

WEEK 4 – Rapid Survey on COVID-19 behaviors, social, and economic impact on communities in Bone District, South Sulawesi, Indonesia

Weekly Findings Report

Week 4, 11-15 May 2020

Snapshot of Findings

- **Cases** (15 May 2020): Confirmed cases in Bone increased to 6 people. 21,249 people tested, 14 under treatment (PDP), 310 under surveillance (ODP); and 9,796 at risk (ODR). *Source: Gugus Tugas.*
- **94 total survey participants**, data collected from 11-15 May 2020.
- **Health behaviors.** Use of fabric face masks increased slightly from 81.8% to 90.4%, use of medical masks decreased from 14.5% to 4.3%, with 5.3% not using any mask. Reported hand washing with soap decreased slightly 98.2% to 95.7%.
- **Social distancing.** Those going out every day increased from 23.6% to 34.0%. Those who went out at least 1-2 times a week decreased from 90.9% to 89.4%, and did not go out at all increased from 9.1% to 10.6%. 63.8% kept a distance of 1 meter from other people, while 25.5% asked other people to stay at least 1 meter away.
- **Economic impacts.** Respondents reporting less income decreased from 63.6% to 55.3%. Those having difficulty meeting daily needs decreased from 63.6% to 48.9%, and people who lost their jobs decreased from 27.3% to 22.0%.
- **Social support received.** More has been received, although 56.4% still have received nothing. Those receiving government help increased from 25.5% to 31.9%; 14.9% from community organizations (e.g., RT, RW, PKK), and 1.1% from NGOs.
- **Social support given.** Fundraising decreased from 12.7% to 5.3%; 3.2% distributed donations; 2.1% donated to community organizations; and 6.4% became volunteers.
- **Social and personal impacts.** Fear of infection increased from 67.3% to 73.4%. Those feeling stressed or angry increased from 40% to 43.6%.
- **Communication channels.** Information on COVID-19 from television was high (91.5%) and from social media (43.6%). Television was also considered the most reliable channel (79.8%); the most reliable source was national government (69.1%).
- **Information needed.** 48.9% wanted to know case numbers, 43.6% wanted to know virus transmission routes; and 36.2% 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.

¹Sani, 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 15 May 2020, a total of 21,249 people have been tested with six (6) confirmed cases; 14 patients under treatment (*Pasien Dalam Pengawasan/PDP*); 310 under surveillance (*Orang Dalam Pantauan/ODP*); and 9,796 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 week four of data collection (11-15 May 2020). 94 respondents total joined the study (90 via phone and 4 via online). Results are preliminary and subject to change.

4.1 Sample characteristics

- a. **Location.** 36.2% (n=34) from Libureng sub-district, 20.2% (n=19) from Tellu Siatenge, 18.1% (n=17) from Ulaweng.
- b. **Gender.** 75.5% female (n=71), 24.5% male (n=23).
- c. **Age.** 42.6% aged 31-40 years; 34.0% aged 41-50 years; 8.5% aged 51-60 years; 8.5% each aged 21-30 years.
- d. **Breadwinner.** Father (87.2%), mother (7.4%), and other adult females (3.2%) and 2.1% of other adult males.
- e. **Education.** 28.7% (n=27) senior high school, 24.5% (n=23) completed elementary school, 26.6% (n=25) junior high school and 9.6% (n=9) university/college.
- f. **Income.** 35.1% (n=33) each had permanent jobs and crop sales. 93.6% (n=88) 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.** 17.0% (n=16) received goods from government agencies, 6.4% (n=6) received cash, 12.8% (n=12) received services, and 63.8% (n=60) received nothing. Of those who received support, 20.6% (n=7) received Beras Sejahtera (Rastra) rice allowance; 64.7% (n=22) received Program Keluarga Harapan (PKH) cash payments; 35.3% (n=12) were registered on the Healthy Indonesia Card (KIS) program; and 17.6% (n=6) were registered on the Kartu Indonesia Pintar (KIP) program.

³ Gugus Tugas Penanganan Covid-19 (2020). Update Data Penanganan COVID-19 Kabupaten Bone. Accessed 15 May 2020: <https://bone.go.id/2020/05/15/update-data-penanganan-covid-19-kabupaten-bone-jumat-15-mei-2020-pukul-20-25-wita/>

h. Elderly. 25.5% said there was one elderly person aged 60 years and above in the household; 11.7% had two elderly people. 62.8% reported no elderly in the household.

4.2 Behaviors

- a. Handwashing practice.** 95.7% (n=90) washed their hands after doing activities outside the house, 70.2% (n=66) before/after eating and drinking, 63.8% (n=60) after handling goods from outside, 39.4% (n=37) before/after preparing food, 3.2% (n=3) after sneezing and coughing, 25.5% (n=24) after using the toilet, and 6.4% (n=6) after shaking hands.
- b. Handwashing tools.** Hand washing with soap decreased slightly from 98.2% to 97.9% (n=92), 23.4% (n=22) used hand sanitizer (a decrease of 13%), 16.0% (n=15) wiped hands using cloth/tissue, and 1.1% (n=1) used running water.
- c. Face masks.** Use of fabric face masks increased slightly from 81.8% to 90.4% (n=85), use of medical masks decreased from 14.5% to 4.3% (n=4), while didn't use masks 5.3% (n=5).
- d. Social distancing.** Those who kept a distance of 1 meter from other people have increased slightly from 60.0% to 63.8% (n=60). 25.5% (n=24) asked other people to stay at least 1 meter away, 12.8% (n=12) asked others to wear a face mask, 24.5% (n=23) did not change any behavior, and 4.3% (n=4) provided someone with a face mask.
- e. Outside activities.** Those going out at least 1-2 times a week decreased from 41.8% to 35.1% (n=33), 20.2% (n=19) went out at least 3-5 times a week, 34.0% (n=32) went out every day, and increased for did not go out at all from 9.1% to 10.6% (n=10).

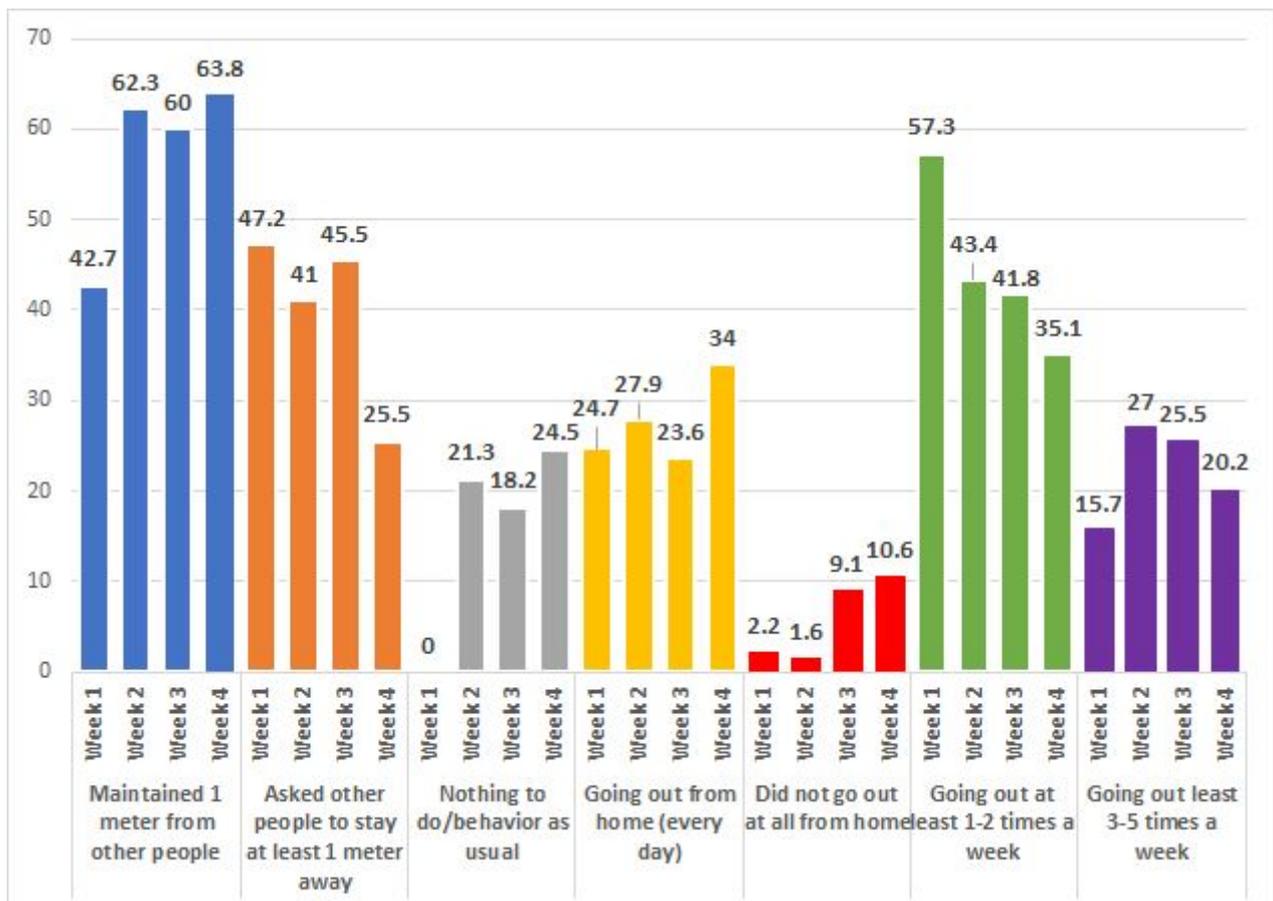


Figure 1. Social distancing behaviours

“Since we confirmed a COVID-19 case here, people no longer want to pass through this area. I sell fish at the market, and the income has decreased. People won’t buy fish if they know the fish is from Lamuru.” Male respondent, 49 years, Tellu Siatinge

4.3 Impact of COVID-19

- Employment.** Those working as usual increased from 41.8% to 62.8% (n=59), 19.1% (n=18) did not work, 11.7% (n=11) worked as usual but with restrictions, e.g.: changes in work schedules or shifts, and working from home decreased from 14.5% to 6.4% (n=6).
- Income.** Less people reported less income, decreasing from 63.6% to 55.3% (n=52), 26.6% (n=25) said the same income, and 17.0% (n=16) reported no income (IDR 0) (a slight increase of 2.5%).
- Feeling isolated.** Most people did not feel isolated decreasing from 83.6% to 81.9% (n=77). 11.7% (n=11) reported sometimes feeling isolated.
- Other impacts.** Most people still had difficulty meeting daily needs, decreasing from 63.6% to 48.9% (n=46), and 22.3% (n=21) lost their jobs (a decrease of 5.0%). 73.4% (n=69) feared infection by/of other people (an increase of 6.1%), 66.0% (n=62) said their revenue has decreased, more people felt stressed or angry (43.6%, n=41), 12.8% (n=12) reported being away from family, and 7.4% (n=7) were afraid of being isolated (due to infection).

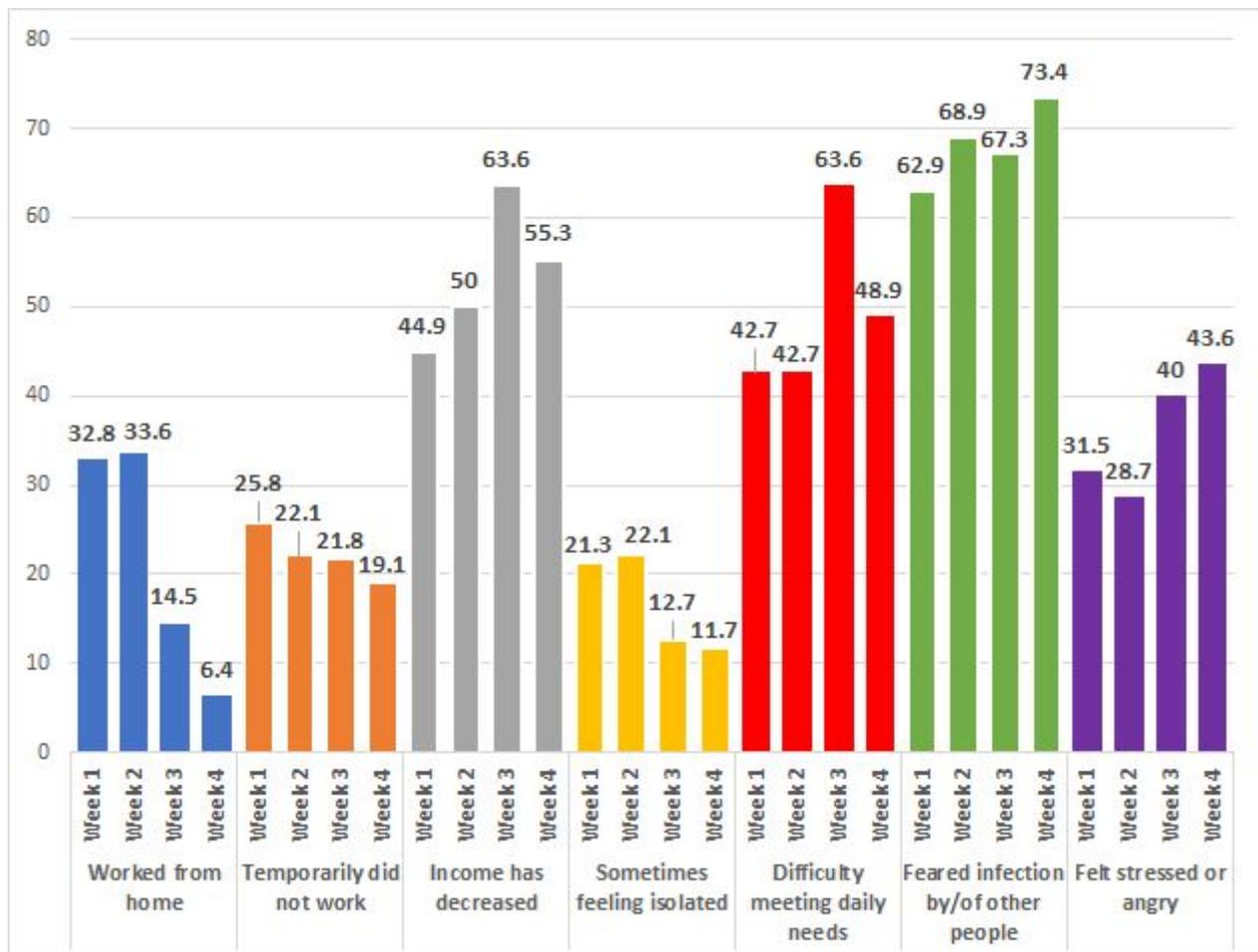


Figure 2. Social, economic and personal impact of COVID-19

“We always have a protocol for the village security post. We always check the temperature of those who come to our village and ask them to wash their hands. Thus, we feel more relaxed.”
Female respondent, 40 years, Ulaweng

4.4 Communications

- a. **Exposure to COVID-19 information.** Social media exposure decreased from 87.3% to 43.6% (n=41). Those receiving information from television increased from 81.8% to 91.5% (n=86). 29.8% (n=28) from mosques, 8.5% (n=8) from banners/posters, 11.7% (n=11) from online articles, 26.6% (n=25) from “*mobil keliling*”, 14.9% (n=14) from SMS, 1.1% from pamphlets, 2.1% (n=2) from newspapers, and 2.1% (n=2) from radio. Of those who mentioned social media, 87.8% (n=36) from Facebook, 53.7% (n=22) received information from WhatsApp, 9.8% (n=4) from Instagram, and 2.4% (n=1) from YouTube.
- b. **Source of information.** 84.0% (n=79) said their information was from national government, 62.8% (n=59) from the village government, 26.6% (n=25) from provincial/sub-district government, 30.9% (n=29) from friends, 33.0% (n=31) from family members, 16.0% (n=15) from neighbors, and 3.2% (n=3) from religious leaders.
- c. **Most reliable channels and sources.** 79.8% (n=75) said television was the most reliable (an increase of 12.5%), whilst 9.6% (n=9) said social media. The most reliable source was national government (69.1%, n=65) and village government (21.3%, n=20).
- d. **Information needed.** 43.6% (n=41) said they needed to know about virus transmission routes and 48.9% (n=46) about the number of cases; 36.2% (n=34) wanted available health services; 27.7% (n=26) on the large-scale social restrictions (PSBB); 18.1% (n=17) on lockdown areas, 18.1% (n=17) need fact checking of hoaxes and misinformation, 21.3% (n=20) need information about types of face masks, and 11.7% (n=11) said hand washing practice. 10.6% (n=10) need information about making face masks, 4.3% (n=4) on making hand sanitizer; 4.3% (n=4) about mental health.

“It is difficult for my children, who are still in school. They need a smartphone with data...and I have two children. It would be better if the government provides free data, as we need to buy it.”
Female respondent, 35 years, Cina

4.5 Social support given and received

- a. **Social support received.** 56.4% (n=53) never received any support, 31.9% (n=30) received government support; 14.9% (n=14) received community organization help (e.g., RT, RW, PKK), and 1.1% (n=1) received NGO support. Of those who received support, 61.0% (n=25) received face masks, 22.0% (n=9) received other support (internet, electricity, gas or free water), 14.6% (n=6) said groceries (food), 19.5% (n=8) received hand sanitizers, 7.3% (n=3) received cash and 2.4% (n=1) received gloves.
- b. **Social support given.** 80.9% (n=76) did not contribute to social support, 3.2% (n=3) distributed donations to beneficiaries, 6.4% (n=6) became volunteers, 5.3% (n=5) collected donations or fundraised, and 2.1% (n=2) donated to community organizations. Of those who gave social support, 36.8% (n=7) distributed masks, 15.8% (n=3) distributed groceries (food), 5.3% (n=1) distributed cash, and 21.1% (n=4) distributed hand sanitizer.

5. Recommendations

This week, there has been an increase to six (6) confirmed COVID-19 cases. To manage the impact of the virus, these are the priority recommendations for stakeholders in Bone to consider:

- **Focus on physical distancing behavior change activities.** Most people went out (89.4%) at least once a week with 34.0% going out every day. Emphasis should be placed on staying at home, including economic incentives, such as wage subsidies and food, as well as disincentives, such as fines and warnings as more people still went out.
- **Reducing social stigma.** People who don't have the disease but share other characteristics with those confirmed with COVID-19 (e.g., living in the same location) may also suffer from stigma. This can have social and economic impacts, for example people

not buying fish from Lamuru village. There is a need for national and local governments to educate the community on COVID-19 and its transmission to reduce this social stigma.

- **Improving mental health.** More people feared infection by/of other people this week (73.4%), and more felt stressed or angry (43.6%). Mechanisms to improve mental health in the community and for individuals need to be improved, including the referral system.
- **Support decision making at village level:** data and analysis on COVID-19 behaviors, as well as social and economic impact, should be integrated into village information systems, particularly for decision making on programs like *Dana Desa* (Village Fund).

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