

WEEK 3 – Rapid Survey on COVID-19 behaviors, social, and economic impact on communities in Bone District, South Sulawesi, Indonesia

Weekly Findings Report

Week 3, 4-8 May 2020

Snapshot of Findings

- **Cases** (8 May 2020): Confirmed cases in Bone increased to 5 people. 20,192 people tested, 12 under treatment (PDP), 306 under surveillance (ODP); and 9,204 at risk (ODR). *Source: Gugus Tugas.*
- **Survey total of 55 participants**, data collected from 4-8 May 2020.
- **Health behaviors.** Use of fabric face masks decreased from 90.2% to 81.8%, use of medical masks increased from 9.8% to 14.5%, with 3.6% not using any mask. Reported hand washing with soap increased from 96.7% to 98.2%.
- **Social distancing.** Those going out every day decreased from 27.9% to 23.6%. Those who went out at least 1-2 times a week decreased from 98.4% to 90.9%, and did not go out at all increased from 1.6% to 9.1%. 60.0% kept a distance of 1 meter from other people, while 45.5% asked other people to stay at least 1 meter away.
- **Economic impacts.** Respondents reporting less income increased 50.0% to 63.6%. Those having difficulty meeting daily needs increased from 50.0% to 63.6%, and more lost their jobs, increasing from 12.3% to 27.3%.
- **Social support received.** More has been received, although 65.5% still had received nothing. Those receiving government help increased 7.5% to 25.5%; 12.7% from community organizations (e.g., RT, RW, PKK), and 9.1% from NGOs.
- **Social support given.** Fundraising decreased from 22.1% to 12.7%; 18.2% distributed donations; 7.3% donated to community organizations; and 16.4% became volunteers.
- **Social and personal impacts.** Similar level of infection fear, slight decrease to 67.3%. Those feeling stressed or angry increased from 31.5% to 40%.
- **Communication channels.** Information on COVID-19 from social media was high (87.3%) from Facebook 84.4%. Television was the most reliable channel (67.3%); the most reliable source was national government (60.0%).
- **Information still needed.** 43.6% wanted to know case totals and virus transmission routes; and 40.0% wanted information on available health services.

1. Background

Coronavirus disease 2019 (COVID-19) is a virus first identified in China and reported to the WHO in December 2019. In January 2020, the WHO declared COVID-19 a global health emergency. Most people only experience mild respiratory illness symptoms. However, some people can experience severe symptoms, including pneumonia, resulting in lung damage and death¹. COVID-19 is more dangerous for older people and those with pre-existing medical conditions, such as diabetes, high blood pressure and heart disease.² The first case was reported in Indonesia on 2 March 2020 and on 13 April the government declared a national disaster. On 10 April, the government initiated Large Scale Social Restrictions (PSBB), including closing schools, workplaces, restricting movement and closing public places. The local, Indonesian and global effects of COVID-19 have an impact on people's lives, families, communities and economies.

¹ Sani, T.P., Mariska, S., Prasetya, V.G.(2020), *How vulnerable are the elderly to COVID-19?* <https://alzi.or.id/how-vulnerable-are-the-elderly-to-covid-19/>

² Liu, K., Chen, Y., Lin, R., & Han, K. (2020). Clinical features of COVID-19 in elderly patients: A comparison with young and middle-aged patients. *The Journal of infection*, S0163-4453(20)30116-X.

Bone consists of 27 *kecamatan* (sub-district), 335 *desa* (villages), with Watampone as the capital. Bone has 751,026 people, the most populous in South Sulawesi Province. By 8 May 2020, a total of 20,192 people have been tested with five (5) confirmed cases; 12 patients under treatment (*Pasien Dalam Pengawasan/PDP*); 306 under surveillance (*Orang Dalam Pantauan/ODP*); and 9,204 people at risk (*Orang Dalam Risiko/ODR*) (COVID-19 Task Force).³ Health promotion efforts include cleaning with disinfectant, distribution of face masks, and hand sanitizer. In 2019, as part of its BERANI program, UNICEF commissioned Tulodo to manage a project in Bone to prevent child marriage and improve menstrual health. The project staff and networks are being used to implement this study.

2. Objectives

This study aims to answer the question: what is the impact of the Covid-19 pandemic in Indonesia over time? It explores how communities have responded, including any changes in health behaviors (e.g., use of face masks, practicing handwashing with soap, and social distancing) and how this outbreak has affected their economic status. We also explore their exposure to communication channels and campaign messages. This study also provides recommendations for partners and stakeholders in Bone to consider.

3. Methodology

This cross-sectional study uses a mix of quantitative and qualitative methods, conducted weekly from 23 April to 15 May 2020. This enables us to track changes from week to week and also over the life of the study. The quantitative survey is conducted via phone and online. We use snowball sampling methods to recruit participants via phone, while for online we distribute it through our partners. The total target sample is 450 respondents. For the qualitative study, we conduct 15 interviews via phone.

4. Results

Below are the results from the third week of data collection (4-8 May 2020). A total of 55 respondents joined the study (47 via phone and 8 via online). These results are preliminary and subject to change.

4.1 Sample characteristics

- a. **Location.** 41.8% (n=23) from Salomekko sub-district, 12.7% (n=7) from Kajuara, and 10.9% from Tanete Ria.
- b. **Gender.** 56.4% female, 43.6% male.
- c. **Age.** 52.7% aged 21-30 years; 25.5% aged 31-40 years; 18.2% aged 41-50 years; 1.8% each aged 51-60 years and 11-20 years.
- d. **Breadwinner.** Father (76.4%), mother (16.4%), and other adult males (7.3%).
- e. **Education.** 10.9% (n=6) completed elementary school, 3.6% (n=2) junior high school, 32.7% (n=18) senior high school, and 52.7% (n=29) university/college.
- f. **Income.** 29.1% (n=16) each had permanent jobs and crop sales. 83.6% (n=46) received less than Provincial Minimum Wage (UMP). *Upah Minimum Provinsi* (UMP) in South Sulawesi is IDR 2,860,382 (USD200) per month.
- g. **Government support.** 3.6% (n=2) received goods from government agencies, 7.3% (n=4) received cash, 3.6% (n=2) received services, and 85.5% (n=47) received nothing. Of those who received support, 25.0% received Beras Sejahtera (Rastra) rice allowance; 37.5% received Program Keluarga Harapan (PKH) cash payments; 12.5% were registered on the Healthy Indonesia Card (KIS) program; and 37.5% were registered on the Kartu Indonesia Pintar (KIP) program.

³ Gugus Tugas Penanganan Covid-19 (2020). Update Data Penanganan COVID-19 Kabupaten Bone. Accessed 8 May 2020: <https://bone.go.id/2020/05/08/update-data-penanganan-covid-19-kabupaten-bone-jumat-8-mei-2020-pukul-21-00-wita/>

- h. **Elderly.** 32.7% said there was one elderly person in the household; 12.7% had two elderly people, and 1.8% said there were three or more.

“I am confused with the reporting mechanism for outsiders who come to our village. They have to report to the Health Facility and Village government, but (as far as I know) there is no follow up from the village government. We (the community) don’t know what to do.” (Female respondent, Salomekko, 26 years).

4.2 Behaviors

- a. **Handwashing practice.** 94.5% (n=52) washed their hands after doing activities outside the house, 69.1% (n=38) before/after eating and drinking, 60.0% (n=33) after handling goods from outside, 36.4% (n=20) before/after preparing food, 12.7% (n=7) after sneezing and coughing, 12.7% (n=7) after using the toilet, and 9.1% (n=5) after shaking hands.
- b. **Handwashing tools.** Hand washing with soap increased from 96.7% to 98.2 (n=54), 36.4% (n=20) used hand sanitizer (a decrease of 4.6%), 10.9% (n=6) wiped hands using cloth/tissue, and 7.3% (n=4) used running water.
- c. **Face masks.** Use of fabric face masks (non medical) decreased from 90.2% to 81.8% (n=45), use of medical masks increased from 9.8% to 14.5% (n=8), while didn't use masks 3.6% (n=2).
- d. **Social distancing.** Those who kept a distance of 1 meter from other people have decreased from 62.3% to 60.0%. 45.5% (n=25) asked other people to stay at least 1 meter away, 27.3% (n=15) asked others to wear a face mask, 18.2% (n=10) did not change any behavior, and 5.5% (n=3) provided someone with a face mask.
- e. **Outside activities.** Those going out at least 1-2 times a week decreased from 43.4% (n=23) to 41.8%, 25.5% (n=14) went out at least 3-5 times a week, 23.6% (n=13) went out every day, and increased for did not go out at all from 1.6% to 9.1% (n=5).

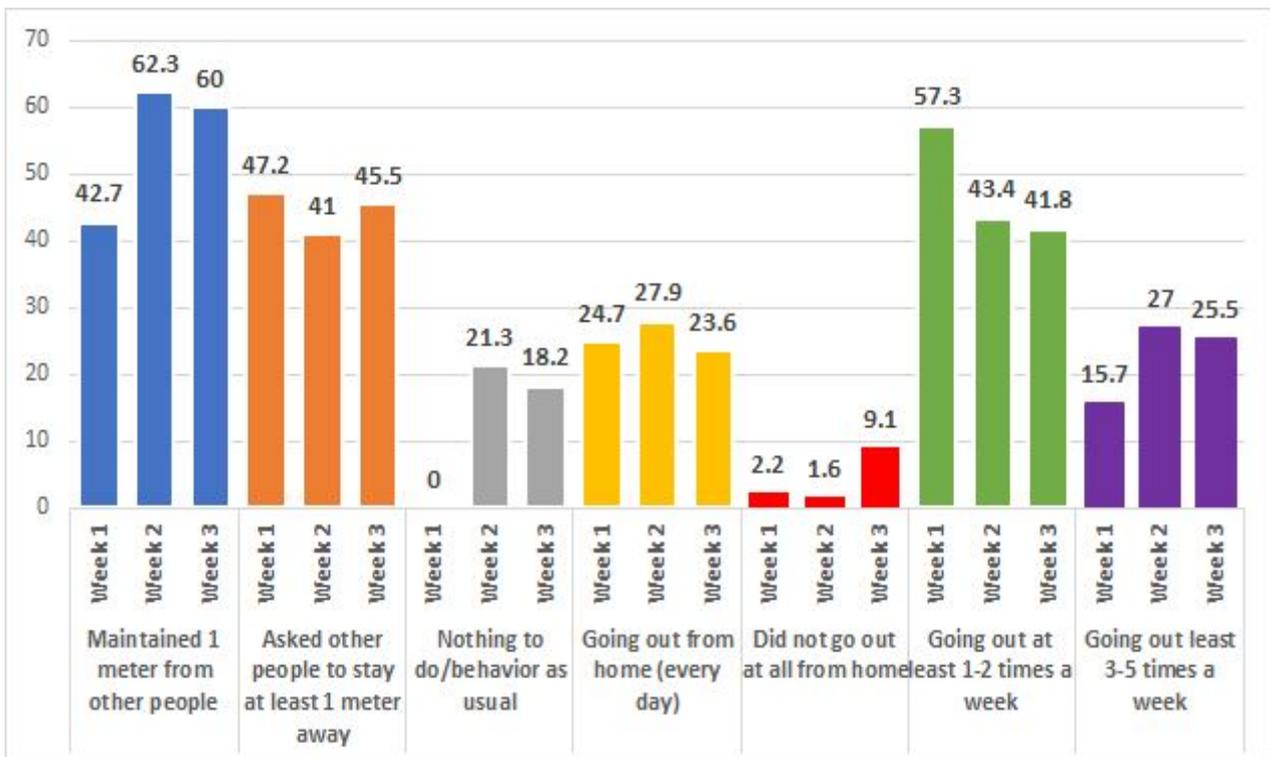


Figure 1. Social distancing behaviours

“People know that we come from Lamuru Village, and now they don’t want to buy our fish, as there are some people confirmed with COVID-19 in our village.” (Female respondent, Tellusiatunge, 42 years).

4.3 Impact of COVID-19

- a. **Employment.** Those working as usual increased from 23.8% to 41.8% (n=23), 21.8% (n=12) did not work, 21.8% (n=12) worked as usual but with restrictions, e.g.: changes in work schedules or shifts, and working from home decreased from 33.6% to 14.5% (n=8).
- b. **Income.** More people reported less income, increasing from 50.0% to 63.6% (n=35), 20% (n=11) said the same income, and 14.5% (n=8) reported no income (IDR 0).
- c. **Feeling isolated.** Less people felt isolated as those did not feel isolated increasing from 63.9% to 83.6% (n=46). 12.7% (n=7) reported sometimes feeling isolated.
- d. **Other impacts.** More people had difficulty meeting daily needs, increasing from 50.0% to 63.6% (n=35), and more lost their jobs, increasing from 12.3% to 27.3% (n=15). 67.3% (n=37) feared infection by/of other people, 60% (n=33) said their revenue has decreased, 40% (n=22) felt stressed or angry, 25.5% (n=14) reported being away from family, and 20% (n=11) were afraid of being isolated (due to infection).

4.4 Communications

- a. **Exposure to COVID-19 information.** Social media exposure increased from 77.0% to 87.3% (n=48). Those receiving information from television decreased from 88.5% to 81.8% (n=45). 45.5% (n=25) from mosques, 41.8% (n=23) from banners/posters, 30.9% (n=17) from online articles, 16.4% (n=9) from “*mobil keliling*”, 12.7% (n=7) from SMS, 9.1% from pamphlets, 3.6% (n=2) from newspapers, and 1.8% (n=1) from radio. Of those who mentioned social media, 85.4% (n=41) from Facebook, 64.6% (n=31) received information from WhatsApp, 22.9% (n=11) from Instagram, 14.6% (n=7) from YouTube, and 2.1% (n=1) from Twitter.
- b. **Source of information.** 69.1% (n=38) said their information was from national government, 60% (n=33) from the village government, 54.5% (n=30) from provincial/sub-district government, 49.1% (n=27) from friends, 34.5% (n=19) from family members, 23.6% (n=13) from neighbors, and 12.7% (n=7) from religious leaders.
- c. **Most reliable information channels and sources.** 67.3% (n=37) said television was the most reliable, whilst 14.5% (n=8) said social media. The most reliable source was national government (60%, n=33) and village government (14.5%, n=8).
- d. **Information still needed.** 43.6% (n=24) said they needed to know both virus transmission routes and number of cases; 40% (n=22) wanted available health services; 34.5% (n=19) on the large-scale social restrictions (PSBB); 25.5% (n=14) on lockdown areas, 20% (n=11) need fact checking of hoaxes and misinformation, 16.4% (n=9) need information about types of face masks, and 14.5% (n=8) said hand washing practice. 20% (n=11) need information about making face masks, 16.4% (n=9) on making hand sanitizer; 9.1% (n=5) about mental health; and 5.4% (n=3) information about when this pandemic will end.

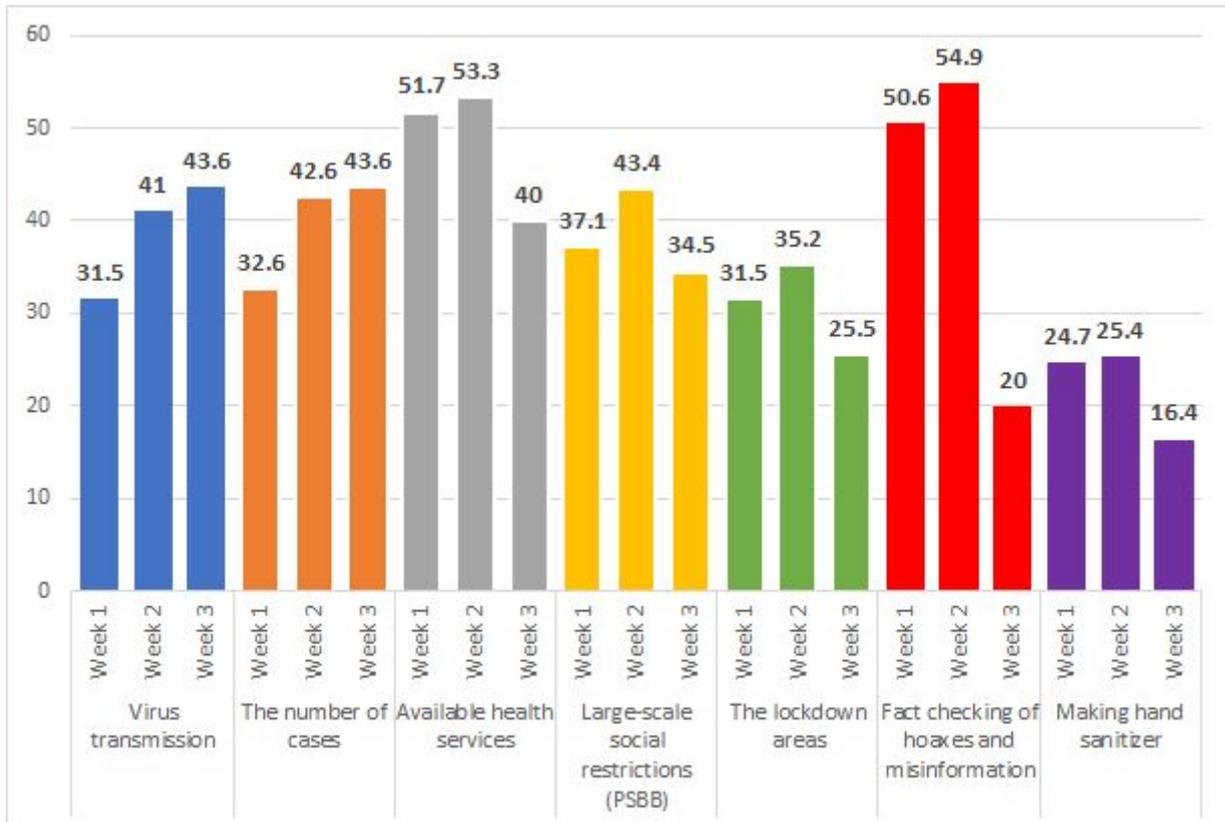


Figure 2. Information still needed

“We created an online market here in Lamuru. People can join in a WhatsApp group to order, and the supplier will then deliver it to the customers. This online market has been run since there are COVID-19 cases identified in Telusiatenge. The products include vegetables and fish. It is just run in Lamuru Village. Many people join this WhatsApp group.” (Female respondent, Tellusiatenge, 22 years).

4.5 Social support given and received

- a. **Social support received.** 65.5% (n=36) never received any support, 25.5% (n=14) received government support; 12.7% (n=7) received community organization help (e.g., RT, RW, PKK), and 9.1% (n=5) received NGO support. Of those who received support, 66.7% (n=14) received face masks, 38.1% (n=8) received other support (internet, electricity, gas or free water), 23.8% (n=5) said groceries (food), 9.5% (n=2) each of received hand sanitizers, 4.8% (n=1) received vitamins/supplements, and 4.8% (n=1) each of received gloves and cash.
- b. **Social support given.** 63.6% (n=35) did not contribute to social support, 18.2% (n=10) distributed donations to beneficiaries, 16.4% (n=9) became volunteers, 12.7% (n=7) collected donations or fundraised, and 7.3% (n=4) donated to community organizations. Of those who gave social support, 54.5% (n=12) distributed masks, 36.4% (n=8) distributed groceries (food), 13.6% (n=3) distributed cash, 9.1% (n=2) distributed hand sanitizer, and 4.5% (n=1) distributed other things (internet, electricity, gas or free water).

5. Recommendations

This week, there has been a slight increase to five (5) confirmed COVID-19 cases. To manage the impact of the virus, these are the priority recommendations for stakeholders in Bone to consider:

- **Social distancing still remains an important issue in Bone** even though this week there has been an increase in people staying at home from 1.6% to 9.1%, those going out every

day is still 24%, and 90% go out at least 1-2 times a week. Both incentives and disincentives must be increased, including public warnings to those engaging in activities with groups of people.

- **Strengthen community responses.** More people had difficulty meeting daily needs, increasing from 50.0% to 63.6% compared to last week. Also there were some villages highlighted as having case clusters. In response, people have developed an online market in their village as they can order the products they need to be delivered. There is a need to collaborate with the community to strengthen and upscale these responses so people can still access daily needs without going to the market.
- **Focusing on mental health.** COVID-19 has an impact on mental health as 67.3% feared infection by/of other people, 40% felt stressed or angry, 25.5% reported being away from family, and 20% were afraid of being isolated (due to infection). There is a need to develop mechanisms on how to improve mental health during this COVID-19 situation in the community and individual level, for example develop preventive guidelines or online consultation with psychologists.

The fourth wave of data collection will be conducted from 11-15 May 2020. We will update the report on a weekly basis.

Contact us:

Muliani Ratnaningsih (E: muli4ni.r@gmail.com)

Heribertus Rinto Wibowo (E: heribertus@tulodo.com)

Nicholas Goodwin (E: nick@tulodo.com)

Tulodo Indonesia
