Impact of the restrictions on community activities policy during the COVID-19 on psychological health in Indonesia's urban and rural residents: A cross-sectional study

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Desdiani Desdiani[1*], **Auditya Purwandini Sutarto[2]**
[1]Department of Pulmonology and Respiratory Medicine, Occupational Medicine, Faculty of Medicine, Universitas Sultan Ageng Tirtayasa, Serang, Banten, Indonesia
[2]Department of Industrial Engineering, Universitas Qomaruddin Gresik, Gresik, Indonesia,

*Corresponding author. E-mail:
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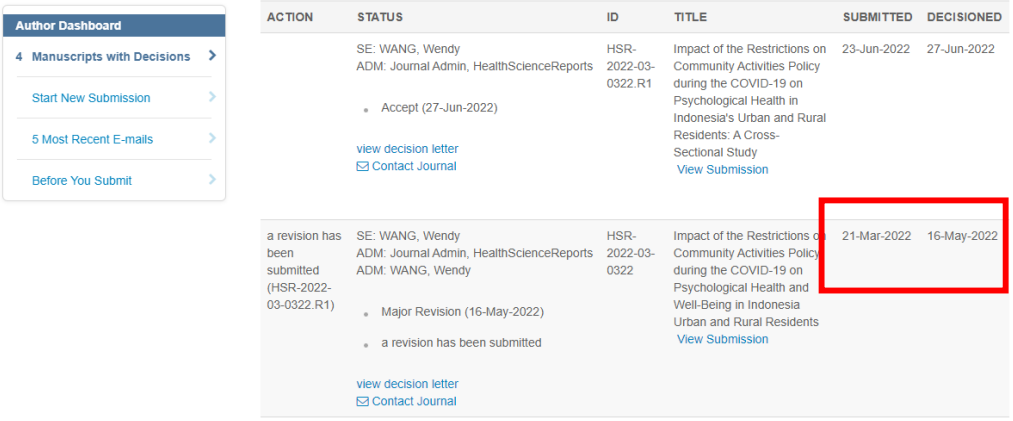

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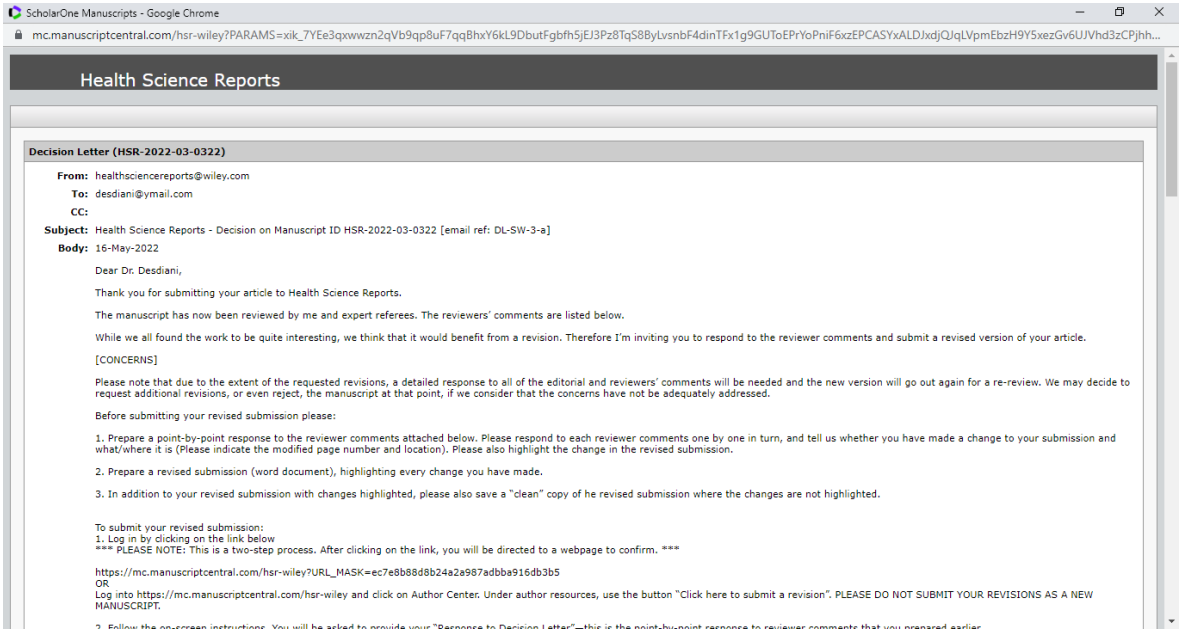
	SE: WANG, Wendy ADM: Journal Admin, HealthScienceReports • Accept (27-Jun-2022) view decision letter Contact Journal	HSR-2022-03-0322.R1	Impact of the Restrictions on Community Activities Policy during the COVID-19 on Psychological Health in Indonesia's Urban and Rural Residents: A Cross-Sectional Study View Submission	23-Jun-2022	27-Jun-2022
a revision has been submitted (HSR-2022-03-0322.R1)	SE: WANG, Wendy ADM: Journal Admin, HealthScienceReports ADM: WANG, Wendy • Major Revision (16-May-2022) • a revision has been submitted view decision letter Contact Journal	HSR-2022-03-0322	Impact of the Restrictions on Community Activities Policy during the COVID-19 on Psychological Health and Well-Being in Indonesia Urban and Rural Residents View Submission	21-Mar-2022	16-May-2022

Editor’s Decision Round 1: Revision, 16 May 2022



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Decision Letter (HSR-2022-03-0322)

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CC:

Subject: Health Science Reports - Decision on Manuscript ID HSR-2022-03-0322 [email ref: DL-SW-3-a]

Body: 16-May-2022

Dear Dr. Desdiani,

Thank you for submitting your article to Health Science Reports.

The manuscript has now been reviewed by me and expert referees. The reviewers' comments are listed below.

While we all found the work to be quite interesting, we think that it would benefit from a revision. Therefore I'm inviting you to respond to the reviewer comments and submit a revised version of your article.

[CONCERNS]

Please note that due to the extent of the requested revisions, a detailed response to all of the editorial and reviewers' comments will be needed and the new version will go out again for a re-review. We may decide to request additional revisions, or even reject, the manuscript at that point, if we consider that the concerns have not be adequately addressed.

Before submitting your revised submission please:

1. Prepare a point-by-point response to the reviewer comments attached below. Please respond to each reviewer comments one by one in turn, and tell us whether you have made a change to your submission and what/where it is (Please indicate the modified page number and location). Please also highlight the change in the revised submission.

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2. Follow the on-screen instructions. You will be asked to provide your "Response to Decision Letter"—this is the point-by-point response to reviewer comments that you prepared earlier.

Response Letter to Reviewers Round 1

Cover Letter

Dear Editor in Chief,

We are thankful for the reviews. The comments are encouraging. We have attempted to carefully addressed the provided comments and suggestions. We feel our manuscript is now significantly improved.

We have included the reviewer's and editor's comments in this submission system and responded to them individually, describing the changes and clarifying we have made. The changes are highlighted in the paper, and the revised manuscript is attached through the submission system.

We hope the revised manuscript is acceptable for the *Health Science Report*, and we thank for your continued interest in our research.

Sincerely,

Dr. Desdiani, Desdiani, MD

REPLY TO REVIEWER'S COMMENTS

Reviewer: 1

Comments to the Author
This paper examines the relationship between perceived pandemic impact, perceived support, traumatic stress symptoms (as measured with the IES-R) and sleep quality in a sample of 428 adult subjects residing in various provinces of Indonesia.

Though the subject matter is of interest and has contemporary relevance, there are certain aspects that would benefit from correction or clarification by the authors:

1. Abstract: The study objective should be stated more precisely. "Positive and negative impacts" is too vague; besides, the current study has focused on only 4 specific variables of interest. Also, the term "trauma distress" (here and in the text) is imprecise. It is better to refer to "trauma-related distress" or even "post-traumatic stress symptoms".

Reply:

Thank you for your suggestion. We have restated the objective into: "To investigate the psychological impact of the COVID-19 at the later stage in Indonesia between Indonesian urban and rural residents. We have also changed the term "trauma distress" into "trauma-related distress" throughout the text.

2. Introduction: The authors have stated that "Few studies simultaneously investigated the negative and positive impacts of the COVID pandemic". This is questionable given that there is now a vast amount of literature in this field, including systematic reviews and meta-analyses of psychological impacts. The authors should review this literature and incorporate the key findings thereof in their manuscript, as otherwise their results lack context.

Reply

As suggested, we have added a quite extensive literature including recent meta-analysis and systematic review on the psychological impact and post-traumatic stress disorders as well as sleep disturbance in general population (Alimoradi *et al.*, 2021; Jahrami *et al.*, 2021; Nochaiwong *et al.*, 2021; Prati and Mancini, 2021; Salehi *et al.*, 2021). We have also included more citation on possible positive impacts such as favorable lifestyle change (Hu, Lin, Kaminga and Xu, 2020; Kilani *et al.*, 2020; Weaver *et al.*, 2021) and increased social support (Grey *et al.*, 2020; Philpot *et al.*, 2021) (see pp 3-4). However, to our knowledge, there is still much less information about *simultaneous* negative and positive effects in general population. Among few studies are (El-Zoghby, Soltan and Salama, 2020; Ismail *et al.*, 2021; Zhang and Ma, 2020), but no previous studies has explored whether these simultaneous impacts affect differently residents between urban and rural areas.

3. Objective: The objective stated at the end of the Introduction is not precisely worded. The authors have referred to "negative mental health" but they have measured only one aspect of negative mental health (trauma-related distress) in their study, and not other relevant mental health outcomes such as anxiety or depression. It is best to rephrase this section to accurately reflect the work done by the authors.

Reply

Thank you for the suggestion. We have rephrased the term negative mental health into "trauma-related distress"

4. Participants and study design: Details of sample size calculation and estimated study power should be provided if the authors have calculated an ideal sample size prior to recruiting subjects for their study. Otherwise, the potential lack of power should be mentioned as a potential limitation when discussing the study findings.

Reply

We agree that we need to calculate the sample size before recruiting the subjects. Using prior information on the mean and standard deviation of the IES-R scores from urban and rural

residents (El-Zoghby, Soltan and Salama, 2020), we run G*Power software to perform sample size calculation. We selected *t*-test (Means - difference between two independent means (two groups) with 90% power level, significance level 0.05, and the to-be detected population effect size (=0.52 which was calculated based on prior finding (El-Zoghby, Soltan and Salama, 2020). Total sample required was 160, ($n_1 = n_2 = 80$). Unfortunately, as explicitly stated in the original submission in page 4 (or p. 5 in revised version), we employed convenience sampling, a non-probability sampling technique because of the time and resource constraints as well as to avoid possible infection. The aforementioned formula is only relevant to probability sampling method (Battaglia, 2011). We have already acknowledged that our sampling method is one of our study limitations as also mentioned in page 11.

5. Measures: The authors have used a 6-item scale designed for use during the SARS outbreak in 2006 for their study. Are there any more recently-developed instruments that could have been used instead? Were any changes made to this scale to reflect the differences between SARS (a local outbreak confined to a few areas) and COVID-19 (a global pandemic accompanied by extensive lockdowns and socioeconomic difficulties)? If not, this should be considered a significant limitation.

Reply

Thank you for pointing this out. We acknowledged that there are some scales developed specifically for studying the psychosocial impact of the COVID-19 pandemic such as Short Multidimensional Inventory Lifestyle Evaluation Multidimensional scale which was developed specifically to evaluate changes during the confinement (Balanzá-Martínez *et al.*, 2021) and the COVID-19 Pandemic Mental Health Questionnaire (CoPaQ) (Rek *et al.*, 2021). We selected the 6-item scale designed for SARS due because this scale is the first measure, to our knowledge, that directly asks respondents about their feeling on disease-crisis situation ("felt horrified due to the SARS"). Secondly, many COVID-19 pandemic-related studies (Al Dhaheri *et al.*, 2021; El-Zoghby, Soltan and Salama, 2020; Ismail *et al.*, 2021; Paulino *et al.*, 2021; Zhang and Ma, 2020) have also utilized this scale. Thus, it facilitates us to compare the results across population as delineated in the Discussion section (pp 9-11). Besides, we did not solely on this scale to measure the psychological impact, rather, we used it to better interpret findings from other established measures such as the IES-R and Jenkin's sleep scale. Nevertheless, because the psychometric evaluation of this scale is not clearly evaluated, we mentioned the use of this scale as one of the study limitations (p. 11).

6. Data analysis: It is surprising that the authors have collected a large amount of data but have not analyzed it in depth. Apart from the association of each variable with residential status, it would be interesting to examine correlations (Pearson's or Spearman's, depending on the data distribution) between scores on the IES-R, PSS and JSS, as well as between the perceived impact of COVID-19 (score on the unnamed 6-item scale) and these variables.

This is of particular interest because prior studies have demonstrated some associations between, e.g. social support and PTSD, or sleep quality and PTSD.

Reply

We have added more data analysis as suggested. We employed Spearman correlation analysis test to examine the association between IES-R and JSS, and other scales.

7. Results: See #6 above.

Reply

We have added a sub-section "Correlation Analysis" and provided the presentation additional results as shown in Table 3.

8. Discussion: Any significant findings obtained after attention to #6-#7 should be incorporated into this section. The percentage of subjects scoring above the IES-R cut-off for possible PTSD could be mentioned and compared with individual studies as well as systematic reviews of PTSD symptomatology during the COVID-19 pandemic. Comparisons with other studies measuring the frequency of insomnia / sleep disturbance should also be mentioned here.

Reply

We have added more discussion regarding

- comparison between our findings with recent studies and systematic reviews on PTSD or psychological health during the COVID-19 among general population (Nochaiwong *et al.*, 2021; Prati and Mancini, 2021; Qiu *et al.*, 2021; Salehinejad, Ghanavati and Kouestanian, 2020)
- comparison with other sleep studies during the COVID-19 (Alimoradi *et al.*, 2021; Jahrami *et al.*, 2021; Nochaiwong *et al.*, 2021)
- findings from the correlation analysis

9. Limitations: See #4 and #5 - if the authors are not able to provide a justification for these points, they may be mentioned as limitations.

Reply

We have incorporated sampling technique and the six-item scale as our limitations

10. Discussion and Conclusions: The implications of these findings for public health and policy during the subsequent stages of the pandemic should be discussed.

Reply

Thank you. We have added some implications in the last of Discussion section (pp 11-12). We have also rewritten the Conclusion.

Editor Comments to Author:

Authors are encouraged to review and follow the recommendations put forward in the "Guidelines for reporting of statistics for clinical research in urology" (Assel et al., 2018) for guidance on the proper analysis, reporting, and interpretation of clinical research.

When possible, quantify findings and present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals). Use means and standard deviations (SDs) for normally distributed data, and medians and ranges or interquartile ranges (IQRs) for data that are not normally distributed.

Whenever possible, proportions and percentages should be accompanied by the actual numerator and denominator from which they were derived.

Avoid relying solely on statistical hypothesis testing, such as P values, which fail to convey important information about effect size and precision of estimates. P values should never be presented alone without the data that are being compared and the test used to derive them. If P values are reported, please follow standard conventions for decimal places: for P values less than .001, report "P<.001"; for P values between .001 and .01, report the value to the nearest thousandth; for P values greater than or equal to .01, report the value to the nearest hundredth; and for P values greater than .99, report as "P>.99."

References for the design of the study and statistical methods should be to standard works when possible. Define statistical terms, abbreviations, and symbols. Further, distinguish prespecified from exploratory analyses, including subgroup analyses.

At the end of the Methods section, please describe all of the statistical tests used for the analyses. State any a priori levels of significance, and whether tests were 1- or 2-sided. Also, specify the statistical software package(s) used in the analyses, and its versions. We encourage authors to follow SAMPL guidelines.

Reply

We have attempted to follow the guideline strictly (Assel *et al.*, 2019). We have made some changes as follows:

- For ordinal scale measurement (perceived support scale, positive and negative impact), we have replaced previously reported the mean and standard deviation with the respective medians and IQRs. We remained reporting the mean and standard deviation of total scores IESR and JSS because their final scores were a summation of the total items, following the author's recommendation
- Reporting *p*-value as appropriate precision
- Report percentages, rates and probabilities to 2 significant figures
- Rewrite the conclusion and add implication

Reporting guidelines ensure good reporting standards, so that your study can be understood, replicated, or used in a systematic review. Please stick to STROBE checklist when revising the manuscript (https://www.equator-network.org/reporting-guidelines/strobe/). Ethical approval details and informed consent should be stated. These should appear in "Methods" section.

Reply

We have explicitly mentioned the ethical approval and informed consent in the Method section page (pp 5). We included the STROBE checklist as supplement

Please show your study type in the title. Example: The trend of top five types of poisonings in hospitalized patients based on ICD-10 in the northeast of Iran during 2012–2018: A cross-sectional study

Reply

We have added the study type in the title as suggested.

The Abstract should be divided into the following sections 'Background and Aims', 'Methods'. 'Results', and 'Conclusion', and it should not exceed 300 words. Details can be found in the journal Author Guidelines.

Reply

We have rewritten the abstract according to the Journal Guidelines.

Please supplement the figure legend to meet the requirement of Chart self-evident.

Reply

We have not included any figure in the manuscript; however, we have revised the table to meet the requirement of self-explanatory tables.

Reply

We have revised the reference citation (using Vancouver system) and provided all statements (number 1 to 6) as requested

7 Please check all references to ensure that none of the cited articles have been retracted. You can use the Retraction Watch database, available here (http://retractiondatabase.org/); Zotero does this automatically (https://bit.ly/2RPrA3F). PubMed now also tags retracted articles. Similarly, please check whether a "Correction" has been issued for any of the cited articles, and if that is the case, please evaluate whether this affects the relevance of the citation for your article.

Reply

As suggested, we have checked all citations and found none had been retracted.

8 If you are acknowledging people in your article by name, it is expected that the corresponding author has obtained permission for them to be included in the

Acknowledgments section of your article. This, in agreement with ICMJE recommendations, as acknowledgments may imply endorsement of acknowledged individuals of a study's data and conclusions.

9 Please note that the submitting author is required to provide and ORCID ID

Reply

We have added ORCID ID for all authors

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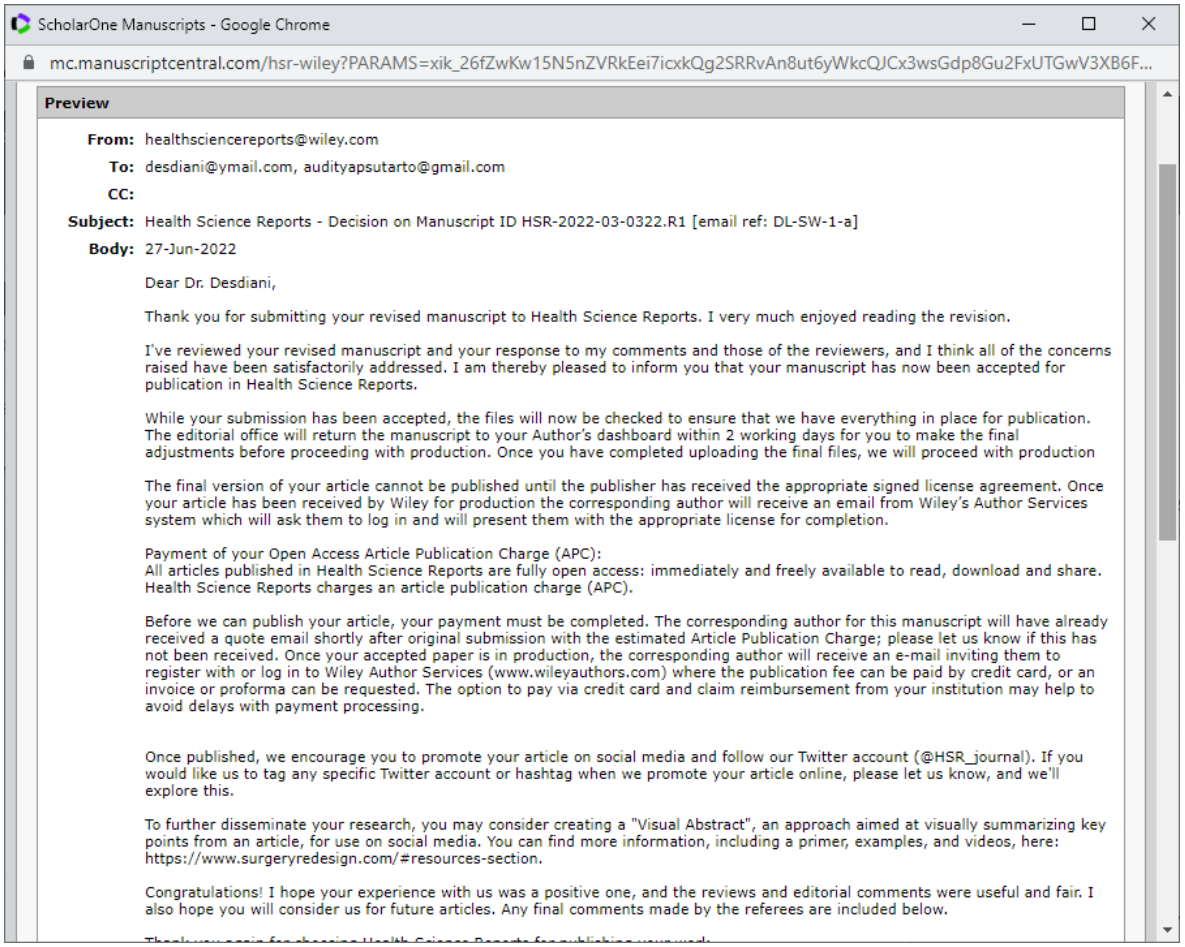
Editor’s Decision: Accepted, 27 June 2022



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CC:

Subject: Health Science Reports - Decision on Manuscript ID HSR-2022-03-0322.R1 [email ref: DL-SW-1-a]

Body: 27-Jun-2022

Dear Dr. Desdiani,

Thank you for submitting your revised manuscript to Health Science Reports. I very much enjoyed reading the revision.

I've reviewed your revised manuscript and your response to my comments and those of the reviewers, and I think all of the concerns raised have been satisfactorily addressed. I am thereby pleased to inform you that your manuscript has now been accepted for publication in Health Science Reports.

While your submission has been accepted, the files will now be checked to ensure that we have everything in place for publication. The editorial office will return the manuscript to your Author's dashboard within 2 working days for you to make the final adjustments before proceeding with production. Once you have completed uploading the final files, we will proceed with production

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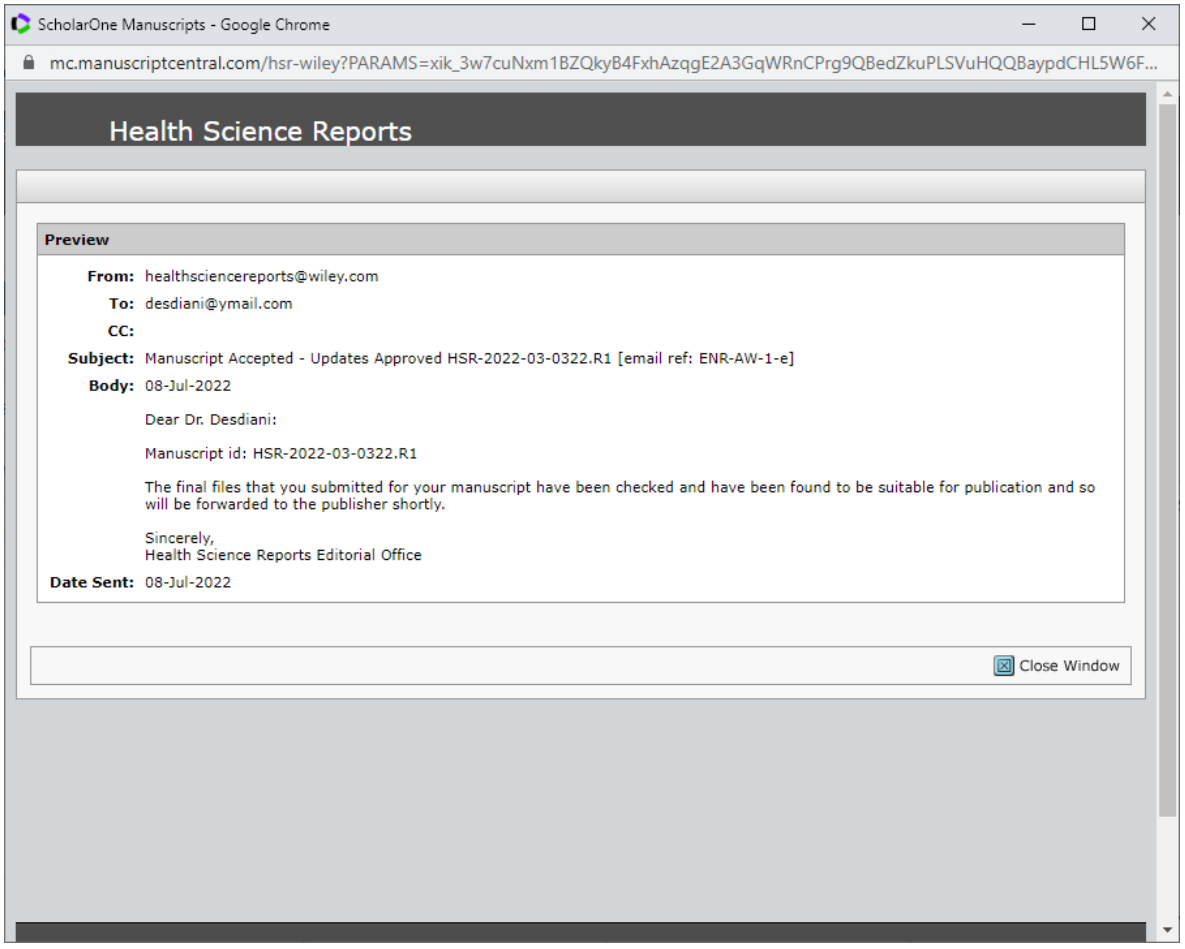
Congratulations! I hope your experience with us was a positive one, and the reviews and editorial comments were useful and fair. I also hope you will consider us for future articles. Any final comments made by the referees are included below.

Proof Notification 8 July 2022



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