CHAPTER 1

INTRODUCTION

1.1   Background

Corona Virus Disease 2019 (COVID-19) is an infectious disease caused by Severe Acute Respiratory Syndrome Corana Virus 2 (SARS-CoV-2). WHO has determined that COVID-19 virus is a pandemic which indicates that the spread of COVID-19 is very fast. Almost no country in the world can ensure if it is protected from the COVID-19 (Hariyadi, Tamalene and Hariyono, 2019). COVID-19 has an impact on the body health both physically and psychologically. In severe cases of COVID-19 it can cause pneumonia, acute respiratory syndrome, kidney failure and even death (Ekawaty, 2021).

The lack of education about COVID-19 and the frequent exposure of hoax news make the public have a negative stigma on Covid patients. Many of the Covid patients are shunned by the closest people, family and even neighbors; the lack of positive support for Covid patients has an impact on their psychology where it will increase stress so that their immune system decreases. The impact of COVID-19 has caused many losses such as physical barriers, economic inequality, social inequality and mental disorders. When infected with the COVID-19 virus, people will feel anxious. The experience of patients who have successfully recovered from COVID-19 is due to being disciplined and obedient while undergoing treatment for COVID-19 patients, both in carrying out medical care and psychological support. The experience of recovering from COVID-19 is an inspiration and encouragement for other patients to struggle to recover

(Demartoto *et al.*, 2020).

Based on data from WHO (World Health Organization) on March 19, 2021, the total number of positive patients for COVID-19 in 223 countries reached 121,464,666 people, which accumulated from positive patients being treated, positive patients recovering, while the number of patients dying was 2,684,093. In Indonesia, the total number of positive COVID-19 patients was 1,450,132 people, with 1,278,965 patients recovering and 39,339 people dying. In East Java Province the number of positive patients for COVID-19, which was 136,108 people (Gugus Tugas Percepatan Penanganan Covid-19, 2021). Meanwhile, in Banyuwangi Regency the number of positive COVID-19 patients was 5,589 people. Specifically, the number of positive COVID-19 patients in Osing tribe in Paspan Public Health Center working area was 123 people. It was quite low when compared to various Public Health Center working areas in Banyuwangi. Based on a preliminary study conducted in Paspan Public Health Center working area on February 11, 2021, data of COVID-19 survivors in Osing Tribe in Kemiren area was 5 people, Olehsari was 12 people, Paspan was 11 people, Glagah was 4 people, Kenjo was 5 people, Tamansuruh was 9 people, Bakungan was 33 people, Banjarsari was 27 people, Rejosari was 12 people and Kampung Anyar was 5 people (Gugus Tugas COVID-19, 2021). Among 10 areas in the working area of Paspan Public Health Center, there were only 3 areas inhabited by Osing Tribe, namely Kemiren, Olehsari and Kenjo area.

The Osing Tribe has a cultural tradition applied and preserved at all ages to make a good quality of life for them, including the problem of healing. In the healing of COVID-19, the Osing Tribe used rituals to maintain health

traditionally, traditional medicine used and believed to use the mantras method, tattoos and spices that are eaten or drunk. As well as several traditions which are believed and carried out every year as a starting point to avoid all disasters and disease sources.

Behavioral attitude in preventing, self-medication using traditional is one of the health behaviors. The COVID-19 pandemic encourages people to seek back various local wisdoms by exploring health culture, medicine and local resources for health development, interest in utilizing, maintaining, developing a culture of health care, treatment and local resources to prevent and treat COVID-19 transmission (Ermayanti *et al.*, 2020).

The spread of COVID-19 prevention can be done by complying with health protocols. They are government efforts, strategies and policies to prevent the transmission of COVID-19. Health protocols change people's habitual behavior namely washing hands, maintaining distance, wearing masks, reducing mobility and avoiding crowds (Rachmadi *et al.*, 2021). Health information related to healing or preventing COVID-19 has spread in various print and electronic media such as newspapers, education through health webinars, television or radio, social media like Instagram, YouTube, Twitter (Aprida, Rahman and Rachman, 2015). Healing or treatment of COVID-19 can be done either medically by hospitalization or isolation in a hospital with the help of chemical drugs, treatment can also be done traditionally using herbs such as red betel leaf, ginger, and lemongrass. Not only that, bio-psycho-social-spiritual and cultural also influence the healing of people exposed to COVID-19(Yueniwati, 2020).

Based on the results of a preliminary study of patients who were

confirmed positive for COVID-19 in the working area of Paspan Public Health Center, especially Osing Tribe was quite low. The Osing Tribe is a community that still maintains traditions and culture. The cultural values that are still embraced in seeking treatment or therapy are unique and have different characters from other regions (Rasny, Susanto and Dewi, 2017). A person's health can be influenced by culture, culture can affect the environment both the physical and social environment, where the social environment can affect a person's behavior (Hendariningrum, 2018). Based on this description, researcher is interested in conducting research with the title "The Life Experiences of COVID-19 Survivors in Osing Tribe in the Working Area of Paspan Public Health Center Banyuwangi".

1.2   Formulation of The Problem

How is the life experience of COVID-19 survivors in Osing Tribe in the Working Area of Paspan Public Health Center Banyuwangi?

1.3   Research Purposes

1.3.1. General Purpose

To explore the life experiences of COVID-19 survivors in Osing Tribe in the Working Area of Paspan Public Health Center Banyuwangi.

1.3.2. Specific Purpose

1. Explore coping strategies in the early stages of being diagnosed with COVID-19

2. Explore self-care styles

3. Explore the positive support provided by the surrounding environment

1.4   Benefit

1.4.1   Theoretical Benefits

This research is expected to provide information about the life experiences of COVID-19 survivors in Osing Tribe in the Working Area of Paspan Public Health Center Banyuwangi.

1.4.2   Practical Benefits

1)   For Respondents

The results of this study are expected to be able to provide information on the life experiences of COVID-19 survivors in Osing Tribe, so that people are able to apply behavior in healing COVID-19.

2)   For Researchers

The results of this study are expected to provide new insights and knowledge about the life experiences of COVID-19 survivors IN OSING TRIBE.

3)   For Educational Institutions

The results of this study can be used as information as a reference source for institutions to add knowledge related to the life experiences of COVID-19 survivors in Osing Tribe.

4)   For Society

The results of this study are expected to be able to provide information on the life experiences of COVID-19 survivors in Osing Tribe, so that people, especially Banyuwangi and Indonesian are able to apply behavior in healing COVID-19.

5) For Research Places

The results of this study are expected to be able to provide examples of the life experiences of COVID-19 survivors in Osing Tribe, so that people are able to apply behaviors in healing COVID-19

CHAPTER 2

LITERATURE REVIEW

2.1   COVID-19 Concept

2.1.1   Definition of COVID-19

Corona Virus Disease 2019 (COVID-19) is an infectious disease caused by Severe Acute Respiratory Syndrome Corana Virus 2 (SARS-CoV2), a new type of Corona Virus has never been previously identified in humans (Kementerian Kesehatan Republik Indonesia, 2020).Corona Virus is a positive single-strain RNA virus, encapsulated and unsegmented. Corona Viruses also belong to the order Nidovirales, family Coronaviridae (Yuliana, 2020). In January 2020 WHO (World Health Organization) designated Corona Virus as a Public Health Emergency of International Concern (PHEIC). The distribution of the people number infected with COVID-19 continues to increase.

Common signs and symptoms of COVID-19 infection include symptoms of acute respiratory distress such as fever, cough and shortness of breath. The average incubation period is 5-6 days with the longest incubation period being 14 days (Kementerian Kesehatan Republik Indonesia, 2020). These symptoms are mild and occur gradually. However, there are some people who are infected but do not show any symptoms and do not feel unwell (Suharmanto, 2020).

2.1.2   Signs and Symptoms

According to the Corona Virus Disease (COVID-19) prevention and control handbook (Kementerian Kesehatan Republik Indonesia, 2020) symptoms

are usually mild and appear gradually. Some infected people do not show any symptoms and remain healthy.

2.1.2.1. Common Symptoms

    a. Fever (≥38°C)

    b. Fatigue

    c. Dry cough

2.1.2.2. Mild Symptoms

    a. Pain

    b. Nasal congestion

    c. Have a cold

    d. Headache

    e. Conjunctivitis

    f. Sore throat

    g. Diarrhea

    h. Loss of smell

2.1.2.3. Severe Symptoms

    a. *Acute Respiratory Distress Syndrome* (ARDS)

    b. Sepsis and septic shock

    c. Multi organ failure

    d. Acute heart failure

2.1.3 Patient Classification

According to the Indonesian Ministry of Health (2020) Ministry of Health's Guidelines for Prevention and Control of Corona Virus Disease

(COVID-19) in (Fitriani, 2020) that is:

2.1.3.1. Patient Under Supervision (PUS)

Patients under supervision are:

a. People with Acute Respiratory Infections (ARI), namely fever (≥38°C) or a history of fever accompanied by one of the symptoms or signs of respiratory disease such as cough, shortness of breath, sore throat, runny nose, mild to severe pneumonia and no other causes based on the clinical description. In the last 14 days prior to the onset of symptoms, have a history of traveling or living in a country or region that reports local transmission.

b. People with fever (≥38°C) or a history of fever or ARI in the last 14 days before the onset of symptoms had a history of contact with a confirmed case of COVID-19.

c. People with severe ARI or severe pneumonia who require hospitalization and no other causes based on clinical features.

2.1.3.2. People Under Monitoring (PUM)

The people under monitoring are:

a. People who have fever ((≥38°C) or a history of fever, or symptoms of respiratory system disorders such as runny nose or sore throat, cough and no other cause based on clinical features and in the last 14 days before the onset of symptoms have a history of traveling or living in the country or region reporting local transmission.

b. People who experience symptoms of respiratory system disorders such

as a sore throat or cough and in the last 14 days have symptoms have a history of contact with a confirmed case of COVID-19.

2.1.3.3. People Without Symptoms (PWS)

People without symptoms can be at risk of contracting it from people who have confirmed COVID-19. An asymptomatic person is someone with a history of close contact with a confirmed case of COVID-19.

Close contact is someone who has physical contact or is in a room or visiting within a radius of 1 meter with a patient case under supervision or confirmation. Within 2 days before the case develops symptoms and up to 14 days after the case develops symptoms.

2.1.3.4. Confirm Case

Patients infected with COVID-19 with a positive test result through the Polymerase Chain Reaction examination (PCR).

2.1.4   COVID-19 Transmission Prevention Behavior

The community has an important role in breaking the chain of transmission of COVID-19 in order not to cause new sources of transmission. Based on (Indonesian Ministry of Health, 2020) in principle, prevention and control of COVID-19 in the community is carried out by:

2.1.4.1   Washing hands

Clean hands regularly by washing hands with soap and running water for 40-60 seconds, it can be done using an alcohol-based antiseptic (hand sanitizer) for at least 20-30 seconds. Avoid touching your eyes, nose and mouth with unclean hands.

2.1.4.2 Using Mask

Use a mask that covers the nose and mouth if you have to leave the house or interact with other people whose health status is unknown who may be able to transmit COVID-19.

2.1.4.3 Keep the Distance

Maintain a distance of at least 1 meter from other people to avoid getting droplets from which getting cough or sneeze, maintaining a distance can reduce the risk of contracting COVID-19. Limit yourself to interactions or contact with known health. If after traveling, immediately shower and change clothes before contact with other people.

2.1.4.4 Increase Endurance

Implementing a Clean and Healthy Lifestyle such as the consumption of balanced nutrition, physical activity of at least 30 minutes a day, adequate rest and the use of traditional health.

2.2   Definition of Life Experience

Experience is the sum total of lessons learned by a person from the events he/she does in his/her life. In addition, experience can be interpreted as episodic memory, namely memory that receives and stores events that occur or are experienced by individuals at a certain place or time. According to (Daehler, 1985)in(Putri, 2019) experience is something that cannot be separated from everyday human life. It is also valuable for every human being or individual, and can also be given to anyone to be used as guidance and human learning. Experience is the sum total of lessons learned by a person from the events he/she

does on the way.

2.3   Definition of disability

Survivors are defined as individuals who do not die and can survive in a disaster situation. The groups of survivors are men, women, newly married, pregnant people, infants, children, teenagers, youth, adults, middle-aged, empty caged couples, maturity, or old people (Ahdiah, 2019).

According to the Big Indonesian Dictionary (2005:1072), survivors come from the basic word of survival which has the meaning of continuing to survive, being able to sustain life. Whereas in its use, the suffix or- is given, so that it becomes a survivor, without curating the meaning of survivor. So, the definition of a survivor in the KBBI is defined as an adjective which means "Continue to survive, able to maintain its existence, so that survivors are defined as people who are able to survive". In the use of the word survivors, it is considered more representative of the actual conditions of the survivors(Ahdiah, 2019).

2.4   Osing Tribe Concept

2.4.1   Osing Tribe

In Osing language, the word "Osing" means "no" and it represents the existence of Osing people in Banyuwangi(Yuliatik and R, 2014). The Osing tribe is an indigenous Banyuwangi tribe scattered in various areas of Banyuwangi district including Glagah, Singojuruh, Kabat and Licin District (Nursafitri, Pageh and Wirawan, 2020). Banyuwangi people usually refer to themselves as "Laros" or "Lare Osing". The Osing tribe has many customs so that almost every village has its own customs (Rofikoh, 2018).

The Osing Tribe community strongly maintains its cultural values and tribal character. From the daily life of the Osing people who are humble and continue to carry out rituals or cultural activities of the original Osing Tribe which they maintain until now. Foreigners are one of the ethnic groups in Indonesia which are known to be tough and strong in terms of their stance and character(Hariyadi, Tamalene and Hariyono, 2019). As one of the indigenous communities, Osing is one of the communities that still strongly adheres to the prevailing customs and traditions (Nursafitri, Pageh and Wirawan, 2020).

2.4.2   Osing Tribe Medicine Tradition

The Osing Tribe community has many unique rituals. There are many customs and traditions that are still being carried out, namely Gandrung Dance, Kebo-Keboan, Bangkat War, Eid Alms Slametan, Barong Idher Bumi, Tumpeng Sewu Tradition, Seblang Dance. Barong Idher Bumu is a celebration of a procession of barong to refuse logs. Tumpeng Sewu is a tradition of rejecting trade in order to avoid all disasters and sources of disease. Seblang is a dance used by foreign people to reject disaster (Yuliatik and R, 2014). The cultural values that are still embraced by Osing Tribe in seeking treatment or therapy are unique and have different characters from other regions (Rasny, Susanto and Dewi, 2017).

The Osing tribe has its own rituals in maintaining health. The alternative therapy carried out by Osing Tribe is based on the natural surroundings with the use of biological and animal sources (Rasny, Susanto and Dewi, 2017). Traditional medicine used and trusted by the Osing Tribe elders is treatment using massage methods, mantras, tattoos, giving herbs from spices to be eaten or drunk

or used as powder, and abstinence from actions (Novia Luthviatin, 2015).

2.5   Research Synthesis

The following are research journals related to the topics taken

Table 2. 1Synthetic Research

Number	Title, Author and Year	Desain Penelitian	Hasil
1	Social Support for Families Tested Positive for Covid-19 (Rahmatina *et al.*, 2021)	Qualitative phenomenology	The study was conducted on 11 respondents who are survivors and caregivers of Covid-19

The forms of support from neighbors include emotional support (asking for news, providing encouragement and comfort in the environment), instrumental support (fulfilling basic needs such as basic necessities, food, household needs and fulfilling medicines), information support (disinfecting in the village environment and closing road portals). so that the spread of the virus does not become more massive) while the neighbors do nothing and tend to be ignorant. Forms of support from co-workers include being positive by not isolating the survivor, giving encouragement, being positive, providing information and support when the survivor and caregiver are in self-isolation to stop the spread of the virus. Assisting administrative needs such as reporting the positive status of the survivors to the village, providing free swab services when one of your friends is found to be positive for Covid-19. Providing logistical and financial assistance, as well as having colleagues with negative views regarding Covid-19, causing hoaxes. |
| 2 | Lived experiences of the corona survivors (patients admitted in COVID wards): A narrative real-life documented summaries of | Qualitative Study | Findings regarding the life experiences of COVID-19 survivors or patients treated in the COVID ward. Stress, mental suffering, internalized stigma, feelings of guilt infecting those closest and dearest, shame infecting others, anger |

			directed at oneself, cursing fate, thinking "why did God punish me and my family" added to the pain. Remaining socially isolated from family in a 'cooped' state. This can lead to severe unintended consequences, such as relationship problems between the patient and the caring team and the patient developing major depression. Timely psychological evaluations, and brief support sessions conducted by phone or video conferencing help people with infection. Mental Health Professionals need to realize that apart from anxiety, depression, and insomnia, internalized guilt, anger, frustration and stigma will also be a major problem for patients and they need to address the same.
internalized guilt, shame, stigma, anger (Sahoo *et al.*, 2020)			
3	The lived experiences of COVID-19 patients in South Korea: A qualitative study (Son *et al.*, 2021)	Phenomenological Qualitative	Eighteen themes were identified, and five theme clusters were identified, consisting of; (1)'Desperate and uncertain time during diagnosis and treatment of COVID-19 Feeling anxious about diagnosis of COVID-19', (2)'Shock and complaints related to the disinfection process'. (3)' Social stigma: My red letter', (4)' Mind and body snatched away by COVID-19', (5)' Rediscovering relationships through adversity'.

CHAPTER 3

RESEARCH METHODS

3.1 Research Design

The type of research used was qualitative with phenomenological methods(Lincoln, 1985) explains when assessing qualitative can explore matters related to the information expressed according to the views of each participant. The approach used was phenomenology to identify relationships, identify and develop related relationships from the meaning of the phenomenon under study. Phenomenology is a study that tries to understand a human perception and understanding of situations that occur to involve experience and how an existing phenomenon affects human attitudes.

3.2 Participants

In this study, participants are not limited by nominal units but by saturation level(Denise F. Polit, C., & Beck, 2008)

Participant criteria are as follows:

1. COVID-19 Survivors

2. No chronic disease

3. Original Osing Tribe

3.3 Research Location and Time

1) Location

The term population is not used in qualitative research, the population is more accurately called a research setting(Prior, 2008). This research was carried

out on COVID-19 survivors in the working area of Paspan Public Health Center, Banyuwangi Regency.

 2) Research Time

 The research study was done on June 21 – July 01, 2021. Furthermore, data management took in July 2021.

3.4 Sampling

 Participants were taken by using purposive sampling where the researcher selects participants according to the research objectives based on predetermined criteria (Prior, 2008).

3.5 Research Instruments

 The research instrument in this study was the researcher him/herself (Sugiyono, 2015). In addition to humans as research instruments, other data collection tools that support the research process were in-depth interview guidelines, field notes, and recording devices.

3.6 Framework

 The framework is a research flow so that a clear picture of the process and the research course can be seen (Notoatmodjo, 2010). The framework in this research is as follows:

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┌─────────────────────────────────────────────┐
│  Research settings include COVID-19 survivors in │
│  the working area of Paspan Public Health Center │
└─────────────────────────────────────────────┘
                                    ┌──────────────────────┐
                          ◄─────────│  Purposive sampling  │
                                    └──────────────────────┘
┌─────────────────────────────────────────────┐
│  The sample according to the inclusion criteria │
│                  was 8 people                   │
└─────────────────────────────────────────────┘
┌─────────────────────────────────────────────┐
│   Conduct in-depth interviews with participants  │
└─────────────────────────────────────────────┘
┌─────────────────────────────────────────────┐
│     Validate participants (member checking)      │
└─────────────────────────────────────────────┘
        ┌──────────────────────┐
        │     Analyze Data     │
        └──────────────────────┘
        ┌──────────────────────┐
        │  Result Presentation │
        └──────────────────────┘
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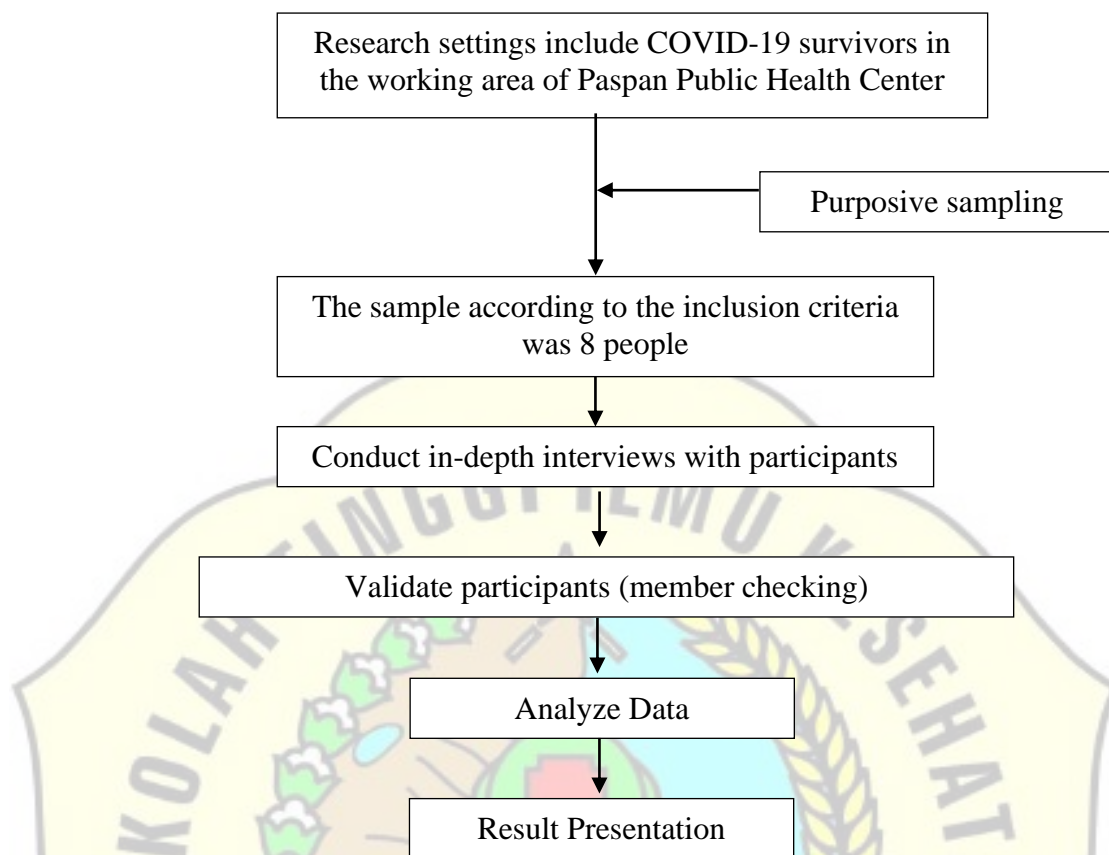
Picture 3. 1 Framework

3.7   Data collection

The data collection techniques that have been carried out by researchers are as follows:

1. The researcher contacted and visited Paspan Public Health Center to get participant data. After the researchers got the data and the research approval letter from Paspan Public Health Center.

2. The researcher contacted and visited the regional nurse to obtain participant data for the research and to find out where the participants lived.

3. The researcher contacted and asked the participants for their consent to

participate in this study. After obtaining consent, the researcher met the participants to ask them to sign a consent form to be a participant.

4. The researcher made an appointment with the participants about the place and time of interview. On this occasion the researcher also asked permission to use a voice recorder to record the interview.

5. After getting an agreement on the interview schedule, the researcher met the participants to conduct interviews. Each interview lasted for 30-40 minutes and it was conducted once for each participant.

6. From the results of interviews and field notes that the researchers collected, then the results were transcribed. The method used was hybrid, namely offline data collection and online discussion for data analysis

7. Researchers identify emerging themes

8. After the participants stated that the interview results were valid and appropriate, the researcher drew conclusions and presented the data.

3.8   Data analysis

Data processing at the analysis stage through the way of organizing the data was done to assist and facilitate researchers in conducting data analysis. The data obtained by the researcher through in-depth interviews were analyzed using technical analysis. The data used in this study was qualitative data analysis of phenomenological studies. Activities in qualitative data analysis were carried out interactively and took place continuously at each stage of the research until it was complete and the data was saturated. Data analysis used the Colaizzi method which consists of seven stages as follows (Colaizzi,1978, in (Saryono, 2010):

1. Researchers read all descriptions of phenomena that have been submitted by all participants.

2. Re-read the transcript of the interview and quote meaningful statements from all participants. After being able to understand the participants experience, the researcher re-read the transcript of the interview, select the statements in the transcript that were significant and in accordance with the specific objectives of the study and choose keywords in the statements that have been selected by giving a marker line.

3. The researcher re-read the identified keywords and tried to find the essence or meaning of the keywords to form categories

4. Organizing the collections of meaning that was formulated into groups of themes. The researcher read all the existing categories, compared and looked for similarities between these categories, and finally groups' similar categories into sub-themes and themes.

5. Write a complete description. The researcher assembled the themes found during the data analysis process and wrote them into a description in the form of research results.

6. Met participants to validate the analysis results description. The researcher returned to the participants and read the grid of theme analysis results. This was done to determine whether the description of the theme obtained as a result of the study was in accordance with the conditions experienced by the participants.

7. Incorporating the data from the validation results into the description of

the analysis results. The researcher re-analyzed the data that had been obtained during the validation to the participants, to be added to the final in-depth description of the research report so that the reader was able to understand the participants' experiences.

3.9   Research Ethics

Respondents who have conditions, their rights will be protected to ensure confidentiality; this study has obtained ethical permission from the Health Research Ethics Committee of STIKES Banyuwangi with Number 581/KEPK/STIKES-BWI. Before the research process was carried out, respondents were given an explanation of the research benefits and objectives. If they agreed, they welcome to sign a letter of consent to become a respondent.

3.10   Informed Consent

Subjects must obtain complete information about the purpose of the research to be carried out, have the free right to participate or refuse to be respondents. In the informed consent it is also necessary to state that the data obtained will only be used for scientific development (Nursalam, 2016). The researcher before conducting the interview conveyed the purpose of the study and gave the consent sheet, the participants filled in the data on the consent sheet, after which they signed as evidence that the participants agreed.

3.11   Anonymity

The subject did not need to include his/her name on the data collection sheet, they just needed to write a number or code to ensure the confidentiality of the identity. If the nature of the researcher did demand to know the identity of the

subject, it must obtain prior approval and took steps to maintain confidentiality and protected the answer. Writing the name or identity on the data collection sheet was enough to write down the code that has been determined by the researcher.

3.12 Confidentially

The confidentiality of the information obtained from the subject will be guaranteed by the researcher. Presentation of data or research results was displayed in academic forums. The researcher guaranteed the confidentiality of the information that has been obtained from the participants, the presentation of data and research results was displayed on Implementation Progress Assessment of Student creativity program and National Student Science Week in academic forums.

3.13 *Veracity*

1. Be honest when collecting data, literature, methods, and research procedures to publication of results.
2. Be honest about the shortcomings or failures of the research process.
3. Does not acknowledge work that is not his job.

3.14 Non Maleficience

Non-maleficence is a principle which means that every action taken by a person does not cause physical or mental harm.

3.15 Respectfor Person

There are two things in respecting or appreciating people that need to be considered, namely:

1. Researchers must carefully consider the possible harm and misuse of

research.

2. Against respondents who are vulnerable to research hazards, need protection

3.16 Justice

Justice is a form of fair therapy to others who upholds moral, legal, and human principles. The principle of justice is also stipulated in the Pancasila, State of Indonesia in the 5th principle, namely social justice for all Indonesian people. This showed that justice is a form of principle that can balance the world

3.17 Beneficence

The ethical imperative to seek the maximum benefit and minimize the loss or risk for the subject and research errors. In this case, the research must be carried out properly and accurately, and the respondent's safety and health must be maintained.