The Resilience of Persons with Disabilities during the COVID-19 Pandemic

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Cover Page Footnote
The online data collection of this study, which took place 1.5 years after the beginning of the COVID-19 pandemic, utilized independent funds. The authors would like to express our deepest gratitude to members of the organization Persatuan Bangkit Bersama (PBB) and the Paguyuban Penyandang Paraplegia Yogyakarta (P3Y) for their willingness to be respondents in this study.

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Abstract
The resilience of persons with disabilities throughout the COVID-19 pandemic requires special attention due to their precarious nature. This article complements previous studies on the resilience of various social groups in the face of the COVID-19 pandemic by focusing on (1) The level of resilience of people with disabilities, and (2) The factors that determine such resilience. The resilience of persons with disabilities is measured personally using the The Connor-Davidson Resilience Scale (CD-RISC) developed by Kathryn M. Connor, MD and Jonathan R.T. Davidson, MD. Meanwhile, community resilience was measured using a concept developed by Norris F.H and Steven R.P. This study utilizes a survey method with a research sample of 137 disabled individuals of the organization Persatuan Bangkit Bersama(PBB) and the Yogyakarta Paraplegic Association (P3Y) in Yogyakarta. Data was retrieved through questionnaires distributed as a Google Form link via WhatsApp. The results showed that the resilience of persons with disabilities during the COVID-19 pandemic was in the high (52.6%) and moderate (47.4%) categories. The determinants of resilience are (1) external factors in the high category (68.6%) and medium category (31.4%); and (2) internal factors in the high (45.3%) and medium (54.7%). The most significant factors for the resilience of persons with disabilities are external ones, namely the carrying capacity of family, friends in organizations, neighbors, government policies, and NGO assistance.

Keywords: Resilience, Persons with Disabilities, CD-RISC Scale, Social Supporting Capacity, Personal Competence

INTRODUCTION

Resilience is the ability of individuals or communities to adapt to and survive discomfort, shock, as well as pressure that comes from natural disasters and other significant problems in life (Ainuddin and Routray...
Throughout the COVID-19 pandemic, achieving resilience was quintessential for people with disabilities. Data from the 2018 National Socio-Economic Survey or Susenas (Badan Pusat Statistik 2018) showed that the number of Indonesians living with disabilities amounts to 14.2% of the national population, or 30.35 million people (Nasihudin 2020). Moreover, these numbers comprise various types of disabilities, including blindness, deafness, to physical, intellectual, and mental impairment. Consequently, any form of intervention and support to increase resilience in disabled persons would need to take into account their specific types of disabilities.

To mitigate negative impacts of the COVID-19 pandemic for people with disabilities, the government has devised and implemented an array of social protection schemes. These programs include social fund assistance, home care services, providing tax breaks to companies that employ persons with disabilities, and providing special complaint services for disabled people (CNN Indonesia 2021). The Poverty Reduction and Community Empowerment Division of the Ministry of National Development Planning (Bappenas) was responsible for spearheading these interventions, coordinating with task units at the lower provincial level.

However, 18 months into the pandemic, these programs had been deemed to come up short of its initial target, having failed to reach most parts of the disabled populace. Survey results from the network of persons with disabilities in April 2021 showed that only 11.6% of disabled people have received social assistance, while the Ministry of Social Affairs stated that social aid managed to reach 140,161 persons with disabilities (Jamaludin 2021).

Having experienced various discrimination and hurdles in accessing social aid services throughout the COVID-19 pandemic, people with disabilities became aware of the need to mutually support and strengthen one another (Ajiwan 2021), including by incorporating themselves into organizations.

The resilience of persons with disabilities cannot be separated from their own level of vulnerability. For example, people with disabilities were twice more likely to be exposed to the coronavirus compared to their abled counterparts (Jamaludin 2021). In general, persons with disabilities face vulnerability in four sectors, namely education, employment, health, and social protection (Ajiwan 2021). On average, people with disabilities tend to have lower education, which confines most of them to working in the informal sector. As the coronavirus pandemic...
caused many informal enterprises to go out of business, many disabled people lost their sources of income as a consequence (Ajiwan 2021). Research from the platform for disability advocacy Solider also shows that persons with disabilities also require serious attention for various congenital health problems apart from the coronavirus itself (Ajiwan 2021). Gender, too, is a factor that increases vulnerability, as women with disabilities have the higher possibility of being unemployed/working in precarious, low-paying jobs compared to men with disabilities (Ajiwan 2021).

As such, an inquiry on the resilience of people with disabilities will help to explain how, being faced with conditions of high vulnerability, that these persons were able to survive. The research will also find out the extent of which such resilience is influenced by internal, individual factors, as well as external factors (such as social-carrying capacities).

To date, there have already been several studies on resilience against the COVID-19 pandemic, each focusing on communities (reference), families (reference) and among students (reference). Studies on community resilience, for example, show that communities were better-equipped in dealing with the pandemic by: the utilization of a “vulnerability analysis matrix” for risk management; empowering volunteers for emergency response; government policies and action-plans that mitigate emergency public health disorders; a robust risk communication throughout planning processes; as well as a sense of belonging as residents of the same area and cooperation between communities at the village level (Anon 2010; Sunarno and Sulistyowati 2021; Zhang et al. 2020). Community resilience throughout the COVID-19 pandemic also grew through the provision of education in the period of social distancing, and by ensuring ease of movement in public spaces by improving bicycle and walking paths (Litman 2020). On a more general level, community resilience is influenced by several factors, such as the experience in facing social challenges, the capacity to facilitate self-organization, as well as innovative practices for dealing with obstacles and difficulties during the COVID-19 pandemic (Bento and Couto 2021).

Meanwhile, studies on the resilience of families have found that the families working in informal sectors require more economic, psychological, and health support compared to families with formally-employed workers (Casmini 2020). Families with high expectations/determination, social support, flexibility, and self-esteem are more likely to be resilient in facing the pandemic (Casmini 2020; Susilowati 2020). Other
Factors that have been shown to support family resilience include psychological flexibility, positive parental attitudes, the minimization of conflict, as well as the increase of good relations, spirituality, and social support capacity (Herfinanda et al. 2021; Khoiri Oktavia and Muhopilah 2021; Sholihah and Muslih 2020). In Islamic communities and families, reading Surah Al-Fatihah (which amounts to a therapeutic activity), prayer, dhikr, along with a sincere and grateful attitude have also been tools for forging resilience throughout the pandemic (Asrun and Nurendra 2021).

Finally, a previous research found that students with disabilities struggled in adjusting with online learning methods in the beginning of the pandemic. These difficulties had somewhat abated after a period of three months, as disabled students were finally able to adapt by communicating with lecturers, as well as though getting help from their classmates and volunteers from disabled service centers throughout the learning process (Ro’fah, Hanjarwati, and Suprihatiningrum 2020). Another study found that students in general felt anxious about their online learning, but were optimistic that the pandemic might be over soon (Sari, Aryansah, and Sari 2020).

In light of these previous studies on resilience throughout the COVID-19 pandemic, this article aims to focus on the pandemic resilience of persons with disabilities. Not only was this group already amongst the most vulnerable members of the populace in pre-pandemic situations; as mentioned before, people with disabilities also amount to 14.2% of Indonesia’s population or 30.35 million people (Nasihudin 2020). And while the bulk of the public health turmoil might have finally subsided, disabled communities still require further attention to ensure their post-crisis resilience.

This article specifically examines the factors that affect the strength of persons with disabilities during the COVID-19 pandemic and measures their level of resilience. Within this article, resilience is posited as influenced by both internal and external factors. Indicators for measuring internal factors include personal competence, self-confidence, adaptability, self-control and goal achievement, as well as spiritual influence. Meanwhile, external factors consist of social support from families, friends, the government, and various organizations providing help for disabled members of the populace.

This study surveyed a random sample of 137 people from the total population of 443 individuals. The process of data retrieval utilized
questionnaires on Google Forms distributed via WhatsApp, while data analysis utilized the SPSS software (version 26), resulting in a descriptive analysis, frequency analysis, and factor analysis. Overall, the resilience of persons with disabilities during the COVID-19 pandemic falls into high (52.6%) and moderate (47.4%) categories. The influence of external factors are mostly high (68.6%) or medium (31.4%), while internal factors are mostly regarded to have medium (54.7%) or high (45.5%) influence. In conclusion, external factors have the most effect on the resilience of persons with disabilities, in which people are better-equipped in dealing with the pandemic crisis through the carrying capacity of their family, along with assistance from friends in organizations, neighbors, NGOs, and government policies.

THEORETICAL FRAMEWORK

Resilience is a complex construct and can be defined differently in the individual, family, organizational, community, and cultural level (Southwick et al. 2014). Therefore, resilience analysis can cover demographic, cultural, economic and social variables (Southwick et al. 2014). One way to define resilience is as a psychological capacity, namely the positive adaptation or ability to maintain or regain mental health after experiencing adversity (Herrman et al. 2011). The American Psychological Association defines resilience as the successful process of adapting in the face of adversity, trauma, tragedy, threats, or even significant sources of stress such as family problems, health problems, or other stressors coming from work and finances. Resilience can also refer to the ability to “bounce back” from complex events (Association n.d.).

On a larger scale, community resilience focuses on empowerment, the intervention of governance structures, as well as the decentralization of flexible, inclusive, and adaptive development policies to increase community participation and collaboration (Lam and Kuipers 2019). Another study suggests resilience as a ratio between readiness/capacity and the degree of vulnerability. In this case, the dimensions of capacity and vulnerability are designated as social, economic, communal, institutional, and infrastructure (Kusumastuti et al. 2014).

A study conducted in Indonesia suggested a theory of stability on individuals with disabilities. After succumbing to paraplegia caused by an earthquake disaster, people who found themselves recently-disabled tend to experience several different stages: the stressed and depressive
stage; the self-acceptance and adaptation stage; the self-development stage, which involves capacity-building; and finally the resilience stage, in which they are able to work, socialize, and be independent in their mobility (Hanjarwati et al. 2020).

The process in reaching each stage is understandably different from one individual to another. Nonetheless, researchers of this study deliberately made a general categorization in which transition from the stressed/depressive stage to the self-acceptance/adaptation phase takes around six months to two years; self-acceptance to capacity-building stage in one to two years; and from capacity-building to the resilience stage, also another one two two years (Hanjarwati et al. 2020). To be able to achieve the next stage, persons with disabilities must tap into support from within themselves (an optimistic disposition, communication skills, as well as the desire to be independent) (Hanjarwati et al. 2020).

In particular, the external indicators utilized in this research is derived from the concept of resilience presented by Fran H. Norris, namely the variables of social capital comprising social support and expected social support; informal ties; organizational relationships and cooperation; leadership and role participation; as well as a sense of togetherness and similarity of place of origin (Norris et al. 2008). In the context of this study, these external indicators are interpreted as social support, family support, friend support, government support and organizational support.

![Figure 1. Framework on Resilience](source: synthesis of various literature, Researcher Process, 2021)

There is also the notion of a “Resilience Index”, which is generally understood as the ability to cope (coping capacity), as well as the ability...
to adapt (adaptive capacity) (Parsons et al., 2016). “Coping” reveals the character of communities, social and economic capital, efficacy of infrastructure and planning, existence of emergency services, and availability of information. Meanwhile, “adaptability” pertains to governance, policies, leadership, as well as the social involvement of communities (Parsons et al. 2016).

In parallel to the more abstract Resilience Index, experts have also devised several scales to measure resilience in individuals and communities. One of these quantitative measurements is The Connor-Davidson Resilience Scale (CD-RISC) developed by Kathryn M. Connor, M.D. and Jonathan R.T. Davidson, M.D. The CD-RISC determines the degree of resilience through five aspects, namely personal competence (tenacity); self-confidence; the capacity to accept change in a positive manner (adaptability); one’s self-control in achieving their goals, including how to ask for help from others; as well as spiritual influence (belief in God and in destiny) (Connor and Davidson 2003). These five aspects are then expanded into 25 statements on a Likert Scale, which gauges one’s agreement or satisfaction to a particular statement. The ranking also suggests that resistance can be modified and improved through treatment, with more substantial increases corresponding to higher global levels of improvement (Connor and Davidson 2003).

The CD-RISC is generally regarded as having good psychometric properties, meaning it is largely accurate in distinguishing between people with more significant levels of resilience compared to those who score lower. The scale has also been proven valid on a global scope, having proven to withstand the validity and reliability requirements when applied to the different cultural backgrounds of various countries. In a case-study in Turkey, exploratory and confirmatory factor analysis suggests that the Turkish version of the CD-RISC scale is a valid and reliable measure of resilience (Karairmak 2010). Meanwhile, there was also research using the CD-RISC scale in Indonesia with a Cronbach’s Alpha of 0.90, an item reliability value of 0.92, and a personal reliability of 0.88 (Irawan et al. 2020). Based on calculations utilizing the Rasch model, this adapted scale has achieved adequate requirements to be used as an instrument for research or measurement (Irawan et al. 2020).

This study utilizes the CD-RISC scale developed by Connor-David to determine factors that influence resilience and designate their corresponding levels. In the context of the COVID-19 pandemic, an individual or community is resilient when they are able to survive in very
different conditions compared to their pre-pandemic ways of life. As pandemic state policies such as government-mandated social distancing require people to isolate themselves and refrain from face-to-face social interactions, many citizens, including those with disabilities, end up being forced to study and work from home. In addition, Government Regulation Number 21 of 2020 on Large-Scale Social Restriction (PSBB) limits community activities in public spaces to prevent the spread of the coronavirus, indefinitely suspending direct teaching and learning activities, religious congregation, as well as access to public transportation (Syahrial 2020). The closure of public spaces, shopping centers, hospitality services, and tourist attractions greatly affected the economy, and many companies were forced to reduce their number of employees both permanently and temporarily, leaving many to lose their jobs and sources of income.

On the other hand, the government also issued guidelines in providing compensation and social assistance to help communities overcome the impact of the COVID-19 pandemic. These policies include provisions for staple commodities, direct cash assistance, free health costs, as well as compensation for families who lost their members to the coronavirus. Many communities and humanitarian organizations have also taken the initiative in assisting communities experiencing difficulties during the pandemic, including special assistance for persons with disabilities.

METHOD

This study utilizes a quantitative survey method. The population in this study consists of 137 people with disabilities in two different organizations, namely the of the organization Persatuan Bangkit Bersama (PBB) and Paguyuban Penyandang Paraplegia Yogyakarta (P3Y) (Hadiwiyono 2020; Purwanti 2020). The sampling technique in this study was a census in which all 137 members of the population were sampled (Burhan Bungin 2011; Nanang Martono 2010; Singarimbun 1989).

The research instrument is a questionnaire with a total of 87 questions, in which 40 questions pertain to external factors (variables related to social-carrying capacity), while the other 47 questions inquire on internal factors (dimensions of personal competence). Question items in the questionnaire are developed from the CD-RISC Scale supplemented with several indicators and comparison variables. These supplemental
questions are intended to enable our research to obtain more varied, in-depth data on resilience.

Answers are measured using a Likert scale, which is commonly used to measure attitudes, opinions, and perceptions (Suseno 2012). Answers in each question items range from a very positive to a very negative response, comprising “strongly agree”, “agree”, “disagree”, and “strongly disagree”. In addition, the question items consist of two types of statements, namely favorable (66 statements) and unfavorable (21 comments). Table 1 describes the variables utilized in this study and their indicators.

Table 1. Research Variables and Indicators (Internal and External Factors)

<table>
<thead>
<tr>
<th>No</th>
<th>Variables</th>
<th>Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Personal Competence</td>
<td>How one agrees that they are capable of achieving goals in situations of setbacks or failures.</td>
</tr>
<tr>
<td>2</td>
<td>Self-Confidence</td>
<td>Possessing tolerance for being subject to harm, as well as the strength/toughness when facing stressful situations. This indicator is associated with the capacity to retain calm, the speed in coping with stress, to think carefully, and to stay focused even when faced with problems.</td>
</tr>
<tr>
<td>3</td>
<td>Adaptability</td>
<td>To positively accept change and the ability to forge secure relationships with others.</td>
</tr>
<tr>
<td>4</td>
<td>Self-control</td>
<td>To exert control in achieving goals, as well as the aptitude to ask/get help from others.</td>
</tr>
<tr>
<td>5</td>
<td>Spiritual influence</td>
<td>Belief in the best outcomes within one's destiny and the kindness/mercifulness of God.</td>
</tr>
<tr>
<td>6</td>
<td>Social-Carrying capacity</td>
<td>Support from family, friends, the government, as well as other organizations and NGOs.</td>
</tr>
</tbody>
</table>

Source: Researcher Data Processing, 2021

Data retrieval was carried out online by sharing a Google Forms link in WhatsApp groups as well as personally. All 137 respondents managed to complete the questionnaire. Validity testing suggests that all 87 statements in the questionnaire managed to score a value of > 0.05 and almost close to 1 on the corrected item-total correlation coefficient, and as such are considered to be valid (Suseno 2012). Meanwhile, the reliability of our response samples will be proven if their Cronbach’s Alpha value amounts to > 0.06. Our data scores a Cronbach’s Alpha of 0.931, therefore indicating high reliability (Nanang Martono 2010). Analysis was conducted using the SPSS 26 software, resulting in statistical description, frequency, and factor analysis.
Statistical Description Analysis serves to provide descriptive information on existing data. Statistical description data include the number of subjects (N); minimum value; maximum value; the central symptom, which consists of the mean, median, and mode; as well as measuring deviations, including the standard deviation (SD). Furthermore, these data can also be presented in the form of frequency and percentage tables (Suseno 2012), including the demographic data of our respondents such as age, income, and education. Frequency Analysis can also demonstrate the tendency or highest percentage of answers to a specific indicator or variable.

Finally, Factor Analysis is a technique used to find factors that can explain the relationship or correlation between various independent indicators that are observed. Factor Analysis is also used to identify a relatively small number of factors that might explain a large number of interrelated variables (Bambang Prasetyo 2013). In our study, Factor Analysis is utilized to identify specific factors affecting the resilience of persons with disabilities that can illuminate the relationship or correlation between various indicators of internal and external factors. This analysis also looks at factors that have the largest influence on the resilience of our respondents during the COVID-19 pandemic.

RESULTS AND DISCUSSION

1. Profile of Persons with Disabilities

The respondents of this study are persons with disabilities who are members of two organizations, namely of the organization Persatuan Bangkit Bersama (PBB) and Paguyuban Penyandang Paraplegia Yogyakarta (P3Y). Initially, the members of these organizations are individuals who became paraplegic, or needing wheelchair assistance, due to the 2006 earthquake in Bantul Regency. Yet over time, the PBB and P3Y found new members outside of victims of the 2006 earthquake, and now welcome all people with disabilities who live in the Special Region of Yogyakarta (DIY).

The gender composition of our respondents consist of 59% female and 41% male. According to the organization management, this is due to most of the victims of the 2006 earthquake disaster being women. Meanwhile, 75.9% of our respondents are married, 19% unmarried, and the other 5.1% are widowed. The majority of respondents fall into the 41-50 years old age group (40.1%), then 51-60 years old (24.1%),
followed by 31-40 years old (21.9%), 21-30 years old (8.8%), and the age of 60 or older (5.1%). These numbers suggest that the average age of persons with disabilities in PBB and P3Y are middle-aged to elderly, and might reasonably possess higher levels of vulnerability during the COVID-19 pandemic.

In terms of their highest level of education, most of our respondents are either high school (37.2%) or elementary school (35%) graduates; others have attained junior-high school education (14.6%), a Diploma or D3-equivalent (2%), and a graduate degree (2.2%). The other 8.8% of respondents never attended formal education. Looking at the composition of this data, it can be concluded that the average level of education attainment amongst our disabled respondents is still relatively low, which is likely to have implications to their professional status. Survey results indicate that most of our respondents are working odd, precarious jobs (70.1%), while 18.2% work as entrepreneurs, and 11.7% as traders.

Working in precarious or uncertain jobs greatly impacts the level of welfare of persons with disabilities. Most of our respondents report an average income per month of around IDR 500,000 (74.5%), while others earn between IDR 500,000 to 1,500,000 (21.2%) and between IDR 1,500,000 to 3,000,000 (2.2%). These numbers, however, reflect their average income before the COVID-19 pandemic, and respondents report their streams of income throughout the pandemic being even more uncertain. This condition puts great emphasis on the welfare status of families amongst people with disabilities, as only a small number of our respondents come from an economic status that can be considered above average.

II. Resilience of Persons with Disabilities

This study utilizes the CD-RISC scale, along with several additional indicator items, to measure the resilience of people with disabilities. Analysis of the frequency and average value of our respondents’ answers on each indicator will lead to a final measurement on the level of resilience of people with disabilities. Resilience level is categorized within these following scores: very low (< 2), bass (low) (2-4), moderate (4-6), high (6-8) and very high (> 8). On the basis of this categorization, Table 2 shows the resilience level of our respondents, along with variables of social support and personal competence.
Table 2.
Level of Resilience, Social Supporting Capacities, and Personal Competence of Persons with Disabilities during the COVID-19 Pandemic

<table>
<thead>
<tr>
<th>No</th>
<th>Variables</th>
<th>Category</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Resilience</td>
<td>High</td>
<td>52,6%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Moderate</td>
<td>47,4%</td>
</tr>
<tr>
<td>2</td>
<td>Social Support</td>
<td>High</td>
<td>68,6%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Moderate</td>
<td>31,4%</td>
</tr>
<tr>
<td>3</td>
<td>Personal Competence</td>
<td>High</td>
<td>45,3%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Moderate</td>
<td>54,7%</td>
</tr>
</tbody>
</table>

Source: Researcher Data Processing, 2021

From the table, it can be concluded that the resilience of people with disabilities throughout the COVID-19 pandemic falls into high and moderate levels. Furthermore, it also indicates that people with disabilities were able to survive and rise above the various difficulties they encountered. Among the problems they faced include the uncertainty of income (especially because most people with disabilities work odd jobs and in the non-formal sector), as well as not being able to gather with fellow persons with disabilities in routine organization events, which has been deemed as a source of enthusiasm and positive energy (Research Data, 2021). Although organization meetings have taken place online during the pandemic, many regard the session to be different compared to seeing one another face-to-face.

III. Resilience Factors of Persons with Disabilities

THE CD-RISC Scale utilized in this study designates resilience as comprising external factors (social carrying-capacities) and internal factors (personal competence). External factors consist of family support, organizational friends, government assistance, and social organizations. Meanwhile, the internal factors consist of self-confidence, adaptability, self-control, and spiritual influence (Connor and Davidson 2003; Norris et al. 2008).

Family support helps people with disabilities to meet the daily needs that they cannot fulfill on their own. For example, if a person with a disability has been the main breadwinner of their family, their spouse might be encouraged to find alternative sources of income during the pandemic (Research Data, 2021). Support also came from friends within the PBB and P3Y, such as maintaining communication through video
calls and sharing in the organization Whatsapp groups (Research Data, 2021). Government support involves free healthcare for persons with disabilities, cash assistance through the Family Hope Program or Program Keluarga Harapan (PKH) that can be accessed by married individuals with disabilities, as well as a separate financial assistance for persons with disabilities who are not yet married (Research Data, 2021). Finally support from other social organizations comes in the form of staple commodities and cash transfers, although not all members of PBB and P3Y received such assistance.

Meanwhile, questionnaire responses indicate that the most significant internal factor to the resilience of people with disabilities is their spiritual influence, such as in believing that tragedies and hardships brought by the pandemic is ultimately God’s will, and that these challenges will end soon. Our respondents also score the adaptability variable as being significant. Throughout the COVID-19 pandemic, people with disabilities indeed had to adapt themselves to new habits and routines; nonetheless, they find this easy to do because everyone else is undergoing a similar experience, and not only people with disabilities. Hence, they feel a universal sense of solidarity with the wider community to stay motivated and rise during the COVID-19 pandemic. Finally, internal variables that score as moderate are the ability to control oneself and self-confidence.

The descriptive statistics on internal and external factors can be seen on Table 3 below. Overall, the external/social support indicators score an average value of 3.17 (79.2%), which is higher than the average value of internal/personal competence indicators of 3.04 (76.0%).

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Mean</th>
<th>Std.Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal competence</td>
<td>137</td>
<td>2.57</td>
<td>3.91</td>
<td>3.0407</td>
<td>.31970</td>
</tr>
<tr>
<td>Social Support</td>
<td>137</td>
<td>2.75</td>
<td>3.95</td>
<td>3.1686</td>
<td>.34183</td>
</tr>
<tr>
<td>Valid N (listwise)</td>
<td>137</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Researcher Data Processing, 2021

CONCLUSION

The result of this study concludes that the level of resilience amongst people with disabilities during the COVID-19 pandemic was mainly in the high and medium score categories. Based on frequency analysis,
the most significant factor supporting their resilience is social support, and the second is personal competence. Social support indicators score an average value 3.17 (79.2%), which is higher than the average value of personal competence indicators of 3.04 (76.0%). It shows that support from family, friends, organizations, government policies, and assistance from other NGOs has a significant influence to help people with disabilities rise and adapt to the unfavorable conditions resulting from the COVID-19 pandemic.

Factor Analysis concludes that the resilience of our respondents are derived from the support of their families, help from friends in the PBB and P3Y. Other supportive factors are assistance from the government and social organizations, as well as self-confidence, adaptability, and self-control against stress. A significant internal variable is that of spiritual influence, which aids one by seeing hardships and tragedies as part of God’s larger plan. We recommend further research to measure resilience of persons with disabilities using other resilience scales to that of the CD-RISC, as well as implementing a study with mixed methods to obtain more rich, in-depth data.

ACKNOWLEDGMENTS

The online data collection of this study, which took place 1.5 years after the beginning of the COVID-19 pandemic, utilized independent funds. The authors would like to express our deepest gratitude to members of the organization Persatuan Bangkit Bersama (PBB) and the Paguyuban Penyandang Paraplegia Yogyakarta (P3Y) for their willingness to be respondents in this study.

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