

opción

Revista de Antropología, Ciencias de la Comunicación y de la Información, Filosofía,
Lingüística y Semiótica, Problemas del Desarrollo, la Ciencia y la Tecnología

Año 36, abril 2020 N°

91

Revista de Ciencias Humanas y Sociales

ISSN 1012-1537/ ISSNe: 2477-9385

Depósito Legal pp 198402ZU45



Universidad del Zulia
Facultad Experimental de Ciencias
Departamento de Ciencias Humanas
Maracaibo - Venezuela

Epidemiology and psychology in handling the psycho-social problem Covid-19

*Ramzi Murziqin*¹

¹Ar-Raniry State Islamic University, Indonesia

*Saifullah Idris*²

²Ar-Raniry State Islamic University, Indonesia

*Nasir Usman*³

³Syiah Kuala University, Banda Aceh, Indonesia

*Hayati*⁴

⁴Serambi Mekkah University, Indonesia

*Tabrani ZA*⁵

⁵Serambi Mekkah University, Indonesia

Email: tabraniza@scadindependent.org

Abstract

This article touches the most common types of infectious diseases in the world today, Covid-19, the cause of its spread, its control, and its development. The design of this study is a descriptive method with the form of qualitative research. The technique used in this method is library research, where all possible information and literary review that have relation to the study are collected. The results of the study show that it is difficult to avoid the complex relationship between humans and pathogenic microorganisms in the efforts of the authorities to develop programs for the control and prevention of infectious diseases.

Keywords: Epidemiology; Covid-19; Globalization; Psychosocial; Health Parameters.

Epidemiología y psicología en el manejo del problema psico-social covid-19

Resumen

Este artículo toca los tipos más comunes de enfermedades infecciosas en el mundo de hoy, Covid-19, la causa de su propagación, su control y su desarrollo. El diseño de este estudio es un método descriptivo con forma de investigación cualitativa. La técnica utilizada en este método es la investigación de la biblioteca, donde se recopila toda la información posible y la revisión literaria que tienen relación con el estudio. Los resultados del estudio muestran que es difícil evitar la compleja relación entre los humanos y los microorganismos patógenos en los esfuerzos de las autoridades para desarrollar programas para el control y prevención de enfermedades infecciosas.

Palabras clave: Epidemiología; Covid-19; Globalización; Psicosocial; Parámetros de salud.

1. INTRODUCTION

Today the world community has realized the importance of maintaining the global environment, by improving the quality of the physical, biological and social environment. Environmental issues have become a global interest that must be implemented in action programs and strategies to prepare the world for the challenges of the 21st century. Global environmental problems have created a pattern of the spread of new diseases as an evolution of the disease in the world. The disease that appears at this time cannot be overcome as a whole, namely Corona Virus or also called Covid 19.

This type of virus better known as the Coronavirus is a new type of Corona Virus that is transmitted to humans. This virus can affect anyone, both infants, children, adults, the elderly, pregnant women, and nursing mothers. This viral infection is called Covid-19 and was first discovered in the city of Wuhan, China, at the end of December 2019 and has spread very quickly. The World Health Organization (WHO) has set the coronavirus to be Covid-19 (Corona Virus Disease), code 19 is the year code for the discovery of this disease, namely in 2019.

Covid 19 is an infectious disease caused by the severe respiratory syndrome. This virus spreads quickly and has spread to other regions in China and to several countries, including Indonesia. The current Covid 19 outbreak has generated a variety of concerns and actions to avoid the disease. Covid 19 is a contagious disease and transmission spreads very quickly.

Coronavirus is a collection of viruses that can infect the respiratory system. In many cases, this virus only causes mild respiratory infections, such as flu. However, this virus can also cause severe respiratory infections, such as lung infections (pneumonia). Coronavirus infection or COVID-19 can cause sufferers to experience flu symptoms, such as fever, runny nose, cough, sore throat, and headache; or symptoms of severe respiratory infections, such as high fever, cough with phlegm and even bleeding, shortness of breath, and chest pain.

The emergence of SARS-CoV-2 has resulted in >90,000 infections and >3,000 deaths. Coronavirus spike (S) glycoproteins

promote entry into cells and are the main target of antibodies. In February Indonesia had been infected by this Covid-19, initially, only 2 people were official and had been examined for this virus but the spread of this virus was so fast that every day there was no denying that anyone had been infected or contracted by this virus. Until the government took the decision to prepare a regional hospital as a referral hospital for everyone who contracted Covid-19 because it could not be denied the spread of this virus was very fast. In addition to preparing a regional hospital as a reference for patients with Covid-19. The government also urges people to carry out their activities at home. Such as office workers, schoolchildren, and even worship is urged to be done from home. Since March 16, 2020, educational institutions have been temporarily suspended and studying online.

2. METHODOLOGY

The design of this study is a descriptive method with the form of qualitative research. The technique used in this method is library research, where all possible information and literary review that have relation to the study are collected and takes as the source of information. The result and data of this study are presented in the form of words and sentences or pictures but not in the form of a number. The researcher uses primary and secondary data as a data source. The primary data of this research takes from the articles relating to Covid-19. The secondary data source is obtainable from some sources from literature research (library research). The data was analyzed using data

reduction, data display, and drawing of conclusions (WALIDIN, et.al, 2015).

2.1. Globalization and Transition of Infectious Diseases (Covid-19)

Globalization is a term used to indicate the spread of growth developed by a capitalist world system and its influence on trade, communication, transportation, urbanization, culture, and migration patterns to all parts of the world (KENDAL, et al., 2000). According to FRIEDMEN (2000), globalization is not only a cutting-edge style or a model, but rather an international system whose development is strongly influenced by the development of telecommunications that covers all sectors of human life: economic, cultural, social, and political, including health and health spread of disease (TABRANI ZA & MASBUR, 2016).

Before the Covid-19 virus, the SARS case that emerged in mid-November 2002 in Guandong province, China, became an example of a virus that developed as a result of globalization. From a hotel contact with the virus is suspected to have started. Within a matter of months at least 30 countries or regions were infected (KOMPAS / 14/05/05). Likewise in the case of Covid-19 virus in Indonesia. Now Indonesia, like Guangdong and Wuhan, is considered to be a transition zone for the Covid-19 virus which has become a global disease.

The world today is very vulnerable to the emergence, development, and spread of various infectious diseases both new and old (MANN in GARRETT, 1994). The ease of transportation and

social space are media and agents for spreading viruses and affecting health from local to international (Bruce, et al., 2003). THEREFORE THE WORLD DEVELOPMENT REPORT (1993) contains various incentives to build a system that can take into account various diseases both global and regional (LOPEZ, 2005). This impetus, which originated mostly from the world capitalist state, calls for a one-world order / homogeneous state (MARCUSE, 2003), because they are aware that 95% of world population growth is now taking place in what is euphemistically called the Developing World (based on that) Westerners are frightened by immigration flows, job losses, epidemics, terrorism and crime (TABB, 2003).

This fact invites the pros and cons of the capitalist system built in the global order. So far the debate has focused more on a construct related to 'extra-national links' in the economic, cultural, or social phenomena while others prefer to discuss globalization as a synergistic integration in financial, trade, economic, political and cultural issues. However, none of them discuss health and disease as a consequence of political, economic, social and cultural developments so that it is difficult to trace and predict their origin (KENDAL, et.al., 2000). Therefore, MARCUSE (2003) suggests that globalization must be understood in two categories, namely globalization as technological development and as a concentration of global economic power.

Technology has been used to change the balance of power between classes. Attention should be paid to this issue, not to the technology itself. In this case, globalization can be a new form of imperialism. As stated by PETRAL (2003) that all imperialist forces

throughout history have never been "globalized". They became the creators of globalization through the development of the domestic market. At this level, Globalization is not only a messenger of disease spread but can also be a cause of the development of a new disease, especially in areas that are deprived of resources (Epidemiology Agent). Globalization is a long-term structural crisis of capitalism (YAFFE, 2003). What kind of structural crisis has triggered the development of Covid-19 that is happening in Indonesia?

2.2. Globalization Structure and the Epidemiological Transition of Health and Poverty

A structural crisis refers to changes in the balance of the order both moral and material. Poverty is one result of a long process of changing the existing order in an area. Cheap labor is easy to get. This happens because the local population at present tends to shift their work from agriculture to 'office' workers or workers, in addition to the fact that agricultural land has indeed been reduced. Poverty happens precisely in the heart where factories develop.

This condition has made the environmentalists since 1962 distrust of industrialization. According to SCHRECKER (1999), industrialization influences both natural resources and health. Schrecker continues that the persuasive answer that often arises is the reason that it is industrialization that will underlie economic development. The acceleration of industrial flows is motivated by the rapid influence of the market system in the world. Therefore, Friedman stressed a criticism of Mahathir who condemned speculators who

caused the currency of most of the countries in Asia destroyed - that globalization is not an option. This is a reality. There is only one global market at this time, and the only way you can progress is to develop at par with the speed of growth that your people want is to participate in the global stock and paper market, by inviting multinational investors to invest in your country and by selling in the system what global trade is your factory product. FRIEDMAN (2002) illustrates that at this time the world's population is not only required to be herding pets but becoming electronic herders. The acceleration in this world system is not balanced with local conditions. To become a reliable electronic shepherd, knowledge, and funding are needed.

BARINGTON (1966) as quoted by Schrecker in his research from 1790, 1850, until 1945 found that the acceleration of industrialization had an effect on health status. Only industrialized countries can increase the level of income needed to improve health status even though they have to compete very difficult and change various skills and dependence on agricultural products. That is the owners of capital and electronic herdsmen who most control the economic path. In this context, globalization becomes an epidemiological transition in poverty (FADLI, et.al. 2018).

One thing to note is the tendency for outbreaks in areas with low economic background (MURRAY & LOPEZ 1996 in EMILY & KENDAL, 2000). When WHO launched its first eradication in 1988 it was found that more than 90% of the cases reported in 1988 came from countries with average and low incomes and half of them came from several countries in Asia - especially in India (BRUCE, 2003).

Although according to MYERS (1974) there is no psychological theory that is sufficient to be able to explain the background of this reality, there are at least 3 psychological processes that are interrelated with poverty and health problems that are actually caused by inequality between low socio-economic groups with high. First, stress that is generally not the same experienced by society, and people who are at a low level of social economy are reported to get more stressors than individuals at higher levels of social economy (MYERS et al., 1974; PAUL & MURPHIY, 1997; STEPHEN & STEPHEN, 1985). Second, groups from low economic status do not have control over the environment and personal resources which can actually be a bridge solution to various stresses. Third, social support, which is a powerful health status mediator, is more difficult to obtain in low-level social-economic communities.

However, even though all issues related to this socioeconomic status can be identified and modified, the reduction in the health burden caused by socioeconomic factors still depends on reducing the level of inequality between the rich and poor groups in getting services or access to health. (CAROL et.al., 1996).

In line with the opinion of CAROL, COBURN (1999) states that inequality negatively affects the health status of the poor. This is because globalization, as promoted by neo-liberals, brings a system of capitalism that dominates markets as the main determinant so that the role of values / norms of society and the role of government are limited (CORBUN, 1999; MARCUSE, 2003).

The market system and the privatization of various public service sectors (including health) that developed in the community then made the organizational system in the community itself lower due to cohesion and trust among the people who were also low (CORBUN, 1999). Whereas on the social level, the handling of infectious diseases social support is actually very important (SADAVA, 1997). Research conducted by KEMP, et. al. (1999) of victims who have experienced infectious diseases shows that the function of the community becomes very dominant towards their ability to survive.

This condition triggers the emergence of helplessness. Seligman states that in the theory of learned helplessness people's responses to the loss of control of various important issues in their lives are faced with powerlessness and depression. Based on this theory, the condition of depression and its severity depends on the person's ability to make attributions to various problems that are beyond his control. This attribution can refer to factors that are stable or not, both from within individuals and from the environment. Global attributions caused by a variety of causative factors tend to cause deep depression compared to specific attributions. This is because people will become helpless in wider situations (STEPHEN & STEPHEN, 1985). Global attribution experienced by the poor and low levels of education and access to control over the environment and resources makes people passive to make and make changes. Though cultural change is precisely needed to defend themselves and their own culture.

2.3. Social Structure of Epidemiology in Covid-19 Psychosocial Handling

Epidemiology is a study of the distribution and determination of the occurrence of morbidity (illness) and mortality (death rate) in a population and is a scientific study that explores various factors that cause, including psychosocial constructs, which affect the mortality and illness rates. The process of influence depends on the interaction between agents (bacteria, viruses, and chemical poisons), the characteristics found in the individual/host factor (psychosocial, genetic, physiological) and the total environment (both physical/natural and socio-cultural). This interaction is known as the epidemiologic triangle (LEVIN, 2000). In epidemiology, disease or health is interpreted differently both individually and in populations (WEISS, 1996). Therefore 'competitiveness' for example can be part of an epidemiological model of disease or health-causing factors. The weak competitiveness of the people of Indonesia that led them to poor conditions in the midst of industrialization caused by the weak dynamics of the epidemic triangle.

Epidemiologists usually understand psychosocial factors as host factors, which are measured using a single item or scale as measured by a behavioral, social or health psychologist (eg regarding social support, type a behavior, health locus of control, life event stress, coping). Factors that can increase or reduce the risk of morbidity (morbidity) or mortality (death) are known as protective factors. Both host factors and protective factors are used to predict various hazard conditions that may arise from an illness. ANTONOVSKY (1979)

interpreted this factor as a factor that greatly influences "salutogenic" in creating health, namely through the facilitation of adaptation and encouraging "a sense of coherence". Salutary factors can be beneficial to health through supporting resistance to host factors, or the ability of individuals or populations to succeed in counteracting the effects of various pathogenic factors (LEVIN, 1996 b). Thus salutogenic factors can be used to prevent the emergence of a disease in a population at risk (disease prevention), increase the normal population towards a better form (health promotion) or bring the clinical population (polluted population) toward healing (LEVIN & CHATTERS, 1998). Thus the weak dynamics of the epidemic triangle in Indonesia trigger agents (viruses) to develop more easily because the host factor and the environment provide less support. This means that developing salutogenic factors actually support the direction of pain rather than toward health. To find out the most influential factors, an analysis of the health history of the local community is needed so that a salutogenic factor can be broadened to broaden the likelihood of the emergence of a disease, which can be psychological, psychosocial or related to certain disease agents.

Agents as one of the material dynamics of the disease have various forms in their activities affecting the environment and influencing host factors attached to individuals. If the agent in question is a virus, the virus will affect the individual and the environment. If the agent in question is a mental construct, then that mental construct will affect the individual and the environment. The study conducted by Levin uses Love as one of the material agents that are considered

capable of influencing health. For the context of Indonesian society, if the agent is weak competitiveness, microbiologically as described by epidemiologists, competitiveness can be analyzed in terms of its characteristics as an agent and its parameters in the transmission process.

Epidemiological characteristics of salutogenic agents begin through various intrinsic factors such as physical dimensions, developmental structures, and everything needed to survive, life cycle, specific host factors and antigen stability (FARMER & MILLER, 1983).

Epidemiologists then consider biological factors as agents in interactions. Call it, ineffectiveness, pathogenesis, virulence and immunogenetic (FARMER & MILLER, 1983; MAUSNER & KRAMER, 1985). Ineffectiveness is related to how well an agent can drive the success and sustainability of a goal in a condition (host factor). Pathogenesis is related to the agent's ability to cause a clinical sign of a disease carried through an infected host factor. Salutogenic refers to the ability of agents to produce various signs of healing or repair. Virulence is related to the strength of an agent in which its role can be seen through clinical manifestations in a pathogenic case (or perhaps also related to how much a Salutogenic factor is able to complete its mission in improving a condition leading to a better health level, or achieving perfect balance and integrated). Immunology is related to the agent's ability to produce specific and long-lasting immunity. In this context, the question that arises is how big is the role of the low competitiveness of poverty and public health? Does Covid-

19 as a pathogenic agent actually develop better than salutogenic in the environment and in individuals so that disease and more easily appear?

In its activity, this agent can also act as a bridge to infection (gradient of infection). This happens when the host factor is identified as a carrier (MAUSNER & KREMER, 1985). That is, a certain factor is clinically infected and spreads this infection to others (LAST, 1987). The most appropriate example is the case in the province of Aceh, Indonesia, when illustrating the community's rejection of the prohibition of gathering in the crowd and social interaction. Many people in Aceh do not pay attention to this appeal. Lack of understanding of the information a person has of the dangers of Covid-19 generally illustrates the poor understanding of this information.

In the context of transmission, epidemiologists try to describe the characteristics and parameters of the transmission process of an agent. There are various ways that agents use when influencing their environment (individuals and the environment) (MONTO, et.al., 1999). The transmission mechanism is divided into two types, namely direct (indirect) and indirect (indirect) transmission. Indirect transmission can occur spontaneously when there is contact between one person in another person or through certain vehicles (for example through inanimate objects), through vectors (biological organisms: viruses spread through human waste), and through air particles. Whereas in the indirect context, agents do not directly influence but through intermediary factors that exist in the environment. Globalization, for example, with its sophisticated transportation system makes it easier and faster for the Covid-19 virus to arrive in Indonesia.

The question that arises then is how to determine the various transmission media mentioned above. Especially when the agent material is not in the form of pathogens in medical contexts such as Covid-19 but in the context of psychological constructs such as competitiveness. Can competitiveness affect host factors and affect the quality of public health?

A form of agent transmission is currently developing, including agent transmission via command source or serial propagation. Command Source occurs as a result of the influence of host factors on agents in a particular general source. This form of influence can occur in one event (point source transmission), or be repeated or ongoing. For example, gossip of the death of a child in one area that is actually casuistic in certain areas is brought and influences the beliefs of people in other areas. This news gets stronger when the same thing happens in other places or the people themselves who develop the news. In the form of serial propagation, transmission occurs from one intermediary to another. Transmission occurs in the form of the incubation period, generation time, portals of entry and exit, emergence. The incubation period occurs in the interval between the influences of one type of pathogen with salutogenic factors that have developed.

3. CONCLUSION

Complex relationships between humans and pathogenic microorganisms, such as viruses, bacteria, and parasites are inevitable in any attempt to formulate programs for the control and prevention of

infectious diseases. All types of infectious diseases can involve pathogenic agents, whether viral or bacterial. This should be identified before any preventive and preventive efforts can be made, as each planned program requires careful study, be it from the etiological, epidemiological, clinical, social or economic aspects. In addition, approaches to epidemiology, health ecology, and sociology need to be holistically considered in the formulation of health policies and programs for the entire population. It should also be noted that human ecology is closely linked to disease ecology. The human ecosystem also determines a healthy living environment for a comfortable and safe home.

REFERENCES

- BAGLEY, SHIRLEY.P., ET AL. 1995. "Panel V: Adaptive Health Behavior among Ethnic Minorities". **Health Psychology**. Vol. 14, No. 7, hal. 632640
- BROWN, MARTIN., ET AL. 1997. "Epidemiology of Suicide Pacts in England and Wales". **British Medical Journal**. Vol. 315.
- BRUCE, R., ET AL., 2003. "Global Health Goal Lesson from The Worldwide Effort to Eradicate Poliomyelitis". **Lancet**. Vol. 362
- BRUCE, R., ET AL., 2005. "Can We Capitalize on the Virtues of Vaccines? Insight from The Polio Eradication Initiative". **American Journal of Public Health**. Vol. 95. No. 5

FADLI, F., PRESTWICH, A., & SYKES-MUSKETT, B. 2018. "Assessing Mediating Effect of Motivation Types on Competition Intervention for Physically Inactive Adults". **Journal Ilmiah Peuradeun**, 6(1), 1-16. doi:10.26811/peuradeun.v6i1.156

FLACK, JOHN. M. 1995. "Panel I: Epidemiology of Minority Health". **Health Psychology**. Vol. 14, No.7, hal. 592-600

FRIEDMAN, THOMAS L. 2002. **Memahami Globalisasi: Lexus dan Pohon Zaitun**. Bandung: Penerbit ITB

JOHNSON, KATRINA.W., ET AL. 1995. "Panel II: Macrosocial and Enviromental Influences on Minority Health". **Health Psychology**. Vol. 14, No. 7, hal. 601-612

KAZARIAN, SHAHE.S., ET AL. 2001. **Health Psychology and Culture: Embracing the 21st Century**. Handbook of Cultural Health Psychology. London: Academic Press

KEMP, ET AL. 1999. "Depression and Life Satisfaction Among People Aging with Post Polio and Spinal Cord Injury". **Disability and Rehabilitation Journal**. Vol. 21. No. 5

KENDALL, CARL., ET AL. 2000. **The Globalization of Health and Disease: The Health Transisiton and Global Change**. Handbook of Social StudiES IN HEALTH AND MEDICINE. LONDON: SAGE PUBLICATION

Levin, Jeff. 2000. "A Prolegominon to an Epidemiology of Love: Theory, Measurment & Health Outcomes". **Journal of Social & Clinical Psychology**. Vol. 19. No.1. hal. 117

LOPEZ, ALAN D. 2005. "The Evaluation of The Global Burden of Disease Framework for Dieases, Injury and Risk Factor

Quantification: Developing the Evidence base for National, Regional & Global Health Action”. **Globalization and Health**. Vol. 5

MANSON, SPERO. M., ET AL. 2005. “Social Epidemiology of Trauma among Two American Indian Reservation Population”. **American Jorunal of Public Health**. Vol. 95. No. 5

MARCUSE,PETER. 2003. **Bahasa Globalisasi**. Globalisasi Perspektif Sosialis. Ali Sugihardjanto dkk., editor. Jakarta: C-Books

Nicassio, Perry.M., et al. “The Future of Health Psychology Interventions”. **Health Psychology**. Vol. 23, No.2, hal. 132-137

PATIMAH, S., & TABRANI ZA. 2018. “Counting Methodology on Educational Return Investment”. **Advanced Science Letters**, 24(10), 7087–7089. <https://doi.org/10.1166/asl.2018.12414>

PETRAS, JAMES. 2003. **Negara Sebagai Agen Imperialisme**. Globalisasi Perspektif Sosialis. AliSugihardjanto dkk., editor. Jakarta: C-Books

PLANAS, MCGILI. 2002. “Suicidal Ideation Psychiatric Disorder, and Medical Illness in a Community Epidemiological Study”. **Suicide&LifeThreatment Behavior**. Vol. 31. No. 2. h. 207

PRATAMA, A., GUNAWAN, B., & CAHYA, B. 2016. “Social Impact of Mangrove Land Conversion in Dimensions as Rural Sustainability”. **Journal Ilmiah Peuradeun**, 4(3), 357-368. doi:10.26811/peuradeun.v4i3.109

PRESTON, NEIL J., ET AL. 2002. “Assessing the Outcome of Compulsory PsychiatricTreatment in the Community: Epidemiology Study in Western Australia”. **British Medical Journal**. Vol. 324

REDAKSI, 14/04/2005. **Globalisasi Perdagangan, Globalisasi Penyakit.** Kompas

ROTHMAN, ALEXANDER J. 2000. "Toward a Theory – Based Analysis of Behavioral Maintenance. **Health Psychology.** Vol. 19, No. I (Suppl.) hal. 64-69

SADAVA, W. STANLEY. 1997. **Social Psychology of Health Care.** Applied Social Psychology. Sadava, W. Stanley & McCreary, Donald.R. editor. USA : Printice Hall Inc.

SALFIYADI, T. 2017. "Characteristics of Individuals and Workplace Conditions with Job Satisfaction Lecturer Health Polytechnic of Aceh". **Journal Ilmiah Peuradeun,** 5(1), 37-48. doi:10.26811/peuradeun.v5i1.117

SCHERCKER, TED. 1999. "Money Matters: Incomes Tell a Stock About Enviromental Dengers and Human Health". **Alternative Journal.** Vol. 25. No. 3. hal. 12

SMITH, TIMOTHY.W., ET AL. 2004. "Prevention and Health Promotion: Decades of Progress, New Challenges, and an Emerging Agenda". **Health Psychology.** Vol. 23, No. 2, hal 126-131

STEINBACH, M., & AFROOZEH, S. 2016. "Comparative Education in the Educational Systems and Problems in Likenesses and Differences between Regions of the World". **Journal Ilmiah Peuradeun,** 4(3), 333-346. doi:10.26811/peuradeun.v4i3.107

STEPHEN & STEPHEN. 1985. **Two Social Psychologies: An Integrative Approach.** USA: The Dorsey Press

TABB, WILLIAM. K. 2003. **Memahami Politik Globalisasi.** Globalisasi Perspektif Sosial. AliSugihardjanto, dkk., editor. Jakarta: C-Books

TABRANI ZA, & MASBUR. 2016. "Islamic Perspectives on the Existence of Soul and Its Influence in Human Learning (A Philosophical Analysis of the Classical and Modern Learning Theories)". **Journal Edukasi: Journal Bimbingan Konseling**, 1(2), 99–112. Retrieved from <http://Journal.ar-raniry.ac.id/index.php/cobaBK/article/view/600>

TABRANI ZA. 2011. "Dynamics of Political System of Education Indonesia". **International Journal of Democracy**, 17(2), 99–113.

TABRANI ZA. 2014. "Islamic Studies dalam Pendekatan Multidisipliner (Suatu Kajian Gradual Menuju Paradigma Global)". **Journal Ilmiah Peuradeun**, 2(2), 211–234.

TABRANI ZA. 2015. **Persuit Epistemology of Islamic Studies (Buku 2 Arah Baru Metodologi Studi Islam)**. Yogyakarta: Penerbit Ombak.

WALIDIN, W., IDRIS, S., & TABRANI ZA. 2015. **Metodologi Penelitian Kualitatif & Grounded Theory**. Banda Aceh: FTK Ar-Raniry Press.

YAFEE, DAVID. 2003. **Ekonomi – Politik Globalisasi**. Globalisasi Perspektif Sosialis. Ali Sugihardjanto dkk., editor. Jakarta : C-Books

YALI, ANN MERIE., ET AL. 2004. "How Changes in Population Demographics Will Impact Health Psychology: Incorporating a Broader Nation of Cultural Competence Into the Field". **Health Psychology**. Vol. 23, No.2, hal. 147-155

YEE, BARBARA. W.K., ET AL. 1995. "Panel IV: Risk Taking and Abusive Behavior among Ethnic Minorities". **Health Psychology**. Vol. 14, No. 7, hal. 622-631.



**UNIVERSIDAD
DEL ZULIA**

opción

Revista de Ciencias Humanas y Sociales

Año 36, N° 91, (2020)

Esta revista fue editada en formato digital por el personal de la Oficina de Publicaciones Científicas de la Facultad Experimental de Ciencias, Universidad del Zulia.

Maracaibo - Venezuela

www.luz.edu.ve

www.serbi.luz.edu.ve

produccioncientifica.luz.edu.ve