

Community Resilience in the Time of the COVID-19 Pandemic: A Qualitative Study on Local Perspectives in the Island of Lombok

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ABSTRACT

The Coronavirus disease (Covid-19), was declared a pandemic as it spread globally. In Indonesia the initiatives on mitigation and slowing the spread of the disease focused on physical distancing efforts. Focusing in Mataram, the main region of the Island of Lombok, West Nusa Tenggara Province. We analysed local perceptions and how socio-cultural responses were developed in the context of disease prevention during the Covid-19 pandemic. We conducted interviews with 34 respondents, comprising local religious leaders, health practitioners, and local members of the community. Moreover, this constructed details on the local narratives of the pandemic. Major cultural and religious activities that require physical contact and mass gatherings were readjusted and integrated in accordance with new government policies. However, the understanding of Covid-19 as a public health emergency has not been fully accepted; thus, inadequate readjustment may have halted the progress of mitigation and disease prevention.

Keywords: Covid-19, Lombok, Resilience, Response

1. INTRODUCTION

The first pneumonia case of an unknown origin surfaced in early December 2019 in Wuhan, Hubei Province of China, where it clinically manifested similarly to the severe acute respiratory syndrome (SARS) caused by a strain of the Coronavirus family. Later, this unknown pneumonia case was identified to be caused by an enveloped RNA beta coronavirus or the SARS-COV-2 [1]. Subsequently, it was named the Coronavirus disease 19 (Covid-19). By the end of January 2020, the World Health Organization (WHO) declared the outbreak as a Public Health Emergency of International Concern (PHEIC) in an attempt to accelerate international coordination. Despite acceleration being made in containment efforts, the outbreak spread to more countries, as of the 12th of

March 2020, the outbreak was later declared as Pandemic [2].

Moreover, since the outbreak of the disease, research on the clinical and epidemiological course of Covid-19 is rapidly expanding. However, lessons from the SARS epidemic, public health emergencies tend to focus on biomedical approaches in its preventive measures, despite epidemics carrying a broad scope of concern, including socio-cultural and economic concerns. Significant advances that have been made in the area of global epidemiological surveillance and governance after the SARS outbreak, conversely, social science studies of emergent epidemic disease and community preparedness are far less developed [3]. Implementing effective public health interventions has been difficult due to the global nature of their spread and cultural dynamics, thus raising questions concerning how to

develop culturally-appropriate measures and how these health threats are understood from local perspectives.

Disease outbreaks, such as epidemics and pandemics are complicated, the success of controlling a disease outbreak requires in-depth analysis on its complexity. Particularly, there is an increasing recognition among people engaged in epidemic control and public health, of the complex networks in which people live, work, and act as social beings. This includes an increased sensitivity to the ways in which social actions are shaped by broader structural factors such as politics, economics, and history, as well as growing recognition that people do not inhabit singular identity categories, but move through the world within shifting, intersecting processes of social identity which in turn inform social practice. As ethnographic writings provide the opportunity to open up attention to the complexities that take place beyond our descriptions of concrete, and thereby troubles existing conceptualizations of the lived realities [15]. We focused our study in developing a focused ethnography method, where it would allow investigation on specific beliefs and practices of particular illnesses.

1.1. Controlling Covid-19 in Indonesia

Indonesia first had its case of Covid-19 in early March 2020, two months after the first outbreak in Wuhan. During the period of zero reported case, the Indonesian government has urged the public to consume traditional herbs such as *jamu* and step up its prayer intensity to prevent the outbreak in reaching the Archipelago [4]. Early understanding of the nature of the virus was given through the central government. Narratives such as the virus is a self-limiting disease and how our immunity would play a role in preventing this outbreak were broadcasted throughout the nation. However, it was only until the first two of confirmed cases were announced, the Indonesian government accelerated its plan on mitigation and disease prevention, through implementing social distancing measures and its plan to open emergency hospitals for Covid-19. Social and physical distancing measures by implementing partial lockdown to public facilities such as schools and religious facilities. The Indonesian government took a centralized approach under the Coronavirus Disease Mitigation Acceleration Task Force (*Gugus Tugas Percepatan Covid-19*), where all information in regards to mitigation approaches and lab results must receive central government's approval before any publications.

Mentioned by Padmawati and Nichter [5] during the 2008 Avian Influenza pandemic in Indonesia,

prevention and mitigation of an influenza pandemic require global epidemiological surveillance as well as coordinated national preparedness. Furthermore, such measures require in-depth anthropological investigation of: (1) illness perception and behaviours that contribute to and prevent disease transmission; (2) community organization and preparedness for an epidemic - should one occur; and (3) lines of communication, authority and trust between stakeholders. As was the case during the H1N1 pandemic, controlling a disease outbreak in Indonesia is potentially challenging. Geographically, Indonesia is the largest archipelago holding in total 13.000 islands in which 6000 islands are inhabited. Indonesia is known to be a culturally diverse country, where at least 300 ethnic groups are spread across the archipelago, and each with their own set of customs and distinctive cultural objects.

The aim of this study is to clarify local perception and cultural and religious response in the context of disease prevention during the Covid-19 pandemic in Mataram City, Lombok Island, Indonesia. This study identifies the religious and social factors that have affected the implementation of the strategy developed by the Ministry of Health of Indonesia and recommends improvements.

2. METHOD

The method developed in this study is a focused ethnography study based on in-depth interviews with key informants, which includes religious leaders, health-care providers, local community authorities, and members of the local communities. This method of study will allow investigation on specific beliefs and practices of particular illnesses [6]. Interviews were conducted until data saturation was achieved and a total of 34 interviews were conducted during this study, with 4 religious' leaders, 4 health workers, and 2 local community leaders and 24 members of the community. Moreover, we also conducted participant observation in religious gatherings and gathered information from mainstream news media.

We focus the study in Mataram, the main district in the Island of Lombok. Here, the local population are Sasak with the majority of the Islamic belief, coming in second is of the Hinduism belief. Thus, we targeted our participants in the realm of both backgrounds.

Initial data were recorded and then transcribed verbatim and translated into both Indonesian and English. Answers were successively coded according to the main research categories such as religious and

cultural understandings, perceptions of the illness, and attitudes towards the pandemics. Standard safety precautions were practiced during interviews and observations.

3. RESULT

3.1. *The Island of Lombok*

The biomedical understanding of Covid-19 as a viral disease has been consistent throughout this study. However, there is also a consistent belief that this virus is a form of a “*cobaan*” or “test” towards one’s *iman* (level of faith) by the Islamic participants. In justifying this embodiment, there is a shared belief in both the Islamic and Hinduism point of view that the emergence of the virus was due to human’s wrongdoings to nature. Moreover, this local epistemology was consistent with the concept of action and reaction, both available in the Islamic and Hindu-Bali teachings.

As the Covid-19 pandemic was declared as a Public Health Emergency, we suggested that it is imperative to gather understandings of the perception of emergency in the context of a pandemic. There was a consistent response where the state of emergency served as a severity index of an illness, where it should take the form of an apparent physical condition. Furthermore, an emergency would require an action or in this case an immediate medical treatment. This local interpretation is consistent with what has been described in the context health belief model, where the more serious the disease is believed to be, and the more effective the prevention, the more likely people are to incur the costs of engaging in the prevention behaviour [8]. However, another point of view is that the declaration of an emergency in the context of a disease outbreak was a method of integrating the specific event into a more general form, making it understandable and potentially manageable [9]. On the other hand, we took note that in the context of Sasaks’s understanding, an emergency is an event on one’s anatomical body: “*an emergency needs to be seen, its physical presence needs to be in front of our very own eyes. We know emergency as something that needs to be treated as soon as possible, but in this, it is confusing because it’s not there*” (Local resident, female, 36).

Despite the confusion of the term emergency, we found that local Sasak in Lombok agreed that they are vulnerable to the disease. In describing its vulnerability, most participants used the words “*tidak berani*” in Indonesian or “*ndeq bani*” in Sasak language, both expressions are translated into “afraid” or “in fear”.

Notably, the use of this expressions explains a subjective uncertainty of the danger that will occur. Additionally, we found that there is a constant fear of this virus due to the novelty of the disease. This finding was consistent with what Cameron Hay’s has described on the concept of vulnerability in rural Sasak where “vulnerability is the subjective experience of personal susceptibility to dangers.” [10] Moreover, it was suggested that there are three defining concepts in making a Sasak vulnerable, one is the strength of social relationships and the number of one’s offspring, second is one’s experiences, histories and memories, the last being the completeness and potency of one’s *ilmu* (knowledge). The key concept in this pandemic is the lack of experience and one’s knowledge of the novel virus, thus making one possibly vulnerable towards contracting the disease. However, in Sasaks’ daily lives, this vulnerability drives a person to conduct preventive measures. When a person experiences himself as vulnerable—whether it be a persistent vulnerability or a new vulnerability—he has recourse to a wide variety of everyday preventive practices, some he already knows about, some he learns from the words or actions of others, and some, perhaps, he comes up with on his own [10].

In describing the Pandemic or any disease outbreak, the word used is “*wabah*”, which is taken from the Indonesian language. During an interview with a religious leader of the Islamic community, actions in regards to the outbreak depends on the priority set by their belief and needs. Stories of disease outbreaks are described in the Islamic and Hindu-Balinese teachings, and the occurrence of an outbreak is delineated as a God’s will. Moreover, belief in the course of human life is often predestined (in Sasak: *Nasib*)¹, as explained: “*some people are too confident in their belief, they take the understanding of destiny, they believe death, sickness, and health is solely controlled by predestination*” (Islamic Leader)

Here, it is understood that the belief on predestination also played a role in the prioritization of action, thus creating the possibility of implementing preventive measures as the act to combat a disease outbreak to be less prioritized, as it will be against God’s will. However, this point of view of predestination undermines other Islamic values such as the *iqhtiar* (Arabic), or endeavour. Where mentioned by Shomali [11], Islam emphasises the importance of maintaining one’s health and preventing illness, but when prevention fails, all efforts must be made to restore the health.

3.2. Religious customs and Implementation of Preventive Measures

“It is clear what Prophet Muhammad said in regard to a plague, and one must not leave if living in the area of plague, and must not enter the area of plague” (Islamic Leader, age 57).

Teachings on Sasak cultural customs on the island of Lombok are majorly derived from Islamic teachings. Prior studies suggested in Sasak’s daily lives, consultation on everyday preventive measures is carried out by *Kiayi* (Islamic leaders) and local health specialists [10,12]. In the Islamic belief, mitigation measures have been well described and documented in details by the Prophet Muhammad himself. This was used as the foundation in issuing formal preventive action in communities. The Indonesian Ulema Council issued a suspension on religious activities that would require mass gathering, including Friday Prayers. However, several smaller mosques in villages of several sub-districts are still operating as normal and Friday prayers still commence. As explained during one of *khutbah* (sermon) during the Friday prayers, one of the main reasons in continuing religious activities is based on the written Islamic laws. Performing Friday prayers is a *fardu ayn* or religious obligation for male adults to perform weekly Friday prayers and if one failed to perform the prayer three times in a row then one will come out of Islam. As one of its requirements, Friday prayers must at least be attended by 40 male adults in order to commence, thus making social distancing action a challenge. Furthermore, it is important to understand that the mosque operates under the guidance of the local imam or the elders of the village and community. With implementing physical distancing measures to be a challenge, one local Islamic leader who is also part of the elders in the community of the Selaparang sub-district in Mataram mentioned that they applied health protocols and only recognized members of the community were allowed to gain access into the mosque.

Funerals are undertaken with precautions that the deceased body may contain the virus. For Muslim funerals, only family members are allowed to participate in the burials. The bodies are wrapped in plastic to prevent contamination to the surroundings of the burials. In Hindu burials, significant changes were made since the outbreak commenced. *Ngaben* or Cremation rituals and ceremonies in the Hindu-Balinese belief were postponed as feared the smoke from the cremation rituals would harm the surroundings and people attending the process. Therefore, deceased bodies would

undergo burials in accordance with the governmental guidelines.

Both the local Sasak community of the Islam and Hindu-Balinese belief in Lombok, believed that this plague is punishment from God. Therefore, there is a common understanding that the antidote for this plague is to strengthen beliefs, in the form of religious rituals. In the Hindu-Bali belief, rituals can take form in performing offerings. Moreover, rituals such as offerings are understood to be a form of social agency and constant proactive preventive measures in response to the sense of vulnerability.

Therefore, it is considered that the religious belief in the area has led to the residents' awareness of the disease and the immediate understanding for the importance of individual control strategy such as hand washing practice, and has effectively influenced the implementation of the government strategy.

3.3. Stigma

The epidemiology and surveillance report released by the West Nusa Tenggara’s Department of Health, are given through local press releases, and the details comprise residential information, a brief history of the patient’s chief complaint, and a detailed history of contacts. Every confirmed case of Covid-19 in the Province of West Nusa Tenggara is published to the public through a daily press release by the provincial government. The press release aimed to build vigilance among community members to practice social and physical distancing measures. (West Nusa Tenggara Department of Health). As reported in the press release, the prominent and largest cluster of Covid-19 in West Nusa Tenggara, specifically in Mataram, are confirmed cases with a history in traveling to Gowa in the South Sulawesi to attend an International Islamic Gathering in March 2020. This prominent cluster is known to be part of the *Jamaah Tabligh*, or the Islamic fundamentalist missionary movement. Although contact tracing actions were intensified targeting high-risk clusters, fear of contacting a group member of the *Jamaah Tabligh* was highlighted during our study. “*In the northern part of our sub-district, there were people with huge beards in white. They were denied entry to the mosque, people fear they are part of the people who have already been tested positive. Just yesterday, during a prayer at the mosque one person coughed, and the prayer stopped, the people in the mosque ran out and were terrified*” (community member, 35).

Although delivered in a comical tone, this story highlighted fear of a specific Islamic group known as

the Jam'ah Tabligh. In response, the Port Health Control under the Department of Health instigated a tight border control. Residents with a history of attending the International Islamic Gathering and travel from infected areas underwent a series of rapid diagnostics and were held in quarantine for 14 days at a government facility.

Furthermore, as explained by health workers at the Covid-19 referral hospitals, the first two confirmed cases in Lombok opted to stay at the hospital even after two negative swab results. *"The two patients remained in the hospital facilities, in fear of rejection from the local community. that does also apply to health-workers, we are given family distancing facilities at the hospital, there was a case of a nurse who was not able to get back to her village in fear she was bringing the virus back"*.

This phenomenon of denied access to return to homes by other members of the community was also reported in national news. Despite wearing protective gear during duty, health workers who are in the frontline of the pandemic are perceived to carry the highest risk in taking home the virus. The results that we found suggest that the categorization of high-risk groups catalyse the fear of contagion and the disease itself. As Sontag argues that stigma of a disease, for example AIDS, derives, in part, from fear of the disease [13]. Bennet [14] suggested that diseases are stigmatized due to multiple reasons: the diseases may be infectious, dangerous, socially damaging due to association with ostracized groups or disfiguring. The notion that circulated in Lombok on Covid-19 was that the disease is infectious and dangerous, therefore the development of stigma on Covid-19 was mainly for these reasons.

4. CONCLUSION

This study provides insights on how the local perception and understanding on the pandemic, where our findings suggests that the terminology of a Public Health Emergency provokes different comprehensions. The word emergency needed to have an anatomical embodiment. However, uncertainty on the course of the virus generates vulnerability, thus making this the basis of preventive actions. Moreover, our study suggests that the development of mitigation actions should be aligned with cultural and religious customs. Furthermore, this study also tackles with the developing stigma as a product of the disease, where not only patients who received discrimination but health workers who are at high risk during the pandemic. The importance of this investigation for the design of applied biomedical research and for application to health care policy.

NOTES

Nasib is a word from Bahasa Indonesia, which can translate into Luck or Fate in English. However, nasib in this context is used to describe one's fate.

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