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# Penetration Analysis of Covid 19 and Impact on the Existence of Social Economic Life Citizenn in Bogor City (Study in Disaster Perspective)

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**Abstract**

Information released on July 16, 2021, nationally there were 2,780,803 positive corona outbreaks. They were 2,204,491 people recovered and 71,317 people died. In Bogor city were recorded 21,406 people positive for COVID-19, 16,690 people recovered, and 287 people died. As a result of covid 19 in 2020, the number of poor people increased to 77,976 people (2.6%) in 2021. The purpose of the research were to identify resources for overcoming covid 19, to identify the level of community income due to covid 19, to know the social impact of covid 19. , and to formulate a COVID-19 response model. The research used a cross sectional design to determine the prevalence of COVID-19. Determination of subjects by screening for COVID-19 patients based on inclusion criteria. After determining the Covid-19 patients and non-covid-19 patients, they were used as controls using a random computerized technique using MS Excel. The research sample were 240 people, consisting of 120 people exposed to COVID-19 and 120 people not exposed. Qualitative data was analyzed by content analysis, while quantitative data used a Likert scale.

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The results showed as many as 15.8 percent said there were no incomes during the COVID-19 pandemic, 36.6 percent said their income were above 1,000,000 - 2,500,000, and 22.5 percent said their income were above 2,500,000 - 4,000,000. While 38.8 percent felt worried, as many as 36.7 percent said they were normal.

***Keywords:*** disaster; covid; economy; social; sufferer.

## 1. Introduction

Disasters occur due to two conditions, namely events that threaten and damage (hazard) and vulnerability of the people. : Tsuname, Landslide, Flood, Drought, Forest and Land Fire, Tornado, Earthquake and Abrasion. (2) non-natural disasters are disasters caused by non-natural events: failed technology, failed modernization, epidemics, and disease outbreaks. (3) social disasters caused by human factors: social conflict and terror [12].

Based on information released on July 16, 2021, nationally, there were 2,780,803 positive corona outbreaks, 2,204,491 people recovered, and 71,317 people died. In Bogor city, they were recorded: 21,406 positive covid 19 people, 16,690 people recovered, and 287 people died [8] As a result of covid 19 that occurred in 2020, the number of poor people increased to 77,976 people (2.6%) in 2021. Many factors related to the high number of poor people are (1) the application of the system 3M (Keeping Distance, Washing Hands, and Wearing Masks), (2) Lockdown. As a result of the implementation of 3M and Lockdown, public gathering places such as traditional markets, small, medium and large-scale sales places are closed, causing merchandise to not be purchased or at a loss and people's incomes to decline. Therefore, a welfare improvement program must be carried out during the COVID-19 crisis to prevent a worse welfare decline (safety net program). The priorities of the social safety net program are (1) increasing food security, (2) creating productive employment (employment creation), (3) developing small and medium enterprises (small and medium enterprises), and (4) social protection community in health and education services (social protection).

### *1.1. Formulation of the problem*

1. What are the incomes level of the citizen due to covid 19?
2. What are the social impacts of COVID-19?
3. How to formulate a COVID-19 response model?

### *1.2. Destination*

1. To Identify the level of community income due to covid 19;
2. To Know the social impact of the community due to covid 19;
3. To Formulate a model for handling covid19?

## 2. Materials and methods

### *2.1. Determination of Methods*

The Research used a cross sectional design to determine the prevalence of covid19. Subjects were determined by screening Covid-19 patients based on inclusion criteria. After determining the Covid-19 patients and non-Covid19 patients, they were used as controls using a random computerized technique using MS Excel. Case control treatment to see the risk of Covid-19 events, which is determined by using sensitivity and specificity test

indicators by two different examiners

### *2.2. The Research Steps*

The steps of the research are :

a. Formulating the problem,
b. Browsing the literature,
c. Choosing a location,
d. Preliminary research,
e. Determination of population and sample
f. Determination of data collection method
g. Determination of the type of data analysis,
h. Classification of research results in the form of personal stories, table descriptions, and graphs

### *2.3. Population and Sample*

The population in the research is the citizen in Bogor City. The sampling used in this research is Probability Sampling [9]. Because there are six sub-districts in Bogor City, three sub-districts were taken North Bogor District, South Bogor District and West Bogor District. North Bogor District was taken in Cimahpar Village, West Bogor District was taken in Pasirkuda Village, and South Bogor District was taken in Batutulis Village. North Bogor District took 80 respondents consisting of 40 respondents who were exposed to COVID-19 and 40 respondents who were not exposed to Covid-19. West Bogor District took 80 respondents consisting of 40 respondents who were exposed to COVID-19 and 40 respondents who were not exposed to COVID-19. South Bogor District took 80 respondents consisting of 40 respondents who were exposed to COVID-19 and 40 respondents who were not exposed to Covid-19. Thus, the overall number of respondents exposed Covid 19 120 people and 120 people who were not exposed to covid 19 as a comparison.

In accordance with the sampling theory that if all possible random samples n are taken from a population of size N which has a median and standard deviation, the distribution of sampling for the median sample mean will approach the normal distribution with the median and standard deviation [13]. This proposition can be close to validity if the parameter results displayed by the independent variables are close to normal.

formula is mainly to draw conclusions about the estimator from the sample which, according to the central limit theorem, approximates a normal function, if the sample is large enough, that is, if n goes to infinity. The formula in practice has been applied when $n > 30$, because in this kind of condition the value of Table t for a certain alpha will approach the value of the normal table [10].

### *2.4.Types of Data and Methods of Obtained Data*

**a. Types of Data**

The data required are primary data and secondary data. Primary data is data directly from respondents who are exposed and not exposed to COVID-19, while secondary data is data obtained from the Health Office and Social Service and other related agencies.

**b. Method of Obtained Data**

Before primary data and secondary data were taken, UNIDA LPPM submitted an application to the Kesbanglinmas of Bogor City to obtain a research permit. After obtaining a research permit, the first agency to visit was the Bogor City Health Office to obtain data on COVID-19 spread across the six sub-districts. From the COVID-19 data spread across the six sub-districts, 37,690 people,

They were:

1. West Bogor District were 9,257 people
2. Bogor Sekatan District were 4,994 people
3. Bogor Tebgan Subdistrict were 4,937 people
4. East Bogor District were 4,120 people

5 North Bogor Subdistrict were 8,193 people

6. Tanah Sareal District were 7,989 people

From the six sub-districts, three sub-districts were taken. They are Cimahpar Village, Pasirkuda Village and Batutulis Village. Beforer the data collection the questionnaire was designed, then the following activities were:

1. A meeting to discuss the steps of the research
2. An explanation of how to conduct interviews through questionnaires to

enumerators. The enumerators are divided into two groups. The group A who collected data exposed to covid19 and group B who collected data that were not xposed to covid19

3. After the meeting was over, each group went to the sub-district where the covid19 could be researched. The identified data were exposed and unexposed data for each RW and RT.The RW with the potential for COVID-19, whose number exceeds 40 people, would be taken as a sample, so each sub-district would only ake one RW with the potential for COVID-19. Meanwhile, those who were not exposed were also taken in the same RW to compare the socio-economic impacts felt by the two groups.
4. After completing data collection, all questionnaires were collected to the head of the research team to be controlled, whether the existing questionnaires had met the target or not, whether there were obstacles in data collection or not. After that, the esearchers together with the enumerator carried out data entry and data processing through the Excel program, while the data analysis was carried out by the researcher. In addition to collecting data through questionnaires, observations, literature studies and documentation were also carried out.

4.1. Observation is a way of collecting data by recording what is the object of observation. Observations were made to observe the suitability of the data at the Health Service Office, District Office and Village Office

4.2. Literature study, carried out by searching literature books, papers, and other documents related to the object of research of covid19

4.3. Documentation only used as a complement to the use of interview methods, observation and literature study. So only documenting when conducting interviews at the Health Service, Social Service, and when interviews were conducted with respondents and FGDs via online (during) involving a number of agencies, they were: Health Office, Social Service, Education Office, Population Service, Disaster Service, Women's Empowerment Service, Company, researchers, enumerators and others.

### *2.5. Data Analysis*

**a. Qualitative Data**

Qualitative data is data concerning the respondents' verbal exposures covering almost all non-numeric data. This data is in the form of stories that describe the facts of the occurrence of Covid19 in Bogor City. Qualitative data were analyzed using content analysis through data reduction, display data, and drawing conclusions [4].

**b. Quantitative Data**

**b.1. Respondents Perception Analysis**

The respondent's view is an approach by using direct interviews with respondents to understand oral idioms according to individual interpretations of COVID-19 which is expected to create actual exposure to the socio-economic influences felt by individuals. The problem that exists is how to find out the oral presentation in question and of course it is related to the basic problems raised during the interview while still guided by the understanding of individual interpretations. The views of individuals who are exposed to COVID-19 or who are not exposed to COVID-19 can be understood as an explanation of interpretation that is very individual in nature. The individual interpretation is not something that is made up, but on the circumstances felt by the individual, and is different from the interpretation of groups and institutions. To find out the views on COVID-19, it is necessary to design a pertinent view. For this purpose, the researchers try to explain covid19 in a paradigm which according to [7] is a "social fact paradigm". This paradigm requires the research of covid19 using a sociological approach as studied by Emile Durkheim` The facts of life that are exposed to COVID-19 or not exposed to COVID-19 are the focus of this research. To know such social realities requires an understanding of objective conditions beyond the prejudices of humans or researchers. The significance of Durkheim's words in his attempt to explain that the realities of individual life regarding the socio-economic impact of individuals cannot be studied through the structure of other people's thoughts. The reality of an individual's life must be examined in the individual's own empirical world, because the approach used is an interview. The basic concept of individual conditions. The assumption is that by knowing the real situation of the individual, the expression about the socio-economic impact on the respondent becomes more appropriate according to the respondent's perception.

**b.2. In addition to using interview guidelines**,

It is also strengthened by using the Likert scale method. The use of a Likert scale with 1-5 intervals. Because the assessment criteria use a Likert scale [5], the following formula is used:

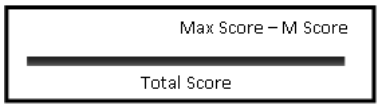


**Figure 1**

5-1/5 =4/5= 0.8

5-1/5 =4/5= 0.8

From the Likert scale assessment criteria, the values and assessment criteria are formulated as in table 1 below:

**Table 1:** Assessment For Questionnaire.

| Score | Assessment criteria | Explanation |
|---|---|---|
| 4,3 – 5 | Very Good | A |
| 3,5 – 4,2 | Good | B |
| 2,7 – 3,4 | Enough | C |
| 1,9 – 2,6 | Bad | D |
| 1 – 1,8 | Very Bad | E |

Then it was analyzed using the Weight Mein Score (WMS) analysis technique, the formula

$$M = \frac{\sum f(x)}{n}$$

Where :

M = Obtaining interpretation scores (Media/Numbers)

f = Frequency of answers

x = Weighting

∑= Sum

n = Number of respondents

## 3. Results and discussion

### *3.1. People who are exposed and not exposed to COVID-19*

120 people who were exposed to COVID-19 did feel symptoms such as (1) shortness of breath, cough, loss of smell and loss of taste, (2) flu, cough and fever. To ensure that 120 people are suspected of or have not been exposed to COVID-19, it is necessary to carry out validated testing, both new testing and validation testing from two examiners (two independent doctors) to COVID-19, so as to ensure that they are actually exposed to COVID-19 by using sensitivity and specificity tests. patients suspected of having been exposed to COVID-19. This is intended to avoid unilateral claims to someone suspected of being exposed to or not exposed to COVID-

19.

### *3.2. Visits to Crowded Places*

The people were not exposed to covid19 generally pay attention to health protocol such as not going to: (1) crowded places, (2) going to the office, (3) going to malls, (4) traveling both domestically and abroad. Meanwhile, to tourist attractions and to campuses and to schools and tourist sites because campuses and schools and tourist sites are not allowed to enter or visit during COVID-19 because they are prohibited by the government, in this case the Ministry of Education and Culture of the Republic of Indonesia and the Ministry of Forestry and Tourism of the Republic of Indonesia. On the other hand, those who are exposed to COVID-19, on average, do not pay attention to health procedures, such as not going to: (1) crowded places, (2) going to the office, (3) going to malls, (4) traveling both domestically and abroad. Meanwhile, to tourist attractions and to campuses and to schools and tourist sites because campuses and schools and tourist sites are not allowed to enter or visit during COVID-19 because they are prohibited by the government in this case the Ministry of Education and Culture of the Republic of Indonesia and the Ministry of Forestry and Tourism of the Republic of Indonesia.

### *3.3. Vaccination*

The increase in covid19 is a debate because: (1) bias and confounding determine covid19; (2) there is no guarantee that someone who has been vaccinated is not exposed to covid19, so a vaccine clinical trial is needed; (2) clinical trials of vaccines are important to prevent covid19 [6]. Why vaccine clinical trial studies are important because there are many responses to someone being vaccinated with various types of vaccines but still dying and being exposed to covid19. In addition, it concerns human life which cannot be equated with animals. Therefore, any type of vaccine before being vaccinated to humans must be tested by following these steps:

Phase I: pharmacological and toxicological studies in animals

Phase II: on volunteers to test the effectiveness of the vaccine

Phase III: patients who agree to be included in clinical trials Those who are not exposed to COVID-19 are still vaccinated with the type of vaccine as shown in the table 2

**Table 2:** Types of Vaccines Injected in the Community.

| No | Types of Vaccines Injected in the people | Total | |
|---|---|---|---|
| | | n | % |
| 1 | Sinovac | 193 | 80,4 |
| 2 | Astra | 29 | 12,1 |
| 3 | Prizer | 10 | 4,2 |
| 4 | Moderna | 2 | 0,8 |
| 5 | Buster | 1 | 0,4 |
| 6 | Not injected | 5 | 2,1 |
| Total | | 240 | 100,0 |

They were exposed to COVID-19 or not exposed to COVID-19 were all injected with various types of vaccines and the side effects they felt. The results showed that 62.1 percent said they had no side effects, 10.4 percent said the side effects they felt were drowsiness, 8.6 percent said the side effects they felt were aches. Completely can be seen in the table 3

**Table 3:** Side Effects Experienced by Patients Who Are Exposed or Not After Vaccination.

| No | Side Effects After Vaccination | Total | |
|---|---|---|---|
| | | n | % |
| 1 | No side effects | 149 | 62,1 |
| 2 | Fever | 14 | 5,8 |
| 3 | limp | 13 | 5,4 |
| 4 | fell dizzy | 9 | 3,8 |
| 5 | Sleepy | 25 | 10,4 |
| 6 | aches | 21 | 8,6 |
| 7 | Hot | 4 | 1,7 |
| 8 | Hungry | 1 | 0,4 |
| 9 | headache | 3 | 1,3 |
| 10 | OK (not vaccinated) | 1 | 0,4 |
| Total | | 240 | 100,0 |

From the explanation, both in tabular form and in narrative form, when asked about patient interactions during a pandemic or health care period, as described in the table 4

**Table 4:** Patient interactions with other parties during the pandemic.

| No | Patient Opinion | Total | |
|---|---|---|---|
| | | n | % |
| 1 | Keep the distance | 240 | 100,0 |
| 2 | Washing hands | 240 | 100,0 |
| 3 | Wearing a Mask | 240 | 100,0 |
| 4 | Avoiding the Crowd | 240 | 100,0 |
| 5 | No Shopping to the Mall | 240 | 100,0 |
| 6 | Not to Tourist Places | 240 | 100,0 |
| 7 | Not to the office | 240 | 100,0 |
| 8 | Not to Campus/School | 240 | 100,0 |
| 9 | Not Traveling | 240 | 100,0 |

### *3.3.1.Economic Life During the Covid19 Pandemic*

**Table 5:** Productivity of Exposed and Unexposed Patients During the Covid19 Pandemic.

| No | Activity or Productivity | Respondent's Answer | |
|---|---|---|---|
| | | n | % |
| 1 | stay at home | 111 | 46,3 |
| 2 | Activities or Productivity of Employees at home (WFH) | 18 | 7,5 |
| 3 | Employee Activities or Productivity Online | 8 | 3,3 |
| 4 | Employee Activities or Productivity in the Office (WFO) | 44 | 18,3 |
| 5 | merchant | 13 | 5,4 |
| 6 | Businessman | 20 | 8,3 |
| 7 | Daily Employee | 4 | 1,7 |
| 8 | Laborer | 16 | 6,7 |
| 9 | Driver Online | 1 | 0,4 |
| 10 | Housekeeper | 2 | 0,8 |
| 11 | Informal Sector | 3 | 1,3 |
| Total | | 240 | 100,0 |

The results showed 46.3 percent said at home, 18.3 percent said Activities or Employee Productivity in the

Office (WFO), and 7.5 percent said activities or employee productivity at home (WFH). Completely can be seen in the table 5

Furthermore, according to the results of research on the income level of people exposed and not exposed to Covid19, 15.8 percent said that there were no income during the COVID-19 pandemic, 36.6 percent said that their income were above 1,000,000 – 2,500,000, and 22 ,5 percent said that their income were above 2,500,000 - 4,000,000. Completely can be seen in the table 6

**Table 6:** Income Levels of People Who Are and Are Not Exposed to Covid19.

| No | Activity or Productivity | Respondent's Answer | |
|---|---|---|---|
| | | n | % |
| 1 | No Income During the Covid 19 Pandemic | 38 | 15,8 |
| 2 | 1.000.000 – 2.500.000 | 104 | 36,6 |
| 3 | 2.500.000 - 4.000.000 | 54 | 22,5 |
| 4 | 4.000.000 - 5.500.000 | 39 | 16,3 |
| 5 | 5.500.000 - 7.000.000 | 2 | 0,8 |
| 6 | 7.000.000 - 8.500.000 | - | - |
| 7 | 8.500.000 –10.000.000 | 2 | 0,8 |
| 8 | >10.000.000 | 1 | 0,4 |
| Total | | 240 | 100,0 |

### *3.3.2. Social Life During the Covid-19 Pandemic*

**a. Information Obtained During the Covid19 Pandemic**

The informations obtained during the covid19 pandemic were that the covid19 had occurred mainly in China, and has spread to all corners of the world and has swallowed quite a lot of victims because the covid19 virus is very dangerous for humans because of the jump in the covid19 virus, the radius is at least 3 meters and a maximum of 6 meters. Due to the jumping radius of the virus, people are prohibited from going to crowded places such as markets, schools, campuses and others. Meanwhile, the virus also enters through the mouth and nose, so people are required to wear masks to prevent the entry of the virus. Meanwhile, the virus can also stick to inanimate objects and living things and die easily when exposed to liquids. Therefore, the people, both personally and socially, are required to spray their surroundings and wash their hands with the available liquid

**b. The Effect of Information on Social Life during the Covid19 Pandemic**

The results showed that the Effect of Information on Social Life during the Covid19 Pandemic showed 14.2 percent said it was very influential on health, 23.3 percent said it had no effect on health, 17.9 percent said they felt worried if it rubs off on us, 34.6 percent said they felt normal. Completely can be seen in the table 7

**Table 7:** Effect of Information on Social Life during the Covid19 Pandemic.

| No | Activity or Productivity | Respondent's Answer | |
|---|---|---|---|
| | | n | % |
| 1 | Very influential on health | 34 | 14,2 |
| 2 | Effect on health | 4 | 1,7 |
| 3 | No effect on health | 56 | 23,3 |
| 4 | Worrying if it rubs off on us (exposed) | 43 | 17,9 |
| 5 | Feeling anxious about covid 19 | 7 | 2,9 |
| 6 | Keep maintaining health protocols | 13 | 5,4 |
| 7 | Feeling normal | 83 | 34,6 |
| Total | | 240 | 100,0 |

**c. Bogor City Government Facilities or Assistance During the Covid-19 Pandemic**

The results of research on Bogor City Government Facilities or Assistance during the Covid-19 Pandemic are as illustrated in the table 8.

**Table 8:** Bogor City Government Facilities or Assistance During the Covid19 Pandemic

| No | Activity or Productivity | Respondent's Answer | |
|---|---|---|---|
| | | n | % |
| 1 | Social assistance in the form of basic necessities etc | 190 | 79,2 |
| 2 | There is no social assistance in the form of basic necessities etc | 50 | 20,8 |
| Total | | 240 | 100,0 |

**d. Psychological Conditions Perceived During the Covid-19 Pandemic**

The results of research on psychological conditions felt during the Covid19 pandemic showed 38.8 percent felt worried, 36.7 percent said they felt normal. Completely can be seen in the table 9

**Table 9:** Psychological Conditions Experienced During the Covid19 Pandemic.

| No | Activity or Productivity | Jawaban Reponden | |
|---|---|---|---|
| | | n | % |
| 1 | Feeling Scared | 30 | 12,5 |
| 2 | Feeling Worry | 93 | 38,8 |
| 3 | Feeling anxious, stressed, drop | 29 | 12,1 |
| 4 | Feeling normal | 88 | 36,7 |
| Total | | 240 | 100,0 |

**e. Habits become new cultures during the Covid19 pandemic**

Habits become new cultures during the Covid19 pandemic are maintaining health protocol. The procedures in question are maintaining distance, washing hands, wearing masks, avoiding crowds, not shopping at the mall, not going to the office if there is no schedule (WFH), not going to tourist attractions, not going to campus or

school except for college/school through online or during and WFH, don't travel unless it's absolutely essential and even then it must be swab.

### *3.4. Formulating the Model*

The model is an explanation regarding the relationship between needs, potentials and problems that are simplified in a logical understanding based on reality.[2] designing models based on theory and research results in the field of psychology. In developing the model, Berlo made several changes as a result of discussions, courses, research, and seminars. Models can vary about a phenomenon. Certain models cannot be said to be the best, but some of them are more useful than others or more suitable in achieving a goal [3]. For example, a number of models were formulated by the government in tackling COVID-19. The main objective of the model is to improve the health of citizens. This COVID-19 handling model was then operationalized through a program such as social distancing, washing hands and wearing masks, etc. The government's COVID-19 handling program was quite successful in reducing the prevalence of COVID-19 exposure in Bogor City, which recorded 21,406 positive people, 16,690 people recovered, and 287 deaths because of covid 19 that occurred in 2020, the number of poor people increased to 77,976 people (2.6%) in 2021. Many factors related to the high number of poor people are (1) the application of the 3M system (Keeping Distance, Washing Hands, and Wearing a Mask), (2) Lockdown. As a result of the implementation of 3M and Lockdown, public gathering places such as traditional markets, small, medium and large-scale sales places are closed, causing merchandise to not be purchased or at a loss and people's incomes to decline.

In connection with the ups and downs of the Covid-19 exposure rate, various tips on the Covid-19 handling model that have been carried out have emerged. For example, in Indonesia, using the 3M argument (wearing masks, keeping a distance and washing hands), is considered a failure. According to this approach, the most important is the implementation of 3M. The consequence then is that the community cannot go anywhere due to covid19, so the economic productivity of the community decreases. In addition, this 3M approach has a mode of production that is oriented towards profit as much as possible for certain groups. Other criticisms of the 3M approach include the diagnosis of people suspected of being exposed to COVID-19, but after controlling for it, it turns out that some are positive and some are negative. In addition, the public is also required to be vaccinated, but in fact, even though they have been vaccinated, some are still exposed to COVID-19.

The criticism of the current COVID-19 handling approach is that it is more power-oriented and this approach is considered not to see the problem of community productivity. The last criticism of the COVID-19 handling program is that the government places itself as the main actor in handling COVID-19. Governments that are supported by power plus have access and assets are seen as actors who are able to intervene against COVID-19, therefore, the handling of COVID-19 can only be overcome if guaranteed by a strong government. This approach sometimes forces people to follow what the government wants.

In accordance with some of the shortcomings of the COVID-19 handling efforts mentioned above, an alternative solution is carried out through a "sensitivity and specificity test" approach by two examiners to ensure that a person is suspected of being exposed to COVID-19 or not. Therefore, it is necessary to carry out

validated testing, both new testing and validation testing from two examiners (two independent doctors) to covid19, so they can be sure that they are really exposed to covid19.

This exposure to COVID-19 is then carried out with vaccines. the types of vaccines are Sinovac, Astra, Prizer, Moderna and Buster. This increase in covid19 is a debate because: (1) bias and confounding determine covid19; (2) there is no guarantee that someone who has been vaccinated is not exposed to covid19, so a vaccine clinical trial is needed; Vaccine clinical trials are important to prevent covid19 (Health Research Methodology, 1999). Therefore, any type of vaccine before being vaccinated to humans must be tested by following these steps:

Phase I: pharmacological and toxicological studies in animals
Phase II: on volunteers to test the effectiveness of the vaccine
Phase III: Patients who agreed were included in the clinical trial.

**1. Phase I Clinical Trials: Pharmacological and toxicological studies**

Pharmacological studies are concerned with the efficacy of drugs given to animals and toxicological studies are concerned with the effects of poisoning in experimental animals to determine whether the new substance is effective and suitable for use in humans.

**2. Phase II Clinical Trials: On selected volunteers**

Phase II is carried out using volunteers who are selected based on strict criteria. Phase II is to test the effectiveness of the drug or device to determine the appropriate dose and to investigate its safety. Further information on the pharmacology of the drug was collected. In the event that the tool's effectiveness is reviewed or measured and the configuration form is tested, if necessary refined

**3. Phase III clinical trial: In patients who agree to content**

This phase is performed on inpatients, but can be performed on outpatients with intensive follow-up and monitoring. This phase requires clinical and epidemiological skills, in addition to the necessary laboratory technology. Because Covid 19 is enough to make people decrease their income levels, thus a welfare improvement program needs to be carried out during the COVID-19 crisis to prevent a worse decline in welfare (safety net program). The priority of welfare improvement programs are (1) education, and (2) economy [11].

**Education**

The transformation of counseling with new civilizations during the covid19 pandemic will educate new cultures in social life, so it's no wonder that civilization itself is more functional and relevant to the demands of new life in the era of Covid19. In the process of transforming this new civilization, a society with a new culture is born that can function and function during the COVID-19 pandemic. The functioning of the new culture, as a result of the programs required by the government with a health mission, which aims to reduce the number of illness and death due to COVID-19 as much as possible through mandatory masks, mandatory hand washing and obligatory stay away from crowds.

**Economy**

The debate in the context of the economic condition of the community during the Covid-19 period is essentially a discussion that leads to the theme of the economic life of a powerless group due to Covid19. The powerless are those who have fallen in the lower class due to covid19, all of this must be because of the covid19 environment that attacked them, in the end caused the economic life of the community to stagnate, saving and investment were not encouraged. On the other hand, people who initially knew diligent, tenacious, hard work, and productive work, then experienced stagnation due to covid19, they had to lose their savings and investments, even productivity weakened and went bankrupt, thereby increasing unemployment and poverty rates that were worse due to covid19.

Stakeholders who have the infrastructure and superstructure and the people who work hard become capitalists, who are already very inclined to be capitalistic, must spend the results of their hard work for the most lawful purposes, those who fulfill social obligations and or for the public interest must still be based on the principles of justice, goodness. , and all moderate. With concepts like this, in the end, it will lead to an established economic life of the community because every time a certain amount of public or private wealth is obtained, each time it is also the right of the community to collect and distribute it back to the community, through institutions or through individuals. Humanistic economic worship as described above, if carried out seriously in the realm of justice, equality, equity and cooperation, will enable the accumulation of wealth processes for investment and community economic development purposes.

## 4. Conclusion

The conclusions that can be drawn from this research are:

a. The level of community income due to COVID-19 has decreased considerably;
b. The social impact felt by the community due to covid 19 is quite good, stress, fear, anxiety, etc
c. The COVID-19 response model has been formulated

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