

Believe it or not, it's Covid-19': Family perceptions of covid-19 in Palembang, Indonesia (Penulis pertama dan Korespondensi), Scopus Q3

[masukan untuk perbaikan]



Carolyn Brewer <carolyn.brewer@anu.edu.au>

To: najem240783@yahoo.com

Cc: Fang Xiaoping (Asst Prof)



Mon, Feb 22, 2021 at 10:27 AM ☆

Dear Najmah,

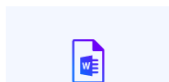
I have begin editing your paper on pandemics in Indonesia. The footnotes need a lot of work, so I have marked up what needs to be done and request that you expedite this as soon as possible.

In the meantime I will ebbed the html codes into the table so that it will be ready for eventual publication. In addition, I need individual files of all your illustrations. Please do not put them into word docs, just email them to me one at a time as attachments. Please clearly label each one. Figure 1, Figure 2 etc.

Please work on the attached file and leave the track changes function turned on – so I can see what you have done.

Best wishes,

Carolyn



najmah usman <najem240783@yahoo.com>

To: Carolyn Brewer

Cc: Fang Xiaoping (Asst Prof)

Bcc: Sari Andajani, Sharyn Graham Davies, Pak Fikri, Fenny Etrawati



Tue, Feb 23, 2021 at 10:49 AM

Dear Carolyn

thank you we will revise it soon

Najmah, SKM, MPH, PhD



Carolyn Brewer <carolyn.brewer@anu.edu.au>

To: najmah usman



Thu, Feb 25, 2021 at 7:11 AM ☆

Dear Najmah,

Thanks for these.

Best wishes,

Carolyn

> [Show original message](#)



najmah usman <najem240783@yahoo.com>
To: Carolyn Brewer

Thu, Feb 25, 2021 at 11:17 AM ☆

Carolyn

We will send the final draft tomorrow...

Najmah, SKM, MPH, PhD

Current works:



Carolyn Brewer <carolyn.brewer@anu.edu.au>
To: najmah usman

Thu, Feb 25, 2021 at 11:18 AM ☆

Excellent. Thanks

Sent from my iPhone

> Show original message



najmah usman <najem240783@yahoo.com>
To: Carolyn Brewer
Cc: Fang Xiaoping (Asst Prof)
Bcc: Sharyn Graham Davies

Thu, Feb 25, 2021 at 6:46 AM ☆

Dear Carolyn,

While we revise footnote and some revisions, here we attach figure 1, 2 and 3 in our paper

thank you

Najmah

> Show original message

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[koordinasi dengan penulis lainnya]



Sharyn Graham Davies <sharyn.davies@aut.ac.nz>
To: najem240783

Thu, Feb 25, 2021 at 6:56 AM ☆

I will get the proofed version to you tomorrow – my husband Tom had some time and he's given it a thorough proof read.

Sharyn Graham Davies
Ahonuku/Associate Professor
Te Wānanga Aronui o Tāmaki Makau Rau/AUT
Aotearoa/New Zealand
Twitter: @sharyndavies



najmah usman <najem240783@yahoo.com>
To: Carolyn Brewer
Cc: Sharyn Graham Davies
Bcc: Sari Andajani

Fri, Feb 26, 2021 at 7:50 AM ☆

Dear Carolyn

Here the final draft from us

my co authors, Sharyn Graham Davies and Tom Davies have proofread it therefore, many changes on our writing.

I highlight yellow of some changes, yet I did not highlight all the change of proofread

thank you for your help

Najmah, SKM, MPH, PhD

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104.8kB



Figure 1_new.png
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Figure 2_new.png
44.7kB

[publication of issue and biodata of contributors]

Publication of Issue 45 of Intersections 4

Yahoo/Sent ☆



Carolyn Brewer <carolyn.brewer@anu.edu.au>
To: Xiaoping Fang, Nelly Martin-Anatias, Nicholas J. Long, Pounamu Jade Aikman, Nayantara Sheoran Appleton and 26 more...

Mon, Mar 15, 2021 at 7:27 AM ☆

Dear Contributors,

Issue 45 of Intersections will be published on 22 March 2021. Congratulations to all of you who have contributed articles and book reviews.

At present I am missing some information for the following people: Sari Andajani, Najema Alkaff, Siti Fadhila, Fenny Etrawati and Achmad Fickry Faisya. It might be that I don't have an email address (in which case they will not be getting this email), or it could be a photograph and paragraph of biodata for the contributors page that is missing. If you want *Intersections'* readers to be able to contact you and find out a little bit about your work, please send me the missing information.

Further, on Monday morning next week (22 March) I will convert all the contributions to pdf format and publish the issue. I will not be able to make any alterations once this is done. So, please, if you do find minor errors let me know by Friday this week at the latest so I can make the changes.

The URL of the contents page is: http://intersections.anu.edu.au/issue45_contents.html

• Photos for contributors page and biodata 10

Yahoo/Sent ☆



• Carolyn Brewer <carolyn.brewer@anu.edu.au>
To: sharyn.davies@monash.edu.au, najem240783@yahoo.com

Fri, Mar 12, 2021 at 4:42 AM ☆

Dear Sharyn and Najmah,

While I prepare the paper for publication, please send me a paragraph of biodata for each contributor and a photo of each person too.

You can see how other people do this by going to: http://intersections.anu.edu.au/issue45/cont_issue45.html

Best wishes,

Carolyn



• najmah usman <najem240783@yahoo.com>
To: sharyn.davies@monash.edu.au, Carolyn Brewer

Fri, Mar 12, 2021 at 6:03 AM ☆

Dear Carolyn

here my short bio, we are still asking other writers to complete their profile.

Najmah is a lecturer in the Public Health Faculty of Sriwijaya University, South Sumatra, Indonesia. Najmah was awarded a prestigious New Zealand Scholarship for her doctoral studies and graduated from Auckland University of Technology in 2020. She completed her PhD under the supervision of Dr Sari Andajani and Associate Professor Sharyn Davies, whilst looking after her three toddlers. Najmah also has degrees from the University of Melbourne, where she studied with an AusAID Partnership Scholarship, and Sriwijaya University. Najmah is the author of four books of Epidemiology and Biostatistics and an editor of one book of research methodology in public health (Writing is easy) in Indonesia. Najmah has published some papers, short article and podcast related to Covid-19, HIV-positive women and women's empowerment. Najmah is also the winner of an initiator of Smart Village Program (Kampung Pandai 13 Ulu) at national level for a mobile counselling for Covid-19 among kids (instagram: <https://www.instagram.com/najmah.usman.7/>)

Najmah, SKM, MPH, PhD



• najmah usman <najem240783@yahoo.com>
To: Carolyn Brewer

Tue, Mar 16, 2021 at 4:10 AM ☆

All good

thank you Carolyn for your endless support

Najmah, SKM, MPH, PhD

[online publication]

Intersections: Gender and Sexuality in Asia and the Pacific
Issue 45, April 2021

'Believe it or not, it's Covid-19': Family Perceptions of Covid-19 in Palembang, Indonesia

[Najmah](#), [Siti Khodijah](#), [Najema Alkaff](#), [Siti Fadhila Muharomah](#), [Fenny Etrawati](#), [Achmad Fickry Faisya](#),
[Sharyn Graham Davies](#), [Tom Graham Davies](#) and [Sari Andajani](#)

Introduction

1. In early 2020 the World Health Organization (WHO) officially declared Covid-19 a global health pandemic. Almost all countries have been broadly affected by this disease. These impacts go far beyond health, to include broader social and economic effects. In February 2021, Indonesia reported the highest numbers of Covid-19 cases in South East Asia, with 1.29 million cases and 34,691 deaths.^[1] It should be noted that these official figures should be treated with caution as there is limited Covid-19 testing in Indonesia, as well as significant health facility disparities across thirty-four provinces and over 514 cities/municipalities. Therefore, reported cases may well be underestimated. For example, at the time of writing this research, the coverage of Covid-19 tests was about 15,000 per 1 million or just over 0.01 per cent of the population. In addition, limited testing and health infrastructure disparities are also compounded by geography, as Indonesia has over 270 million people scattered over five main islands and over 17,000 smaller ones.

LAMPIRAN-LAMPIRAN

Believe it or not, it's Covid-19: Family Perceptions of Covid-19 in Palembang, Indonesia

Najmah, Siti Khodijah, Najema Alkaff, Siti Fadhila, Fenny Etrawati, Achmad Fickry Faisya, Sari Andajani, Sharyn Graham Davies

Abstract

(Statistics, 2019)¹.

Keywords: Family perception, Covid-19, intersected factors, new normal life, hesitation, misinformation, family interpretation, neighbouring and religious leaders, and health belief model.

Introduction

In early 2020 the World Health Organization (WHO) officially declared Covid-19 a global health pandemic. Almost all countries have been affected, both from health and non-health aspects. On 20 October 2020, Indonesia was the leading country in reported Covid-19 cases in Southeast Asia with the highest reported new cases, 3,602, and 117 reported deaths in one day. With limited Covid-19 tests in Indonesia and health facility disparities across 34 provinces and over 514 cities/municipalities, reported cases may be underestimated. For example, the chances of accessing Covid-19 tests are about 15,000 per 1 million, and Indonesia has over 270 million people scattered over five main islands and 10,000 small islands.

Indonesia has issued a policy to control and prevent the spread of Covid-19 in the Government Regulation of the Republic of Indonesia, number 21 of 2020, concerning large-scale social restrictions to accelerate the handling of the corona virus.² The expansion of the implementation of this policy also covers the area of Palembang-South Sumatra Province. Unfortunately, this policy is **not very** ineffective in reducing the increase in cases of Covid-19 infection. Starting in June 2020, the

Commented [CB1]: Please update these stats to February 2021.
https://www.google.com/search?q=covid+19+death+rate+indonesia&rlz=1C1SQJL_enNZ909NZ910&coq=Covid+19+death+rate+Indonesia&a&aq=chrome.0.0j0i390.10810j0j15&sourceid=chrome&ie=UTF-8

¹ *Budan Pusat Statistik*, 2019. Indonesia in numbers. Jakarta, Indonesia: Statistics of Indonesia. Retrieved from <http://www.bps.go.id>.

² President of Indonesia. Peraturan Pemerintah Nomor 21 Tahun 2020 tentang Pembatasan Sosial Berskala Besar Dalam Rangka Percepatan Penanganan Coronavirus Disease 2019/COVID-19 (The governmental regulation number 21 in 2020 about large-scale social restrictions in mitigating Covid19. Jakarta: Indonesia), 2020. Available on 5 Feb. 2020 at: <https://covid19.go.id/p/regulasi/pp-no-21-tahun-2020-tentang-psbb-dalam-rangka-penanganan-covid-19>.

government decided to relax the 'large-scale social restrictions' due to slowing economic growth, and it is possible that this relaxation may have affected ~~affected~~ family perceptions of Covid-19.³

Preventive health behaviours and health decisions related to Covid-19 are strongly influenced by accurate perceptions of the cost and benefits of specific choices for individual and family members.⁴ Perception is an individual thing. Hochbaum developed initial studies regarding perceptual factors regarding efforts to prevent and control illness conditions in 1958⁵ and Rosenstock in 1960 and 1974.⁷ The primary concept of the Health Belief Model includes perceived success, perceived severity, perceived benefits, perceived barriers, cues to action, self-~~efficacy~~³.

The belief that one is susceptible (vulnerable) to a severe health problem or the sequelae of that illness or condition. That is often termed perceived threat³. The belief that following a particular health recommendation would be beneficial in reducing the perceived threat and at a subjectively-acceptable cost. Cost refers to perceived barriers that must be overcome to follow the health recommendation; it includes, but is not restricted to, financial outlays. Therefore, to optimise behaviour change to protect individuals and community, including families, from Covid-19, messages related to Covid-19 need to successfully target perceived barriers to understand messages related to Covid-19, benefits to perform Covid-19 prevention, individual's belief in their capacity to undertake Covid-19 prevention, and perceptions on the threat of Covid-19 for families^{3,8}.

Previous research highlights perceptions of Covid-19 that might contribute to behaviours to prevent Covid-19, including at the family level.⁹ However, with the complex intersected factors, family

³ Muhammad Irawan, Muhammad Rizki, Tri Joewono and Prawira Belgiawan, 'Exploring the intention of out-of-home activities participation during new normal conditions in Indonesian cities,' *Transportation Research Interdisciplinary Perspective* 8 (2020):1–6, doi: <https://doi.org/10.1016/j.trip.2020.100237>.

⁴ Jay Bavel, Katherine Baicker and Robb Willer, 'Using social and behavioral science to support COVID-19 pandemic response,' *Nature Human Behaviour* 4 (2020): 460–71, doi: <https://doi.org/10.1038/s41562-020-0884-z>.

Najmah and Sharyn Davies, 'Working together: Exploring grass-root initiatives to mitigate Covid-19 in Indonesia,' submitted to LSE Saw Swee Hock Southeast Asia Centre (SEAC), October 2020, forthcoming 2021. Is this supposed to be note 5?

5

⁶ Reference Hochbaum here

⁷ Irwin Rosenstock, 'Historical origins of the health belief model,' *Health Education Monographs*, 2 (1974): 328–35, doi: <https://doi.org/10.1177/109019817400200403>; Irwin Rosenstock, Victor Strecher and Marshall Becker, 'The health belief model and HIV risk behaviour change,' in *Preventing AIDS: AIDS Prevention and Mental Health*, ed. R.J. DiClemente and J.L. Peterson, 5–24, Boston, MA: 1994, Springer, doi: https://doi.org/10.1007/978-1-4899-1193-3_2.

⁸ Bavel, Baicker and Willer. 'Using social and behavioral science to support COVID-19 pandemic response. 'Using social and behavioural science,' p. 461.

⁹ Munir Ahmad, Khadeeja Iram and Gul Jabeen, 'Perception-based influence factors of intention to adopt COVID-19 epidemic prevention in China,' *Environmental Research* 190 (2020): 1–9, doi: <https://doi.org/10.1016/j.envres.2020.109995>.

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perceptions related to Covid-19 may vary. There are intersected factors that impact social and behavioural changes during a pandemic.^{5,6} The factors include threat perception, trust, and compliance towards leadership, risk communication of Covid-19, and social norms and cultures. The perception of Covid-19 may also relate to health literacy of the risk for Covid-19 in the general population, including family.¹⁰ Social media offers experts and university students an opportunity to convey accurate information about hazards quickly and shows other people the chance to counter this with the spread of misinformation.¹¹ This research fills the gap on families' perception of Covid-19 to understand the family understanding of Covid-19 and the intersection of factors that impact a family's perception towards Covid-19 in the Indonesian context.

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Table 1. Participants' characteristics of this research

Name (Pseudonyms)	Sex	Age (years old)	Work	Education
Anti	Female	44	A teacher & a housewife	Bachelor degree
Bibah	Female	48	A teacher & a housewife	Bachelor degree
Yosi	Female	55	A housewife	Elementary School
Ani	Female	36	A teacher and a housewife	Bachelor degree
Maya	Female	39	A teacher and a housewife	Bachelor degree
Yanti	Female	33	A housewife	Senior High School
Siti	Female	26	A housewife	Senior High School
Yunita	Female	38	A teacher and a housewife	Bachelor degree
Kanya	Female	35	A housewife	Senior High School
Sholeha	Female	60	A housewife	Elementary School
Hikmah	Female	36	A trader	Bachelor degree
Yuni	Female	24	An administration	Diploma
Sarah	Female	27	A house-maid	Elementary school
Desi	Female	35	A street food vendor	Senior high school
Eka	Female	37	A housewife	Elementary school
Eni	Female	40	Street food vendor	Junior high school
Asti	Female	38	Soybean milk vendor	Bachelor degree
Ika	Female	55	Street food vendor	Senior high school
Mat Gofar	Male	42	Street food vendor	Senior high school
Johan	Male	36	Private sectors	Bachelor degree
Erwin	Male	60	A key-person in the community	Primary high school
Hasan	Male	49	A trader of fish cake	Senior high school

¹⁰ Yani Ding, Xueying Du, Qinmei Li, Miao Zhang, Qingjun Zhang, Xiaodong Tan and Qing Liu, 'Risk perception of coronavirus disease 2019 (COVID-19) and its related factors among college students in China during the quarantine,' *PLoS one* 15(8) (2020): 1–13, doi: [10.1371/journal.pone.0237626](https://doi.org/10.1371/journal.pone.0237626).

¹¹ Kristen Malecki, Julie Keating and Nasia Safdar, 'Crisis communication and public perception of COVID-19 risk in the era of social media,' *Clinical Infectious Diseases*, 72(4) (2020):697–702, doi: [10.1093/cid/ciaa758](https://doi.org/10.1093/cid/ciaa758).

Adi	Male	49	A street food vendor	Senior high school
Bay	Male	35	A key-person in the community	Diploma
Tomi	Male	45	Coconut street food seller	Senior high school
Yayan	Male	37	Male religious leader	Bachelor degree
Jamal	Male	50	Civil Servant (PNS)	Bachelor degree
Yanto	Male	40	Driver	Senior high school
Komar	Male	43	Driver	Elementary school
Kamal	Male	45	Street food vendor	Senior high school

Research Methodology

The Pangling Project, Palembang, South Sumatra

The *Pangling* or *Penyuluhan Keliling Anak* project was a mobile community awareness program to raise children's awareness for Covid-19 and its prevention. This project was conducted in two small clusters (kampung), *kelurahan* (sub-district) 13 *Ulu* dan 14 *Ulu* in Palembang-city, South Sumatra. Ministry of Administrative and Bureaucratic Reform awarded Pangling as a national top 21 public service innovation award for mitigating Covid-19 in Indonesia and top three at the community level.¹²

The *Pangling* project was started from April-July 2020 with ten female volunteers. The female volunteers were mothers and wives (*ibu rumah tangga*), teachers in an Islamic school, kindergarten, informal kid Islamic gatherings (TPA) and non-formal education or smart house, and university students Palembang, the capital city of South Sumatra. We educated over 250 kids (aged 5-12 years old) every weekend in kids' playing spots. We shared masks over 1,000 masks and 300 soaps to suburban areas in *Kelurahan 13 Ulu* and 14 *Ulu*, Palembang, South Sumatra.¹³ All of the stuff was from the first author's funding and a donation from closed friends of the first author who have observed our activity through online media and were motivated to get involved through sharing masks, soaps, and assistance for *Pangling* activities.¹⁴

¹² Ministry of Administrative and Bureaucratic Reform. 'The Ministry announces the top 21 Innovations of public services in mitigating Covid-19,' 2020. Available on 5 Sep. 2020 at: <https://menpan.go.id/site/berita-terkini/kementerian-panrb-umumkan-top-21-inovasi-pelayanan-publik-penanganan-covid-19>.

¹³ (see Instagram: [Englishcamps_13ulu](#)). Make this into a proper footnote

¹⁴ Najmah, *PANGLING-Penyuluhan Anak Keliling Kampung Pandai 13 Ulu* (PANGLING Covid-19 awareness for kids in Smart Kampung 13 Ulu), 2020. Available on 5 Jul. 2020 at: URL: <https://lajusumsel.com/652-baca-berita-pangling---penyuluhan-anak-keliling-kampung-pandai-13-ulu.html>.

Sharyn Davies, Najmah, and Yeni, Covid-19 and community engagement, 2020, URL: <https://soundcloud.com/talking-indonesia/sharyn-davies-najmah-and-yeni-covid-19-and-community-engagement>, site accessed 1 August 2020. [What number note is this? It can't just float on the page.](#)

This article focuses on family experiences and how four volunteers worked in the *Pangling* project in a suburban area of *Kampung* 13 Ulu, Palembang, Indonesia, particularly after the government announced the new normal life in June 2020. We aim to understand the family's perception of Covid-19 to evaluate *Pangling* and plan for the next social, education, and health programs in the new normal era and adapt to new habits interpreted by half of the population 'back to normal'.¹¹

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Recruitment of participants

Participants in this study included 30 participants, aged 24-60, consisted of 12 males and 18 females, and married. Participants were recruited from purposive sampling. The participants' inclusion criteria were: 1) married; 2) from low-middle income families; 3) living in Palembang, South Sumatra; and 4) working informal and formal sectors.

Out of 30 participants, one-third of them graduated from the university level. All-female participants identified themselves as housewives (*ibu rumah tangga*), though most of them also work in formal and informal sectors to support their families. The term of *ibu Rumah tangga*, in Indonesia context, is a generic term used to refer to married women who were either fully financially dependent on their husbands or those who were involved in informal and formal sectors²². Among 12 male participants, 11 worked in informal sectors, and two of them were key leaders in the community (Table 1).

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Data collection methods

Feminist-Participatory Action Research

The *Pangling* project employed a Feminist -Participatory Action Research (PAR) framework to encourage volunteers to get involved in this project¹³. Initially, the first author was worried about going to the field in the early days of a pandemic in Indonesia. Yet, after discussion with some female volunteers, they said, 'we can go to the field as this is our own *kampung* (village)' (Field notes, April 2020). After the four months-*Pangling*, NJ discussed to 10 volunteers it might not be effective if we did *Pangling* without understanding the family's perception towards Covid-19, particularly after the government introduced the propaganda of New Normal in the middle of June 2020.

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The first author listened to learn and learned to listen from the voices of female volunteers. One volunteer said to me: 'Kids' parents cannot force kids to wear masks as their kids cried when their mothers asked them to use the mask.' Another volunteer said, 'It might not be effective to distribute face masks to families people in our *kampung* who stopped believing that Corona is real kids in our *kampung* and stopped using masks. The kids played with other kids and no masks.' NJ (the first author) offered volunteers who want to get involved in investigating family's perception about Covid-19, and four of 10 agreed to join this research from July- September 2020 (Field note, June 2020).

Figure 1 below summarises the research cycle of Feminist-PAR in this study by adopting some principles and dimensions of Feminist research by Lykes and Hershberg,¹⁵ and Reid and Frisby (2008)¹⁴ and Participatory Action Research based on research by Alice McIntyre (2008) and Lawson et al., (2015)^{13, 14}. Applying Feminist-PAR, we highlight the centrality of a woman's position in decision-making and action. This PAR method is followed by co-constructing knowledge and engaging in the co-learning process through women's shared experiences, thoughts, and aspirations during the feminist-PAR process.¹⁶ In feminist-PAR, three primary importance of the process in this research: 1) critical mindset of the women researchers from the community with the importance of the study 2) go-along interview to engage deep voice from participants who interacted with the female researchers in their neighbouring or working places and 3) honouring many forms of triangulation during data collection: observation, ethnography, diary notes, participant's response from Covid-19 poster, and reflection notes after a weekly discussion through What-Apps groups or having a face-to-face meeting; 4) accounting for intersectionality to understand complex factors that contribute to an individual perception towards Covid-19^{13,17, 18}.

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Commented [CB10]: Make into footnote

¹⁵ M. Brinton Lykes and Rachel Hershberg, 'Participatory Action Research and Feminism: Social Inequalities and Transformative Praxis,' in *Handbook of Feminist Research: Theory and Praxis*, ed. Sharlene Nagy Hesse-Biber, 331–367, Thousand Oaks, CA: SAGE Publications, 2012; Colleen Reid and Wendy Frisby, 'Continuing the Journey: Articulating Dimensions of Feminist Participatory Action Research (FPAR),' in *Sage Handbook of Action Research: Participative Inquiry and Practice*, ed. Peter Reason and Hilary Bradbury, 93–105, London: SAGE Publications, 2008.

¹⁶ Alice McIntyre, *Participatory Action Research*, Qualitative Research Methods Series 52, Los Angeles, CA: SAGE Publications California, 2008; Najmah Yeni and Sharyn Davies, 'Predictive modelling, empowering women, and Covid-19 in South Sumatra, Indonesia,' *ASEAN Journal of Community Engagement* 4(1) (date): 103–13, doi: <https://doi.org/10.7454/ajce.v4i1.109>.

¹⁷ Hal Lawson, James Pyles, Janine Jurkowski and Christine Bozlak, *Participatory Action Research*, Pocket Guides to Social Work Research Methods, ~~Place (not country):~~ Oxford University Press: ~~the United States of America~~, 2012; Reid and Frisby, 'Continuing the Journey,' 97–101.

¹⁸ Najmah, 'My baby deserves love, not HIV: Enabling HIV-positive to access prevention of mother-to child transmission of HIV services,' PhD thesis, Auckland University of Technology, 2019.

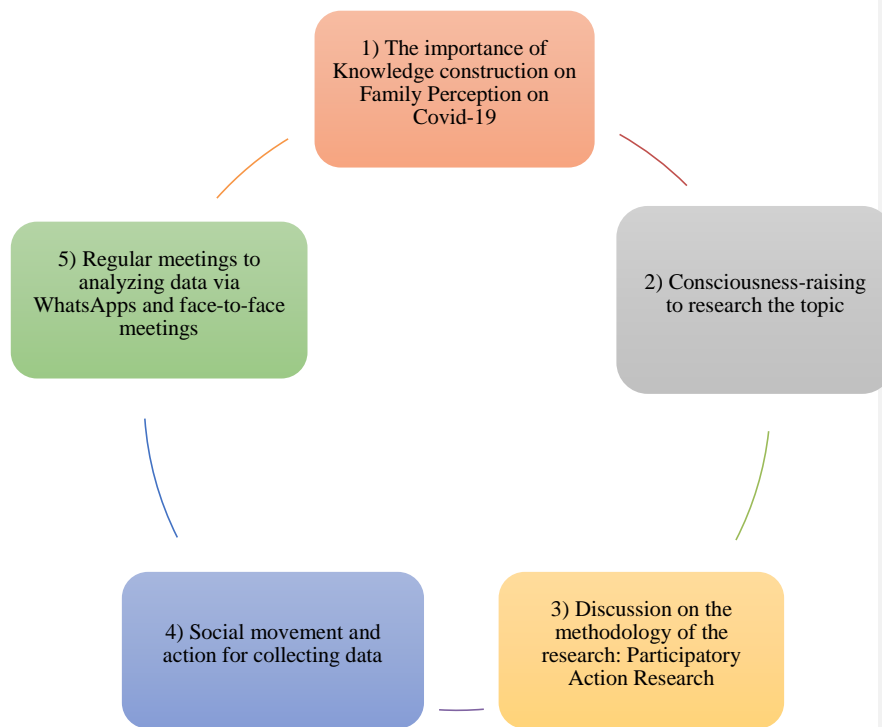


Figure 1: Feminist-Participatory Action Research (PAR) cycle of enabling female volunteers to be involved in this research

Go-along Interview

As [Richard](#) Carpiano (2009) argued, a Go-along interview was used to gain meaningful insights into participants' strengths, capacities, and assets within their networks that allow for the process of empowerment to happen, which might not be easily noticed during a more formal interview process with open-ended questions.¹⁹ We conducted go-along interviews with over 30 people, women, and men aged [from](#) 20 to 60 years from *kampung 13 Ulu*. [They](#) were our neighbours, friends, and other people we met in our daily activity. The first four authors produced observation and field notes.

¹⁹ Richard Carpiano, 'Come take a walk with me: The "go-along" interview as a novel method for studying the implications of place for health and well-being,' *Health and Place*, 15(1) (2020): 263–72, doi: <https://doi.org/10.1016/j.healthplace.2008.05.003>.

Interviews and observations were conducted in different settings, universities, schools, and neighbourhoods.

Data analysis

The first four authors (NJ, SK, NA, SF) conducted interviews. Weekly field notes and the interview's transcript were shared through the researchers' WhatsApp Group. Upon completing the data collection, randomly selected ten transcripts were shared amongst authors to be analysed, and themes that emerged from these ten transcripts were discussed. Upon developing themes, the first four authors residing in Palembang met weekly to discuss possible themes that emerged beyond the first developed coding or themes until reaching data saturation. Completing the first coding stage, all authors then discussed the next step of coding to develop a system of interconnected themes that emerged from the data collected.

Field notes were used to complement the contextual understanding of the themes derived from the data. The field notes included descriptions of research activities, details of participants involved, observations of the research process and participants' evaluations of particular research activity, and researcher's reflection of a particular research activity conducted on a specific date. Field notes of researchers during *Pangling* were also analysed. Reflection is an essential aspect of data generation and PAR analysis¹². Based on the work of Regmi and Naidoo (2013).²⁰ The reflective notes included a descriptive process, followed by assessment and analysis, and evaluation and action produced in that particular process being observed.

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Results and discussion

At a glance: Indonesia mitigating of Covid-19

There are sequences approached that Indonesian government to mitigate the Covid-19.²¹ From the first January to February, Indonesia seems to fail to detect Covid-19, while other neighbouring countries, such as Singapore, Thailand, and Malaysia, have reported their first cases in these months.

²⁰ Krishna Regmi and Jennie Naidoo, 'Understanding the processes of writing papers reflectively,' *Nurse Researcher* 20(6) (2013): 33–39, doi: [10.7748/nr2013.07.20.6.33.e320](https://doi.org/10.7748/nr2013.07.20.6.33.e320).

²¹ Najmah, Riza Candra, Riza, Sharyn Graham Davies and Sari, S.G. & Andajani, S. (2020). 'How is Indonesian's government mitigating Covid-19: An Analysis of Online News,' *Paper presented at -Presenting this paper in the International Conference on Social and Political Development Issues (ICONIDS) in Universitas Pembangunan Nasional Veteran, East Java (Indonesia) 26–27 October 2020. Available on 22 Feb. 2021 at: Retrieved from <https://www.youtube.com/watch?v=0vf2KuuvQ-k&feature=share&fbclid=IwAR1sFhHdGwcUmJhQ4Gmmka3eFTpxjh80pfrEKI0qj0PQwz7dHs-Z3iCHOY0>*. Najmah, Riza Candra, Sharyn Davies and Sari Andajani. "'Health workers': Vulnerability to Covid-19 in Indonesia: Chaos, loyalty and broken trust,' submitted to *ASEAN Journal of Community Engagement*, October 2020, forthcoming 2021.

The Indonesian government tends to deny the existence of Covid-19 in Indonesia and consider Corona to be a dangerous disease. One of the controversial statements of MoH included: 'Flu is more dangerous than coronavirus' (*Flu lebih berbahaya daripada virus korona*).²² On the other hand, other experts worldwide, including WHO representatives, were worried about Indonesia's denial, who ensured the Indonesian government was well-prepared to deal with this Pandemic. WHO representatives for Indonesian stated that:

We [the WHO] are concerned Indonesia had not reported a single confirmed case in the nation of nearly 270 million people. But we have been assured by relevant authorities that the laboratory testing has been working well. (Navaratnasamy Paranietharan, February 2020)²³

Commented [CB12]: What is this doing here?

In March 2020, the first cases were announced, yet Indonesia dealt with shortages of personal protective equipment (PPE) for health workers this month. Health workers wore 'rain-coats' as an alternative to hazmat to protect themselves. From April to July, the central and local governments enforced different propaganda to mitigate Covid-19: social-large scale restriction or *Pembatasan Sosial Skala Besar* (PSBB) in April; New Normal at the end of May; adapting to new habits with strict health protocol in July and focusing on economic recovery and promoting the trials of Covid-19 vaccines in August to October 2020. The central government introduced the New Normal concept that the local governments followed, which may be interpreted by most of Indonesia as 'back to normal'.¹⁸

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²⁴ We argue that denials after denials of Covid-19 in Indonesia and unclear information of the risk of Covid-19 may contribute to a lack of self-perceived susceptibility and threats of Covid-19 in the general population (Figure 2).

We must coexist with Covid-19 (*hidup berdampingan dengan virus Korona*). Most importantly, people must stay productive and be safe from the virus. Living in peace with it does not mean we are giving up, but we are adapting. We fight the virus by prioritizing and requiring strict health protocol.²⁵

²² Dany Garjito and Aditya, Rifan, 'The way of communication of MoH-Terawan was criticized: Four statements of MoH about Corona became a spotlight,' 4 Mar. 2020. Available on 7 Jul. 2020 at: <https://www.suara.com/news/2020/03/04/101853/komunikasi-menkes-terawan-dikritik-4-pernyataan-soal-corona-jadi-sorotan>; site accessed 7 July 2020.

²³ James Massola, 'WHO concerned Indonesia appears to be Coronavirus free,' 5 Feb. 2020. Available on 4 Jul. 2020 at: <https://www.smh.com.au/world/asia/who-concerned-indonesia-appears-to-be-coronavirus-free-20200205-p53xzj.html>.

²⁴ Sharyn Davies, Najmah, and Yeni, Covid-19 and community engagement. [There is not enough information here. Please complete.](#)

²⁵ The President of Jokowi statement, May 2020. [There is not enough information here. Please complete](#)



Figure 2. Denials after denials of Covid-19 in Indonesia¹⁸

Source. Where did this diagram come from?

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Besides the quick change of propaganda related to Covid-19, the team for Covid-19's mitigation also changes over time. Based on President Decree number 9 in 2020, National Disaster Management Agency (BNPB-*Badan Nasional Penanggulangan Bencana*) has been given the primary responsibilities for Task Force for Covid-19 response with collaboration with other ministries, including the Ministry of Health, Ministry of State-Owned Corporation (BUMN-*Badan Usaha Milik Negara*), Ministry of Defence, and the Indonesian Police.²⁶ But the Task Force for Covid-19 was replaced to be Task Force for Covid-19 and economic recovery on 20 July. The head of the coordinator is Ministry of State-Owned Corporation.²⁷

Perceptions of Corona

We reflected on the interview data and suggested three main themes strongly related to common perception towards Covid-19 in the study setting. First, I believe in Corona: motivation to adopt particular health behaviour. Second, I do not believe in Corona: self-perceived susceptibility. Third, I hesitate, or I am not sure: self-perceived threat. These perceptions may impact motivations to adopt certain health behaviours, including using masks, washing hands, and keeping distancing in preventing Covid-19 in the community.

²⁶ Riyanti Djalante, Jonatan Lassa, David Setiamarga et al., 'Review and analysis of current responses to COVID-19 in Indonesia: Period of January to March 2020,' *Progress in Disaster Science* 6 (April 2020): 100091, doi: <https://doi.org/10.1016/j.pdisas.2020.100091>.

²⁷ Rizki Fachriansyah and Fathur Rahman, Erick Thohir set to oversee the newly formed Covid-19 mitigation/economic recovery team, 2020, URL: <https://www.thejakartapost.com/news/2020/07/20/erick-thohir-set-to-oversee-newly-formed-covid-19-mitigationeconomic-recovery-team.html>, site accessed 8 August 2020.

I believe in Corona: Motivation to adopt to certain health behaviour

All participants have heard of Covid-19. Common answers when we ask what Corona was: 'Corona is originally from China,' 'Corona virus can attack the respiratory system,' and 'coronavirus is really dangerous and can result in death.' The participants were also aware of taking early precautions to protect themselves and their families from Covid-19, such as regular handwashing, physical distancing, and wearing masks outside or in the crowd. Yet, only five out of 30 participants believed in Covid-19. Others said Corona is 'only a hoax,' 'not real,' and 'the only way for the government to earn money for health programmes.' Interestingly, out of five participants, all are women who still believe in Covid-19 in this study. We argue that women are more worried about the Covid-19 for family⁶.

One participant, a female teacher, explained her genuine belief in the existence of Covid-19. She highlighted the importance of trusted information from one's family member who worked in a public health center family or friends who work in health services. One of the authors (NA) asks, 'do you think, is coronavirus real?' and 'Why do you believe in the existence of Corona?'

Yes, the virus is hazardous. It can attack our respiratory system and result in death. There is a lot of evidence of many mortality cases related to Covid-19, not only in our country but also worldwide. It is impossible all the world was lied to; otherwise, we pretend not to know it. My sister worked in a community health centre (*puskesmas*), and she explained that there are many Covid-19 cases. Health workers know about it, so I always asked her. Our family was so cautious to prevent Covid-19. If my sister went home from *puskesmas*, my mother asked her to directly take a bath as we did not know who interact with her during her work in *puskesmas*. (Ani, a female teacher, 36 years old)

On the other hand, men may be more rational thinkers and need evidence of the impact Covid-19 on their health, and their peers' solidarity is necessary to form their perceived threat of Covid-19^{6,28}. In an Islamic gathering (*pengajian*) or Friday's prayer (*Shalat Jum'at*) in *the kampung*, if only a few people wearing a mask within a crowd, others may bully or tease those who wore masks. For instance, 'Uncle, there was no corona, only you wore mask in this mosque; please look at us (by pointing themselves not using masks),' the one male teenager said to the first author's husband during Friday prayer (Fieldnotes, September 2020). Sometimes, men also made a joke for Corona. For instance, when one person sneeze, the male crowd said 'corona, corona' and laugh; another man said 'whatever' (*matilah sana*). Sadly, the man did not close their mouth with a hand or elbow to reduce the risk of

Commented [CB15]: Make into footnote

²⁸ Janani Umamaheswar and Catherine Tan. "'Dad, Wash Your Hands': Gender, Care Work, and Attitudes toward Risk during the COVID-19 Pandemic," *Socius (Sociological Research for a Dynamic World)*, 6 (2020):1–14, doi: <https://doi.org/10.1177/2378023120964376>.

Saerom Kim, Jin-Hwan Kim, Yukyung Park, 'Gender Analysis of COVID-19 Outbreak in South Korea: A Common Challenge and Call for Action,' *Health Education & Behavior* 47(4): (2020): 525-230 doi: <https://doi.org/10.1177/1090198120931443> These page numbers are not accurate. Please check.

transmission (Fieldnotes, September 2020). Therefore, we argue that to be accepted within the community, men may decide not to obey health protocols to save faces (*jaga muka*) rather than protect themselves and his family from the risk of Covid-19.

Not believing in Corona: Self-perceived susceptibility

At the time of this study, between July to September 2020, there were approximately 4,000 new cases of Covid19 and 50 to 100 deaths related to Covid-19 daily. Twenty-five participants shared their disbelief about Corona, with reasons given: 1) 'the virus is human-made from China'; Indonesian is not the same as China, in climate, etc.;2) 'issues around Corona have been blown out of proportion by the government'; 3) 'Corona is just like a common cold, flu, and cough.'

In this study, both men and women tend not to believe in Covid-19 or be hesitant as they never saw patients with Covid-19 surrounding their neighbourhood. Participants also suggested that people who were diagnosed by Corona, was not real. These participants believed that people diagnosed with Covid-19 suffered from other diseases, like heart-attack, conditions relating to being old. Interestingly, participants argued that none of the people surrounding them was sick or died related to Covid-19. So Corona is a hoax. The participants discussed only knew Covid-19 patients from watching TV and had never seen people with Corona in their daily life.

We have never seen anyone or any patients of Covid-19. People only know if they feel sick and go to the hospitals, they will immediately be diagnosed with Corona. How people will believe it, particularly the family of a patient who has looked after him or her for a long time. (Female, Siti, 25 years old, a wife and mother)

I got the information about Corona from television; I never saw the people with Corona directly. There was no proof; it is a hoax. People with heart diseases were diagnosed with Corona; people with epilepsy were diagnosed with Corona. (Female, Eni, 40 years old, Street food seller)

In our area, I think no one believes in Corona again. You can observe our site; everything seems safe; there have not been any cases of Corona. The government escalated the information and report of the numbers of corona cases. (Male, Hasan, street food vendor, 49 years old)

Hesitation to not sure: Self-perceived threat

Some participants in this study said, '*percaya dak pecayo*.' We suggest participants may know that a virus exists; therefore they also do early prevention to protect themselves from Corona, such as cleaning their house, using masks, and keeping distancing. However, to strengthen the individual's resilience to deal with Covid-19, they may not want to think about Covid-19 too much as they need to earn money for their livelihood, and they believed the Covid-19 Pandemic is a trial (*cobaan*) from God.

I believe in, and I don't believe in, as far as we take care of ourselves. I was diligent in washing my hands, using masks when going outside, and soon I would have a wash or shower after going out. (Desi, 35 years old, Ibu rumah tangga)

However, though they believe in Corona, some participants may hesitate to believe in Corona if they observed what happened in health settings and their neighbourhood. People may be afraid of visiting *puskesmas* and hospitals and visiting private practice doctors when they fall sick. The information that every patient will be diagnosed with was rampant at the society level.

I believe in Corona, so we need to be vigilant. However, if you were sick, please do not go to the hospital and community health centre. Health workers would ask you many questions, and then they would diagnose you as Covid-19. Yesterday, my wife was sick; I went to a doctor in his private practice. The doctor did not say anything about Corona. The doctor only asked about my wife's symptoms? I said she got a headache. Then he checked my wife. The doctor used face-shield and masks and prescribed medicines. (Mat gopar, Male street food vendor, 42 years old)



Figure 4. Najmah's reflection on a local Newspaper (July 25, 2020): 'Fears of Covid-19 started to vanish' (*Ketakutan tertular Covid memudar*)²⁹

The intersecting factors that are influencing self-perceived risk and threat

Initially, society may believe in Corona and know the danger of this virus. The participants may reflect their belief in many news from television and governments. The intensive health promotion about Covid-19 may impact the view in the Coronavirus. However, there was a shift in the belief of Corona, particularly after the government announced the New Normal. This study offers some factors that may intersect with an individual's perception of Covid-19. The elements include: 1) untruthful information from media and society; 2) economic pressure; 3) lack of understanding of Covid-19 health promotion; 4) family's and neighbour's perception towards Covid-19; family's and neighbour's perception towards Covid-19; and 5) the interpretation of religious teachings in dealing Pandemic.

In the early Pandemic, people were afraid of Corona. In my place, if we knew our neighbours had visited the hospital from hemodialysis (*cuci darah*), then the night after he prayed to the mosque, other people will avoid praying in that mosque. So, our mosque would be quiet (*'sepi'*). However, after the government introduced new normal (May 2020), personal and community precautions decreased. In the early of Pandemic (March-April), I remembered, our food and bakery sales fell by almost 80 % that may indicate society's fear of Covid-19. (Johan, Bachelor's degree, 36 years old)³⁰

First factor: Untruthful information from media and society

One of the viral issues related to Covid-19 in Indonesia is how hospitals and doctors '*mencovidkan pasien*' or diagnosed every patient as positive-Covid-19 when they access health settings. One example of news titles is 'Doctors reject the accusation to take economic benefits for asking every patients to get Covid-19 testings'; and 'Diagnose a died patient with Covid-19!'. Every patient who was hospitalised had to be tested Covid-19. Patients who died in the hospital were more likely to be buried with Covid-19 protocols. Unfortunately, the information that every patient will be diagnosed with was rampant at the societal level. Consequently, people may be afraid of visiting *puskesmas* and hospitals and choose to see private practice doctors when they fall sick.

Initially, I believe in Corona, it is real. I was so careful and took so much precaution when I go to brick-brack stalls. But now (August 2020), I did not believe in Corona again. I felt I was being lied to by the news. I have ever watched the information on the private station, and there was a health expert, I forgot his name, and he said that health services took advantage of this Pandemic. The news about

²⁹ Shinta Angraini, Epidemiologist: People from low-middle income families start not to believe in Covid-19, 2020, URL: <https://sumsel.tribunnews.com/2020/07/25/ahli-epidemiologi-unsri-warga-palembang-kelas-menengah-ke-bawah-mulai-tak-percaya-lagi-corona>, sites accessed 30 July 2020.

Corona was overwhelmed. From that moment, I start not to believe in Corona. There was something wrong. It was a challenging situation.

Additionally, kids were studying at home. We felt sorry for our kids, parents. We, teachers, also felt the same. (A female teacher, Bachelor, 44 years old)

I believe in Corona, so we need to be vigilant. However, if you were sick, please do not go to the hospital and community health centre. Health workers would ask you many questions, and then they would diagnose you as Covid-19. Yesterday, my wife was sick; I went to a doctor in his private practice. The doctor did not say anything about Corona. The doctor only asked about my wife's symptoms? I said she got a headache. Then he checked my wife. The doctor used face-shield and masks and prescribed medicines. (Mat gopar, Male street food vendor, 42 years old)

Social media in this era is a part of daily life, particularly during this Pandemic. Society communicates through social media to maintain their communication and friendships. Yet, social media could be like two lenses: a powerful tool to share information related to Covid-19 mitigation or to share hoax and misinformation about Covid-19. However, not all people could differentiate which one fact and fraud in social media. The lack of explanation from the Ministry of Health and health services about health workers' incentives based on the numbers of reported Covid-19 cases may lead to the spread of misinformation and hoax and distrust society to Covid-19.³¹

One of my family members passed away and was diagnosed with Covid-19. We rejected the hospital's permission to bury our family with Covid-19 procedures in a particular cemetery for Covid-19 patients. But we did not choose as the hospital threatened us if we reject the procedures. They would test all families with Covid-19. If the results showed positive, all families would be isolated in a striking building. (Hhousewife, 35 years old)

Second factor: Economic pressure

Economic pressure may also result in disbelief on Covid-19. Families from low-middle income may believe in Corona in the early Pandemic and may also perform early prevention of Covid-19 for their family. However, economic pressure makes them choose to go outside to earn money to feed their family or just stay at home, and their family would die due to starvation. Though women in this study also earn financial income for their family, men were constructed as the primary breadwinner to make money in a family, and women are a household manager.¹⁵ For note, the government's economic support was scattered, and not all people got this support. Therefore, many people, particularly those who work in informal sectors, need to do and deny the existence of Covid-19. Also, what people observed in their daily lives may distrust the governments' seriousness in mitigating Covid-19. For

³¹ (read Najmah et al., 2020). [Make this into a proper footnote](#)

instance, no school activities for kids but no restriction in public spaces, such as markets, malls, and public spaces, may result in disbelief on Covid-19.

Corona will die in this hot pan. We just need to keep our distance, take care of our health. We have not sold fried rice during the fasting month. Now we need to work to fulfil our daily necessities. You know the government's support was scattered. (Adi, Fried rice street food seller, Male, 42 years old)

I want to tell you about my experience; I was accompanied by my best friend whose husband needed treatment from the hospital. Her husband was positive-Covid-19 and sought health care services in a private hospital. The doctor said that he stayed at home, took a rest, and took some vitamins. However, he still needed to work despite his positive status of Covid-19. We know that if we talk about food needs, people may not think of Corona again. (Asti, 38 years old, a mother and seller of soybean milk, Bachelor's degree)

Third factor: Lack of understandings of Covid-19 health promotion

Society's understanding of Covid-19 prevention was still similar to preventing the spread of other viruses and bacteria. Here the responses when we asked how they avoid Covid-19 spread and society's understanding of Physical Social Distancing (PSBB) and New Normal:

Yes, we have to wash hands, clean our house and spray disinfectants on rubbish bins. (Eka, 37 years old, Junior high school, food sellers)

We need to wash our hands. I did not get used to wearing a mask as I cannot breathe properly. We need to sweep, to mop, so our house is clean.

Social-Large Scale Distancing is enemy soldiers ('*pasukan sekutu*') (laugh); PSBB, I suggest when people need to keep distance.... I don't know. New normal is back to normal; the condition is getting better. (Eni, 40 years, Junior high school, food sellers)

PSBB is people need to keep distance, traders were not allowed to sell their stuff, so there would not be many crowds. New normal, I am not sure, but I think we may do our daily activities again. We are free. Corona has vanished. (Desi, 35 years old, Ibu rumah tangga, Senior high school graduated)

PSBB is one prevention approach to avoid crowds. If our activities were not necessary, we did not need to go outside. New normal, we aim to return to normal activities, but still need to maintain our health. that is what I understand. (Anti, a female teacher, 44 years old)

They may reflect their action through what the central and local governments did in the early Pandemic, such as widespread disinfectants in public spaces. In our study, some participants understand the importance of washing hands to prevent the spread of Covid-19, yet they also think that cleaning the house and spray disinfectants on their rubbish bin may protect them from Covid-19. Furthermore, the understanding of the government's propaganda to prevent Covid-19, such as social-large distance (PSBB) in April 2020 and New Normal in May 2020, were varied to avoid crowds, keep distance back to normal, and Corona has gone.

Fourth factor: Family's and neighbour's perception of Covid-19

Perception related to Covid from closing family members and neighbours may also impact the individuals' health literacy. In this study, we found that if a person has one family member working in a health setting may affect the family's belief in Corona. Health workers dealt directly with Covid-19 patients and based on experiences in the health setting. The lived experience of family members who interact directly with Covid-19 patients may impact one's health literacy. In Indonesian culture, a family is a basic need for affection with a strong bond and the source of advice. For instance, the kids will follow her mother's advice to wear masks because they love and respect their mother.

NA: If the news from social media that many people think doctors and health settings make liars of Covid-19 test, what do you think? So, the information about hospitals or doctors make money from Covid-19 is not true?

Ani: Many people did not understand. For instance, if one of your family visited hospitals, then it was confirmed Covid-19, they denied the result. There were a series of tests. As far as we know, people with asymptomatic Covid-19 can endanger other people. In reality, many asymptomatic patients of Covid-19 thought they were healthy, but after getting tested for Covid-19, they were confirmed positive Covid-19. Hospitals and health workers have fulfilled their work. My sister works in a community health centre, and she explained that there are many Covid-19 cases. Health workers know about it, so I always asked her. (Ani, a female teacher, 36 years old)

On the other hand, individuals' perception towards Corona may contribute to a less perceived threat of Covid-19 due to daily observation surrounding neighbourhood, economic pressures, and lack of controlling hoax related to Covid-19. A family afraid of Covid-19 and did prevention through their extended family, such as parents (grandfather and grandmother), may suggest Covid-19 does not exist. The older generation (over 50 years old) may see what they observed in their neighbourhood. For instance: 'kids who play outside seem healthier than your kids who just stay home during the Pandemic and is sick' (Tomi' parent reflection). Another instance was that the community gathered for their daily activity without using masks, such as daily praying in mosques. They believed that no one of them got infected Covid-19 after three months of their gatherings for prayer.

In these three months, we always prayed in a small mosque (*mushola*), without using masks. No one from us got infected with Covid-19. In television, there were many reported Covid-19 cases, yet we did not know who they were. So we did not believe in Corona; all news on television about reported cases of Covid-19 is fake. So we need to be aware of other diseases, not Covid-19. (Community leader, 60 years old)

Fifth factor: The interpretation of religious teachings in dealing with Pandemic

The interpretation of religious teachings that what will happen in the future is God's destiny result in less effort to perform preventive measures in their daily lives. The common theme from the

participants' responses related to religion is '*tawakal dengan Allah swt*' or 'God willing'. However, some religious leaders also suggest their followers do early prevention such as providing handwashing facilities and free masks in the centre of Islamic gathering to prevent Covid-19 spread or *ikhtiar*. This response is one factor that strengthens individuals' and communities' resilience to deal with the Pandemic in Indonesia, with the majority of Muslims, and there will be a good lesson or wisdom (*hikmah*) behind this calamity.

Everything that Allah has established for us, God willing, there is always a pearl of wisdom that can be, we make it capital to strengthen faith, improve our morals as Muslims (Fieldnotes from Islamic gathering with a 37th-male religious key leader. (*Ustadz*))

We wore masks from home to Islamic gathering in a mosque. But we open our masks when we entered the mosque as the female Islamic teacher open her '*cadar*' (burqa). The teacher explained to us we can shake a hand, but after we went home, please wash hands as soon as possible. I suggest the teacher think Corona still exists, but we did not need to worry too much as long as we maintain to obey health protocol and depend on our life to God (*tawakal*). Therefore, being a Muslim, we need to deal with this calamity, and God will ease our ways for those who were patient and pray to God, including dealing with the Covid-19 Pandemic. (Ika, 55 years old, a street vendor)

Conclusion and recommendation

This article shows that there are a variety of understandings about Covid-19 within Indonesia. Without clear and unified messaging from the government or national health bodies, people receive mixed messages about the impact of Covid-19 and what measures should be followed to slow infection. These competing stories surrounding Covid-19 mean that people are unsure who to turn to get reliable information on the virulence of Covid-19 and how to prevent its spread.

Lack of understanding of Covid-19 occurred among families where education levels are low. But even amongst educated families, the power of social media and its penchant for disseminating falsehoods means that it is difficult for people to know who to trust.

Even where people understand the dangers posed by Covid-19, without adequate resources, there is little they can do to protect themselves. For instance, if soap and masks are not available, people can not use these. Further, while social distancing and stay home orders might be understood as essential, for many Indonesians, if they do not work, they cannot feed their family.

Given these factors, we have two critical recommendations for the government. First, the government and official health institutions should collectively develop a coherent message conveyed to families in local languages. Second, the government must provide the things people need to keep safe: wage subsidy; and Personal Protection Equipment. If the national government can prioritise these two things, Indonesia will be better equipped with the ongoing Covid-19 pandemics.

Believe It or Not, It's Covid-19: Family Perceptions of Covid-19 in Palembang, Indonesia

Najmah, Siti Khodijah, Najema Alkaff, Siti Fadhila, Fenny Etrawati, Achmad Fickry Faisya, Sharyn Graham Davies, Tom Graham Davies, Sari Andajani,

Commented [SGD1]: Independent scholar

1. Public Health Faculty, Universitas Sriwijaya; 2. Rumah Pintar (Smart house) Uwais; 3. Islamic School (Madrasah) Al-Munawariah; 4. Universitas Islam Negeri Raden Fatah & Rumah Pintar Adel; 5. Monash University; 6. Independent Scholar; 7. Auckland University of Technology

Keywords: family perceptions about Covid-19, Indonesia's New Normal life, misinformation, religious leaders, health, belief, feminist participatory action research

Introduction

In early 2020 the World Health Organization (WHO) officially declared Covid-19 a global health pandemic. Almost all countries have been broadly affected by this ~~disease~~disease. These impacts go far beyond health, to include broader social and economic effects. In February 2021, Indonesia reported the highest numbers of Covid-19 cases in South East Asia, with 1.29 million cases and 34,691 deaths.¹ ~~It should be noted that~~ These official figures ~~however~~, should be treated with caution as there is limited Covid-19 testing in Indonesia, as well as significant health facility disparities across thirty-four provinces and over 514 cities/municipalities. Therefore, reported cases may well be underestimated. For example, at the time of writing this research, the coverage of Covid-19 tests was about 15,000 per 1 million or just over 0.01 per cent of the population. In addition, limited testing and health ~~infrastructural~~infrastructure disparities are also compounded by geography, as Indonesia has over 270 million people scattered over five main islands and over 10,000 smaller ones.

Indonesia has issued a policy to control and prevent the spread of Covid-19 in the Government Regulation of the Republic of Indonesia, number 21 of 2020, concerning large-scale social restrictions to accelerate ~~the handling of the Corona virus~~Corona virus's handling.² The ~~the~~ implementation of this policy includes the area of Palembang, South Sumatra Province. Sadly, this policy has proven to be ineffective in slowing the growth of cases of Covid-19 infection. The resulting economic impact of social restrictions resulted in a slowing of Indonesia's growth rate, causing the government to relax the 'large-scale social restrictions'. As a result, the relaxation of policy may have influenced family perceptions of Covid-19.³ Just as many governments appear to have made decisions incorporating, or even favouring economic health, over reduced death rates, preventive health behaviours and health

decisions at the individual level may also be strongly influenced by perceptions of the cost and benefits of specific choices for individual and family members.⁴

[Given name](#) Hochbaum (1958) cited in Irwin Rosenstock,⁵ authored early studies regarding the role of perceptual factors as part of efforts to prevent and control illness conditions, within the Health Belief Model (HBM). The primary concept of the HBM includes perceptions of success, severity, benefits, barriers, cues to action, and self-efficacy. Also, the belief that one is susceptible to a severe health problem or the sequelae of that illness or condition.

Cost refers to perceived barriers that must be overcome to follow the health recommendations and includes, but is not restricted to, financial outlays. Therefore, to optimise policies aimed at behavioural change to protect individuals and [the](#) community from Covid-19, messages need to successfully challenge perceived barriers, highlight benefits to [carrying out](#) conducting Covid-19 prevention, as well as targeting individuals' belief in their capacity to undertake Covid-19 prevention, as well as garnering a realistic understanding of the threat posed by Covid-19.⁶

[Jay J Van Bavel and Munir Ahmad, Yani Ding, and their colleagues](#)~~et al~~ also highlight the role of perceptions of Covid-19 and how they might contribute to preventative behaviours, particularly at the family level.^{6,7} These authors note that, with [the](#) complex intersected factors, family perceptions related to Covid-19 are varied. These factors include threat perception, trust, and compliance towards leadership, risk communication of Covid-19, and social norms and cultures.^{6,7,8} The perception of Covid 19 may also be related to health literacy [regarding of](#) the risk of Covid-19 to the general population⁹ in relation to the proliferation of social media.

While social media offers many health experts the capability [of conveying to convey](#) accurate and robust information about the hazards of Covid 19 quickly to a large-scale and dispersed audience, it also provides a platform, or even encourages others to counter expert knowledge with the spread of misinformation.¹⁰

This research is divided into three main sections. Section One provides an overview of the Pangling Project in Palembang South Sumatra and outlines our research methods, including our research framework, participant recruitment and data analysis. In Section Two, we provide a brief overview of Indonesia's response to Covid, followed by our results and discussions, by way of a thematic analysis, which unpacks some of the impacts of Covid and how they intersect with social media, religious views and economic pressures, within a uniquely Indonesian context.

Research methods

The Pangling Project, Palembang, South Sumatra

The Pangling or Penyuluhan Keliling Anak project was a mobile community awareness program to raise children's awareness of Covid-19 and its prevention. This project was conducted in two small clusters (*kampung*), *kelurahan* (sub-district) 13 Ulu ~~dan~~ and 14 Ulu in Palembang-city, South Sumatra. The Ministry of Administrative and Bureaucratic Reform awarded Pangling a national top 21 public service innovation award for mitigating Covid-19 in Indonesia and [the project came in the top three at the community level](#).¹¹

The Pangling Project was started in April ~~July~~ 2020 with ten female volunteers ~~being~~ drawn from groups of mothers and wives (*ibu rumah tangga*), teachers in an Islamic school, [a kindergarten](#), as well as ~~university~~ students [at university](#). The project educated over 250 children (aged five to twelve years) by targeting weekend recreational areas. The volunteers distributed over 1,000 masks and 300 sanitation [packs and was funded by donations from Najmah \(the lead author of this paper\) as well as were funded by community members and an](#) online media campaign.

Research framework: Feminist-Participatory Action Research

The Pangling Project employed a Feminist-Participatory-Action Research (PAR) framework to encourage volunteers to get involved in this project.¹² Initially, Najmah was worried about going to the field in the early days of a pandemic in Indonesia. Yet, after discussion with some female volunteers, they said, 'We can go to the field as this is our own *kampung* [village]' (Field notes, April 2020). After four months, Najmah discussed with ten volunteers about whether it would be effective if the Pangling Project was conducted without them understanding the families' perceptions towards Covid-19, particularly after the government introduced the propaganda of New Normal in the middle of June 2020.

Najmah listened to learn and learned to listen from the voices of female volunteers. One volunteer said to her: 'Kids' parents cannot force kids to wear masks as their children cried when their mothers asked them to use the mask.' Another volunteer said, 'It might not be effective to distribute face masks to families. People in our *kampung* stopped believing that Corona is real. Kids in our *kampung*... stopped using masks. The kids played with other kids [with] no masks.'

Figure 1 summarises the research cycle of Feminist-PAR in this study by adopting some principles and dimensions of Feminist research by M. Brinton Lykes and Rachel Hersberg,¹³ and Colleen Reid and Wendy Frisby¹⁴ and Participatory Action Research based on research by Alice ~~McIntyre~~ McIntyre¹⁵ and Hal Lawson and colleagues.¹⁶ Applying a Feminist-PAR, we highlight the

centrality of a woman's position in decision-making and action. This PAR method is followed by co-constructing knowledge and engaging in the co-learning process through women's shared experiences, thoughts, and aspirations during the process. In Feminist-PAR, the researchers were encouraged to adopt four primary attitudes and actions:

- 1) a critical mindset
- 2) a 'Go-along' interview technique to engage a 'deep voice' from participants
- 3) using observation, ethnography, diary notes, participant's response from a Covid-19 poster, reflection notes from weekly, online-discussion groups or face-to-face meetings, as a form of triangulation
- 4) accounting for intersectionality to understand complex factors that contribute to individual perceptions of Covid-19.¹⁷

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Figure 1. Feminist-Participatory Action Research (PAR) cycle of enabling female volunteers' involvement in research

Source. Where did this figure come from??

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Participant recruitment

There were thirty participants in this study aged twenty-four to sixty years, consisting of twelve males and eighteen females. Participants were recruited using purposive sampling. The participants' inclusion criteria were:

- 1) married
- 2) from low to middle income families
- 3) living in Palembang, South Sumatra
- 4) working in informal and formal sectors.

Out of the thirty participants, a third were university educated. All-female participants identified themselves as housewives (*ibu rumah tangga*),¹⁸ though most of them also worked to support their families. Among the twelve male participants, eleven-ten worked in informal sectors, and two of them were key leaders in the community (for more detail, see Appendix 1). $11 + 2 = 13$

Go-along interviews

Richard Carpiano's (2009), notion of the **gGo**-along interview was used to gain meaningful insights into participants' strengths, capacities, and assets within their networks that allow for the process of empowerment to happen. **This technique encouraged insights to develop**, which might not be easily noticed during a more formal interview process with open-ended questions.¹⁹ We conducted go-along interviews with over thirty women, and men aged from twenty to sixty years from kampung 13 Ulu. They were our neighbours, friends, and other people we met in our daily activity. The first four authors produced observation and field notes. Interviews and observations were conducted in different settings, universities, schools, and neighbourhoods.

Data analysis

Najmah, Siti Khodijah, Najema Alkaff and Siti Fadhila, The first four authors (NJ, SK, NA, SF) conducted interviews, compiled field notes and conducted **coding and produced themes, which then discussed with a thematic analysis. Sari Andajani for final themes to be included in this article.** Field notes were used to complement the contextual understanding of the themes derived from the data. The field notes included a description of research activities, details of participants involved, observations of the research process, and participants' evaluations of **particular research** activities. Researcher field notes were also analysed and included a focus on self-reflection as a critical research tool.²⁰

Results and discussion

At a glance: Indonesia's approach to mitigating Covid

While other neighbouring countries, such as Singapore, Thailand, and Malaysia, reported their first cases, Indonesia failed to *officially* detect any cases of Covid-19. This is unsurprising as the Indonesian government's response to Covid tends to be one of Covid denial and playing down the danger posed by the disease. **According to The World Health Organisation (WHO) was -We are concerned that Indonesia had not reported a single confirmed case in the nation of nearly 270 million people. The WHO had But we have been assured by relevant authorities that the laboratory testing in Indonesia was has been working well.**²¹

In contrast to worldwide analysis of the danger posed by Covid, the Indonesia Ministry of Health concluded that the: 'Flu is more dangerous than coronavirus' (*Flu lebih berbahaya daripada virus korona*).²²

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In March 2020 however, the first cases of Covid were officially announced. As the disease gained ground, shortages of personal protective equipment (PPE) for health workers became a worrying issue. Due to shortages, health workers were forced wear ~~rain coats~~raincoats as an alternative to hazmat ~~suits in order~~ to protect themselves. Wide-scale social restrictions were put in place causing a widespread economic downturn, and the Rupiah ~~losing-lost~~ nearly a quarter of its value.²³ Cognisant of the economic turmoil, the Indonesian government backtracked, ~~and~~ Covid denial evolved into official policy in the form of 'The New Normal'. This new 'New Normal' represents a reversal of large-scale social restrictions or *Pembatasan Sosial Skala Besar* (PSBB); and may be interpreted by most of Indonesia as 'back to normal'.

The New Normal became a form of Covid denial propaganda, which ~~then~~ allowed the Indonesian government to focus on economic recovery, ~~as well as~~ and playing and play down the potential impact by promoting ~~the~~ trials of Covid-19 vaccines ~~from~~ August to October 2020. As part of the lacklustre governmental response, parallels may be drawn to Sweden's policy of naturally developing ~~heard-herd~~ immunity and the equally ~~disasterous~~disastrous United States' response which saw over 500,000 deaths (January 2020-February 2021)~~in what time frame~~).

A further symptom of Covid denial was the Indonesian ~~Government's~~Government's public ~~informaton~~information campaign, which may be charitably described as unclear. An example, is the mixed message ~~delivered~~ by President Joko Widodo who stated:

We must coexist with Covid-19 (*hidup berdampingan dengan virus Korona*). Most importantly, people must stay productive and be safe from the virus. Living in peace with it does not mean we are giving up, but we are adapting. We fight the virus by prioritizing and requiring strict health protocol.²⁴

~~Figure 2 summarises the messages and actions taken by the Indonesian Government~~

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Figure 2. Denial after denial of Covid-19 in Indonesia during 2020²⁵

Source. Where did this figure come from?

~~Developed by Najmah. Copyright Najmah 2021.~~

Besides the quick change of propaganda related to Covid-19, the agency for Covid-19's mitigation also change~~s~~. Based on Presidential Decree ~~N~~number 9 in 2020, ~~the~~ National Disaster Management Agency (BNPB-*Badan Nasional Penanggulangan Bencana*) ~~has been~~was given ~~the~~ primary responsibility~~ies~~ for ~~responding to~~ Covid-19 ~~response with in~~ collaboration with other ministries,

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Najmah, Sari Andajani and Sharyn Graham Davies, 'Health worker's vulnerability to Covid-19 in Indonesia: Chaos, loyalty, and broken trust,' in 1st International Conference on Social & Political Development Issues (ICONIDS), 25 Oct 2020. Available on 11 Mar. 2021 at: https://www.youtube.com/watch?v=0vI2KuuyQ_k&feature=share&fbclid=IwAR1sPhHdGwcUmJhQ4Gmmka3eFTpxjh80pfrEKl0qj0PQwz7dHs-Z3iCHOY0.

including the Ministry of Health, ~~and the~~ Ministry of State-Owned Corporation (BUMN-*Badan Usaha Milik Negara*), ~~the~~ Ministry of Defence, and the Indonesian Police.²⁶ But the Task Force for Covid-19 was replaced by the Task Force for Covid-19 and ~~Ee~~Economic-Recovery on 20 July 2020. The head of ~~the coordinator~~coordination is ~~the~~ Ministry of State-Owned Corporations.²⁷

Perceptions of Covid-19

We argue that unclear information ~~disemination~~dissemination of the risk of Covid-19 and the message of denial has contributed to a lack of perceived susceptibility ~~and into the rea~~to the threat of Covid-19 in the general population. During our interviews it quickly became apparent that these concerns were indeed correct, mirroring an ~~ambivilant~~ambivalent government position.

Analysis of the interview data produced three main themes related to common perceptions of Covid-19.

1. I believe in Corona as a motivation to adopt a particular health behaviour.
2. I do not believe in Covid 19: self-perceived susceptibility.
3. I hesitate, or I am not sure.

These themes are addressed individually in the following sections.

Corona culture: Motivation to adopt healthy behaviour

All participants ~~have had~~ heard of Covid-19, and when we asked what Corona was a common reply was: 'Corona is originally from China', and the 'Corona virus can attack the respiratory system', and 'Coronavirus is really dangerous and can result in death'. The participants were also aware of taking early precautions to protect themselves and their families from Covid-19, such as regular ~~handwashing, physical~~handwashing, physical distancing, and wearing masks outside or in ~~at~~the crowd.

Yet, only five out of thirty participants believed ~~that in~~ Covid-19 ~~is real~~. Others said Corona is 'only a hoax', 'not real', and ~~it is~~ only [a] way for the government to earn money for health programs'.

Interestingly, all five participants who thought that the threat of Covid 19 was real, were women. It was thought among the researchers that this ~~was~~ perhaps a selection bias, but ~~it~~ also might reflect a gender element where women are more likely to be carers for children and elderly and therefore may be ~~be~~ more likely to experience the effects of Covid ~~first hand~~firsthand. The ~~interesection~~intersection between gender and a higher rate of belief in Covid may also be explained as women are also more likely to be employed in the health sector.

One participant, a female teacher, explained her genuine belief in the existence of Covid-19. She highlighted the importance of trusted information from one's family member who worked in a public

health centre. ~~One of the authors (NA) Najemamah Alkaff~~ asks, 'Do you think, is coronavirus real?' and 'Why do you believe in the existence of Corona?' The teacher responded:

Yes, the virus is hazardous. It can attack our respiratory system and result in death. There is a lot of evidence of many mortality cases related to Covid-19, not only in our country but also worldwide. It is impossible all the world was lied to; otherwise, we pretend not to know it. My sister worked in a community health centre (*puskesmas*), and she explained that there are many Covid-19 cases. Health workers know about it, so I always asked her. Our family was so cautious to prevent Covid-19. If my sister went home from *puskesmas*, my mother asked her to directly take a bath as we did not know who had interacted with her during her work in *puskesmas*. (Ani, female, 36 years old, teacher and housewife, bachelor's degree).²⁸

In contrast, the opposite position was held by male participants. ~~Similarly, however, t~~They also relied on social networks or peer solidarity to form an opinion of their perceived level of threat. In an Islamic gathering (*pengajian*) or Friday's prayer (*Shalat Jum'at*) in *the kampung*, if only a few people were wearing a mask within a crowd, others were likely to bully or tease those who wore masks. As one participant put it: 'Uncle, there was no corona, only you wore a mask in this mosque; please look at us' (~~by pointing at those themselves~~ not using masks).⁵ (Fieldnotes, September 2020).

Sometimes, men would also make light of Covid 19, for instance, when one person sneezed, the male crowd said 'corona, corona' and laughed; another man said 'whatever' (*matilah sana*). Sadly, the man who sneezed did not close his mouth with a hand or elbow to reduce the risk of transmission (Fieldnotes, September 2020). Therefore, we argue that to be accepted within the community, men may decide not to obey health protocols to save face (*jaga muka*) rather than to protect themselves and their families from the risk of Covid-19.

Disbelieving Corona virus

At the time of this study, in September 2020 in Indonesia, there were approximately 4,000 new cases of Covid-19 and 50 to 100 deaths related to Covid-19 daily. Twenty-five participants shared their disbelief about Corona, with the following reasons given:

- 1) 'the virus is human-made from China' or 'Indonesia is not the same as China, in climate, etc'
- 2) 'Corona has been blown out of proportion by the government'
- 3) 'Corona is just like a common cold, flu, and cough.'

In this study, most participants tended ~~to~~ not to believe in Covid-19 or be hesitant as they never saw patients with Covid-19 within their neighbourhood. Participants also suggested that people who were diagnosed with Corona, ~~was-were~~ not real. These participants believed that people diagnosed with

Covid-19 suffered from other diseases, like heart-attack, **or other** conditions relating to being old. Interestingly, participants argued that none of the people surrounding them were sick or **had** died from Covid-19. So, Corona is therefore a hoax! The participants discussed how they **only-knew about** Covid-19 patients **only** from watching TV. **They-and** had never seen people with Corona in their daily life.

We have never seen anyone or any patients of Covid-19. People only know if they feel sick and go to the hospitals, they will immediately be diagnosed with Corona. People will [only] believe it, [if] the family of a patient who has looked after him or her for a long time. (Siti, female, 26 years old, housewife and senior high school graduate)

I got the information about Corona from television; I never saw ... people with Corona directly. There was no proof; it is a hoax. People with heart diseases were diagnosed with Corona; people with epilepsy were diagnosed with Corona. (Eni, female, 40 years old, street food vendor, junior high school graduate)

In our area, I think no one believes in Corona. You can observe our site; everything seems safe; there have not been any cases of Corona. The government escalated the information and report[ing] of the numbers of corona cases. (Hasan, male, 49 years old, trader of fish cakes, senior high school graduate).

Institutional uncertainty and risk

In this thematic node, the intersection between religion, class and covid denial propaganda is apparent. Some participants in this study said, '*percayo dak pecayo*' (**needs translation Believe it or not here**), suggesting that participants may know that the virus exists; therefore, they also engage in early prevention to protect themselves from Corona, such as cleaning their house, using masks, and maintaining physical distancing. However, to strengthen the individual's resilience in dealing with Covid-19, they may not **have wanted want** to think about Covid-19 too much as they **needed** to earn money for their livelihood, and they believed the Covid-19 Pandemic is a trial (*cobaan*) from God.

I believe in, and I don't believe in [Covid], as far as we take care of ourselves. I was diligent in washing my hands, using masks when going outside, and soon I would have a wash or shower after going out. (Desi, female, 35 years old, street food vendor, senior high school graduate)

Covid denial also plays a role in how health professions within Indonesia are perceived. We recorded that it was believed by some individuals that false diagnoses **oeurred** **occurred** at health centres. **This belief, which** acted as a deterrent to **stop beievers from visiting** such centres in the belief that whatever issues or symptoms they presented with, they would be falsely diagnosed as having Covid-19. Though

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they believed in Corona, some participants ~~may~~ hesitated to believe in Corona if they observed what happened in health settings and their neighbourhood. People may ~~have been~~ be afraid of visiting *puskesmas* and hospitals and visiting private practice doctors when they ~~fell~~ fall sick. The belief that every patient, regardless of their symptoms, ~~would~~ will be diagnosed with Covid was common.

I believe in Corona, so we need to be vigilant. However, if you were sick, please do not go to the hospital and community health centre. Health workers would ask you many questions, and then they would diagnose you as Covid-19. (Mat ~~Gofar~~, male, 42 years old, street food vendor, senior high school graduate)

Commented [CB6]: Is this Gofar or Gopar? You have used two different spellings

Commented [N7R6]: Gofar

Factors influencing perceived risk

In this section, we analyse perceptions of risk within a context of the evolving political messages we outlined in Section Two. ~~These messages shifted, as it shifts~~ from outright denial through to acceptance and action and then finally to ~~the~~ self-contradictory policy of the 'New Normal'.

Initially, actors within Indonesian society may demonstrate a belief in Covid-19 and the danger it poses. The participants ~~in this study~~ may ~~have~~ experienced these messages which reflect their beliefs in the media and governmental sources. In contrast to the Indonesian government's initial response of Covid-denial, as outlined in ~~the above~~ Figure 2.1 One, the intensive health education surrounding Covid-19 has clearly impacted ~~on~~ the view they ~~now~~ have of Covid-19. Public ~~perception~~ perception, however, has shifted in Indonesia, broadly following the ~~announcement~~ announcement of the New Normal.

This study reveals some factors that may intersect with the New Normal perception of Covid-19. The elements include:

- 1) misleading information from the media and peer groups
- 2) economic pressures undermining Covid prevention
- 3) the lack of understanding of Covid health promotion
- 4) family's and neighbour's perception of Covid-19 and
- 5) the interpretation of religious teachings in dealing with the Pandemic. Many factors influenced notions of risk and threat as we now outline.

Misleading information from media and peer groups

One of the issues related to Covid-19 is the perception of ~~the ways that~~ how hospitals and doctors are purported to ~~diagnose~~ every patient as Covid-19 positive when they accessed health services. A ~~corollary~~ corollary of this perception was that medical ~~professionals~~ professionals were profiting from the fear of ~~the~~ Covid virus by falsely diagnosing patients and requiring Covid tests. While we are

unaware of any evidence to support these assertions, the question was raised in the media. One headline stated: 'Doctors reject the accusation that they are extracting economic benefits by asking every patient to get a Covid-19 test' [or](#) 'Health professional organisation denies taking profits amidst the Covid-19 pagebluck'.²⁹

The perception of profiteering from testing practices may have arisen from the practice that every patient who was hospitalised had to be tested for Covid-19. In addition, the perception of profiteering was reinforced by the enactment of stricter Covid protocols in relation to how hospitals and health centres handled the cadavers of people who died in care. As result of this new regimen, patients who died in the hospital were more likely to be buried with Covid-19 protocols. Consequently, people were afraid of visiting public hospitals and chose instead to see private practice doctors when they felt sick. Many participants shared such views with us:

Initially, I believed in Corona, that it is real. I was so careful and took so many precautions when I went to brick-a-brack stalls. But now, I do not believe in Corona anymore. I felt I was being lied to by the media. I have watched the information on the private station, and there was a health expert, I forgot his name, and he said that health services took advantage of this pandemic. The news about Corona was [overwhelmignoverwhelming](#). From that moment, I started to not believe in Corona. There was something wrong. It was a challenging situation. Additionally, kids were studying at home. We felt sorry for our kids' parents. We, teachers, also felt the same. ([A female teacher, Bachelior, 44 years old Anti, female, 44 years old, teacher and housewife, bachelor's degree](#))

Another participant added:

I believe in Corona, so we need to be vigilant. However, if you were sick, please do not go to the hospital and community health centre. Health workers would ask you many questions, and then they would diagnose you as Covid-19. Yesterday, my wife was sick; I went to a doctor in his private practice. The doctor did not say anything about Corona. The doctor only asked about my wife's symptoms? I said she [hadget](#) a headache. Then he checked my wife. The doctor used [a] face-shield and masks and prescribed medicines. ([Mat Gofar, male, 42 years old, street food vendor, senior high school graduateMat](#)).

The lack of explanation from the Ministry of Health and health services concerning health workers' incentives appeared to enhance the very real fears held by participants.

Economic pressures undermining Covid prevention

Economic pressures clearly played a part in undermining belief on Covid-19, both at the central government level as well as individual and family levels. Families from low to middle income brackets may well have believed in Corona in the initial stages of the virus. However, economic pressures which were amplified by anti-Covid policies forced many into the unenviable position of

having to choose between risking infection by leaving ~~the~~ home to earn much needed money ~~in order~~ to feed their family, or, to stay at home with their family and endure conditions of ~~deprivation~~ deprivation or even in some cases, starvation. This ~~dilema~~ dilemma was expressed by a participant:

I was accompanied by my best friend whose husband needed treatment from the hospital. Her husband was [Covid] positive and sought health care services in a private hospital. The doctor said that he [should] stay at home... rest, and take some vitamins. However, he still needed to work despite his positive status. We know that if we talk about food needs, people may not think of Corona again. (Asti, female, 38 years old, soybean milk vendor, bachelor's degree)

One of my family members passed away and was diagnosed with Covid-19. We rejected the hospital's ~~permission wish~~ permission wish to bury our family with Covid-19 procedures in a particular cemetery for Covid-19 patients. But ~~the we did not choose as the~~ hospital threatened us if we rejected ~~their~~ their procedures. They would test all families ~~with for~~ Covid-19. If the results showed positive, all families would be isolated in a ~~striking different~~ building. (Kanya, Housewife, 35 years old, Senior High School)

Many of the women in this study earned income for their family ~~from~~ outside the home in the informal sector. As a result, policies aimed at supporting those affected by the economic downturn were difficult ~~for them~~ to identify. ~~Consequently, and so~~ the government's economic support was scattered, and not all people got this support, particularly women who are over-represented in this ~~informal~~ area. As a result, many may distrust the governments' seriousness in mitigating ~~the economic effects of~~ Covid-19.

A further example of ~~inconsistent~~ inconsistent government policy ~~undermining~~ undermining public confidence may be seen ~~in regard to~~ regarding public gatherings. Government policy cancelled school activities but left unrestricted ~~access to~~ access to public spaces, such as markets and shopping malls. As one participant observed:

Corona will die in this hot pan. We just need to keep our distance, take care of our health. We have not sold fried rice during the fasting month. Now we need to work to fulfil our daily necessities. You know the government's support was scattered. (Adi, ~~Fried rice street food seller, Male, 42 years old~~ Adi, male, 49 years old, street food vendor, senior high school graduate).

Lack of understanding of Covid-19 health promotions

Here we asked questions about how the ~~participants in this study~~ avoided ~~the spread of~~ Covid-19 spread, ~~carried out~~ maintained Social Distancing (SD) and ~~adhered to~~ the New Normal:

Commented [CB8]: Put complete details from Appendix 1 here.

Commented [CB9]: Can this be clarified please

Commented [SGD10R9]: Najmah – I have just changed here. Send me the Indonesian if you want and I can double check meaning?

Commented [N11R9]: Correct translation mom

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Commented [N13R12]: Thank you to revise it Carolyn

Yes, we have to wash hands, clean our house and spray disinfectants on rubbish bins. (Eka, female, 37 years old, housewife, elementary school graduate). ~~Eka, 37 years old, Junior high school, food sellers).~~

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We need to wash our hands. I did not get used to wearing a mask as I cannot breathe properly. We need to sweep, to mop, so our house is clean (Yanti, 33 years old, housewife, elementary school).
[Who said this?](#)

Social ~~Large~~-Scale Distancing is enemy soldiers ('*pasukan sekutu*') (laugh); SD, I suggest when people need to keep distance ~~.....~~. I don't know. New normal is back to normal; the condition is getting better. (Eni, female, 40 years old, street food vendor, junior high school graduate)

[SD] is [\[when\]](#) people need to keep distance, traders were not allowed to sell their stuff, so there would not be many crowds. New normal, I am not sure, but I think we may do our daily activities again. We are free. Corona has vanished. (Desi)

[SD] is one prevention approach to avoid crowds. If our activities were not necessary, we did not need to go outside. [With the] New normal, we aim to return to normal activities, but still need to maintain our health. [That](#) is what I understand. (Anti)

These responses ~~may~~ may reflect their ~~actions~~ actions of participants through what the central and local governments did in the early ~~stages of the p~~stages of the pandemic, such as the widespread use of disinfectants in public spaces. In our study, some participants ~~understand-understood~~ understand the importance of washing hands to prevent the spread of Covid-19, yet they also think that cleaning the house and spraying disinfectants on their rubbish bins may protect them from Covid-19. ~~Furthermore, their was confusion~~ Furthermore, ~~around~~ there was confusion around understanding of the government's ~~propaganda~~ propaganda messages aimed at ~~to~~ stopping the spread of ~~prevent~~ Covid-19, particularly in the ~~such as~~ such as social-large distancing policy in April 2020, ~~and~~ New Normal in May 2020, ~~Adapting to new habits in July 2020 and mini lock down in September 2020,~~ Adapting to new habits in July 2020 and mini lock down in September 2020, ~~were varied to avoid crowds, keep distance back to normal, and Corona has gone.~~

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Commented [N18R16]: And Adapting to new habits in July 2020; mini lock down in September 2020

Source:
Sari Andajani, Najmah and Kusnan, **Covid-19 di Indonesia: denials and poor risk communication hurts people trust, The Conversation Indonesia (under review)**

Health literacy and the family unit

Perceptions related to Covid-19 from family members and neighbours may also impact on individuals' health literacy. In this study, we found that if a person has one family member working in a health setting ~~the may affect the~~ the family's belief in Corona ~~may be affected~~ may be affected. Health workers dealt directly with Covid-19 patients and based their ~~on~~ own experiences ~~on~~ in the health setting. The lived experience of family members who interacted directly with Covid-19 patients ~~may necessarily impacted on their~~ may necessarily impacted on their ~~one's~~ health literacy. In Indonesian culture, a family ~~has is~~ has a basic need for affection with a strong

bond and ~~it is a~~the source of advice. For instance, the ~~kids-children~~ will follow ~~their~~her mother's advice to wear masks because they love and respect their mother.

NajmahNA: If the news from social media that many people think doctors and health settings make liars of Covid-19 test, what do you think? So, the information about hospitals or doctors make money from Covid-19 is not true?

Ani: Many people did not understand. For instance, if one of your family visited ~~the~~ hospitals, then it was confirmed Covid-19, they ~~[the family member]~~ denied the result. There were a series of tests. As far as we know, people with asymptomatic Covid-19 can endanger other people. In reality, many asymptomatic patients of Covid-19 thought they were healthy, but after getting tested for Covid-19, they were confirmed positive ~~[for]~~ Covid-19. Hospitals and health workers have fulfilled their work. My sister works in a community health centre, and she explained that there are many Covid-19 cases. Health workers know about it, so I always asked her.

On the other hand, individuals' perception towards Corona may contribute to a less perceived threat of Covid-19 due to daily observation surrounding neighbourhood, economic pressures, and lack of controlling hoax related to Covid-19. A family afraid of Covid-19 and did prevention through their extended family, such as parents (grandfather and grandmother), may suggest Covid-19 does not exist. The older generation (over 50 years old) may see what they observed in their neighbourhood. For instance: 'kids who play outside seem healthier than your kids who just stay home during the Pandemic and is sick' (Tomi' parent reflection). Another instance was that the community gathered for their daily activity without using masks, such as daily praying in mosques. They believed that no one of them got infected Covid-19 after three months of their gatherings for prayer.

In these three months, we always prayed in a small mosque (*mushola*), without using masks. No one from us got infected with Covid-19. In television, there were many reported Covid-19 cases, yet we did not know who they were. So we did not believe in Corona; all news on television about reported cases of Covid-19 is fake. So we need to be aware of other diseases, not Covid-19.
(Erwin, male, 60 years old, community leader, primary high school graduate)

Religious doctrine and Covid

The interpretation of religious teachings in dealing with pandemics is a key factor in understanding Indonesian responses to Covid. A common theme from the participants' responses relates to the religious notion of '*tawakal dengan Allah swt*' or 'God willing'. This commonly held belief means essentially that what will happen in one's life or the future is God's intended destiny. This rather fatalistic understanding of religious doctrine, in our view, arguably undermined efforts to perform preventive measures in ~~peoples~~people's daily lives. If one accepts the view that our lives are largely pre-destined to follow an already determined trajectory, it follows that personal decisions make little

difference and therefore there is little to be gained from ~~attempting~~ attempting to take control of the events in one's life or taking ~~responsibility~~ responsibility for ~~important~~ important decisions. In terms of responses to Covid, from this point of view, it also follows that if Covid is God's will, then actions to reduce its impact will have little or no effect.

However, not all participants believed this to be the case and some religious leaders provided leadership on this issue by encouraging their followers to do early prevention such as providing handwashing facilities and free masks in the centre of Islamic gathering to prevent Covid-19 spread or *ikhtiar*. ~~Indeed~~ Indeed, ritualistic cleansing of the face and hands or *wudu*, before prayer is one key aspect of Islam that synergizes well with Covid guidelines.

In this light, ~~religiousness~~ religiousness can be seen as a potential means of strengthening individual and community resilience to deal with the Pandemic in Indonesia. One participant described her experience of how centres of faith can implement and potentially enhance Covid health guidelines.

We wore masks from home to Islamic gathering in a mosque. But we open our masks when we entered the mosque as the female Islamic teacher opened her '*cadar*' (burqa). The teacher explained to us we can shake... hand[s], but after we went home, please wash [them] as soon as possible. I suggest that the teacher thinks Corona still exists, but we did not need to worry too much as long as we ... obey health protocol and depend on our life to God (*tawakal*). Therefore, being a Muslim, we need to deal with this calamity, and God will ease our ways for those who were patient and pray to God. (Ika, female, 55 years old, street food vendor, senior high school graduate)

As most Indonesians are practicing Muslims, the above statement highlights the potential of the Islamic faith, as a critical nexus of many of Indonesian's social networks, to act as a conduit for delivering ~~consistant~~ consistent health messages. In addition, as shown above, the role of peer acceptance of attitudes towards Covid-19 guidelines can mean the difference between failure and general compliance.

Conclusion and recommendations

This article shows that there are a variety of understandings about Covid-19 within Indonesia. Without clear and unified messaging from the government or national health bodies, people receive mixed messages about the impact of Covid-19 and what measures should be followed to slow infection. These competing stories surrounding Covid-19 mean that people are unsure who to turn to ~~to~~ get reliable information about the disease and how to prevent further infection.

The lack of a unified message is compounded by a lack of understanding among families where education levels are low. Health messages are even further ~~dilluted~~ diluted, even amongst educated

families, through the power of social media and its penchant for disseminating a variety of often contradictory 'truths'.

Even where people understand the true dangers posed by Covid-19, without adequate resources, there is little they can do to protect themselves. For example, if soap and masks are not available, people ~~can not~~ use them, or if economic necessity drives them out of the home because of the need to generate enough income for survival.

Given these factors, we have two critical recommendations for the government. First, the government and official health institutions should collectively develop a coherent message conveyed to families in local languages. Second, the government must provide the things people need to keep safe especially a wage subsidy and Personal Protection Equipment. If the national government can prioritise these two things, Indonesia will be better equipped to deal with the ongoing impacts of the Covid-19 pandemic.

Appendix 1. Participants' pseudonyms with characteristics

Pseudonym	Sex	Age	Work	Education
Anti	female	44	teacher and housewife	bachelor's degree
Bibah	female	48	teacher and housewife	bachelor's degree
Yosi	female	55	housewife	elementary school
Ani	female	36	teacher and housewife	bachelor's degree
Maya	female	39	teacher and housewife	bachelor's degree
Yanti	female	33	housewife	senior high school
Siti	female	26	housewife	senior high school
Yunita	female	38	teacher and housewife	bachelor's degree
Kanya	female	35	housewife	senior high school
Sholeha	female	60	housewife	elementary school
Hikmah	female	36	trader	bachelor's degree
Yuni	female	24	administrator	diploma
Sarah	female	27	housemaid	elementary school
Desi	female	35	street food vendor	senior high school
Eka	female	37	housewife	elementary school
Eni	female	40	street food vendor	junior high school
Asti	female	38	soybean milk vendor	bachelor's degree
Ika	female	55	street food vendor	senior high school
Mat Gofar	male	42	street food vendor	senior high school
Johan	male	36	private sector	bachelor's degree
Erwin	male	60	community leader	primary high school
Hasan	male	49	trader of fish cakes	senior high school
Adi	male	49	street food vendor	senior high school
Bay	male	35	community leader	diploma
Tomi	male	45	coconut street food vendor	senior high school
Yayan	male	37	religious leader	bachelor's degree
Jamal	male	50	civil servant (PNS)	bachelor's degree
Yanto	male	40	driver	senior high school

Komar	male	43	driver	elementary school
Kamal	male	45	street food vendor	senior high school

Notes

¹ Figures obtained 23 February 2021 from *Google; Corona Virus Disease, Indonesia*, available on 23 Feb. 2021 at:

https://www.google.com/search?q=covid+19+death+rate+indonesia&rlz=1C1SQJL_enNZ909NZ910&oq=Covid+19+death+rate+Indonesia&aqs=chrome.0.0j0i390.10810j0i15&sourceid=chrome&ie=UTF-8.

² President of Indonesia. Peraturan Pemerintah Nomor 21 Tahun 2020 tentang Pembatasan Sosial Berskala Besar Dalam Rangka Percepatan Penanganan Coronavirus Disease 2019/COVID-19 (Governmental regulation number 21 in 2020 about large-scale social restrictions in mitigating Covid19. Jakarta: Indonesia), 2020. Available on 5 Feb. 2020 at: <https://covid19.go.id/p/regulasi/pp-no-21-tahun-2020-tentang-psbb-dalam-rangka-penanganan-covid-19>.

³ Muhammad Irawan, Muhammad Rizki, Tri Joewono and Prawira Belgiawan, 'Exploring the intention of out-of-home activities participation during new normal conditions in Indonesian cities,' *Transportation Research Interdisciplinary Perspective* 8 (2020):1–6, doi: <https://doi.org/10.1016/j.trip.2020.100237>.

⁴ Jay Bavel, Katherine Baicker and Robb Willer, 'Using social and behavioral science to support COVID-19 pandemic response,' *Nature Human Behaviour* 4 (2020): 460–71, doi: <https://doi.org/10.1038/s41562-020-0884-z>. See also Najmah and Sharyn Davies, 'Working together: Exploring grass-root initiatives to mitigate Covid-19 in Indonesia,' submitted to LSE Saw Swee Hock Southeast Asia Centre (SEAC), Available on 11 March 2021 at: <https://blogs.lse.ac.uk/seac/2020/12/16/working-together-exploring-grass-roots-initiatives-to-mitigate-covid-19-in-indonesia/>.

⁵ Irwin Rosenstock, 'Historical origins of the health belief model,' *Health Education Monographs*, 2 (1974): 328–335, doi: <https://doi.org/10.1177/109019817400200403>

⁶ Bavel, Baicker and Willer, 'Using social and behavioral science to support COVID-19 pandemic response,' 461.

⁷ Munir Ahmad, Khadeeja Iram and Gul Jabeen, 'Perception-based influence factors of intention to adopt COVID-19 epidemic prevention in China,' *Environmental Research* 190 (2020): 1–9, doi: <https://doi.org/10.1016/j.envres.2020.109995>.

⁸ Yani Ding, Xueying Du, Qinmei Li, Miao Zhang, Qingjun Zhang, Xiaodong Tan and Qing Liu, 'Risk perception of coronavirus disease 2019 (COVID-19) and its related factors among college students in China during the quarantine,' *PLoS one* 15(8) (2020): 1–13, doi: [10.1371/journal.pone.0237626](https://doi.org/10.1371/journal.pone.0237626).

⁹ Yani Ding, Xueying Du, Qinmei Li, Miao Zhang, Qingjun Zhang, Xiaodong Tan and Qing Liu, 'Risk perception of coronavirus disease 2019 (COVID-19) and its related factors among college students in China during the quarantine,' *PLoS one* 15(8) (2020): 1–13, doi: [10.1371/journal.pone.0237626](https://doi.org/10.1371/journal.pone.0237626).

¹⁰ Kristen Malecki, Julie Keating and Nasia Safdar, 'Crisis communication and public perception of COVID-19 risk in the era of social media,' *Clinical Infectious Diseases*, 72(4) (2020):697–702, doi: [10.1093/cid/ciaa758](https://doi.org/10.1093/cid/ciaa758).

¹¹ Ministry of Administrative and Bureaucratic Reform. 'The Ministry announces the top 21 Innovations of public services in mitigating Covid-19,' 2020. Available on 5 Sep. 2020 at: <https://menpan.go.id/site/berita-terkini/kementerian-panrb-umumkan-top-21-inovasi-pelayanan-publik-penanganan-covid-19>.

¹² Najmah Yeni and Sharyn Davies, 'Predictive modelling, empowering women, and Covid-19 in South Sumatra, Indonesia,' *ASEAN Journal of Community Engagement* 4(1) (2020): 103–13.

¹³ M. Brinton Lykes and Rachel Hershberg, 'Participatory Action Research and Feminism: Social Inequalities and Transformative Praxis,' in *Handbook of Feminist Research: Theory and Praxis*, ed. Sharlene Nagy Hesse-Biber, 331–367, Thousand Oaks, CA: SAGE Publications, 2012; Colleen Reid and Wendy Frisby, 'Continuing

the Journey: Articulating Dimensions of Feminist Participatory Action Research (FPAR),' in *Sage Handbook of Action Research: Participative Inquiry and Practice*, ed. Peter Reason and Hilary Bradbury, 93–105, London: SAGE Publications, 2008.

¹⁴ Reid and Frisby, 'Continuing the Journey.'

¹⁵ Alice McIntyre, *Participatory Action Research*, Qualitative Research Methods Series 52, Los Angeles, CA: SAGE Publications California, 2008; Yeni and Davies, 'Predictive modelling, empowering women, and Covid-19 in South Sumatra, Indonesia.'

¹⁶ Hal Lawson, James Pyles, Janine Jurkowski and Christine Bozlak, *Participatory Action Research*, Pocket Guides to Social Work Research Methods, [Place \(not country\):Oxford](#): Oxford University Press, 2012; Reid and Frisby, 'Continuing the Journey,' 97–101.

¹⁷ Najmah, 'My baby deserves love, not HIV: Enabling HIV-positive to access prevention of mother-to child transmission of HIV services,' PhD thesis, Auckland University of Technology, 2019.

¹⁸ The term *ibu Rumah tangga*, is a generic term used to refer to married women who are either fully financially dependent on their husbands or who work to support their families.

¹⁹ Richard Carpiano, 'Come take a walk with me: The "go-along" interview as a novel method for studying the implications of place for health and well-being,' *Health and Place* 15(1) (2020): 263–72, doi: <https://doi.org/10.1016/j.healthplace.2008.05.003>.

²⁰ Krishna Regmi and Jennie Naidoo, 'Understanding the processes of writing papers reflectively,' *Nurse Researcher* 20(6) (2013): 33–39, doi: [10.7748/nr2013.07.20.6.33.e320](https://doi.org/10.7748/nr2013.07.20.6.33.e320).

²¹ James Massola, 'WHO concerned Indonesia appears to be Coronavirus free,' 5 Feb. 2020. Available on 4 Jul. 2020 at: <https://www.smh.com.au/world/asia/who-concerned-indonesia-appears-to-be-coronavirus-free-20200205-p53xzj.html>.

²² Dany Garjito and Aditya, Rifan, 'The way of communication of MoH-Terawan was criticized: Four statements of MoH about Corona became a spotlight,' 4 Mar. 2020. Available on 7 Jul. 2020 at: <https://www.suara.com/news/2020/03/04/101853/komunikasi-menkes-terawan-dikritik-4-pernyataan-soal-corona-jadi-sorotan>.

²³ Guild, James. 2020. The Economic Consequences of Coronavirus in Indonesia. *The Diplomat*. 30 Mar. Available on 11 Mar. 2021 at: <https://thediplomat.com/2020/03/the-economic-consequences-of-coronavirus-in-indonesia/>.

²⁴ President Jokowi's statement, May 2020. The statement was quoted from Adjie, Fiqih Prawira. "Let's coexist with Covid-19": Jokowi calls on residents to adapt to "new normal", *Jakarta Post*, 16 May 2020. Available on 11 Mar. 2021 at: <https://www.thejakartapost.com/news/2020/05/16/lets-coexist-with-covid-19-jokowi-calls-on-residents-to-adapt-to-new-normal.html>

²⁵ Najmah, Sari Andajani and Sharyn Graham Davies, 'Health worker's vulnerability to Covid-19 in Indonesia: Chaos, loyalty, and broken trust,' in 1st International Conference on Social & Political Development Issues (ICONIDS), 25 Oct 2020. Available on 11 Mar. 2021 at: <https://www.youtube.com/watch?v=0vf2KuuvQ-k&feature=share&fbclid=IwAR1sFhHdGwcUmJhQ4Gmmka3eFTpxjh80pfrEKI0qj0PQwz7dHs-Z3iCHOY0>.

²⁶ Riyanti Djalante, Jonatan Lassa, David Setiamarga et al., 'Review and analysis of current responses to COVID-19 in Indonesia: Period of January to March 2020,' *Progress in Disaster Science* 6 (April 2020): 100091, doi: <https://doi.org/10.1016/j.pdisas.2020.100091>.

²⁷ Rizki Fachriansyah and Fathur Rahman, Erick Thohir set to oversee the newly formed Covid-19 mitigation/economic recovery team, 2020. Available on 8 August 2020 at: <https://www.thejakartapost.com/news/2020/07/20/erick-thohir-set-to-oversee-newly-formed-covid-19-mitigationeconomic-recovery-team.html>.

²⁸ [All participants were given a pseudonym. Their details can be found in Appendix 1.](#)

²⁹ Editorial team, 'Health Professional Organization denies taking profits amidst the Covid-19 pagebluk,' *VOI*, 10 June 2020. Available on 10 March 2021 at: <https://voi.id/en/berita/7071/organisasi-profesi-kesehatan-bantah-ambil-keuntungan-di-tengah-pagebluk-covid-19>; Sandy Lesmana, 'Doctors reject the accusation that they are extracting economic benefits by asking every patient to get a Covid-19 test,' *Suara.com*, 6 June 2020. Available on 10 Mar. 2021 at: <https://www.suara.com/news/2020/06/06/113847/dokter-dan-nakes-disebut-untung-besar-saat-covid-19-idi-itu-semua-fitnah?page=all>.