



Collaboration in handling COVID-19 toward people in poverty line: study case in Makassar

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ARTICLE INFO

Article history:

Received 24 August 2020

Accepted 4 December 2020

Keywords:

Collaboration

COVID-19

People in poverty

Handling

ABSTRACT

Objective: The large-scale social distancing policy conducted twice was unable to reduce the rate of development of COVID-19 widespread in Makassar, yet it increased. One of the causes was that social awareness is still lacking especially for people in the poverty line. This study attempts to describe the social behavior of people in poverty line toward COVID-19 case in Makassar.

Method: This research is a qualitative descriptive study based on the case. The data analysis was undertaken qualitatively.

Results: The results revealed that the limited understanding of people in poverty line about COVID-19 and health protocols makes their behavior indifferent and disobedient to health protocols. In addition, the government's *top-down* approach to deal with COVID-19 pandemic was ineffective. However, *bottom-up* collaborative interventions need to be carried out through a group approach to gain an understanding of the COVID-19 health protocol, especially for people in poverty line and other vulnerable groups.

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Introduction

COVID-19 has become the greatest human tragedy in this century. The World Health Organization (WHO) has also designated COVID-19 as a pandemic because more than 213 countries in the world are infected with the coronavirus. The spread that was not predicted before made many countries not seriously anticipating COVID-19, including the United States and several major countries in Europe.¹ Indonesia is in the 24th largest in the world and the 9th in Asia that has positive sufferers of COVID-19.¹ This proves that the rate of spread of COVID-19 in society is so fast, but the Government's anticipation seems unprepared for the development of the coronavirus. It is even quite surprising because all provinces have been infected, and more than 400 cities from 514 cities throughout Indonesia have also been infected. This means that around 80% of cities in Indonesia have infected COVID-19. Data from the BNPB (National Disaster Management Agency) as of May 10th, 2020, the number of positive Corona as many as 14,032 people, who have recovered after undergoing treatment were 2698 people and who died as many as 973 people. President Jokowi has even issued a Presidential Decree which states that COVID-19 is a national disaster. Therefore, the treatments used to reduce the risk of spreading COVID-19 are also adjusted to the standard WHO (World Health Organization)² COVID-19 health protocol.

The description of the spread of COVID-19 in the world and in Indonesia is a reflection of the objective conditions of people in provinces and cities such as South Sulawesi Province and Makassar city. Interestingly, the spread of the coronavirus in South Sulawesi

is the largest outside Java and is in the third rank of all provinces in Indonesia. For details, see the [table 1](#).

Interestingly, COVID-19 has also had serious implications for people's lives in the social, economic, political, and cultural fields, especially in the city of Makassar. During the pandemic period (from March to the present), the number of poor people has increased sharply. If in 2019, the poverty rate in Makassar reached 4.4% or around 82,326 households, then during the COVID-19 pandemic the number of poor people increased by 3% or around 72,306 households, so the poverty rate in the city of Makassar currently reaches 154,362 households.³ The new high poverty rate has occurred because hundreds of businesses closed and thousands of employees were laid off. Data from the Makassar City Manpower Office (2020) states that 9000 workers are at home and 4732 of them only get 20% of the remaining salary without wages and experience layoffs. The total population of the male is 755,968 and female is 770,709, so a total of 1,526,677 are spread across 15 sub-districts and 100 sub-districts. The total number of poor and vulnerable people in the city of Makassar is 228,091, while the poor are 66,224.⁴

The increasing number of poor people in the city of Makassar during the pandemic in the Community Empowerment context also has an effect on efforts to reduce the number of positive sufferers of COVID-19. According to Ife Jim⁵ the main components of empowerment are participation, independence, initiative, social action, and power. Therefore Harry⁶ emphasized that an effective empowerment strategy is needed. Therefore, this paper attempts to describe the social behavior of the poor in relation to health protocols and collaborative strategies for handling COVID-19 among the poor in Makassar.

Method

The purpose of this study is to describe the social behavior of the poor in complying with the rules of the COVID-19 health protocol

Peer-review under responsibility of the scientific committee of the 1st International Conference on Safety and Public Health (ICOS-PH 2020). Full-text and the content of it is under responsibility of authors of the article.

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Table 1
Comparison of positive rate of COVID-19 in various regions.

Pandemic Area	May 10 th , 2020 Infected people	July 20 th , 2020 Infected people
Worldwide	4,100,347	13,739,632
Indonesia	14,032	80,094
South Sulawesi Province	722	7275
Makassar City	379	4349

Source: WHO and BNPB, 10th May 2020 and July 20th, 2020.

in Makassar city. Therefore, this type of research is descriptive qualitative on the basis of research is a case study. The primary data is obtained based on direct results in the field, while secondary data is based on literature searches, from related agencies, and institutions. This research starts with problem identification and formulation, data collection, data processing, and analysis including data classification and reduction, drawing conclusions and verification, discussion of research results, and preparation of reports. Data analysis is done qualitatively not only by describing a fact or phenomenon but also more importantly explaining the meaning and describing the social phenomena or facts.

Results

The speed of transmission in Makassar is due to the fact that the capital city of South Sulawesi has since been known as an open area. According to Iqbal,⁷ there are a number of facts that make South Sulawesi including Makassar the largest place for the spread of the Coronavirus outside Java, namely: (1) South Sulawesi, especially Makassar, is the gateway to eastern Indonesia, and all people and transportation who want to go to eastern Indonesia must pass through or stop in Makassar; (2) the center of economic growth in eastern Indonesia is also in South Sulawesi, so the flow of goods among islands, provinces, and countries are generally distributed through Makassar.

The results of this study also illustrate that the ineffective implementation of the PSBB policy in Makassar is due to a number of aspects, namely: (1) socialization regarding PSBB is still very limited among those with education and does not reach those who are less educated such as the poor, marginalized and so on; that is why, in general, the poor groups do not comply with the PSBB policy; (2) the plurality of people with various ethnicities, cultures, and religions makes there are still groups of people who do not agree with the existing rules in the PSBB; (3) consistency of policy with its implementation in the form of rule enforcement do not optimal yet, causing many violations to occur, such as the case of Alaska stores, Agung stores, and others; (4) the culture of the people who like to hang out, starting from coffee shops to alleys, making policies on social distance and physical distance is still constrained by that culture, and; (5) anxiety about the coronavirus, dominant only among the middle and upper class. Meanwhile, the lower class, especially the poor, have very low anxiety and even tend to be apathetic. This kind of behavior is also a problem in the implementation of PSBB.

Discussion

The socio-economic impact of the COVID-19 pandemic in the city of Makassar has been greatly felt by the poor, especially those working in the informal sector, such as construction workers, parking attendants, shopkeepers, city transportation drivers (*pete-pete* in Makassar term), motorized pedicab drivers (*bentor*), on-line motorcycle taxis and other manual workers. An already mediocre life is made worse by the COVID-19 pandemic. On the other hand, the City Government's policy to provide Cash Social Assistance

(BST) during the pandemic was ineffective because the database used did not cover all poor groups affected by COVID-19. Thus, there are those who receive BST, but there are also many poor groups who do not because they are not on the BST recipient list.

This study found that due to the increasingly severe economic conditions of the poor during the COVID-19 pandemic, their daily lives have been oriented toward earning income or income even though they violate and are contrary to health protocols. Even according to the poor, their actions in violating health protocols are a rational choice due to the existing objective conditions. Rational choice according to sociologist James S. Coleman⁸ is based on individual actions that lead to a goal and are determined by values or choices. In Makassar city, the population of the poor is spread across all districts and the most dominant in the sub-districts of Mamajang, Mariso, Tamalate, Bontoala, Ujung Tanah, Manggala, and Makassar. According to the data on the distribution of COVID-19 in Makassar, districts with a large number of poor people have a positive correlation with a large number of COVID-19 sufferers.

One of the triggers is due to the static social behavior of the poor, apathy, and disobedience to health protocols. This explains that this social behavior fosters the development and transmission of the coronavirus in the city of Makassar.

The behavior of the poor in the city of Makassar, as described above, is also because the poor consider that the handling and completion of the COVID-19 pandemic is the sole duty of the city government and is not the responsibility of the community, especially the poor. This attitude can be understood because since the beginning the Government at various levels was the most dominant in eradicating the coronavirus. Through various policy and institutional instruments made by the Government, such as the COVID-19 Task Force Team at the central, provincial, and district/city levels, this gives the impression that the policy for handling COVID-19 is entirely the responsibility of the Government. Therefore, the policies taken also appear to be "top-down" in nature. Thus, people become objects and not as subjects in handling this coronavirus.

Therefore, the results of this study also illustrate the need to formulate policies that involve all social groups in society, especially the poor in the form of collaborative policies. The Government must collaborate proportionally with all components of society at all levels, to build strong synergies in dealing with COVID-19. With a collaborative strategy, all components in society become active, dynamic, and care more about health protocols. *Rukun Tangga* and *Rukun Rakyat* function as part of a collaborative strategy including bringing together religious leaders, community leaders, traditional leaders, youth leaders, women leaders, and figures from vulnerable groups. All components are put together to build a "bottom-up" collaboration. Therefore, the collaboration strategy is one of the alternatives for handling COVID-19 especially for the poor.

Conclusions

From the results of this research and study, a number of conclusions were obtained, including:

1. Makassar City is categorized as the red zone of COVID-19 transmission in South Sulawesi Province because it shows an increasing trend from time to time. Even though the city government has implemented the PSBB (Large-Scale Social Restrictions) policy twice.
2. Many aspects cause the city of Makassar to be an area with a high level of transmission, one of which is the position of Makassar as an open and connecting area in Eastern Indonesia.
3. The very fast transmission of COVID-19 has had a serious impact in the economic and social fields, marked by the significant

increase in the number of poor people in the city of Makassar during the pandemic period. On the other hand, Government policies that are “top down”, such as the PSBB and the establishment of the COVID-19 Task Force, are considered less effective because they do not involve social groups in society.

4. The implication is that the community, especially the poor in the city of Makassar, shows a disobedience to health protocols. Even with the increasingly severe economic conditions, the poor group assessed non-adherence to health protocols as a rational choice in their social behavior. That is why the poor are static, apathetic and do not care about health protocols
5. The social behavior of these poor groups has actually caused controversy and new problems in the handling of COVID-19 in the city of Makassar. Therefore, the “top down” policy strategy needs to be studied and collaborated with the involvement of social groups in society, especially the poor and other vulnerable groups. By formulating a “bottom up” collaboration strategy.
6. Through this collaboration strategy, the social behavior of the poor can be changed to a behavior that is more active, dynamic

and caring, and responsible for handling and eradicating COVID-19, especially in the city of Makassar.

Conflicts of interests

The authors declare that they have no conflict of interest.

References

1. Worldometers. The 10 Largest Countries with Covid-19 in the World. Info News.
2. Organizations WH. Data on the Development of Positive Covid-19 Patients in the World. info berita.
3. Mukhtar Tahir. The Poor Population in Makassar Increases During the Covid-19 Pandemic. *tribun.com*.
4. [Statistics CB of. Data for the poor population in Makassar City in 2019. BPS Makassar City: MAKASSAR; 2019.](#)
5. Ife Jim. *Community development*. Jogjakarta: Pustaka pelajar; 2008.
6. Hikmat Harry. *Community Empowerment Strategy*. Bandung: Humaniora Utama; s. f.
7. Andi Iqbal Burhanuddin. *Knitting passion in the midst of the Covid-19 pandemic; Unhas Academics View*. Jogjakarta: Deepublish Publisher; 2020.
8. Hasbi. *Prosperous in old age; Rambu solo ceremony study*. Makasar: Mauoa Masagena Media Kresindo; 2018.