



“Jogo Tonggo, Jogo Konco”: Community Adaptation Strategies During Covid-19 Pandemic in Central Java, Indonesia

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Abstract

The Covid-19 pandemic phenomenon has provided an extraordinary experience for the community. Many people have not been able to forget it, remember the incident as an unusual and frightening phenomenon. This study aims to understand the community's response and adaptation during Covid-19. Qualitative methods were chosen to frame this study, with data collecting techniques through interviews, observation and documentation. The study was conducted from May to June 2021, involving 41 informants from 14 different districts in Central Java. The results showed the responses emerged from the community were very diverse, both within the community and family. Handling of Covid-19 by the community is divided into the scope of self-isolation and isolation at home. The role of the community in handling residents affected is in the form of cooperation and caring for each other. In the family, each family member divides their role, both those who are sick and those who care for the sick. All elements or parties participate in the process of preventing and handling patients or family members exposed to Covid-19. In addition, the adaptation process was also carried out both in social life and in the workplace, for instance avoiding public activities and working from home.

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INTRODUCTION

When the Covid-19 pandemic was declared in Indonesia in early 2020, panic arose among the public. The Covid-19 pandemic spread rapidly from one region to another, one province to another, placed Indonesia in a Covid-19 emergency status. Moreover, this did not only happen in Indonesia, but also in other Southeast Asian countries such as Thailand (Aye et al., 2023; Hashim et al., 2021; Suratana et al., 2021; Tan et al., 2021). Indonesia has implemented various types of policies to minimize the massive increase in the spread of these cases.

The government is working with the Ministry of Health of the Republic of Indonesia to find a way out to deal with this problem. Various strategic programs and policies have been implemented, starting from restricting activities outside the home; social distancing; providing assistance for positive Covid-19 patients; providing buildings and hotels to support the isolation process and good quality care; tightening land, sea and air travel regulations both domestically and abroad; health promotion for behavioral change; and free mass vaccinations from January 2021 to January 2022 (Darmowinoto et al., 2022; Sutomo et al., 2021; Widjaja et al., 2021).

The Covid-19 pandemic that has hit the world has not only had an impact on the economic aspect but also the environment and all aspects of people's lives, especially the social aspects of society (Clemente-Suárez et al., 2021; Kumar et al., 2021). Kahar et al. (2020) stated that there were several significant changes that occurred, especially in the attitudes of the community that changed into new habits. In essence, many innovative behaviors emerged during the Covid-19 outbreak.

The restrictions applied in various sectors give an impact, especially on the scarcity of food and staples. The community is experiencing food shortages because several traders and markets have to stop their business activities. A study conducted by Bahagia et al. (2020) in Urug and Cipatat Kolot Villages, Bogor, mentioned the process of building a resilient food system especially for food security by indigenous people to survive amidst the threat of Covid-19. Urug society applies the way like in Kampung Naga, where they use the local patterns for cultivating paddy with two systems.

Communal community adaptation is also needed to overcome this pandemic. According to Prayitno et al. (2022), social capital by combining five indicators, namely trust in neighbors, trust in newcomers, government, traditional leaders, and religious leaders is needed to establish and facilitate the community to participate in collective action by bringing out a caring nature towards others. This is done to survive in the midst of the pandemic crisis.

It is necessary to make efforts to adapt and respond to Covid-19 pandemic problems. There are differences in community adaptation patterns in dealing with the Covid-19 pandemic, they change their adaptation patterns to new adaptation patterns, for example they seek insight into the virus outbreak through valid sources, comply with health protocols, remain calm and not panic, try to continue to be able to carry out routine activities, while maintaining health and personal hygiene (Rini et al., 2020).

This adaptation forms new local knowledge to prepare for disease or pandemic. Rethinking preparedness means being open to a greater plurality of knowledge—how evidence was compiled, interpreted, and by whom. Covid-19 has fundamentally challenged approaches to preparedness and the need for a significant change rather than demands for more excellent investment in doing more of the same. Lessons from past experiences offer important ways forward (Leach et al., 2022). While numerous research focuses on the causes and concrete steps of health recovery from a medical and clinical perspective, this study aimed to understand the responses and adaptations made by the community, both individually, as a family, and in the community (communal) environment especially in the Central Java region in dealing with the Covid-19 pandemic. The results of the study will be analyzed using the sick person role model approach from Talcott Parsons (in Foster & Anderson, 2006).

METHOD

This used a qualitative research method, with ethnography approach. This method aims to answer the research subject's meaning, experience, concept, and thoughts about a social phenomenon in a natural setting (Creswell, 2016; Moleong, 2017). In detail, data was collected through in-depth interviews with

informants, supported by observation and documentation. This research was carried out in two modes: online and offline. Online interviews were conducted considering that in June-July 2021, the government implemented PPKM (Implementation of Community Activity Restrictions) program-Level 4 in Central Java so that not all regions allowed people from outside to come to conduct interviews and observations.

This study involved in-depth interviews with 41 informants from 14 regencies/cities in Central Java, involved the students and alums from various regions in Central Java as enumerators at their respective research locations. This research was conducted during the Covid-19 period, so enumerators were required to comply with strict health protocols.

Another technique used in this study was participant observation. This technique allowed researchers to directly observe the practice of healing using medicinal plants based on their knowledge. This technique also allowed researchers to be involved in these practices so that they could observe and do what was being applied by the participants. The final technique was documenting as many events as possible that were being observed so that the data obtained was in the form of conversations and snapshots of the situation.

The next stage was data analysis. In the anthropological method, analyzed the data obtained throughout the research, starting from the transcribed data. The data was then applied to Atlas.ti for coding and finding specific themes according to the research objectives. Next, the data is analyzed using data triangulation techniques. Data triangulation here is source triangulation, combining the results of observations, interviews with informants, and documentation obtained. The data was described and interpreted using thick descriptions. The thick description introduced by (Geertz, 2008) is an anthropological method that considers all the informants' knowledge and actions about specific context to make existing social events meaningful (Kostova, 2017) .

RESULT AND DISCUSSION

The interviews with 41 informants provided information. The following is an explanation of each of these causal factors.

1. Public Preparedness

a. *Public Response to Covid-19 Cases*

The Covid-19 case was responded to by the public in various ways. Some people felt afraid and shocked when a resident was exposed to the coronavirus. At first, the public considered this disease very dangerous and scary so that the response could be excessive. People felt afraid to interact because incorrect information (hoaxes) spread on social media about Covid-19 added to feelings of worry. However, later, the public understood that this disease could be avoided and that it was not as scary as it had been at the beginning of the pandemic.

Although some people respond casually, many also overreact if someone tests positive for Covid-19. The exposed people and their families are poorly treated, gossiped about by residents, ostracized, and avoided even with family members who are not exposed to corona. Someone who is infected with corona immediately gets a negative label by linking it to their dirty behavior. This was the reason why some residents took discriminatory actions against the families of patients. With this incident, the family preferred to stay at home and was afraid to go out of the house because they were worried about surrounding people who didn't like it or even gossiping about it (badmouthing).

b. *Community Preparedness for Covid-19 Cases in Villages*

Many villages of the informants who participated in this study were exposed to Covid-19, although some villages also had zero cases. Some recovered, but some died. A case of death in hospital was experienced by a 47-year-old who was diagnosed positive. After going through quarantine at the hospital, the person was declared dead and was buried using the patient burial protocol, in Batang Regency. Another case of death was during treatment at the Donohudan Hajj Dormitory, Semarang. All residents who died were residents of Kudus and were around 50 years old. In this study, there was no information from the community about

residents who were exposed to the Covid-19 virus and were self-isolating at home and eventually died at their residence.

c. Community Preparedness to Provide Assistance for Covid-19

Patients There were several assistances that Covid-19 sufferers could get, both those provided by the local government and those organized by the community itself. The Social Service assisted patients who were self-isolating at home. The requirement for assistance is that the patient reports to the Neighborhood Association. The village responds, makes an official event report, and proposes assistance for residents to the Social Service. Assistance from the Social Service, in Batang Regency, amounts to 1.5 million per patient.

There was also assistance for patients who were self-isolating at home in the form of staple food, which was contributed by the community and organized by the head of the Neighborhood Association. The community donated money to buy staple food and medicines that patients and their families needed during the self-isolation period. Staple food provided was usually rice, fish, meat, eggs, and vegetables. Some provide sugar, milk, and vitamins. To send it to the patient's house, the Neighborhood Association in Brebes Regency made a schedule to arrange residents in turns and on a schedule to bring the food to the homes of residents who were self-isolating. At the same time, other residents in Kebumen Regency were prohibited from doing so to reduce the risk of many people becoming infected. This program in Central Java is called the Jogo Tonggo (take care of the neighbors) Program (Hariyanto et al., 2022; Noorbani & Nur, 2023).

Friends, at work, at school, and other people who are self-isolating also provide a lot of assistance. The type of assistance is also the same as that offered by residents around the house, namely food or other necessities such as hand sanitizers. The food delivery pattern is the same, by placing it in front of the home or other

accessible places. Friends' assistance can also be given in the form of ordering food online, which will be sent to the home of friends who are self-isolating. In another concept, this friend assistance is called *Jogo Konco* (Novitasari, 2022).

d. Public Preparedness for Self-Isolating or Quarantine Patients in Hospitals

When someone is exposed to the coronavirus, there are options for treatment, namely hospital care and self-isolation at home. The choice of isolation and treatment in the hospital is given if a person shows severe symptoms, has comorbidities and is over 45 years old. However, treatment and isolation in hospital can also be done depending on the availability of beds at the hospital. For someone outside of these categories and who has adequate facilities at home, such as a separate room and a toilet in the house, isolation can be carried out at home, which is commonly referred to as self-isolation.

“It depends, yes, if the affected person is a young person, they usually prefer to self-isolate at home, but if the elderly have underlying diseases, they choose to go to the hospital.” (interview with SMW, 23 years old, Batang Regency, 29 May 2021).

For the community, there are several reasons for choosing a place of treatment when exposed to the coronavirus. Someone may avoid isolation in the hospital because many patients are stressed because of the strict isolation model applied by the hospital. The patient feels isolated from the outside world, which can impact the patient's psychology and can reduce immunity. This is what makes the risk of dying in a hospital greater than that of self-isolation.

Feeling isolated while in the hospital because the quarantine model in the hospital is based on isolation, with no family members allowed to take care, was experienced by those treated at the hospital. There is only one patient in the room, a nurse and a doctor, thus there are

no other patients being treated in the same room.

In addition, a quarantine process was carried out in government buildings that accommodate people with early symptoms or close contact with someone who is positive for Covid-19. In the Central Java area, quarantine is carried out in the Job Training Center (in Indonesia: Balai Lapangan Kerja-BLK) building, the Semarang Mayor's Official Residence, the Central Java LPMP, and various other buildings in the city of Semarang.

2. Local Preparedness Adaptation by the Family

a. Family Response to the First Hearing Regarding Covid-19

Here, there are various responses that have emerged from families regarding the Covid-19 pandemic. This incident shocked, scared, panicked, and worried people, not only for people exposed to the virus but also for their families. They imagined a bitter incident would happen in the family. However, there were some communities and families moved quickly to respond to this incident and decide on the form of treatment for exposed family members.

The community already understood that the first response would be to report this case to village officials, such as the Neighborhood Association or Citizen Association so that this case would gradually reach a higher level of government. The second is if there is contact with other family members before, all family members will take a SWAB or PCR test. The following response is to determine the form of treatment that will be given to the exposed family, whether they will be taken to the hospital for further treatment or carry out self-isolation at home. In determining the form of treatment, the community is assisted by local health workers by considering the conditions or symptoms felt.

b. Family Preparedness in Caring for COVID-19 Patients

One of the crucial things for patients is family support during treatment. This family support can be in the form of moral or material

support. Moral support can be in the form of encouragement, motivation, advice, and prayers to recover soon. These supports are crucial because it is believed by the community also to increase the immunity of people who are undergoing treatment. Moreover, there are also members of the community who give negative stigma to sufferers so that moral support from the family can raise self-confidence to be able to recover. Material support is in the form of assistance in preparing for all needs, such as food, clothing, and medicine.

The family prepared healthy food three times a day, and foods that can boost the immune system, such as natural drinks that contain high vitamins, staple foods such as vegetables and fruits, and water, were always provided. The family also provides vitamins, supplements, and medicines at home. The food served does not need to be luxurious, the important thing is that it is nutritious and falls into the four categories of perfect health. The type of food is also considered according to the health condition of the self-isolating patient. If the patient has a stomach ulcer (gastritis), foods that trigger excess stomach acid, such as spicy, sour, or coconut milk-based foods, are not served. The food served is more soupy dishes such as vegetable or spinach soup.

The family also prepared a separate room for the infected so that other family members don't need to worry about getting infected even though they are still in the same house. Families who have two-story houses were more detailed about room arrangements. The self-isolating patients were placed on the second floor, while the first floor was for healthy family members. For families who have one-story house, a special room was provided for self-isolating patients. This may be a little more difficult for families with one-story houses, especially with the narrower interior space of the house, to avoid direct contact with self-isolating patients from a closer distance. All spaces or rooms used as self-isolation places are ensured to be completely clean before being occupied. If possible, the room occupied for self-isolation is a room that has

sufficient ventilation so that air circulation from outside is smooth and morning sunlight can also enter the room. Disinfectant liquid is sprayed daily to ensure that the virus does not develop and eventually dies. All care details are carefully considered, including the cutlery used, which must be separated, and even the sink and tools for washing dishes, such as soap and dishwashing sponges, are distinguished. This is done to avoid transmission of the virus. Items used by infected family members are believed to have the coronavirus attached and can be a medium for transmitting the virus.

To increase immunity, besides food, the family also schedules and reminds everyone to always sunbathe every morning and do light exercise every day. These activities are carried out to create immunity and natural body resistance from within the body. That way, they will recover quickly from exposure to Covid-19. Families also pay close attention to the mental health of family members who are self-isolating by encouraging them always to be patient and think positively, reminding them not to be too sad, stressed and frustrated due to being exposed to the coronavirus and undergoing self-isolation.

3. Lessons Learned During Covid-19

a. *Adaptation in Social Life*

In residential areas and villages, road blocks and even road closures are carried out so that people who enter can be controlled and only residents can enter. People who come from outside are asked to turn back or isolate themselves for several days before being able to enter a village or residence.

"There is fear, so the youth close the entrances to the village. There is only one door to enter and exit, and that is guarded at night. Everything is closed, the entrances and exits. The fear is that if there are relatives or those from Jakarta who want to come, from outside the city, they will bring the virus, that's why it is closed." (interview with SS, 56 years old, Klaten Regency).

In addition, during the restriction period, many community activities were carried out, such as gardening at home, and planting flowers or vegetables that could be used for daily needs.

"My activities are planting trees at home. I plant vegetables and fruits whose seeds are easy to get, like papaya, chili, and so on. I'm at home, cleaning the house and planting trees. Yes, it's like a holiday. It's better to be at home and do some productive activities." (interview with SS, 56 years old, Klaten Regency).

b. *Adaptation in the Workplace*

Because schools, workplaces, and places of worship are mostly closed, all activities are carried out at home. Work from home (WFH) policy is implemented. People also minimized going out of the house if it was unimportant. School children from Kindergarten to college were learning online during the pandemic. Likewise, worship activities, usually carried out in mosques, prayer rooms, since the pandemic, have been carried out at home. All is left to God Almighty while praying that the pandemic will end soon.

At the beginning of the pandemic in 2020, markets were closed following government recommendations. In reality, some other traders chose not to sell in the market anymore but moved to their homes, and sometime later, the market was open, and buying and selling activities were running normally. Although, they still have to follow strict health protocols.

However, Government offices that must remain open for public services also adjusted their service models during the pandemic. They must continuously follow government recommendations to comply with health protocols. The service desk in the front office was also covered with thick transparent plastic. Then, a place to wash hands was made and equipped with soap outside the room. Hand sanitizers were provided in various room corners, and visitor seats were periodically sprayed with disinfectant liquid. All guests or

visitors must be willing to have their body temperature checked before entering the room.

Discussions

Brooks (1998) in his working paper entitled "The Concept of Adaptation in Biological Anthropology", said that approaches to the study of human adaptation include environmental stress and physiology, human growth and development, disease, nutrition, energy flow, and environmental fluctuations. This means that "disease" is one factor that influences changes in human adaptation. In the case of the Covid-19 pandemic, there was a change from normal times to 'abnormal' times. Since then, all activities that were usually done outdoors or at home, had to be done indoors. Adaptation occurs in social life and work life. Adaptation in social life can be seen from road blocks, road closures, and restrictions on activities outside the home. In the workplace, for instances, there was a popular work from home (WFH) program for workers and officers, except for medical personnel. Local preparedness during Covid-19 is important to avoid large-scale spread of the virus, helping and assisting neighbors or family members who are infected with coronavirus.

Another analysis, based on Parsons' theory (1951, in Foster & Anderson, 2006) explains that the role of the sick is divided into two, namely the rights and obligations of the sick. In this realm, the sick person's right is to be free from the responsibility of his social role and his role to recover. While the sick person's obligation is to acknowledge that his role as a sick person is unpleasant so that he feels obliged to recover as soon as possible, and to seek competent technical assistance (for example, a doctor) and cooperate with parties who help with healing. When reflected in this study, it can be seen that in this Covid-19 situation, people must let go of all their responsibilities, carry out social restrictions and self-isolation. All work in public spaces is eliminated, required to do activities at home and if they have to do activities at home, they must comply with health protocols. People who experience Covid-19 stop all their activities and focus on healing. Likewise with the obligations that must be carried out, neighbors and families through *Jogo Tonggo* and *Jogo Konco*. Neighbors will deliver

food to people who are recovering in the hope that it can help in the healing process.

CONCLUSION

The explanations show that people in Central Java have various responses to the emergence of the Covid-19 pandemic. The local preparedness was categorized into two aspects: from the community and family. The community's response involves various actors, such as the head of the Neighborhood Association or Citizens Association, community leaders, and community members. All parties participate in handling and preventing these problems. Assistance from neighbors and community members was given to people exposed to Covid-19 both those undergoing self-isolation at home and those being treated in hospitals. Some boundaries are regulated and must not be violated during the treatment process. Separation of items and rooms used by the infected and healthy family members and daily activities carried out by the infected and healthy family members were all done to avoid the spread and transmission of the coronavirus through the objects and facilities used. Family support is not only material but also moral or non-material, such as mental and psychological assistance. All are done for one purpose, which is to achieve healing. In addition, the adaptation process is also carried out both in social life and the workplace environment. Everyone is self-isolating, social distancing, avoiding crowds, leaving all communal social activities, self-isolating after traveling, wearing masks and obeying health protocols, and working from home (WFH). Communities formed the local preparedness model from this phenomenon, and this concept emerged in society to face the next pandemic. The findings of this study have implications for strengthening communities in society in dealing with the Covid-19 pandemic. Resilience built both in the family environment, society, public environment, and office environment has a positive impact on society. Fear of Covid-19 and negative news can be avoided thanks to the cooperation that has been built. The concept of *Jogo Tonggo* and *Jogo Konco* is one form of community defense pattern. This finding still has many limitations, in the future research is needed in a wider scope, not only Central Java.

Forms of community resilience are also built with local patterns that can be found in various regions in Indonesia. Moreover, this scope will be a reflection if later there is a pandemic phenomenon with the same or different patterns, so that society in the future will be more alert and vigilant.

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