	4,9

Besides, respondents are also asked to fill out the questionnaire voluntarily to maintain the independence of the respondents in providing their responses. The questionnaires were distributed electronically using Google Form. With simple random sampling techniques and snowball, this study managed to collect 370 responses. 176 respondents were male while another 194 respondents were female. The respondents who have range of age 21-30 were dominate the demography following who have age range 31-40; 41-50; and <21. According to educational background, respondents mostly have Senior High School and Bachelor Degree. 69,7%

respondent was married while 28,6% was single, 1,1% was widow, and 0,5% was widower. Respondents report that they mostly have more than two family members. The demography of sample was observable in table 2 above. The collected data then tabulated and analyzed quantitatively to produce valuable information in translating the phenomenon.

3.1 Data Analysis

Researchers conducted a descriptive statistical analysis and multiple regression analysis to obtain valuable information from the collected data. Analysis of this data will provide useful information related to the interrelation of each antecedent variable to the quality of life of the Medan city community in the conditions of the COVID-19 global pandemic. From the results of data analysis, it will be found valuable information in controlling the dimensions of each other's quality of life.

4 Result

The descriptive statistics indicate that the quality of life of the respondents is high, with a mean equal to 4.23 from the highest value equal to 5. Meanwhile, the physical domain looks relatively low, with a mean equal to 2.98. Furthermore, Psychological (\bar{x}_2 : 3,97), Social Relationship (\bar{x}_4 : 3,61), and Environment (\bar{x}_5 : 3,81) are at moderate levels. Then the Level of Independence (\bar{x}_3 : 4,02) was also found at a high level. While the standard deviation in each domain shows sufficient but not high data variation, it observable in the standard deviation values, which are generally below <1.00.

Table 3. Descriptive Statistics

No.	Variable	N	Mean	Std. Deviation
1.	Quality of Life	370	4.2318	.72590
2.	Physical	370	2.9824	.46787
3.	Psychological	370	3.9701	.50791
4.	Level of Independence	370	4.0203	.56442
5.	Social Relationship	370	3.6097	.90918
6.	Environment	370	3.8124	.56809
7.	Spirituality Beliefs	370	4.6811	.56428

The results of data analysis using multiple regression analysis show that Physical has a significant positive effect on Quality of Life with a regression coefficient of 0.18 and p-value <0.05. Thus, individuals with good health conditions will have a good quality of life as well. Psychological also shows a significant positive effect on Quality of Life with a regression coefficient of 0.29 and p-value <0.05. Furthermore, the Level of Independence shows a significant positive impact on the quality of life with a regression coefficient of 0.201 and p-value <0.05. Social relations were found to have a significant positive effect on Quality of Life with a regression coefficient of 0.137 and a p-value of 0.137. The regression coefficient is the smallest of the four other variables. The environment was also found to have a significant positive effect on Quality of Life. The environment has the most significant regression coefficient of the other five variables, which is valued at 0.307 and a p-value <0.05. Meanwhile,

spiritual belief did not show a substantial effect on the quality of life. The results of the regression analysis were observable in Table 3 below.

Table 4. Result of Multiple Regression

No.	Model	p	t-value	p-value	Std. Error
1.	Physical → Quality of Life	.180	5.195	.000	.054
2.	Psychological → Quality of Life	.290	5.498	.000	.075
3.	Level of Independence → Quality of Life	.201	4.329	.000	.060
4.	Social Relation → Quality of Life ship	.137	3.718	.000	.030
5.	Environment → Quality of Life	.307	6.215	.000	.063
6.	Spirituality Beliefs → Quality of Life	.045	1.258	.209	.046

Furthermore, the regression model tested in this study is included in the fit category. Its category is indicated by the R^2 value of 0.65, which is in the high category, and the F-value of 110.477 with a p-value <0.05 . This figure shows that the independent variables tested can explain the proportion of variance of quality of life as the independent variable. With R^2 of a model is 0.65, then approximately more than half of the observed variation of the variable can be explained by the model's inputs. The results of the R^2 and F-value tests can be reviewed in Table 4 below.

Table 5. Result of R^2 and F-value

Model	df	Mean Square	R	R^2	F	Sig.
Regression	6	20.940	.804	.646	110.477	.000 ^b
Residual	363	.190				
Total	369					

5 Discussion

An exciting finding in this research data is that respondents have a perception of high quality of life even in the COVID-19 global pandemic. It suggests that there is a substantial boost from the antecedent variables of quality of life. It means that the variables that determine the quality of life of the Medan city community remain under control despite the pressure of the COVID-19 global pandemic. Thus, to control the quality of life of the community, it is necessary to make essential antecedents of the quality of life variable. The results of this study indicate that of the six determinants of quality of life offered by WHO (2012), only five variables show a significant positive effect on the quality of life, namely Physical, Psychology, Level of Independence, Social Relations, and Environment. Meanwhile, Spiritual Beliefs do not show a significant effect on the quality of life.

WHO (2012) defines the quality of life as individual perceptions regarding their position in living in the context of the cultural and value system in which they live and concerning their goals, expectations, standards, and life concerns. This definition reflects a subjective view of the quality of life that is inherent in the cultural, social, and environmental context, which of course, will result in different looks from one region to another (WHO, 2012). So that the correct term to measure the quality of life is perceived quality of life. Therefore, the six domains offered by

WHO (2012) also do not show actual or objective health conditions, but rather the perceived effects of disease and health interventions on the individual's quality of life. This perception is built from the belief that the individual feels based on the prevailing consensus in the society they live in. Therefore, the emphasis of the six domains refers to multi-dimensional measurements related to an individual's perception of health status, psycho-social status, and other aspects of life.

In this context, the people of Medan still have a high quality of life during the COVID-19 global pandemic. This condition is thought to be mostly caused by the environment following community expectations. It means, it should be presumed, in states of social and economic pressure, the environment at home, office, and the public responds to threats following the expectations of the affected community so that the threat of disaster can be appropriately reduced. Furthermore, Psychological and level of independence were found to have a significant influence after the environment. The psychological condition of the people of Medan City is thought to be able to respond to disasters rationally and provide anticipatory responses so that the presence of a disaster does not destroy the positive feeling of society. A relatively high psychological mean number also indicated it. The level of independence also plays an important role, because the flexibility of an individual in managing his life when under pressure will produce agility in him so that he can anticipate problems with various alternatives. Then, physical and social relations were found to have a significant effect on the quality of life. Physical fitness indeed determines the continuity of daily activities. Especially during the COVID-19 global pandemic, physical aspects are the key to individual survival through this disaster.

Meanwhile, in other functions, social relations provides a safety net from social and economic pressures that may occur. However, interestingly, the regression coefficient of physical fitness on quality of life was no better than the environment, psychological, and level of independence. These findings indicate that there is a more significant threat to the resilience of society than their health. The big thing is the social and economic impact that is sacrificed in anticipation of transmission. Physical distancing suppresses economic activity so that its growth is disrupted and, at the same time, limits social interactions.

The findings of this study are quite interesting and unique, considering that the response was taken during the COVID-19 global pandemic. These findings can add insight into community resilience in the face of disasters, especially in preventing the long-term negative impacts of these disasters (Runkle et al., 2012). Some studies show that communities that are devastated by disasters can experience negative impacts even years after the disaster (Annang et al., 2015). Other studies have even indicated that disasters can also have destructive psychological effects that can lead to excessive stressful behavior to suicide (Elovainio et al., 2017; Matthews et al., 2019). However, based on the data from this research, Medan City has good psychological and social capital so that it has the opportunity to anticipate these negative and destructive impacts. Thus, the mitigation aspect by relying on the environment, psychological, and level of independence must be a concern for policymakers. Policymakers must develop tactical policies as a social safety net, especially in facilitating access to productivity and profitability of the community, even though there are restrictions on interaction.

6 Conclusion

This study aims to capture the phenomenon of people's quality of life during physical distancing. Measuring the quality of life in this study refers to the WHO framework (2012). An exciting finding in this research data is that respondents have a perception of high quality of life even during the COVID-19 global pandemic. Of the six determinants of quality of life offered by WHO (2012), only five variables show a significant positive effect on the quality of life, namely Physical, Psychology, Level of Independence, Social Relations, and Environment.

The achievement of the objectives of this study resulted in several practical and theoretical contributions as follows. Theoretically, the results of this study can add to the repertoire of knowledge related to controlling the socio-economic impacts during the global pandemic disaster. Experience related to this study is relatively rare, so it requires a more significant and more continuous quantity of studies to enrich understanding and decision-making recommendations. Furthermore, the results of this study can also be a bridge for other research in exploring social engineering designs to maintain the quality of life of the community and the economic resilience of the population in the face of a global pandemic. Further researchers can examine more specifically related to the aspects of recovery or simulation of community resilience management to face the global pandemic. In practical terms, the results of this study will contribute to strategic decision making related to disaster management from a social engineering perspective that can maintain the quality of life of the community.

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