

Community-Based Social Containment As A Strategy To Prevent The Coronavirus Disease (Covid-19)

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Abstract

Various efforts have been made optimally in suppressing the upsurge number of the Coronavirus Disease (COVID-19) outbreak, but the incidence of confirmed cases continues to increase. Lack of understanding, awareness, and effective communication from the public in responding to the dangers and spread of COVID-19 requires the participation of the community to work together to create strategies to reduce the increase in confirmed cases. Research on community-based prevention of the spread of COVID-19 is still very minimal; more information is needed so that it can be the basis for determining new, more appropriate strategies. This article was written using a literature review method. The aim of this research is to find strategies to prevent the spread of COVID-19 at the community level. The entire article is a non-experimental study and is cross-sectional and observational from the Google Scholar, PubMed, and ERIC (EBSCO) database with a total of nine analysis articles originating from China, Australia, Italy, Indonesia and Saudi Arabia. Keywords used to determine articles are English “(coronavirus disease OR covid-19) AND (community empowerment) AND (prevention program) AND (community health)” and Indonesian “(coronavirus disease OR covid-19) AND (pemberdayaan masyarakat) AND (upaya pencegahan) AND (kesehatan masyarakat)”. The results of this review provide an overview of new strategies that can be implemented in the form of the concept of Community-Based Social Containment (CBSC) with the principle of empowerment to accelerate the handling of the spread of COVID-19 at the community level. CBSC is implemented from, by, and for the community in coordinating, planning, monitoring, facilitating, and evaluating the performance of their areas. As a basis for evidence base practice, further research needs to be carried out related to the effectiveness of the implementation of the CBSC concept as concrete evidence that can be applied directly.

Keywords: Community, COVID-19, empowerment, prevention, social containment

Introduction

Several developed and developing countries are seeking cost-effective solutions in resolving health problems; in line with increasing populations, life expectancy, economic demands, advances in health care technology, and changing patterns of public health service needs. This is also in line with the increasing incidence and prevalence of infectious and non-communicable diseases globally (Balitbangkes, 2018). Thus, the focus on curative services in hospitals is considered less than optimal to meet the demands of public health needs (Obbia, 2014). Based on this, the World Health Organization (WHO) recommends health programs for health promotion and prevention of health problems with a family and community orientation. This innovation aims to promote health, protect humans during life, and be proactive in preventing disease and the risk of disability (Obbia, 2014).

Promotional and preventive efforts are focused on prevention at all levels of health problems (primary prevention, secondary prevention, and tertiary prevention) by maintaining community autonomy as partners (Rahayuwati, Nuriyanto, Agustina, Susanti, & Pramukti, 2020). Activities are carried out by means of advocacy, atmosphere building, partnership and community empowerment as health service targets (Kemenkes RI, 2007). The goal is that the target of health services is able to solve the problems faced independently (Nuriyanto & Rahayuwati, 2019); especially for the implementation of management and control of health problems with a global increase of incidence and prevalence, as happened in the Coronavirus Disease (COVID-19) pandemic situation since the end of 2019. Although curative efforts have been optimally implemented in Indonesia, the incidence rate of COVID-19 continues to increase, especially in cases with comorbid hypertension, diabetes mellitus, and heart disease (BNPB, 2020).

Health degree is influenced by four critical factors, including behaviour, environment, health services and heredity. These four factors have an important role and influence as much as 75% in determining the health status of the community. Behavioural and environmental

factors are very closely related to society (Kemenkes RI, 2017), so there is a need for systematic and planned positive change. In achieving a change in behaviour and a good environment, it requires cooperation and participation of health workers and the community, both directly and indirectly (Kemenkes RI, 2007).

Indonesia's national trend in the spread and incidence of COVID-19 has generally increased. Until October 11, 2021, there were positive confirmation data of 4,227,932 cases with 24,430 (0.6%) in the active case, 4,060,851 (96.0%) recovered, and 142,651 (3.4%) confirmed dead. The fluctuation of the increase in positive confirmed cases was noted in the situation which increases every day. The highest peak recorded to date occurred on July 9, 2020, with a total addition of 2,657 confirmed cases. In addition, confirmation of cured cases was recorded variously, with the highest peak of recovery on July 28, 2020, with an additional number of recovered cases of 2,366, while death cases were recorded on July 22, 2020 with a total of 139 new death cases (BNPB, 2020).

The effectiveness of the Large-Scale Social Restrictions (Pembatasan Sosial Berskala Besar/PSBB) implementation research program conducted by Handayanto and Herlawati (2020) with the Susceptible - Infected - Recovered (SIR) model suggests that PSBB has an impact on reducing cases of COVID-19 with an estimate to end in June 2020. In principle, PSBB is the application of social distancing and physical distancing from WHO recommendations to reduce the massive spread of COVID-19. In its development, the strategy is enhanced by the use of masks for each individual who performs activities outside the home (WHO, 2020). This is relevant to the research conducted by Mona (2020), where social care can reduce contact so that the possibility of exposure to COVID-19 will be reduced or lower.

The acceleration strategy without territory restrictions by making individual contact through quarantine and isolation can effectively reduce the number of potential infections and reach the peak of COVID-19 infection (Hou et al., 2020). The application of the SEIR strategy model can be taken into consideration, where Suspetible (S)

is a suspected individual who must be immediately convinced whether he is exposed to (E) or not through early diagnosis so that quarantine is immediately carried out. The infection stage (I) is a confirmation decision on the diagnosis so that treatment is carried out with a recovered (R) or cured result. In this strategy, the speed of early diagnosis and the speed of quarantine or treatment for positive confirmed individuals is the key. Hence, early diagnosis through rapid tests is a very effective way to immediately find out the whereabouts of individuals affected by the COVID-19 invasion (Hou et al., 2020).

Looking at the current phenomenon, the incidence of COVID-19 is actually increasing massively, even though there have been many programs and budgets used by the Indonesian government in handling the COVID-19 pandemic. The implementation of the Large-Scale Social Restrictions (Pembatasan Sosial Berskala Besar/PSBB) program which is a solution to overcoming the increase in COVID-19 is not evenly distributed in all regions. This has the risk of developing a “wind mattress” effect. It means that what is done in big cities causes an increase in the incidence in the regions. Like an air mattress, if it is pressed on the right side, there will be an increase in volume on the left side.

In principle, the increase in the incidence of COVID-19 is due to a lack of health promotion efforts in raising public awareness and understanding (Rahayuwati et al., 2020) and lack of effective communication between the government and the community in responding to dangers and suppressing the spread of COVID-19 (Garfin, Silver, & Holman, 2020). Asmundson and Taylor (2020) state that 33% of respondents in their research are not sure about the preparedness of the care system in dealing with cases of COVID-19, so that public awareness is needed as a new strategy in suppressing the increase in cases of COVID-19 as a promotive and preventive effort with the principles of empowerment and partnership. Community empowerment programs at the RT, RW, and village levels demand community care to care for each other, work together, and be alert to each other ((Kemenkes RI, 2020). This is inseparable from the role of the community as an important role in controlling the

spread in every health problem faced due to COVID-19.

A good public health response so far can be an option to contain the COVID-19 epidemic (Weerasinghe, 2020). However, the implementation during this “new normal” period requires community resilience to be actively and positively involved in environmental control and modification measures that require direct community involvement. Based on this background, it is deemed necessary to review the literature and research results as an effective solution to prevent the addition of massive cases of COVID-19 through partnerships and community empowerment.

Research Methodology

The research method used in this article is a literature review with a narrative review of relevant community-based interventions to prevent the spread of COVID-19. Data sources search for articles was carried out based on an online database consisting of Google Scholar, PubMed, and EBSCO, with a total of 23 articles were obtained according to the keywords and synonyms. The keywords used in English consisting of (coronavirus disease OR covid-19) AND (community empowerment) AND (prevention program) AND (community health) and in Bahasa consisting of (coronavirus disease OR covid-19) AND (pemberdayaan masyarakat) AND (upaya pencegahan) AND (kesehatan masyarakat). The inclusion criterias are: 1) Cross-sectional and observational studies published since 2020, 2) having a full text version, 3) relevant to issues and strategies for handling COVID-19, 4) in Bahasa or English, and 5) related to the discussion of community empowerment. The exclusion criteria in this review are articles on the tertiary prevention level in the field of treatment or curative and government policies in preventing the spread of COVID-19.

The entire article is a non-experimental study and is cross-sectional and observational. Since it is not possible to carry out a systematic review or meta-analysis based on the nature of the research, the authors decided to conduct a narrative study by briefly summarizing the important themes and relevant results of the

study.

Results

Nine literature review articles met the criteria and were following the discussion of community empowerment in Community-Based as an Effort to Prevent the Spread of COVID-19. There are from China, Australia, Italy, Indonesia, and Saudi Arabia. 2 (two)

articles in this study discuss modelling and 6 (six) other articles discuss the concept of community-based social restrictions in preventing the spread of COVID-19. Through community empowerment, controlling and preventing the transmission of COVID-19 is easier to manage because the community is the key to the success of handling the COVID-19 pandemic. The process of selecting articles as a PRISMA approach is carried out as follows

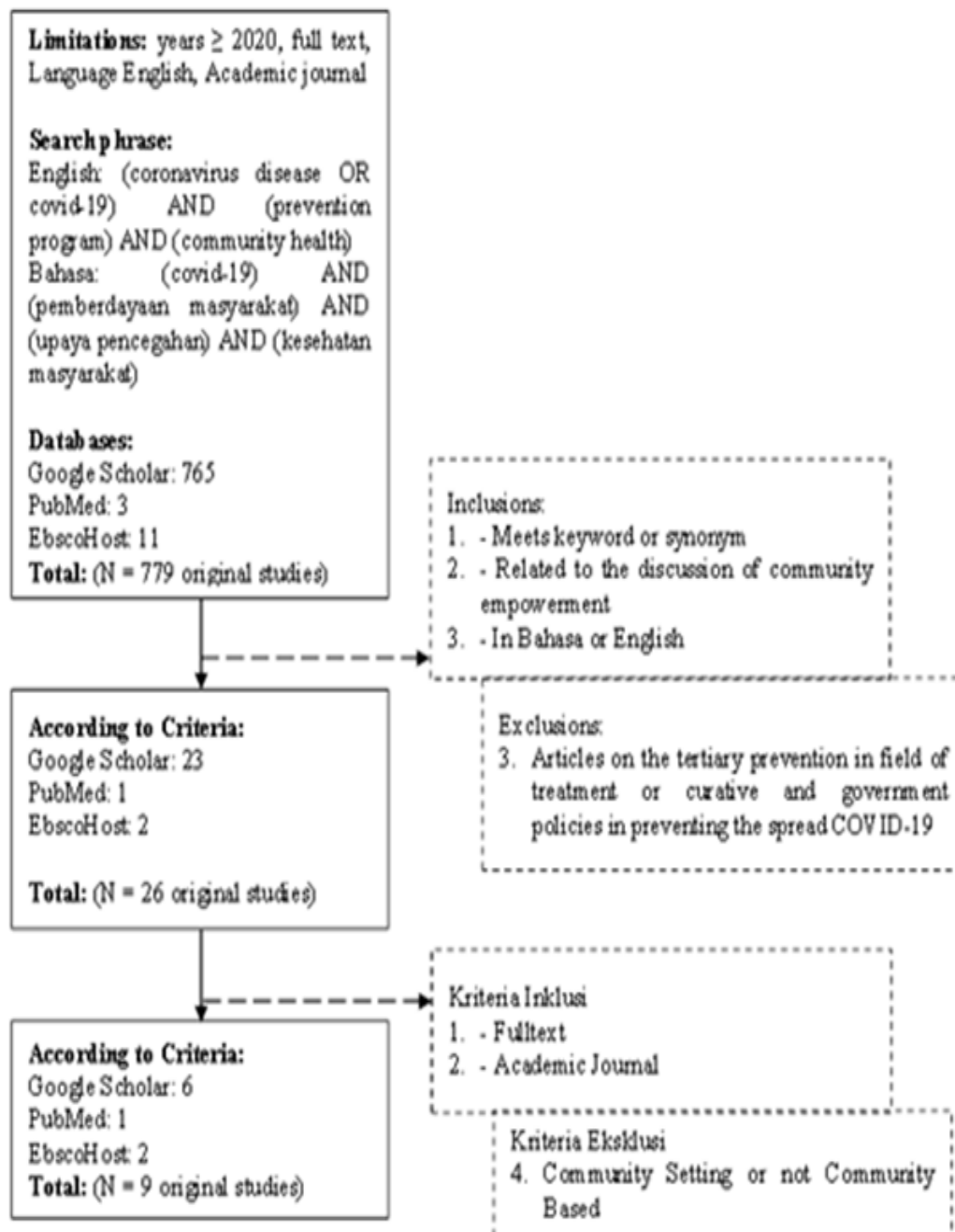


Table 1: Results of Article Review on Community-Based Social Restrictions as Efforts to Prevent the Spread of Coronavirus Disease (COVID-19) in the Community

No	Primary Source Papers (Reference)	Country of Origin	Research Design	Research Sample (n)	Data and Instrument	Relevant Findings
1	Milne and Xie (2020) “The effectiveness of social distancing in mitigating COVID-19 spread: a modelling analysis”	Australia	Quantitative Research: Non-Experimental Study / Analysis Modeling	-272.409 of population in Newcastle, Australia	- Secondary data of transmission COVID-19 of Hubei Province, China - Social distancing	<ul style="list-style-type: none"> - Implementation of social distancing interventions through closing schools, working from home, increasing case isolation, and reducing community contact is very effective in lowering the epidemic curve, reducing daily cases, and extending the duration of the outbreak. - The application of isolation of confirmed cases reaches 100% in the age range of children and 90% in the range of adults. - Isolation, the separation of sick people from healthy people to stop transmission, is very effective in preventing transmission, especially when symptoms occur. Early detection / diagnosis is an important factor. - Quarantine, a limitation on people who are suspected but not sick to reduce the potential for transmission before symptoms develop, is done quickly with case tracking; it takes psychological, food and drink support, availability of shelter, and medical / health personnel. - Community detention is a community level intervention by reducing interactions and invasion to reduce mixing of the sick with the healthy. It is important to be done at the risk of large transmission. It needs technical principles and instructions.
2	Wilder-Smith and Freedman (2020) “Isolation, quarantine, social distancing and community containment: pivotal role for old-style public health measures in the novel coronavirus (2019-nCoV) outbreak”	China	Qualitative Research: Non-Experimental Study	Database of confirmed cases of COVID-19 until February 2, 2020 (14,600 confirmed cases)	- Isolation - Quarantine -Community containment	<ul style="list-style-type: none"> - Isolation, the separation of sick people from healthy people to stop transmission, is very effective in preventing transmission, especially when symptoms occur. Early detection / diagnosis is an important factor. - Quarantine, a limitation on people who are suspected but not sick to reduce the potential for transmission before symptoms develop, is done quickly with case tracking; it takes psychological, food and drink support, availability of shelter, and medical / health personnel. - Community detention is a community level intervention by reducing interactions and invasion to reduce mixing of the sick with the healthy. It is important to be done at the risk of large transmission. It needs technical principles and instructions.

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3	<p>Cicognani, Albanesi, Valletta, and Prati (2020)</p> <p>“Quality of collaboration within health promotion partnerships: Impact on sense of community, empowerment, and perceived projects’ outcomes”</p>	Italy	Quantitative Research: Non-Experimental Study	238 Italian Psychologist Association:	<p>- QCP: Index of Interdisciplinary Collaborations (2010)</p> <p>-SOC-R: instrument developed by Nowell and Boyd (2014)</p> <p>-SOC-P: instrument developed by Chiessi, Cicognani, & Sonn (2010)</p> <p>-Empowerment: Questionnaire: 10 items, Cronbach’s alpha = 0.87, developed by Cicognani et al. (2020)</p>	<p>-Partnership has a significant connection with empowering service targets ($r = 0.50$), Sense of community responsibility (SOC-R) / sense of target responsibility ($r = 0.74$), and Sense of community promoting health (SOC-P) / desire for the promotion of target health ($r = 0.74$)</p> <p>-Specifically, the Sense of community responsibility (SOC-R) / sense of target responsibility has a significant connection with trust.</p> <p>-Specifically, the sense of community health promotion (SOC-P) / desire for the promotion of targeted health has a significant connection with commitment and intention.</p>
4	<p>Zhang et al. (2020)</p> <p>“Assessment of Coronavirus Disease 2019 Community Containment Strategies in Shenzhen, China”</p>	China	Quantitative Research: Non-Experimental Study	Haiyu Community, Shenzhen, Cina, from 23 January to 10 April 2020	<p>Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) reporting guideline.</p>	<p>-7 confirmed cases of Coronavirus Disease (COVID-19) from outside the Haiyu community area.</p> <p>-20 people suspected of direct contact were asymptomatic and were still being treated in isolation by health workers at a local hotel.</p> <p>-No local confirmed cases of Coronavirus Disease (COVID-19) with direct contact.</p> <p>-Multi-sectoral collaboration between government and society determines the success of preventing local transmission in the community.</p>
5	<p>Arditama and Lestari (2020)</p> <p>“Jogo Tonggo: Raising Citizen Awareness and Obedience Based on Local Wisdom During the Covid-19 Pandemic in Central Java”</p>	Indonesia	Qualitative Research: Explorative study	Citizens of the community	<p>Direct and online interviews, observation, and analysis obtained from news on television, online media, and social media in the community.</p>	<p>-Jogo Tonggo encourages awareness and obedience of community members to government recommendations.</p> <p>-Awareness and compliance driven by an understanding of the threat of illness, social strength and human values, community togetherness, and rules accompanied by local sanctions.</p>

6	<p>Mona (2020)</p> <p>“Isolation Concept in Social Networks to Minimize Contagious Effects (Cases of Corona Virus Spread in Indonesia)”</p>	Indonesia	<p>Quantitative Research: Network Analysis, Non-Experimental Study</p>	<p>55 people in social network relations</p>	<p>UNICET analysis with the visualization of the NetDraw sociogram</p>	<p>-Social relations without social boundaries have higher ties and density with a higher chance of spreading the virus.</p> <p>-Social relations with social boundaries on community members have fewer ties and densities so that the chances of spreading the virus are reduced.</p>
7	<p>Hou et al. (2020)</p> <p>“The effectiveness of the quarantine of Wuhan City against the Corona Virus Disease 2019 (COVID-19): well-mixed SEIR model analysis”</p>	China	<p>Quantitative Research: Path Analysis Non-Experimental Study</p>	<p>Data on confirmed cases of COVID-19 in China from December to February 2020</p>	<p>The Health Commission of Wuhan City, the Health Commission of Hubei Province, the National Health Commission of the People's Republic of China, and the World Health Organization situation reports</p>	<p>-Application of the S-E-I-R Model for the management of controlling COVID-19 with Susceptable (S) as a suspected individual who must be immediately convinced whether he or she is exposed (E) or not so that quarantine can be carried out immediately. The infection stage (I) is a confirmation decision on the patient's diagnosis for immediate treatment so that it is recovered (R) or cured.</p> <p>-Speed of early diagnosis and quarantine in confirmed positive individuals are the main keys to the success.</p> <p>-Without cooperation between the community and the government, this program cannot run optimally because many people prefer to keep their health conditions a secret.</p>
8	<p>Nooh et al. (2020)</p> <p>“Public awareness of coronavirus in Al-Jouf region, Saudi Arabia”</p>	Saudi Arabia	<p>Quantitative Research: Cross Sectional Non-Experimental Study</p>	<p>384 participants from the General Authority for Statistics (GAS) data, Kingdom of Saudi Arabia</p>	<p>Data obtained from questionnaires in Arabic and English. The questionnaire was validated with Cronbach's alpha 0.90.</p>	<p>-Empowerment in terms of public information about the incubation and epidemiology of Coronavirus Disease (COVID-19) needs to be done to the public.</p> <p>-Effective communication between health personnel and health facilities across sectors is highly recommended to facilitate the control of the Coronavirus Disease (COVID-19) outbreak.</p>

9	(Rahayuwati et al., 2020) "COVID-19 in Indonesia Social Epidemiology Perspective Tailored to Community-Based Health Promotion"	Indonesia	Qualitative Research: Explorative study	Database of COVID-19 confirmed cases until April 5, 2020	covid19.go.id	-The application of health promotion using a community-based approach is effective in health problems and anti-stigma programs. -Promotional and preventive measures are implemented at all levels of health problem preventions according to the natural history of the problem at the any prevention levels.
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Discussion

Social restrictions require the cooperation of the entire community as actors of behaviour change during the new normal. According to Milne and Xie (2020), social restrictions on the community using closing school activities, working from home, isolating cases and reducing direct contact between communities are very effective ways to lower the epidemic curve and reduce the increasing number of daily confirmed cases. With the application of social restrictions through these 4 (four) ways, the community can be temporarily convinced not to directly contact other communities outside their territory or with people who have had contact with communities outside their territory. With this strategy, confirmed cases and close contact are effectively achieved up to 100% of the age range of children and 90% of the adult age range for isolation under the supervision of health and medical personnel until the end of the observation period (Milne & Xie, 2020). In this case, people are required to independently be aware of their history of contact with the community and areas outside the community where they live by maintaining physical distance between healthy people and people suspected of having the risk of invasion.

Isolation, an attempt to separate sick people from healthy people with the aim of stopping the risk of transmission, is considered very effective, especially when actual symptoms occur (Wilder-Smith & Freedman, 2020). In addition, quarantine must also be carried out on people who are suspected of having had direct contact with people or communities who have been confirmed as COVID-19 even though they do not show signs and symptoms. This is based on confirmed cases of COVID-19 in the Haiyu community,

which can occur in residents with a history of community contact outside their territory (Zhang et al., 2020). Community isolation and quarantine can reduce ties, and the high density of spreading the virus is due to social restrictions (Mona, 2020). Thus, it can be interpreted that social restrictions are an effort to convince the community to directly or indirectly avoid contact with other communities with confirmed cases of COVID-19.

According to Nooh et al. (2020), the concept of community empowerment is important to provide factual and up-to-date information on the incubation period and epidemiology of the Coronavirus Disease (COVID-19) to the public. As the main asset, communication between personnel and health facilities as representatives of the government together across sectors is highly recommended to facilitate epidemic control (Nooh et al., 2020). Thus, the public's understanding as to the main actor in preventing the spread of the plague needs to be optimized. The goal is that the community in an area can be assured in a safe zone without the invasion and the risk of spreading Coronavirus Disease (COVID-19).

Various efforts have been made, in principle, aiming at providing tight control of the risk of spreading the Coronavirus Disease (COVID-19) outbreak by maintaining physical distance between humans. According to Hou et al. (2020), the reciprocal relationship between the government, health workers, and the community can be done with the S-E-I-R model to prevent risks and accelerate problem-solving. The community must become an agent of communication between the community and health facilities. Every suspected person (Suspectable) who has a history of contact with a person or community outside the area must immediately ascertain whether the person is contaminated

(exposed) or not. The goal is to provide case confirmation (Infection) so that treatments can immediately be done until they are recovered (Recovered) properly. This cannot be done by health facilities or the government without the role of the community because it is the people who directly know more about the condition of their community. In addition, more people choose to keep their contact history and health conditions a secret rather than having their health status checked early in a health facility (Hou et al., 2020).

Based on a community empowerment approach from the Indonesian Ministry of Health (Kemenkes RI, 2020) applied at the RT, RW, and Village level, it aims to provide security guarantees to a community. Communities in the green zone (without confirmed cases of Coronavirus Disease) can empower people to keep their areas in the green zone by using the concept of empowerment. It is the community that monitors, is aware of, and helps every member of the community not to become agents of COVID-19. Efforts that can be made are implementing health protocols using masks, maintaining physical distance, consuming healthy and nutritious foods, and washing hands with soap. Thus, curative efforts can be suppressed and not become a burden due to the increasing spike of COVID-19 incidents.

One example of the application of community-based social and physical restrictions in Indonesia is the “Jogo Tonggo” program in Central Java. The main concept of the program is to provide awareness and compliance that is driven by an understanding of the threat of illness, social strength and human values, community togetherness, and rules accompanied by local sanctions (Arditama & Lestari, 2020). This is in line with the research of Cicognani et al. (2020) regarding the partnership between health workers and the community which has a significant relationship to increase the community’s ability to independently carry out health promotion accompanied by positive commitment. Community empowerment in preventing the spread of COVID-19 is carried out by detaining the community. Interventions are carried out at the community level based on technical principles and guidelines to reduce interactions and invasion movements

to minimise the mixing of the sick with the healthy (Wilder-Smith & Freedman, 2020).

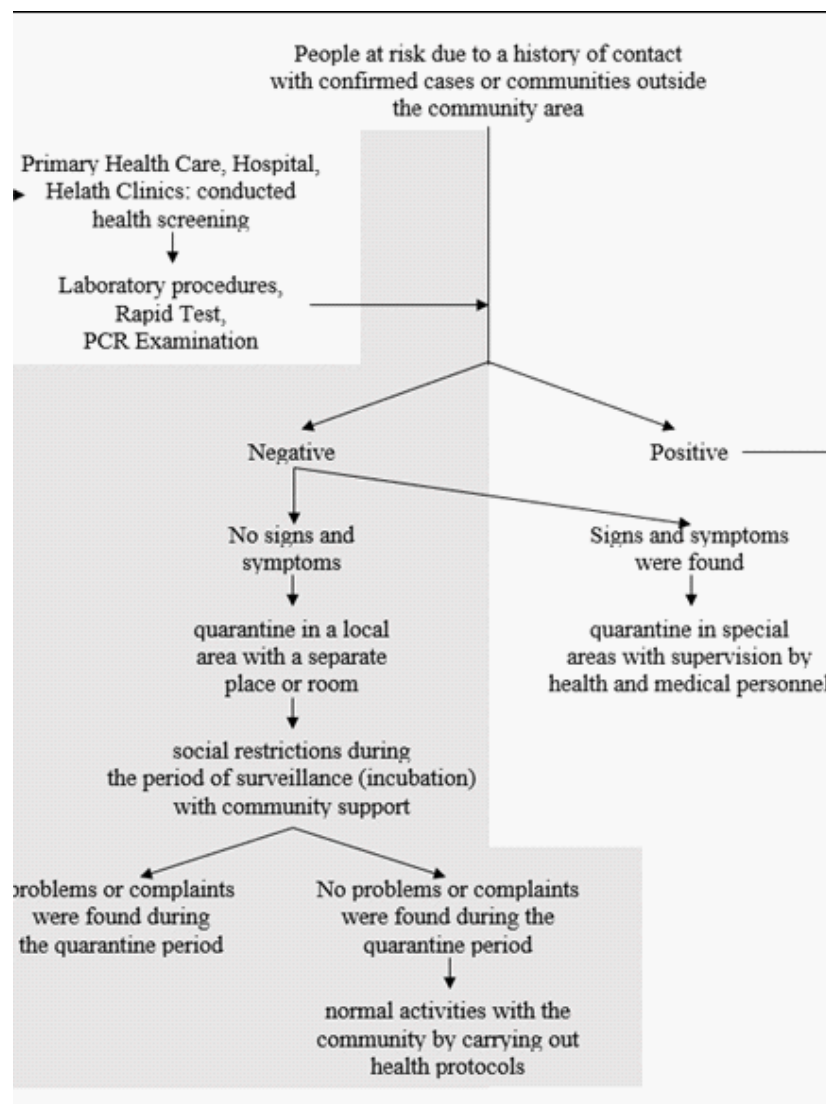
During the COVID-19 pandemic, the government of the Republic of Indonesia has provided policies and appeals to the public, one of which is to impose Large-Scale Social Restrictions (Pembatasan Sosial Berskala Besar/PSBB) to accelerate the handling of the spread of COVID-19. This policy is carried out by taking into account epidemiological considerations, the magnitude of the threat, program effectiveness, resource support, technical operations, political, economic, social, cultural, defence and security considerations (Mensekneg RI, 2020). Furthermore, if carried out at the community level, this policy can be called Community-Based Social Containment (CBSC), in line with community empowerment programs in the prevention of COVID-19 at the RT, RW and Village levels. These programs demand the care of the people in each region to care for each other, work together, remind each other and be vigilant so that every effort can be carried out independently with the strength of each area of their respective communities (Kemenkes RI, 2020).

The concept of Community-Based Social Containment (CBSC) is implemented directly from, by and for the community. The community plays a major role in coordinating, planning, supervising, assisting, and evaluating the performance of their region, for example, monitoring of new arrivals from outside the community area. The community monitors the implementation of quarantine, implements health protocols, and provides psycho-socio-economic support to the new arrivals. Communities who supervise and support the quarantine period can provide paid services to meet physiological needs, including food and beverage needs during the quarantine period. With this concept, the potential for economic growth of the local community is also given a positive impact without having to use paid services outside the community who also have the risk of being an agent spreading the plague from outside the community area. The main concern of this concept is that it must be accompanied by local policies at the community level facilitated by health workers (Arditama & Lestari, 2020).

Chart 1 regarding the flow of an implementation of CBSC provides an explanation of each person in a community area with a suspicion of contact history for confirmed cases or communities outside the area of concern for all community members. Every newcomer is obliged to go through inspection and supervision procedures before entering a community area. If the person comes through health facility procedures, early monitoring can be carried out, and daily activities are carried out according to the results of laboratory examinations on

them. If the test result is positive, the person must be immediately carried out in isolation in a health facility with standardized care and treatment procedures. If a negative examination result is accompanied by actual symptoms, the person must be quarantined in a special place under the supervision of health and medical personnel. This concept is an attempt to carry out early diagnosis by health facilities in order to achieve clarity of Suspectable, Exposed and Infection with the hope of being recovered optimally.

Chart 1: Flow of Community-Based Physical Restrictions as Efforts to Prevent the Spread of COVID-19 in the Community



Note:

The implementation area of Community-Based Social Containment (CBSC)

Suppose the results of the health procedure examination cannot be shown or negative without any signs of symptoms. In that case, the person is quarantined in the community area separately by implementing health protocols during the surveillance period. Supervision is carried out by the community strictly following local policies in the community with the principle of community empowerment. During the surveillance period, the community monitors by maintaining physical distance, facilitating needs and reporting the situation to health facilities when health problems occur. At the end of the surveillance period, with no signs of symptoms and complaints, migrants can carry out everyday activities with the community by carrying out health protocols. However, if during the monitoring period there are signs of symptoms and complaints, the community will communicate with health facilities so that they can be immediately followed up according to procedures and standards of care.

The implementation of CBSC can be carried out without large funding because of its local nature. However, the main principle is empowerment to increase community independence so that they have an understanding and awareness of disease risks (Rahayuwati et al., 2020), social strength and human values, mutual cooperation, and agreement on local regulations (Arditama & Lestari, 2020). The main goal in empowerment is that the community is able to prevent the risk of problems, solve problems, and improve the health status of the problems they face independently (Nuriyanto & Rahayuwati, 2019). In addition, CBSC are an explanation of the Alert Village concept and community empowerment specifically to accelerate the local handling of the COVID-19 spread which can be applied en masse so that it has a positive impact in all areas of the community (Kemenkes RI, 2020).

The Community-Based Social Containment (CBSC) program does not mean giving boundaries to social relations, but implementing the awareness of maintaining physical distance among people. The role of community health care workers and other health workers in this program is to educate people not to stigmatize, to care for each other,

and to work together to face every health problem in their community. Through this program, promotive and preventive efforts can be maximized by carrying out home visits to high-risk families and communities through community service activities as a solution to reduce exposure to the invasion of COVID-19 due to mass gatherings. In addition, at any time, patients will still come to health facilities with the risk of COVID-19 transmission if physical restrictions are not carried out optimally at the smallest community level. Health workers and the community can be coordinated through various health service innovations such as telenursing, telemedicine, and promotive efforts through telehealth (Goodman-Casanova, Dura-Perez, Guzman-Parra, Cuesta-Vargas, & Mayoral-Cleries, 2020).

Fundamentally, the handling of the COVID-19 pandemic cannot be resolved only by the government or medical and health personnel. Therefore, cross-sector coordination plays a vital role in building public understanding (Rahayuwati et al., 2020). With the principle of empowerment through the CBSC program, the process of handling the COVID-19 pandemic can be easily accelerated because the community has the same determination as the government and health workers. Hence, CBSC program is the basic level as an effort to prevent the spread of COVID-19 in all work areas of Basic Health Service Facilities.

Conclusion

Based on the literature review, it can be concluded that social containment at the community level are implemented by empowering the community and implementing effective communication between the community, health facilities and personnel, and the government. Technical instructions and joint commitment need to be given in the implementation of CBSC as an effort to prevent the spread of COVID-19 in the community along with guidelines for community empowerment in preventing COVID-19 in community areas.

As a basis for further application of Evidence-Based Practice, it is necessary to conduct research related to the

implementation of the Community-Based Social Containment (CBSC) concept with the incidence of COVID-19 at the community level as factual evidence of the effectiveness of the implementation of this concept.

conflict of interest

The authors declared that they have no conflict of interest.

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