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Social Resilience During the Covid-19 Pandemic in Palembang, Indonesia

Dadang Hikmah Purnama[1], Ardyan. Saptawan[2], Muchammad Yustian Yusa[3], Yosi Arianti[4]

Abstract

This research aims to analyze the impact of implementing the COVID-19 pandemic health protocol on social resilience in Palembang, South Sumatra Province, Indonesia, through social cohesion and efficacy. The sample design used multistage random sampling with a sample size of 452 people. The analysis process was carried out in two stages, namely. First, a measurement model test was conducted for each indicator's construct validity and reliability. Second, carry out a structural model test to measure the influence between variables. The result showed that the social resilience model shows the relationship between the influence of implementing health protocols and social resilience. The social resilience model of the Palembang community during the COVID-19 pandemic shows that implementing health protocols increases the community's ability to face COVID-19. This condition cannot be separated from the bonds of togetherness as a unit and the community's attitudes and beliefs in getting out of the critical situation due to the spread of COVID-19. This increase in social cohesion and efficacy then also increases the level of social resilience.

Keywords: *COVID-19 health protocol, social cohesion, efficacy, social resilience.*

Introduction

The COVID-19 pandemic in almost the world has impacted human health, socio-economic life, social psychology and the education system (Al-Japairai et al., 2021; Miyah et al., 2022). Socio-economic studies show that the COVID-19 pandemic has affected macro and micro socio-economic life. From a macro perspective, the COVID-19 pandemic has brought terrible economic risks. COVID-19 has caused low investor sentiment towards the market, which ultimately led the market to tend to be negative and as many as 1.2 million formal workers were laid off, and 212,4000 experienced layoffs (Middia Martanti et al., 2021; Nasution et al., 2020). In the microeconomic sector, the COVID-19 virus pandemic has resulted in a decrease in sales turnover, especially for market traders who experienced a 50 per cent decrease in turnover and income (Azimah, 2020), as well as hurting household income and individual livelihoods (Singh et al., 2021), even influences food purchasing behaviour and eating habits (Yılmaz et al., 2020).

In social psychology studies, the impact of the pandemic has triggered depression, anxiety, excessive fear and changes in a person's sleep patterns. The crisis conditions of the COVID-19 pandemic have put new and unexpected pressure on individuals

[1] Department of Sociology, Faculty of Political and Social Sciences, Universitas Sriwijaya, Indonesia
[2] Department of Public Administration, Faculty of Political and Social Sciences, Universitas Sriwijaya, Indonesia
[3] Department of International Relations, Faculty of Political and Social Sciences Universitas Sriwijaya
[4] Department of Sociology Faculty of Political and Social Sciences, Universitas Sriwijaya

(Aslamiyah & Nurhayati, 2021; Pragholapati, 2020), such as post-traumatic stress disorder, confusion, anxiety, frustration, fear of affection, insomnia, and feeling helpless or high levels of anxiety or/and depressive symptoms (Brooks et al., 2020; Dong et al., 2022). The COVID-19 pandemic has also affected the education system. During COVID-19, government officials and policymakers restricted learning in colleges and schools, replacing traditional teaching methods with online teaching while maintaining interactive educational tools. Distance learning is a solution for the education system (Petrie et al., 2020; Tadesse & Muluye, 2020; Tarkar, 2021).

The impact of the COVID-19 pandemic on aspects of socio-economic life, psychology, and the education system is related to the health protocol policies implemented by the government to prevent and handle the COVID-19 pandemic. The government has created health guidelines and protocols known as the 3 M's, namely washing hands, wearing masks and maintaining distance. In subsequent developments, these 3 M were increased by 2 M, namely avoiding crowds and reducing mobility. In Indonesia, the implementation of this health protocol is the implementation of Community Activity Restrictions (PPKM) through instructions from the Minister of Home Affairs, namely Minister of Home Affairs Instruction No. 22 of 2021 regarding the Implementation of PPKM Level 4 for Regencies/Cities in the Java and Bali Regions, and Minister of Home Affairs Instruction no. 23 of 2021 regarding the Implementation of Micro PPKM (Level 4 and Level 3 for Regencies/Cities in Regions Outside Java and Bali).

This health protocol affects not only health, socio-economics, psychology, and the education system but also the sociocultural aspects of society. Studies on the effects of the COVID-19 pandemic from a sociocultural perspective have also been carried out. In this perspective, the COVID-19 pandemic has resulted in culture shock. The results of the study show that anxiety arises in Muslim communities when faced with conditions, environments and cultures that are different from usual and require them to adapt religious activities from public spaces to their homes, resulting in uncertainty. Adaptation to this new habit has resulted in culture shock (Ameliyaningsih et al., 2020; Suhaeri, 2020). Other studies show that the sociocultural impact is still limited to identifying sensitivity, protection and social trust during the COVID-19 pandemic (Bostan et al., 2020) or the effect of the COVID-19 pandemic can give rise to potential conflict if people's basic needs are not appropriately met (Supriatna, 2020).

These sociocultural studies have not shown that implementing the COVID-19 health protocol in the form of PPKM can impact the possibility of fading social relationships and affecting society's ability to survive and develop in a social system, thereby affecting social resilience or community resilience. The. From this perspective, the sociocultural impact of the COVID-19 pandemic has not been studied much, even though previous studies have shown that implementing the COVID-19 pandemic health protocol is slowly resulting in the fading of social cohesion and efficacy. (Khoja et al., 2020).

Thus, this research examines the effect of implementing the COVID-19 health protocol on social resilience in communities in Palembang, which is characterised by a communal society. Sociocultural values still influence daily life in this city. These values form a close bond of social cohesion in the sociocultural system. If these social ties fade, it will affect the community's social resilience in facing disasters, including the COVID-19 pandemic.

Literature Review

One of the policies for preventing and controlling COVID-19 in Indonesia is the implementation of health protocols as regulated in the Decree of the Minister of Health of the Republic of Indonesia Number HK.01.07/Menkes/382.2020. This decision includes the role of the community in breaking the chain of transmission of COVID-19 by

implementing health protocols to protect individual health. The health protocol consists of four points, namely (1) using a mask, (2) washing hands, (3) keeping your distance, and (4) implementing Clean and Healthy Living Behavior (PHBS). The first three points of this health protocol were later known as 3M.

In subsequent developments, the 3 M was increased again by 2 M, namely avoiding crowds and reducing mobility. The Indonesian Ministry of Health (Kemenkes) asks the public to stay away from crowds outside the house and only to leave the house if there is an urgent situation. The embodiment of this policy is the implementation of Large-Scale Social Restrictions (PSBB) as regulated in Government Regulation Number 21 of 2020. PPSB was later changed to Implementation of Restrictions on Community Activities (PPKM) starting July 3, 2021, through the Emergency PPKM Minister of Home Affairs Instruction Number 15, 2021.

Implementation of the COVID-19 Health Protocol can slowly affect social cohesion. COVID-19 has tested the strength of social cohesion and community resilience across geographic levels (household, community, local, regional and national). COVID-19 has also impacted social cohesion across geographic levels (Jewett et al., 2021). Social cohesion refers to the level of social connectedness and solidarity between various community groups and the level of trust and connectedness between individuals and community groups (Jewett et al., 2021).

This social cohesion describes the feelings that individuals have (Rockefeller, 2019), which include feelings of togetherness (sense of belonging), cooperation (generalized reciprocity and cooperation) (Harpham et al. (2002), mutual dependence arises because of the intention to share (shared interest), and individuals who identify themselves with a particular group (Khoja et al., 2020). This social cohesion is reflected in the group's tendencies to remain united in pursuing instrumental goals and to satisfy members' affective needs (Carron et al., 1985). This social cohesion is a strength because it binds members to remain in their group.

Social cohesion is the basis of efficacy (Higgins & Hunt, 2016), so these bonds of social cohesion can influence society's ability to adapt to critical conditions or what is called efficacy. Efficacy is the collective ability of a group to organize the actions needed to produce a certain level of achievement (Bandura, 1998). This collective capacity includes attitudes, beliefs and community-oriented behaviour, which determine how individuals feel, think, motivate themselves and behave in achieving the goals of their community as a social unit in solving problems.

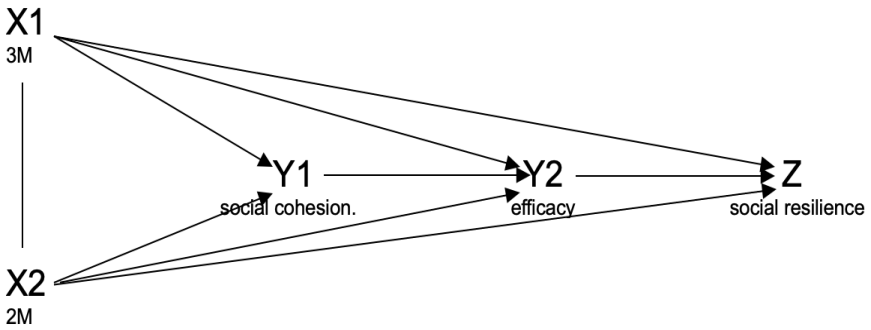


Figure 1 Relationship between variables

This efficacy can influence social resilience (Khoja et al., 2020). Social resilience refers to the collective ability of social groups to face political, economic, social, ecological or environmental changes (Adger, 2000;) (Kwok et al., 2016) in maintaining their social integrity or integration when experiencing disturbances, whether from inside or outside (Rilus A. Kinseng, 2019). Social resilience refers to social units as a response to social

group actions in crises that depend on the nature and strength of the underlying social infrastructure.

The social networks field is one of the keys to building and maintaining social resilience (Keck & Sakdapolrak, 2013). Social networks are understood as capital owned by individuals in society. This capital is obtained from the results of social interactions in society in a social order to achieve common interests. Dean and Lin (1977, in Song, 2011) stated that at various levels of social networks, an individual can access social support through social ties with other individuals, groups and larger communities. Studies show that apart from the strength of social networks between community members, a community's economic and socio-political conditions will impact its resilience (Kwok et al., 2016).

Thus, this study will test the effect of implementing health protocols, which consist of implementing 3M and 2M, on social resilience through social cohesion and efficacy, both directly and indirectly, with the relationships between variables as follows.

Method

This research uses a cross-sectional survey method. The research population is people aged 20 – 59 years. The sample design used multistage random sampling with a sample size of 452 people. The questionnaire was created using a Likert scale, sorting respondents' answers from 1 - 5. The analysis process was carried out in two stages, namely. First, a measurement model test was conducted for each indicator's construct validity and reliability. The validity test uses convergent validity, while the reliability test uses Cronbach's alpha and composite reliability. Second, carry out a structural model test to measure the influence between variables measured using the T-Square, R-Square, F-Square and Q-Square tests.

Results and Discussion

1. Respondent Demographics

The respondents of this study consisted of 53.98% men and 46.02% women. Respondents in the 20 - 24 year age group had the most significant percentage, namely 24.12%, compared to other age groups, while the smallest percentage was in the group of respondents aged 55 - 59 years at 3.10%.

Respondents' educational levels varied significantly. Respondents with bachelor's degrees had the most significant percentage, 46.46%. Only 2.3% of respondents had an elementary school education. Male and female respondents have the same tendency, namely that as the level of education increases from elementary school to a bachelor's degree, the percentage of respondents increases, and the percentage decreases when entering postgraduate education. Interestingly, the percentage of men and women with postgraduate education shows the same percentage, 4.865% each, or 9.73% overall.

Respondents' occupations were quite diverse, with the percentage differences needing to be larger; other occupations had the most significant percentage, namely 26.55 per cent, followed by ASN/PNS at 11.06 per cent. The smallest percentage, 1.33 per cent, were respondents who worked in BUMN/BUMD.

2. Measurement Model

The measurement model was evaluated by testing convergent validity, discriminant validity, composite reliability, and Average Variance Extracted (AVE). Convergent validity testing of the social resilience model was carried out by examining individual

item reliability. The results can be seen from the loading factor values of the indicators for each variable as follows.

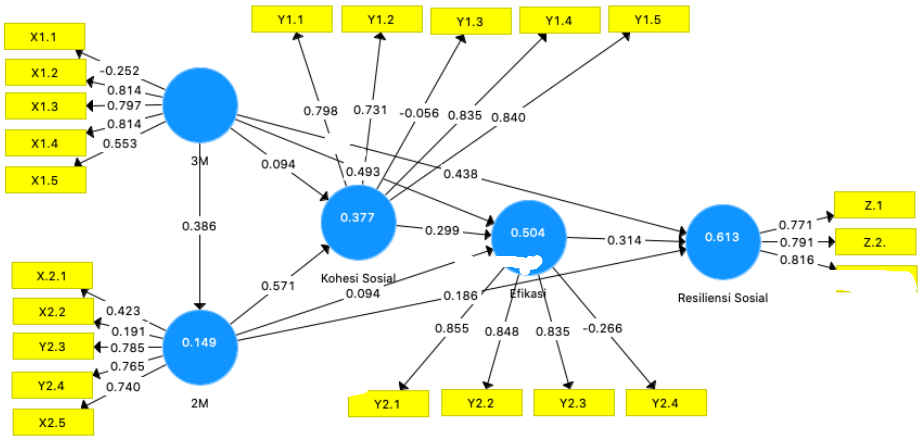


Figure 2 Measurement model

Not all indicators for the five variables have loading factor values > 0.7. In variable X1, two indicators have a value <0.7, namely indicators X1.1 and X1.5. The variable X2 shows that there are two indicators whose loading factor value is <0.7, namely indicators X2.1 and X2.2. Likewise, for variables Y1 and Y2, there is one each that has a value < 0.7, namely Y1.3 and Y2.4. In variable Z, all indicators meet the requirements.

These indicators, which have a loading factor value > 7 from variables X1 and X2, show a high level of validity, so they fulfil convergent validity. On the other hand, indicators with a value <0.7 do not offer a high level of validity, so these indicators are removed from the model. After the indicators that do not meet the loading factor value requirements are removed, convergent validity testing is carried out again without including the indicators whose values do not meet the criteria, so the results are as follows.

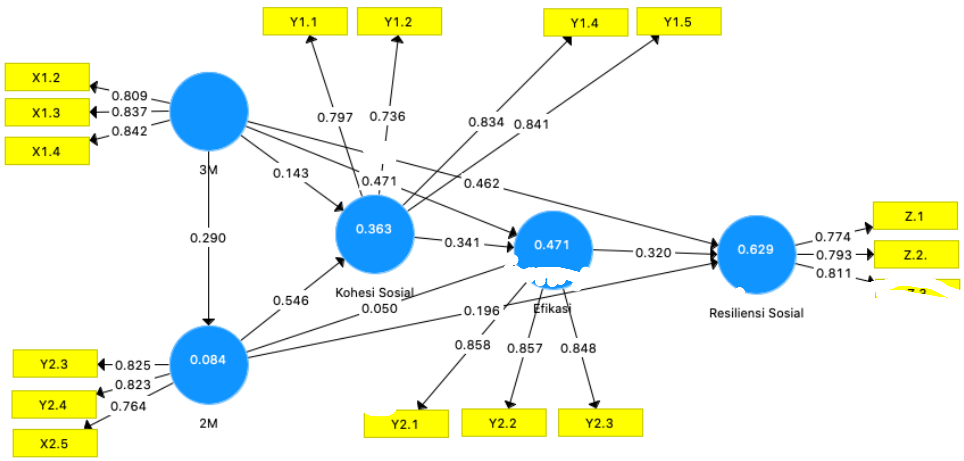


Figure 3 Result of measurement model

This model shows that all the indicators in the variables X1, X2, Y1, Y2, and Z no longer have a loading factor value of <0.7. All of these indicators have met convergent validity and have a high level of validity. The next step is to carry out a discriminant validity test by evaluating the value by comparing the square root value of the Average Variance Extracted (AVE) for each construct with the correlation between other constructs in the model or using the Fornell Larcker Criterion. The results are as follows.

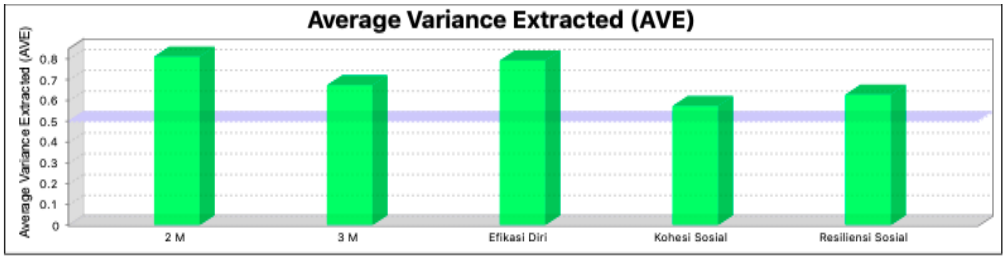
Table 1 Fornell Larcker Criterion

	2M	3M	Efficacy	Social Cohesion	Social Resilience
2M	0,8047				
3M	0,2895	0,8296			
Efficacy	0,3864	0,5882	0,8546		
Social Cohesion	0,5871	0,3008	0,5120	0,8029	
Social Resilience	0,4537	0,7069	0,6675	0,4672	0,7929

Based on this table, the correlation value between each variable and the variable itself appears to have the most outstanding value compared to the correlation value with other variables, so this research has met the discriminant validity test.

The researcher then performed the Average Variance Extracted (AVE) test for each latent construct or variable. The minimum AVE value is 0.5. The results of this research show that the AVE value for each construct is above 0.5, which means that the total variance of the indicators extracted by the latent construct is, on average, more than half of the variance of the indicators.

Chart 1 Average Variance Extracted (AVE)



The model measurement results have met the validity test. The indicators of all variables meet a high level of validity and measure the targeted latent construct, thus showing good convergent validity.

Researchers also used Cronbach's Alpha and Composite Reliability values to test validity. A construct is declared reliable or highly reliable if the Cronbach alpha and composite reliability values are each greater than 0.70. The results of both calculations are shown in the following table.

Table 2 Cronbach's Alpha dan Composite Reliability

Variable	Cronbach's Alpha	Composite Reliability
2M	0,7278	0,8463
3M	0,7733	0,8687
Efficacy	0,8157	0,8904
Social Cohesion	0,8156	0,8786
Social Resilience	0,7057	0,8354

The results of this test show that all the variables measured have a Cronbach's Alpha value > 0.7. This means that all the variables measured have construct reliability, supporting internal consistency because they have an average variance and composite reliability above the allowed threshold. Likewise, the overall Composite Reliability value of the variable is> 0.7. This value illustrates that the five variables have a high level of reliability.

Based on the validity and reliability tests on the outer model of this research, the validity and reliability of the model have been tested by fulfilling the requirements so that it can be continued to the next test.

2. Analisis Model Struktural

Structural model testing is carried out after the measurement model has met the validity and reliability tests. The structural model testing criteria used R-square, prediction relevance (Q-square), effect size q-square, Goodness of fit (GoF), estimated path coefficient, and estimation stability, which were tested using the t-statistical test via the bootstrap resampling method.

The social resilience construct (Z) has an R-square value of 0.629, meaning the variability of the 3M variables, namely washing hands, using masks, and maintaining distance (X1), 2M, namely avoiding crowds and reducing mobility (X2), social cohesion (Y1), and efficacy (Y2) can explain social resilience by 62.91%, while other latent variables outside this research explain 37.09%.

The variables that influence efficacy are 2M, 3M, and social cohesion, which is 47.10 per cent, while other variables outside this research model affect the other 52.90 per cent. Variables 2M and 3M influence social cohesion by 36.34 per cent, while the additional 63.66 per cent is influenced by other variables not measured in this research model.

The R-square value of the 2M variable is 0.0838; in other words, the 2M variable is influenced by other variables in the model by 8.38 per cent. Another variable that influences 2M is 3M, while 91.62 per cent is influenced by other variables not measured in this model. This trim level of influence of 3M on 2M can be ignored, so it is no longer included in the next model.

The next step is to carry out prediction relevance (Q square) using the blindfolding procedure to determine the prediction capability. A Q2 value > 0 shows evidence that the observed values have been reconstructed well; thus, the model has predictive relevance. Q2 value < 0 indicates no predictive relevance. The criteria are a value of 0.02 = small, a value of 0.15 = moderate, and a value of 0.35 = large. The results are as follows.

Table 3 Total Construct Crossvalidated Redundancy

Variable	SSO	SSE	Q^2 (=1-SSE/SSO)
2M	1356,0000	1286,4882	0,0513
3M	1356,0000	1356,0000	
Efficacy	1356,0000	900,3796	0,3360
Social Cohesion	1808,0000	1389,6870	0,2314
Social Resilience	1356,0000	833,3404	0,3854

The test results show that all variables with a Q-Square have a value > 0, so the estimates made by the model are relevant. The model used can explain the information contained in the research data. After knowing the value of Q, you can calculate the q-square effect size value. The results of the q-square calculation can be seen in the following table.

Tabel 4 q-square Effect Size

Variable	Q^2 predictive relevance included	Q^2 predictive relevance excluded	q^2	Category
2M	0,3854	0,368	0,0283	small effect
3M		0,300	0,1390	medium effect
Social Cohesion		0,386	-0,0010	Small effect and negative
Efficacy		0,349	0,0590	medium effect

The overall structural model validation test uses Goodness of Fit (GoF). The GoF index is a single measure to validate the combined performance of the measurement and structural models. The GoF calculation results are in the following table.

Tabel 5 Goodness of Fit (GoF)

Variable	Communality	Rata-rata communality	R-Square	GoF
2M	0,2942			
3M	0,3690			
Efficacy	0,4427	0,3588	0,6291	0,475
Social Cohesion	0,4074			
Social Resilience	0,2646			

The GoF value is 0.475, meaning the model depiction is more appropriate. The GoF value category is divided into three, namely 0.1 (weak), 0.25 (moderate), and 0.36 (large). A GoF value of 0.475 is considerable. Thus, the measurement model (outer model) and the structural model (inner model) are feasible or valid.

Hypothesis test

Hypothesis testing uses bootstrapping techniques to obtain the T-statistics and P-values for each relationship. The criteria used are t-statistics > 1.96 with a significance level of P-value of 0.05 (5%). The results appear in the following table.

Tabel 6 T-statistics

Variable	Original Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	T Statistics (|O/STDEV|)	P- Values
2M → Efficacy	0,0496	0,0489	0,0533	0,9319	0,3518
2M → Social Cohesion	0,5458	0,5468	0,0415	13,1371	0,0000
2M →Social Resilience	0,1964	0,1962	0,0408	4,8144	0,0000
3M → 2M	0,2895	0,2926	0,0422	6,8655	0,0000
3M → Efficacy	0,4712	0,4728	0,0428	11,0160	0,0000
3M → Social Cohesion	0,1428	0,1450	0,0396	3,6086	0,0003
3M → Social Resilience	0,4619	0,4620	0,0478	9,6646	0,0000

Efikasi → Social Resilience	0,3199	0,3207	0,0554	5,7711	0,0000
Social Cohesion → Efficacy	0,3412	0,3424	0,0513	6,6555	0,0000

The table above shows that the effect of 2M on efficacy is not significant because the T-statistics value is 0.9319 (< 1.96) and the P-value is 0.3518 (> 0.05), even though the original sample estimate value is positive, namely 0.0496. This condition is different from 2M, which influences social cohesion with a value of 13.1371 > 1.96 and P-Valuess < 0.05, as well as the original sample estimate of 0.5458, so the effect is significant and shows a positive direction. The 2M variable also influences social resilience with a value of 4.8144 (> 1.96) and P-Values < 0.05, and the direction is positive with a value of 0.1964.

The table also shows that the 3M variables significantly affect 2M, efficacy, social cohesion and resilience. Each T-statistics value is > 1.96, and the P-values are < 0.05. The original sample estimate values are all positive and show a positive direction.

The highest original sample estimate value is the influence of 2M on social cohesion, namely 0.5458. This value is higher than the influence of 3M on social cohesion, which is 0.1428. Likewise, the efficacy variable is influenced by four variables, namely 2M, 3M, social cohesion and social resilience. However, the highest influence was 3M at 0.4712, followed by social resilience (0.4619), 2M (0.2895), and social cohesion (0.1428). Social cohesion influences efficacy by 0.3412, while efficacy influences social resilience by 0.3199.

The variable that has the highest influence on social resilience is 3M (0.4649), followed by efficacy (0.2884), 2M (0.1562), and social cohesion (0.0887). In another sense, washing hands, using masks, and maintaining distance have more influence on social resilience than the variables of avoiding crowds and reducing mobility. Thus, the model for social resilience during the COVID-19 pandemic in Palembang is as follows.

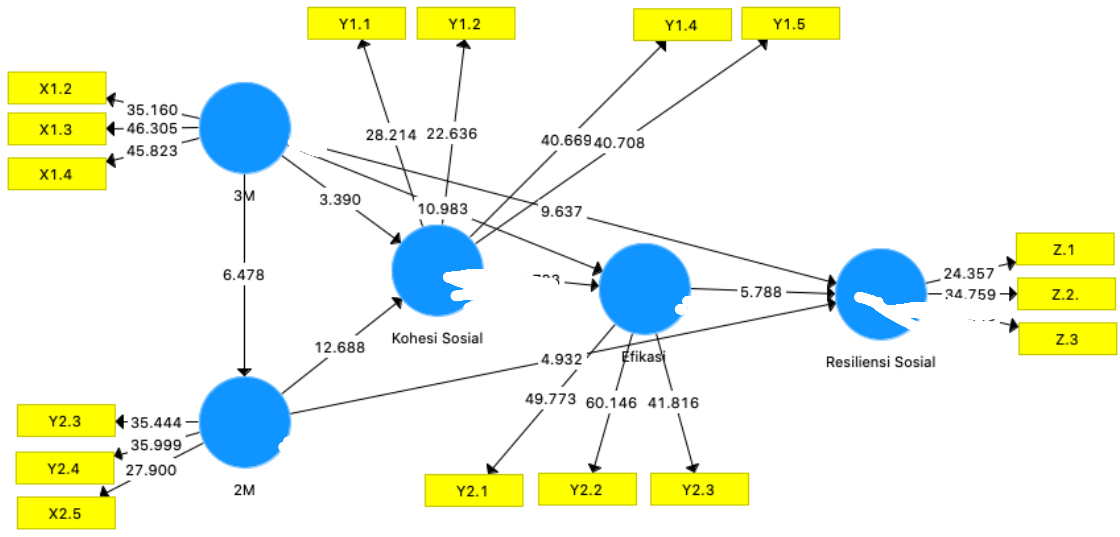


Figure 4 Social Resilience Model

The social resilience model shows the relationship between the influence of implementing health protocols on social resilience, which is demonstrated through seven relationship paths, namely the impact of 3M → social resilience, 3M → efficacy → social resilience, 3M → social cohesion → efficacy → social resilience, 3M → 2M → resilience social,

3M → 2M → social cohesion → efficacy → social resilience, 2M → social resilience, and 2M → social cohesion → social resilience.

The social resilience model of the Palembang community during the COVID-19 pandemic shows that implementing health protocols increases the community's ability to face COVID-19. This condition cannot be separated from the bonds of togetherness as a unit and the community's attitudes and beliefs in getting out of the critical situation due to the spread of COVID-19. This increase in social cohesion and efficacy then also increases the level of social resilience.

Conclusion

1. The resilience social model showed that implementing 3M and 2M health protocols directly affects social resilience. The influence of 3 M on social resilience is more significant than that of 2 M. Implementing the 3M and 2M health protocols indirectly influences social resilience through social cohesion and efficacy. It is just that the influence of implementing 3M can only be through efficacy alone, while the impact of implementing 2M cannot be through efficacy independently.

2. The social resilience model of the Palembang community during the COVID-19 pandemic shows that implementing health protocols increases the community's ability to face COVID-19. This condition cannot be separated from the bonds of togetherness as a unit and the community's attitudes and beliefs in getting out of the critical situation due to the spread of COVID-19. This increase in social cohesion and efficacy then also increases the level of social resilience.

3. Implementing policies to prevent health disasters, such as COVID-19 or other health disasters, requires a synergistic socio-cultural approach to become an effective disaster mitigation solution.

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