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Educational view: The Autonomous Region of Bali Province and Corona Disease Resilience in the End

[1]Hidayati, [2]Achmad Sutikno, [3]Muhammad Adam Suryadilaga, [4]Sandra Erawanto

[1]Universitas Islam Riau, hidayati@soc.uir.ac.id
[2]Institut Pemerintahan Dalam Negeri, asutikno@ipdn.ac.id
[3]universitas padjajaran, muhammad18440@mail.unpad.ac.id
[4]Doctoral Candidate Universiti Kuala Lumpur, Malaysia

Abstract

The Coronavirus outbreak in 2020 is a major threat to all countries and nations, including Indonesia. The purpose of this study was to determine the dynamics of the development of the Coronavirus disease in December in the Autonomous Region of Bali Province. The method used by researchers in this research is infographic analysis on the website. The valid website is the Covid 19 Handling Task Force website with the website address https://covid19.go.id/. The result of this study is the December resistance figure to the Coronavirus Outbreak. The impact of this study is to be able to determine the spread of the Coronavirus Outbreak in the Autonomous Region of Bali Province in December 2020. The researcher's suggestion is to conduct further research on the Coronavirus Outbreak in Bali both in terms of symptoms and conditions of sufferers or congenital diseases.

Keywords: Corona Disease, Autonomous and Educational.

INTRODUCTION

As for some research on Covid 19 from other researchers, of course, it is very important as an introduction to a comparison of the previous literature. The current Covid-19 outbreak is an international public health emergency that has imposed strict mobility/activity restrictions on people and changes in hygiene habits, it is important to limit/delay the spread of the virus. Early identification and intervention in the contamination of obsessive fear, a core symptom of obsessive-compulsive disorder (OCD), is always essential, and in critical periods, such as this time, should be imperative. OCD is generally associated with a delay in correct diagnosis and first professional management several years after symptom onset. Longer duration of untreated disease is in turn associated with the worst prognosis, higher treatment resistance, and other clinical complications, as well as increased social costs. It appears to be important to promote research efforts aimed at early identification of subgroups at risk of developing clinically relevant symptoms of contamination, to a deeper understanding of the vulnerabilities and protective mechanisms involved in this pathophysiological process to plan evidence-based early intervention strategies (Marazziti, Mucci, Piccinni, Dèttore, & Pozza, 2019).

Ibuprofen is an over-the-counter medication that is used widely for the treatment of pain and fever during the COVID-19 pandemic. A concern was raised regarding the safety of ibuprofen use because of its role in increasing ACE2 levels within the Renin-Angiotensin-Aldosterone system. ACE2 is the coreceptor for the entry of SARS-CoV-2 into cells, and so, potential increased risk of contracting COVID-19 disease and/or worsening of COVID-19 infection was feared with ibuprofen use. However, available data from limited studies

show the administration of recombinant ACE2 improves lung damage caused by respiratory viruses, suggesting ibuprofen use may be beneficial in COVID-19 disease. At this time, there is no supporting evidence to discourage the use of ibuprofen (Kutti Sridharan et al., 2019)

Since the outbreak of coronavirus, also known as COVID-19, the news has been covering its rapid developments by the minute, while feeding the eager public the information they seek regarding its origin, health-threats, symptoms, preventative measures, and global impact. It is thus of pressing importance, to track the Egyptian publics‘ interactions with Coronavirus news and to test the four science journalism models by applying them to the publics‘ consumption of, and reaction to, Coronavirus news. Coronavirus is a global health concern, and although the research sample tests the local Egyptian publics‘ interactions with Coronavirus news, the findings of this research can be of global relevance and interest. The study‘s results are derived from a survey circulated electronically over the course of two weeks, yielding 437 responses. The findings conclude that the public ‘ interacted the most with the Contextual Model, which ultimately relies on providing audience-relevant information. The second most popular model was the Public Participation Model, which serves as an interactive model intended to engage the public. Following those two models, is the Science Literacy model, which builds on translating complex scientific information to aid in educating the audience; the least popular model amongst the public was the Lay Expertise Model, which offers the public, as well as scientists, diverse sources for news (Khairy, 2019).

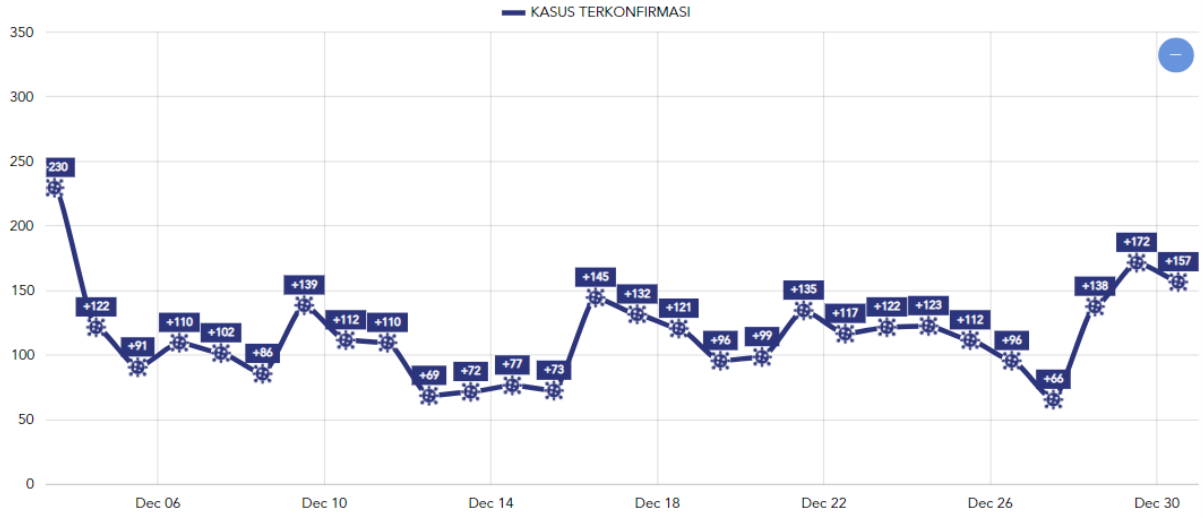
Precarity and uncertainty are a key axis of inequality; yet these are not problems in or of time. They are experiences generated by the forms of financialised speculation that have eroded long term planning for the public good since the late 1980s. Key mediating institutions such as central banks and bureaucracies have been influenced by epistemes of Post-Keynesian economics that have eroded their capacity to provide us with the security of livelihoods and relationships. These have their ethical foundations in Adam Smith's accounts of moral selfhood, and we can draw on Edward Westermarck's critical anthropological relativizing of Smith's ethics in order to critique them. We can also deploy Westermarck's analyses of moral emotions to push back against emerging epistemes of narrative economics and agent-based modeling that are relegitimising financialised speculation within our economic institutions at present. But more significantly perhaps, we should take Westermarck's approach into the wild of contemporary speculative practice to analyze the moral emotions of care that characterize it. This approach is illustrated through an ethnography of the precarious, uncertain waterscape of the Global Thames. Such ethnographies should lead us to demand new versions of care based on mutuality and solidarity from our public economic institutions. This is especially important in the present moment of the COVID-19 epidemic, which has a re-politicized fiscal and monetary policy (Bear, 2019).

MERS-CoV seronegative and seropositive camels received a single intramuscular dose of ChAdOx1 MERS, a replication-deficient adenoviral vectored vaccine expressing MERS-CoV spike protein, with further groups receiving control vaccinations. Infectious camels with active naturally acquired MERS-CoV infection, were co-housed with the vaccinated camels at a ratio of 1:2 (infected: vaccinated); nasal discharge and virus titers were monitored for 14 days. Overall, the vaccination reduced virus shedding and nasal discharge ($p = 0.0059$ and $p = 0.0274$, respectively). Antibody responses in seropositive camels were enhanced by the vaccine; these camels had a higher average age than seronegative. Older seronegative camels responded more strongly to vaccination than younger animals, and neutralizing antibodies were detected in nasal swabs. Further work is required to optimize vaccine regimens for younger seronegative camels (Alharbi et al., 2019).

Methods and Data Sources

The method used is infographic analysis on the Covid 19 handling task force website with the url address https://covid19.go.id/. The dataset displayed on the website is data that can be analyzed by researchers to determine the development rate of the coronavirus disease outbreak in the Bali autonomous region. The dataset shown is a dataset of confirmed cases in December, the progress of recovered cases, data on cases of death and a dataset based on sex on positive coronaviruses. One of the systematic mapping methods for the next research is a better and more detailed method (Suryadilaga et al., 2019).

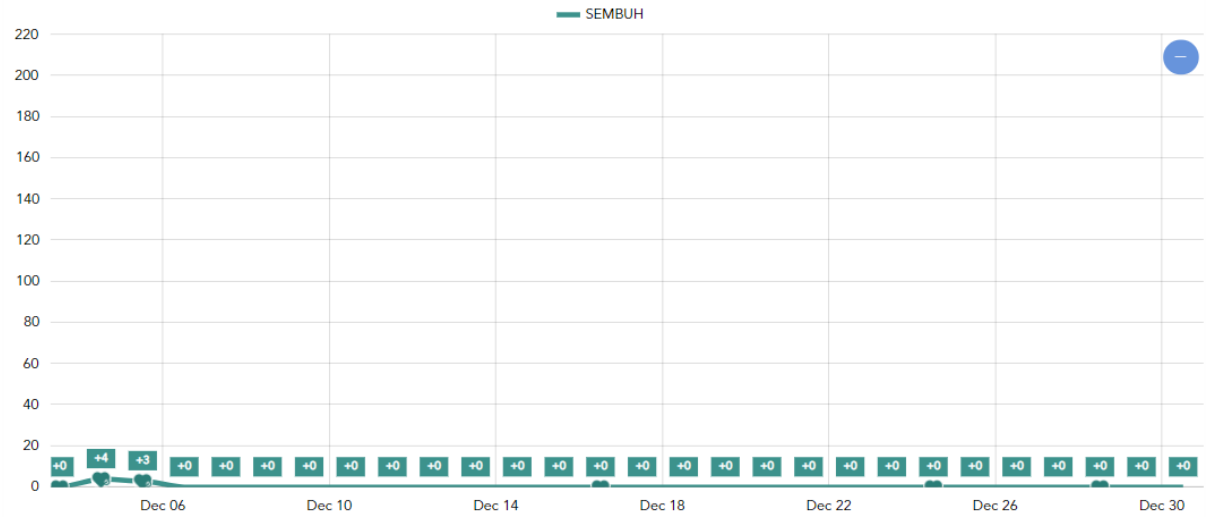
Figure 1. *Development of Covid 19 in Bali Province*



Source: https://covid19.go.id/peta-sebaran-covid19

Last Updated Date of Provincial Data from the Ministry of Health 2020-12-30, in the province of bali. Development of Positive Confirmed Cases of Covid-19 Per-Day in Bali province, with 9 Positive Confirmed Cases with No Reporting Date and 17,414 Number of Positive Cases (2.4% of national confirmed numbers). On 03 December 2020 a total of 230 confirmed cases, on 04 December 2020 a total of 122 confirmed cases, On 05 December 2020 a total of 91 confirmed cases, On 06 December 2020 a total of 110 confirmed cases, On 07 December 2020 a total of 102 confirmed cases, On December 8, 2020 a total of 86 confirmed cases, On December 9, 2020 a total of 139 confirmed cases, On December 10, 2020 a total of 112 confirmed cases, On December 11 2020 a total of 110 confirmed cases, On December 12, 2020 a total of 69 confirmed cases, On December 13, 2020 a total of 72 confirmed cases, On December 14 2020 a total of 77 confirmed cases, On December 15 2020 a total of 73 confirmed cases, On December 16 2020 a total of 145 confirmed cases, On December 17, 2020 a total of 132 confirmed cases, On 18 December 2020 a total of 121 cash us confirmed, On 19 December 2020 a total of 96 confirmed cases, On 20 December 2020 a total of 99 cases were confirmed, On 21 December 2020 a total of 135 confirmed cases, On 22 December 2020 a total of 117 confirmed cases, On 23 December 2020 a total of 122 confirmed cases, On 24 December 2020 a total of 123 confirmed cases, On 25 December 2020 a total of 112 confirmed cases, On 26 December 2020 a total of 96 confirmed cases, On 27 December 2020 a total of 66 confirmed cases, On 28 December 2020 a total of 138 confirmed cases, on 29 December 2020 a total of 172 confirmed cases, and on 30 December 2020 a total of 157 confirmed cases.

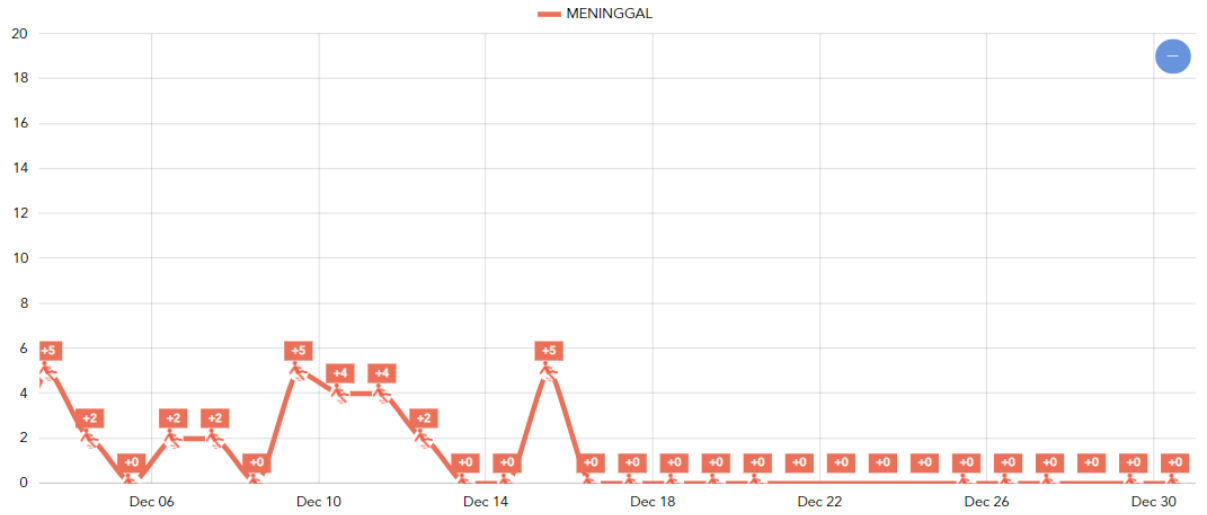
Figure 2. *Development of recovered cases in Bali province*



Source: https://covid19.go.id/peta-sebaran-covid19

Daily Development of Cured Cases in Bali province, with 7 Recovering Cases without Reporting Date and 12,477 Cured Cases (71.6% of the province's confirmed number). Then on December 4, 2020 it was said that there were 4 recoveries and on December 05, 2020 it was said that there were 3 cured.

Figure 3. *Development of death cases in Bali province*

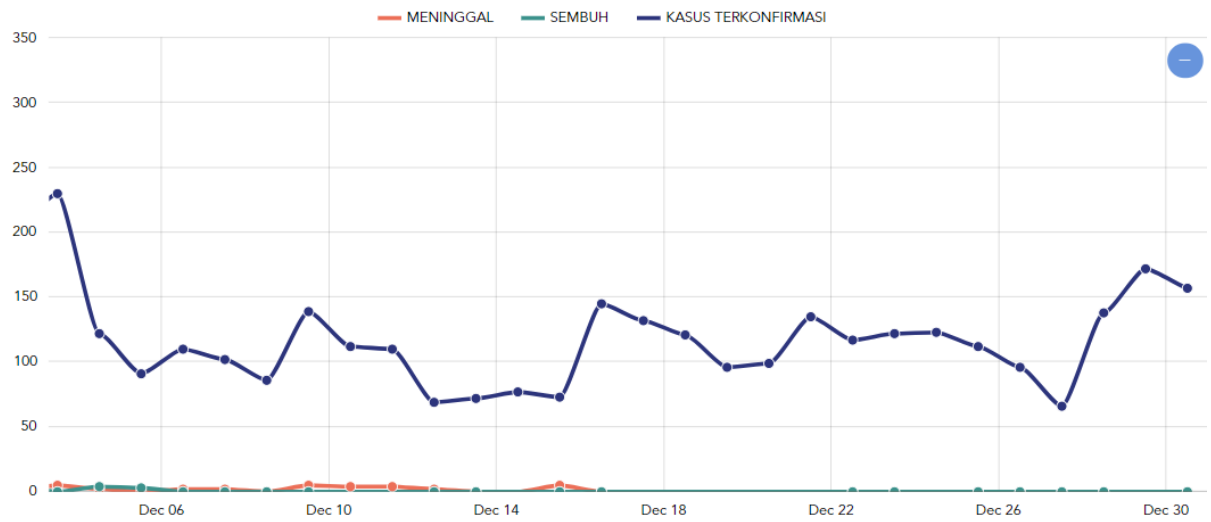


Source: https://covid19.go.id/peta-sebaran-covid19

Development of Death Cases per Day in Bali province, 2 Death Cases without Reporting Date and 466 Number of Death Cases (2.7% of the province's confirmed number). Death cases on December 03 2020 totaled 5 cases, Death cases on December 04 2020 totaled 2 cases, Death cases on December 06 2020 totaled 2 cases, Death cases on December 07 2020 totaled 2 cases, Death cases on December 09 2020, there were 5 cases, 4 cases died on 10 December 2020, 4 cases died on 11 December 2020, 2 cases died on 12 December 2020, and 5 cases died on 5 December 2020.

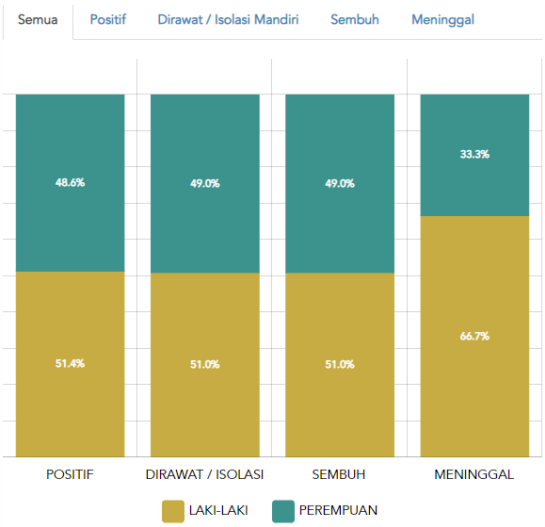
Daily Case Development (Combined Graph).

Figure 4. *Combined graph of covid 19 cases in Bali province*



Source : https://covid19.go.id/peta-sebaran-covid19

Figure 5. *Gender positive for covid 19*



Source: https://covid19.go.id/peta-sebaran-covid19

Sex Positive Covid-19 in Bali province, based on gender, it is known that 48.6% are female and 51.4% are male, then the percentage of being treated / isolated with 49.0% known to be female and 51.0% known to be male. Furthermore, based on the recovered category, 49.0% were known to be women and 51.0% were known to be men and known to have died at a percentage of 33.3% were women and 66.7 were men.

Conclusion

December 2020 is the end of the calendar where the confirmed cases of the Corona Viruses outbreak in the Bali area are of great concern to the Indonesian government, especially the Covid 19 Handling Unit, there is a lot of anticipation, especially in the face of an increase in cases due to changes in the calendar for 2020 to 2021. The result is a case Confirmed, Gender And Mortality Rate Are The Focus Where Infographics Show Visually To Public Or Society Knowledge. The impact is the Rapid Antigen Examination Policy as One of the Concerns in Fighting the Covid 19 Virus Outbreak. The researcher's suggestion is for further research in other areas as a comparison, especially in special and special regions.

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