Role of Community Leaders in Managing Covid-19 Pandemic in Indonesia

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Abstract Community leaders must understand their role in controlling COVID-19, such as monitoring misleading information and providing socialization, education, protection, monitoring, and evaluation activities in the community, due to the numerous limitations of local governments in managing large populations during this crisis. This study aimed to describe the role of Yogyakarta community leaders in increasing community engagement in managing the Covid-19 pandemic. This study uses a quantitative method with a cross-sectional approach, and the study sample includes all community leaders as many as 31 people at the levels of neighborhood and hamlet. The data analysis process uses frequency distribution values. Results showed that most community leaders had not been maximal in implementing the following COVID-19 prevention activities in the community: educating the community regarding isolation and self-quarantine, eliminating the negative stigma in suspected, probable, and confirmed cases of COVID-19 in medical personnel, and inviting the community to participate in providing hand-washing facilities in public places and facilities to assist underprivileged/elderly people who live alone. Leaders have also not been maximal in planning the needs of people who carry out self-isolation and appointing volunteers and community representatives to prepare and distribute food, personal hygiene equipment, and logistics. Most of the leaders only use billboards as a means of education. Some supporting activities have not been maximized, namely removing the stigma/anxiety in the presence of people who work as medical personnel. The role of the leader is not optimal in providing supporting infrastructure in implementing health protocols, and removal of the social stigma must be improved through risk communication assistance and empowerment.

Keywords: COVID-19; community; leaders; stigma; health protocol.

1. Introduction

The coronavirus disease 2019 (COVID-19) was first reported in Wuhan and has spread worldwide, including in Indonesia (Ministry of Health of Indonesia, 2020d). The health

challenges in Indonesia before the Covid-19 pandemic include inequality of health facilities and health workers, geographical conditions as an archipelagic country, and Indonesia's population, which is ranked as the fourth highest in the world as of December 14, 2020 (Worldmeters, 2021). This condition raises the potential for widespread inequality in the use of health for the community (Misnaniarti et al., 2018) and considerable difficulties for the government when dealing with the impact of the Covid-19 pandemic (WHO, 2020b). On May 18, 2021, Indonesia ranked fifth as the country with the most active cases and the third-highest number of Covid-19 deaths in Asia (Worldmeters, 2021). The government has attempted to contain the pandemic by slowing the increase in cases and deaths through various means. One approach involves good leadership and community engagement.

Controlling Covid-19 in society is exacerbated by fear, stigma, misinformation, and restrictions on movement, which interfere with the provision of health care for other diseases (Farrington & Fal Dutra Santos, 2020). Communities find it difficult to distinguish between evidence-based policies and "fake news," especially among historically marginalized and underserved groups (Schiavo, 2020). The value of communication during a pandemic must be well planned on the basis of the basic values of trust and transparency because it can encourage community engagement, which is a potential strategy to control the pandemic (Farrington & Fal Dutra Santos, 2020). Risk communication is an integral component of a crucial system in pandemic control and a part of preparedness measures. Risk communication focuses on community engagement and key figures, advocating policies and new social norms in handling misinformation, and encouraging changes in social behavior (Ramsbottom et al., 2018).

Community engagement strategies have been recognized to complement biomedical and epidemiological interventions. Community engagement is a social process in which vulnerable groups collaborate to achieve common needs (Gaventa & Barrett, 2012). Moreover, community engagement during the Covid-19 pandemic involves taking collective behaviors, such as wearing a mask, washing hands, physical distancing, reducing the mobilization process, and implementing other procedures, which are essential to prevent the transmission of infection (Ministry of Health of Indonesia, 2020d). Contextually engaging community strategies have been implemented in several countries when addressing public health emergencies of international concern, such as

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Ebola, SARS, and Zika. This strategy involves community leaders and local groups who have a central or pioneer role in intervening in the community and ensuring two-way communication (Gillespie et al., 2016; Menon & Goh, 2005).

Reports from West Africa stated that they managed to control Ebola with a learning-based approach and involving the community, including building partnerships with religious and community leaders to change behaviors (Carter et al., 2017; Gillespie et al., 2016). Responsible leadership is necessary in times of crisis to build and maintain morally healthy relationships with all stakeholders and organizations and positively influence community responses (Maak & Pless, 2006b). However, based on the results of evidence-based searches, no research has been found that specifically explores the role of community leaders in Indonesia in controlling the Covid-19 pandemic in the community based on guidelines issued by the Indonesian government.

Skrip et al. (2020), detail the Community-Led Ebola Action efforts implemented by the Sierra Leone's Social Mobilization Action Consortium, which engage local radio stations to provide a platform for engagement from trusted community leaders, survivors and responders. Community leaders and mobilizers are recruited from groups of community health workers, young volunteers, and people nominated by their community and religious leaders. They are tasked with promoting key messages and exemplary behavior that can support oversight in the community through standardized forms of monitoring and structured participatory dialogue to identify and address community needs in the areas of trust building, risk communication and social and behavioral change communication.

Sri Sultan Hamengku Buwono X, the governor of DIY, has not declared the COVID-19 outbreak in DIY since it was first announced in Indonesia on March 2, 2020 (Cheung, 2020). However, the community has been asked to limit activities, participate actively in preventing its spread, and act as subjects in protecting themselves and their families (Humas Kemensetneg, 2020). However, Covid-19 cases in DIY extensively spread. The Sri Sultan finally announced an emergency response status on March 17 to 29, 2020. The determination of this status was followed by the formation of a task force division of districts/cities into zone criteria in anticipation of transmission and the issuance of various policies, regulations, and guidelines to protect the public in various sectors. Some of the policies include online learning or home schooling, abolition of motor vehicle tax

administrative sanctions, guidelines to prevent Covid-19, guidelines for worship empowerment of small–medium enterprises, and re-allocation of budgets to strengthen assistance to vulnerable communities and others (PEMDA DIY, 2020).

COVID-19 is a health and economic crisis, global in nature, long-term impact, and no training or experience in previous crises have prepared leaders in community for it. Looking back, the decisions made by the leaders under the increasing uncertainty (during the first 6-8 months of the pandemic) and the evolving information and its impact on the health-socio-economic conditions of the people cause this condition plays an important role in the success or failure of handling the Covid 19 in the community (Ahern & Loh 2020). However, all policies, guidelines, and regulations from the governor for the public can be identified, understood, and appropriately implemented, and misinformation can be avoided if community leaders understand their roles. The role of community leaders in controlling misleading information and providing socialization, education, protection, monitoring, and evaluation activities in the community is crucial due to the numerous limitations of local governments in managing large populations during this crisis. The role of Yogyakarta community leaders in increasing community engagement in controlling the spread of Covid-19 is identified and discussed to fill and add new literature. Based on these conditions, the aim of this research is to description and explore the role of community leaders in managing the Covid-19 Pandemic in Yogyakarta, Indonesia.

2. Methods

Quantitative research through a survey method with a cross-sectional approach was used to determine the role of community leaders during the COVID-19 period. This survey was conducted in the first week of May (04–May 18, 2020) in Prenggan Village, Kota Gede District. This sub-district is used as the location of activities because of two major criteria. The sub-district geographically demonstrates a high potential for Covid-19 transmission due to its high population density and bordering the Umbulharjo District, which has the highest number of cases in the city of Yogyakarta (Daerah Istimewa Yogyakarta Government, 2020). Demographically, the community has a uniqueness that provides the characteristics of Yogyakarta culture. This area also has a historical connection with the Yogyakarta Palace, and interactions are found between various

subcultures of community culture, that is, the dichotomization of society based on the social structure of Javanese society, namely the *santri*, traditional *(priyayi)*, and *abangan* subcultures. The *santri* subculture community is a community abiding by the teachings of Islam. The traditional subculture *(priyayi)* is the aristocratic class, and the *abangan* subculture is a community that is only slightly obedient to Islamic teachings but routinely follows traditional rituals (Nasiwan, 2012). The two criteria are used to describe the role of community leaders in increasing the engagement of the Yogyakarta subculture community to control the spread of Covid-19.

The population and sample in this study included all community leaders as many as 31 people at the levels of neighborhood and hamlet who were willing to fill out the questionnaire. Neighborhoods are led by the neighborhood head, who is elected by the community comprising several houses or heads of families with number of 30–50 heads of households. Hamlet, a community organization under the urban village, is formed through deliberation by the neighborhood. The head of hamlet provides government and community services that are recognized by the regional government as determined by the urban village head.

The online data collection procedure uses the KoBoToolbox platform. Several strategies were used to reach respondents over the three weeks. Information regarding the link and a general explanation on the questionnaire were provided via the WhatsApp group. The survey instrument was adapted from the guidelines provided by the Ministry of Health on Community Empowerment in Prevention of COVID-19 at the village level (Humas Kemensetneg, 2020; Ministry of Health of Indonesia, 2020b; 2020c). The questionnaire comprised the following themes: 1) the role of leadership in the prevention of COVID-19 (12 items); 2) the role of the leader in preparing individuals to conduct independent isolation (3 items); 3) the role of the leader in providing educational facilities regarding COVID-19 (3 items); 4) the role of the leader in performing supporting activities (5 items); and 5) difficulties encountered by community leaders in controlling COVID-19 (1 item).

Respondents were given a choice of answers, namely "Yes" or "No" in which positive practices were given 1 point, while negative practices were given 0 points. The survey contents used Indonesian in consultation with a linguist to facilitate easy understanding by the respondents. The internal consistency of the items in the questionnaire used a

reliability test with Cronbach's alpha coefficient. The internal consistency of the 24-question items in the questionnaire used a reliability test with a Cronbach's alpha coefficient of 0.834. These results indicate that if the Cronbach alpha range is 0.6 to 07, then the question items are considered adequate and reliable according to Van Griethuijsen et al. (2015).

The data analysis process uses Statistical Package for the Social Sciences version 16 with the results to present data using the frequency distribution and percentage values. The Respati University of Yogyakarta Ethics Committee approved the current research protocol, procedure, information sheet, and statement of consent. Participants who voluntarily agree to participate in the survey will sign and click the "Continue" button and will then be prompted to begin filling out the questionnaire.

3. Results and discussion

3.1. Role of community leaders in prevention

Twelve questions related to the prevention of COVID-19 in the community were asked to regional leaders, and topic details shown in table 1.

Table 1. Role of Community Leaders in the Prevention of COVID-19

Role of Community Leaders	Frequency	Percentage
Provide education to the community		
1. Yes	26	83.87
2. No	5	16.13
Types of Education Provided		
1. Prevention	24	77.42
2. Self-isolation	18	58.06
3. Controlling stigma in suspected, probable, and confirmatory patients	13	41.94
4. Controlling the stigma on COVID-19 corpse	12	38.71
Inviting the public to participate in preventing COVID-19		
1. Yes	31	100.00
2. No	0	0.00
Type of invitation from community leaders		
1. Maintaining personal hygiene, home, and environment	29	93.55
2. Avoiding crowding		
3. Restrictions on making physical contact	26	83.87
4. Staying at home	25	80.65
	24	77.42
Collaboration of community leaders with community health centers		
1. Yes		
2. No	26	83.87
	5	16.13
Provision of hand-washing facilities and soap in public areas		
1. Yes		

Role of Community Leaders	Frequency	Percentage
2. No	17	54.84
	14	45.16
Creation of an organizational flow for logistics fulfillment for individuals who carry out self-isolation		
1. Yes	20	64.52
2. No	11	35.48
Creation of a donation fund to support individuals who perform self-isolation		
1. Yes	19	61.29
2. No	12	38.71
Monitoring conditions that can increase the transmission of COVID-19		
1. Yes		
2. No	27	87.10
	4	12.90
Monitoring the mobility of residents to the epicenter of COVID-19 transmission		
1. Yes	27	87.10
2. No	4	12.90
Identifying and assisting the less fortunate/elderly who live alone		
1. Yes		
2. No	20	64.52
	11	35.48
Monitoring community behavior in conducting a clean and healthy lifestyle		
1. Yes	29	93.55
2. No	2	6.45

Table 1 shows that, community leaders have not been maximal in controlling Covid-19 considering educating the public regarding isolation and self-quarantine. Community leaders have failed to eliminate the negative stigma on patients with suspected, probable, confirmed, and COVID-19 bodies. They also failed to provide hand-washing facilities in public places and conduct activities to identify and assist underprivileged/elderly people who live alone. Lack of education can lead to stigma in society, and many studies have shown that social stigma can exacerbate the spread of the COVID-19 disease. An avoidant reaction to this disease can result in physical distancing of people from someone they believe has an infectious disease (Michaels et al., 2017).

This fallacy can lead people to believe that those who have been infected with the disease have committed something wrong. Community leaders must focus on the elderly because they are susceptible to COVID-19. This vulnerability is due to limited information resources, weak immune systems, and high COVID-19 mortality rates among the elderly. Moreover, elderly with mild cognitive impairment or early-stage dementia must be reminded of the current situation within their capacity and supported to relieve

worries and stress. The medical and daily needs of people with moderate and severe dementia must also be addressed during quarantine (Tristanto, 2020).

Community leaders have an important role to play in ensuring community members follow health protocols because conforming to their leadership theory is an important element in bringing society in a satisfactory direction. A community leader is a person or group of people who can influence others to behave as desired such that most of the behavior of community members will be markedly influenced by the behavior of their leaders (Soekanto, 2000). The worst situations are where leaders provide unclear and contradictory priorities to their people, which is similar to what the President of Nicaragua did. He refused travel restrictions and instructed schools and businesses to remain open, prohibiting the use of masks, even by health workers.

These conditions resulted in 25 confirmed cases and 8 deaths reported in Nicaragua due to COVID-19 as of May 15, 2020. However, many experts suspect that the actual number of cases is high; however, the government only allows 50 tests per day, and many of the deaths from COVID-19 are classified as pneumonia (Blacburn et al., 2020). People view leaders as role models when they are unsure of how they should behave. Leaders must behave consistently with what they ask others to do. Thus, leaders must be the first to embrace new policies, such as reducing travel and practicing social distancing. People will then follow the example of a respected leader (APA, 2020).

The provisions for implementing self-isolation and quarantine are all comers/travelers, and the family is declared capable of implementing the provisions for executing self-quarantine/isolation. The community must also be willing to accept and agree to the implementation of self-quarantine and be medically eligible (asymptomatic and symptomatic with mild symptoms without complications) (Ministry of Health of Indonesia, 2020d). COVID-19 and tuberculosis are airborne diseases. In social cohesion and isolation, these conditions encourage patients to hide their illness to avoid discrimination; thus, further complicating diagnosis and treatment. Stigma can destroy the social matrix of a country and become a barrier to disease control (Chopra et al., 2020). Leaders are required to educate the public regarding isolation and self-quarantine to prevent unwanted situations, such as the emergence of stigma and discrimination due to ignorance.

Stigma and discrimination will have an impact on several things: for example, people will hide their symptoms and doubts in seeking medical treatment, people will not adhere to home quarantine protocols, and feelings of guilt and anxiety will increase. Moreover, stigma and discrimination will elicit the following: a lack of self-esteem and self-confidence, expulsion of health workers and other people involved in controlling COVID-19, and worsening of preexisting mental illnesses, such as depression (Bhattacharya et al., 2020; Ministry of Health, 2020a).

Such stigmatization may have consequences, so there are many appeals from the government asking the community to act more responsibly and refrain from stigmatizing communities in any area. It is not just the government and frontline workers to act responsibly in a critical situation like this, but leaders in society, the media, and most importantly the community. Stigma can increase due to inadequate knowledge. Therefore, leaders in the community need to disseminate knowledge about COVID-19 (for example, what causes it, how it is transmitted, treatment, and prevention) in simple and easy-to-understand terms. While social media can be a useful platform for reaching large numbers of people during activity restrictions, it must be used responsibly. In the past, the misuse of social media has created more stigma than it has lessened (Betton et al., 2015). The Ministry of Health and the Ministry of Communications and Information Technology have also issued directives highlighting the important role of community leaders responsibly to empower communities to respond effectively and appropriately in the face of adversity (Ministry of Health, 2020a). Knowledge, attitudes, and practices (KAP) can be increased through public awareness (Pascawati & Satoto, 2020)

Community leaders must also identify the needs of residents, especially the elderly who live alone and those who are poor because they are a vulnerable group. Vulnerable groups are people who can experience severe symptoms and even death if infected with the COVID-19 virus and/or residents that experience difficulties in socio-economic conditions, including psychosocial problems (Ministry of Health of Indonesia, 2020c). The Director-General of the WHO emphasized in a press briefing that the elderly are valued members of our family and community. Nevertheless, this group is at high risk of serious complications of COVID-19. Thus, leaders must invite all communities to work together to protect the elderly from the virus. Leaders must also ensure that their needs, such as food, fuel, medicine, and human interactions, are addressed because physical

distance does not mean social distancing for this group. All residents can be actively involved in regularly monitoring groups of the elderly, friends, and relatives living alone or in care homes in whatever way is possible to let them know that they are loved and appreciated (Europe, 2020; WHO, 2020a).

Communication in times of crisis must be clear, factual, frequent, repeated, transparent, and honest, and must use multi-spread media (Dirani et al., 2020; Stoller, 2020). Society responds better to what is known (even if the news is not good) than to the unknown (which tends to trigger more anxiety) or misleads or gives irresponsible optimism (Forbes, 2020). Therefore, leaders in the community must be able to capture every piece of information and be transparent about the current reality (what is happening), including what they do not know. This kind of communication is not only clear and consistent but also adaptive (Kaul et al., 2020). Caringal-Go et al. (2001) found that open communication from leaders can help alleviate negative feelings caused by the COVID-19 pandemic. Forster et al. (2020) stresses the importance of leaders ensuring transparency in their communications during crises

3.2. Role of the leaders in preparing individuals for self-quarantine/isolation

The results of the filled-out online questionnaire reveal that nine leaders claim to have several individuals who are self-isolating. Self-isolation on individuals or groups of people who experience mild to moderate clinical symptoms and have a history of contact with patients COVID-19 is a type of action from community leaders in preparing individuals for self-isolation.
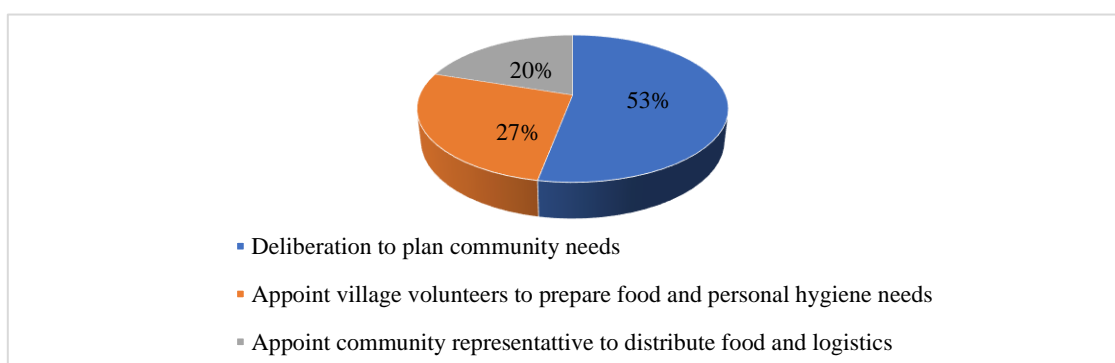

Figure 1. Description of the role of community leaders in preparing individuals for self-quarantine/isolation

Figure 1 show that community leaders are unprepared to conduct activities related to self-quarantine/isolation. Leaders have not been maximal in planning the needs of people who conduct self-isolation, appointing volunteers to prepare food and their hygiene needs, and assigning community representatives to distribute food and logistics.

Individuals undergoing self-quarantine and isolation must maintain physical distance from family members at home and be disciplined to implement a clean and healthy life behavior. They must also adopt cough etiquette, revisit health services on the 10th day, wear a mask when at home, use separate cutlery and toiletries with other family members, and complete the self-isolation/home quarantine readiness sheet (Ministry of Health of Indonesia, 2020c). Quarantining and isolating at home is difficult because leaders and health workers at the community health center must ensure and monitor them such that they remain disciplined in performing health protocols because they are potential sources of infection (Anderson et al., 2020).

Based on the alert village guidelines issued by the Ministry of Health, leaders must invite the community to join in preparing food and personal hygiene needs for residents conducting house isolation/quarantine. Community representatives must be appointed to help distribute the prepared food and other logistics. They must also coordinate with the community health center regarding the condition of the residents being monitored and remind them to perform health checks, such as taking body temperature, monitoring other symptoms, and attending follow-up examinations (Ministry of Health of Indonesia, 2020c). This entire process can run effectively with public awareness, which is strongly influenced by organized leadership techniques in conveying the message properly as a team; thus, making people feel comfortable and encouraging them to follow the rules (Fisher, 2020).

Results of the research on community response to COVID-19 in Indonesia show that the response of leaders contributes to shaping risk perceptions in the community. Substantially low risk perceptions will form an unfavorable response. This phenomenon poses an enormous problem for the leadership to decide whether extreme action is needed in controlling the spread of Covid-19 in the community. Conducting isolation or self-quarantine for people from areas with the local transmission or those from the epicenter and people with mild clinical symptoms is a new habit that has never been practiced by the Indonesian people before this pandemic (Luo et al., 2020). The implementation of this

condition is becoming increasingly difficult because of the number of informal workers with certain types of professions that cannot accommodate work-from-home setups to earn a living (Djalante et al., 2020).

To support the success of the quarantine and self-isolation programs in the community, it is necessary to have the ability of leaders to develop and instill a sense of "togetherness" among individuals during the COVID-19 pandemic. The emphasis during a crisis should be on making connections rather than correcting (Kaul et al., 2020). Leaders must have the humility to listen to people's concerns during a crisis, especially when they are quarantined and self-isolating. This shows that leaders genuinely care about them and their well-being, including mental, emotional, and physical, when making decisions (Dirani et al., 2020; Kaul et al., 2020).

Dirani et al. (2020) also stated the need for leaders who can listen to the community during the COVID-19 pandemic, provide the necessary support and supervision, especially to those who need it most. This study also shows that leaders in the community have not been maximal in mobilizing the community to prepare for the needs of individuals who are self-isolating and self-quarantining. The leader's readiness to mobilize the community in preparing for the needs of isolation and self-care shows that there is a sense of empathy and concern in responding to their needs.

3.3. Role of the leaders in providing educational facilities about COVID-19 to the public

Several educational media are recommended for community leaders in conveying information regarding COVID-19 are presented to figure 2.
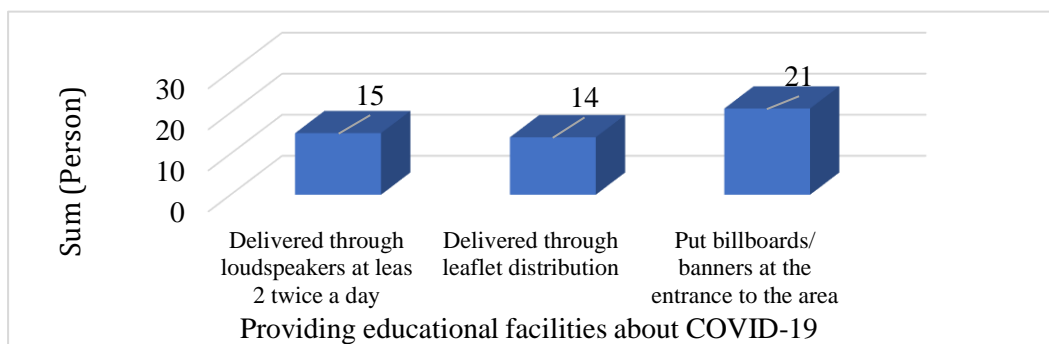

Figure 2. Description of the role of the leader in providing educational facilities about

COVID-19

Figure 2 show that most of the community leaders put up billboards/banners about COVID-19 in 21 neighborhood and hamlet levels, but 10 other leaders have not performed such an approach. They have also not maximally used loudspeakers and leaflets to convey information regarding COVID-19 in their respective communities. Communication facilities and media are necessary solutions to the impact of the COVID-19 pandemic. Close communication is expected to minimize the impact caused by the spread of COVID-19. Moreover, the spread of the coronavirus affects all aspects of life, thus forcing humans to adjust to the existence of this virus.

Communication within an organization or community group aims to give and receive information/education to influence others, occasionally even assisting others. The delivery of information to solve problems is one of the considerations in determining the decisions taken and is even effective in evaluating the behavior of a person (Arni, 2011). The communication objectives are rapidly achieved by the informer when the information provided is clear, and a direct process of delivering information and education results in high levels of communication effectiveness. Thus, the potential negative effects due to communication errors can be avoided (Syaipudin, 2020).

Providing effective education and information from leaders is one form of protection or effort to prevent and control the spread of COVID-19 (Roudhunah, 2007). The sensitivity and character of the community in responding to information from leaders are important points; thus, simple language is necessary. Moreover, some people may not have access or have no knowledge regarding online access; thus, they cannot maximize social media to find information regarding COVID-19 (Cinelli et al., 2020). Therefore, community leaders can maximize various means of communication to convey information and education according to the COVID-19 prevention guidelines at the neighborhood/hamlet and village levels.

The educational facilities put up billboards/banners for COVID-19 alert at the entrance to the neighborhood, distribute leaflets, paste posters in a place that is easily accessible for the public, and use loudspeakers twice a day (Ministry of Health of Indonesia, 2020c). If the leader only maximizes one means of communication to convey information, such as billboards placed at the entrance to the RT/RW area, then the range, acceptance, and informed understanding of the information provided are limited. Leaders

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cannot convey true emotional forms only through these media, thus bringing up a different message value (Ministry of Health of Indonesia, 2020c; Syaipudin, 2020).

Communication in times of crisis must be clear, factual, frequent, repeated, transparent, and honest, and must use multi-spread media (Dirani et al., 2020; Stoller, 2020). Society responds better to what is known (even if the news is not good) than to the unknown (which tends to trigger more anxiety) or misleads or gives irresponsible optimism (Forbes, 2020). Therefore, leaders in the community must be able to capture every piece of information and be transparent about the current reality (what is happening), including what they do not know. This kind of communication is not only clear and consistent but also adaptive (Kaul et al., 2020). Caringal-Go et al. (2001) found that open communication from leaders can help alleviate negative feelings caused by the COVID-19 pandemic. Forster et al. (2020) stresses the importance of leaders ensuring transparency in their communications during crises

3.4. Role of the leader in conducting supporting activities

Some of the supporting activities conducted by community leaders to maximize the control of COVID-19 in the community according to the recommendations from the Ministry of Health are presented in table 2. Table 2 show that types of support activities undertaken by community leaders in response to COVID-19 include conducting community service, cleaning places of worship, regularly spraying disinfectants, and permitting funeral services of deceased COVID-19 patients in the community. However, some supporting activities have not been maximized, such as removing the stigma/anxiety of the community in the presence of people who work as medical personnel.

Table 2. Description of the role of the leader in conducting supporting activities

Role of community leaders	Frequency	Percentage
Conducting communal work by focusing on the distance between people, cleaning places of worship, and spraying disinfectants on a regular		
1. Yes	29	93.55
2. No	2	6.45
Providing an example of making a disinfectant solution independently according to guidelines		
1. Yes	22	70.97
2. No	9	29.03
Preparing a place of isolation if people with COVID-19 indications are found in the environment		

Role of community leaders	Frequency	Percentage
1. Yes	0	0.00
2. No	31	100.00
Permitting funeral services of the COVID-19 corpse in the community environment		
1. Yes	25	80.65
2. No	6	19.35
Removing the stigma/community anxiety in the presence of people who work as medical personnel		
1. Yes	20	64.52
2. No	11	35.48

Supporting activities not prepared by community leaders include places for isolation and self-quarantine. Community leaders should be prepared to prioritize health facilities for people with severe symptoms and who need intensive care (Paat, 2020). Following directions from the Head of the Task Force and the Minister of Villages, Development of Disadvantaged Areas, and Transmigration for the Acceleration of Handling COVID-19, the community leaders, together with the community, should work jointly to prepare houses or village facilities as places for self-isolation/quarantine (Djalenta et al, 2020; OECD, 2020). Isolation and quarantine rooms are provided for people with suspected status, especially those who have only arrived from the epicenter of the spread of the coronavirus.

Community leaders are also asked to communicate and provide appropriate information to avoid giving a negative stigma to medical personnel. Research data on 2050 medical personnel from the public communication team of the COVID-19 Handling Acceleration Task Force reveal that 135 medical personnel were evicted from their homes due to negative stigma and 66 reported expulsions with threats. The results of previous research findings suggest that stigma has a high impact on the outcomes of workers. Stigma may influence worker compliance and can guide management communication strategies considering pandemic risk for health care workers (Ramaci et al., 2020). The main thing is risk communication is an integral component of the COVID-19 control system and must also be an integral component of preparedness measures. In addition, the emphasis is on development, engaging communities, and key players, advocating for new social policies and norms, tackling misinformation, and encouraging behavior and social change. Once again, communication has emerged as an important discipline during COVID-19 and beyond (Schiavo, 2020).

Increasing the role of community leaders can raise community engagement in implementing government policies, regulations, and programs to break the transmission of Covid-19. Community leaders must also build a system for monitoring news/issues/stigma and provide clarifications, perform strict monitoring of people who self-isolate or self-quarantine, seek support resources by appointing citizen representatives/cadres to prepare and distribute food and personal hygiene needs and coordinate with community health centers for monitoring health conditions and implementing health protocols. Leaders must activate neighborhood/hamlet volunteers to participate in monitoring the implementation of public health protocols. If necessary, then law enforcement/discipline, such as sanctions (fines or social penalties), should be implemented in the community that does not comply with health protocols. Therefore, learning is obtained, and a deterrent effect is provided for people who break the rules.

3.5. Difficulty of leaders in controlling COVID-19 in the community

Most of the community leaders have difficulty controlling COVID-19 in the community related to understanding policies and programs from the government regarding COVID-19 control, monitoring community mobilization and community compliance with implementing health protocols, availability of funds, and infrastructure to control transmission. The condition is presented in figure 3 as follows.
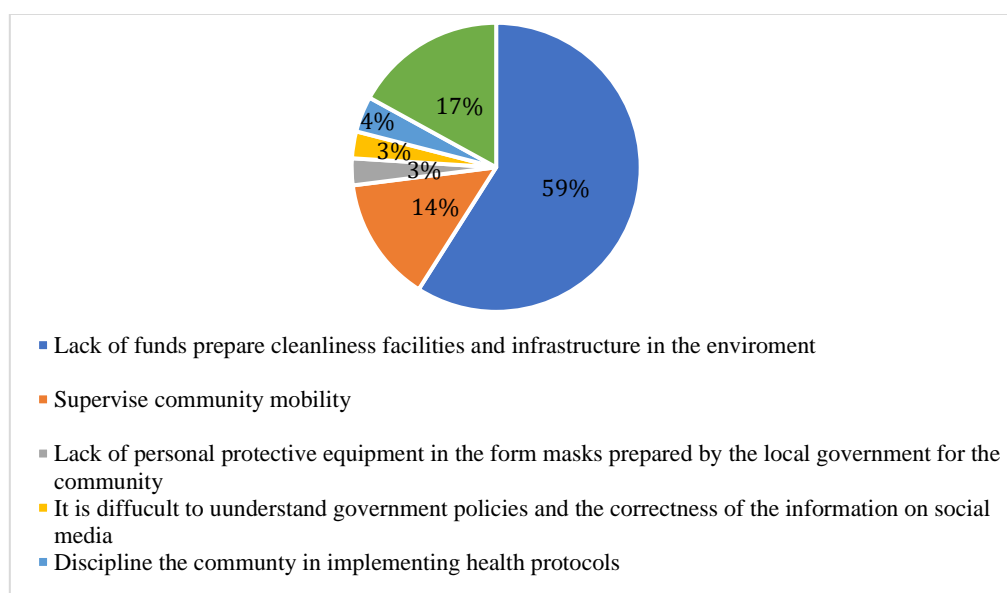

Figure 3. Difficulty of the leader in controlling COVID-19 in the community

Figure 3 show that most of the community leaders experienced difficulties in disciplining the community to implement health protocols, such as conducting physical/social distancing, not receiving guests from outside the sub-district, staying at home, and wearing masks when leaving the house. The challenge of a community leader during the COVID-19 pandemic is to build awareness, understanding, support, training, and commitment to behavior change (WHO, 2020c). Community leaders must first have awareness of changes that occur or have the potential to occur; thus, eliciting a desire to understand the change and finally encouraging involvement.

Leaders must possess analytical, systematic, and futuristic abilities during the accelerated handling of COVID-19 in the community. Mastery of analytical skills means that community leaders must have the ability to perform the following: 1) analyze every event that is considered a problem based on complete and accurate data, 2) find alternative solutions to problems, 3) choose the best alternative solution, and 4) reflect on problem-solving solutions. Furthermore, the leaders must consider the future (Tohani, 2005) because they should be able to adapt and anticipate any impacts caused by this pandemic during its course.

The leadership must be confident that the policies created by the government are the best for the Indonesian people. Such confidence is necessary to eliminate panic or terror in the current uncertain situation. Honest and clear information will create trust and increase social solidarity, thus becoming a force in the eradication of the COVID-19 virus. Trust in leadership is necessary for transformative collective action in times of uncertainty, such as during a pandemic. For leaders to instill confidence in their followers, they must take appropriate action through preparation and planning; seek information and intelligence; leading adaptation; and ensure a coordinated response (Ahern & Loh 2020; Anggarina, 2020).

The research results in India show that similar to business leaders, public leaders face moral complexity because of numerous claims from stakeholders, including the community that require a responsible response (Mehta et al., 2020). This study confirms that responsible public leadership is a social-relational and ethical phenomenon (Maak & Pless, 2006a), which can be achieved through "relational intelligence."

4. Conclusion

The engagement of community leaders during COVID-19 to accelerate the handling and control of transmission includes the following roles: provide education to the public regarding the prevention of COVID-19, encourage participation in prevention practices, conduct collaborations in the form of communication and coordination with health workers from community health centers, and monitor community mobility to the epicenter and community behavior in conducting a clean and healthy lifestyle. Most of the community leaders only put-up billboards/banners regarding COVID-19. The types of support activities undertaken by community leaders in response to COVID-19 include conducting community service, cleaning places of worship, regularly spraying disinfectants, and permitting funeral services for deceased COVID-19 patients in the community.

Community leaders have not been maximally engaged in activities during COVID-19; thus, failing to educate the community regarding isolation and self-quarantine. Consequently, people are unprepared to conduct activities related to self-quarantine/isolation. Supporting activities that have not been fully implemented by the leaders include the removal of the stigma/anxiety of the community in the presence of people who work as medical personnel, who also experienced difficulties in disciplining the community in implementing health protocols.

Experience in controlling pandemics makes it simple for leaders in the community, that: providing more information is much better than less information, it is better to overreact than underreact, People's fear and ignorance of any disease is worse than the disease itself. Information is a powerful tool for community leaders to fight fear and empower socially responsible people. It empowers people and allows them to be socially responsible. Experience during this Pandemic shows that countries with leaders who take open action and manage to control the virus are faster than countries that refuse to admit it and react slowly.

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Author Contribution

Nur Alvira provided the conceptualization, methodology, software, and formal analysis of this article. Validation, review, and supervision were performed by Tri Baskoro Tunggul Satoto. Annisa Rizqa Alamri conducted project administration and data curation. In addition, Nur Alvira and Tri Baskoro Tunggul Satoto wrote and prepared the original draft of the article.

Declaration of Conflicting Interest

There is no conflict of interest in this manuscript.

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References

Ahern, S., & Loh, E. (2020). Leadership during the COVID-19 pandemic: building and sustaining trust in times of uncertainty. *BMJ Leader*, leader-2020. http://dx.doi.org/10.1136/leader-2020-000271

Anderson, R. M., Heesterbeek, H., Klinkenberg, D., & Hollingsworth, T.D. (2020). How will Country-Based Mitigation Measures Influence the Course of the COVID-19 Epidemic? *The Lancet*, *395*(10228), 931-934. https://doi.org/10.1016/S0140-6736(20)30567-5

Anngarina, P. T. (2020, April 8). *Leadership and Communication during the COVID-19 Crisis.* Kompas. https://www.kompas.com/tren/read/2020/04/08/142643965/kepemimpinan-dan-komunikasi-di-masa-krisis-covid-19?page=all

APA. (2020). *How Leaders can Maximize Trust and Minimize Stress during the COVID-19 Pandemic*. American Psychological Association. https://www.apa.org/news/apa/2020/covid-19-leadership

Arni, M. (2015). *Organizational Communication*. PT Bumi Aksara.

Betton V, Borschmann R, Docherty M, Coleman, S, Brown, M, Henderson, C. (2015). The Role of Social Media in Reducing Stigma and Discrimination. *The British Journal of Psychiatry, 206*(6), 443-444. http://doi.org/10.1192/bjp.bp.114.152835

Bhattacharya, P., Banerjee, D., & Rao, T. S. (2020). The "Untold" Side of COVID-19: Social Stigma and its Consequences in India. *Indian Journal of Psychological Medicine*, *42*(4), 382-386. https://doi.org/10.1177/0253717620935578

Blacburn, Christine, C., & Ruyle, L. (2020). *How Leadership in Various Countries has Affected COVID-19 Response Effectiveness*. The Conversation. https://theconversation.com/how-leadership-in-various-countries-has-affected-covid-19-response-effectiveness-138692

Caringal-Go, J. F., Teng-Calleja, M., Franco, E. P., Manaois, J. O., & Zantua, R. M. S. (2021). Crisis leadership from the perspective of employees during the COVID-19 pandemic. *Leadership & Organization Development Journal, 42*(4), 630-643. https://doi.org/10.1108/LODJ-07-2020-0284

https://doi.org/10.7454/ajce.v6i1.1124

Carter, S. E., O'Reilly, M., Frith-Powell, J., Umar Kargbo, A., Byrne, D., & Niederberger, E. (2017). Treatment Seeking and Ebola Community Care Centers in Sierra Leone: A Qualitative Study. *Journal of Health Communication*, *22*(1), 66-71. https://doi.org/10.1080/10810730.2016.1216204

Cheung, E. (2020, March 31). *Indonesia Declares Public Health Emergency Over Coronavirus Pandemic*. Cable News Network. https://edition.cnn.com/world/live-news/coronavirus-pandemic-03-31-20/h_9d84bdd8b2671de839f5d60a415d275b

Chopra, K. K., & Arora, V. K. (2020). COVID-19 and Social Stigma: Role of Scientific Community. *Indian Journal of Tuberculosis*, *67*(3), 284. https://doi.org/10.1016/j.ijtb.2020.07.012

Cinelli, M., Quattrociocchi, W., Galeazzi, A., Valensise, C. M., Brugnoli, E., Schmidt, A. L., ... & Scala, A. (2020). The COVID-19 Social Media Infodemic. *Scientific Repots, 10*(16598), 1-10. https://doi.org/10.1038/s41598-020-7

Daerah Istimewa Yogyakarta Government. (2020). *Map of the Distribution of COVID-19 cases in D.I. Yogyakarta.* https://corona.jogjaprov.go.id/map-covid-19-diy

Dirani, K. M., Abadi, M., Alizadeh, A., Barhate, B., Garza, R. C., Gunasekara, N., ... & Majzun, Z. (2020). Leadership Competencies and the Essential Role of Human Resource Development in Times of Crisis: A Response to COVID-19 Pandemic. *Human Resource Development International, 23*(4), 380-394. https://doi.org/10.1080/13678868.2020.1780078

Djalante, R., Lassa, J., Setiamarga, D., Sudjatma, A., Indrawan, M., Haryanto, B., ... & Warsilah, H. (2020). Review and Analysis of Current Responses to COVID-19 in Indonesia: Period of January to March 2020. *Progress in Disaster Science*, *6*(100091), 1-9. https://doi.org/10.1016/j.pdisas.2020.100091

Europe, A. P. (2020). *COVID-19 and Human Rights Concerns for Older Persons*. Policy Coordinator on Human Rights & Non-Discrimination (ed). https://www.age-platform.eu/sites/default/files/Human_rights_concerns_on_implications_of_COVID-19_to_older_persons_Final_18May2020.pdf

https://doi.org/10.7454/ajce.v6i1.1124

Farrington, M., & Fal Dutra Santos, R. (2020). *Community Engagement during COVID-19: A Guide for Community Facing Staff*. United Kingdom of Great Britain and Northern Ireland. https://reliefweb.int/report/world/community-engagement-during-covid-19-guide-community-facing-staff

Fisher, D. (2020). *Why Singapore's Coronavirus Response Worked – and What We can All Learn*. The Conversation. https://theconversation.com/why-singapores-coronavirus-response-worked-and-what-we-can-all-learn-134024

Forbes. (2020). 7 leadership traits for the post-COVID-19 workplace. https://www.forbes.com/sites/danabrownlee/2020/05/07/7-leadership-traits-for-the-post-covid-19-workplace/?sh=330771ac2d4d

Forster, B. B., Patlas, M. N., & Lexa, F. J. (2020). Crisis Leadership During and Following COVID-19. *Canadian Association of Radiologists' Journal, 71*(4), 421-422. https://doi.org/10.1177/0846537120926752

Gaventa, J., & Barrett, G. (2012). Mapping the Outcomes of Citizen Engagement. *World Development*, *40*(12), 2399-2410. https://doi.org/10.1016/j.worlddev.2012.05.014

Gillespie, A. M., Obregon, R., El Asawi, R., Richey, C., Manoncourt, E., Joshi, K., ... & Quereshi, S. (2016). Social Mobilization and Community Engagement Central to the Ebola Response in West Africa: Lessons for Future Public Health Emergencies. *Global Health Science and Practice*, *4*(4), 626-646. https://doi.org/10.9745/GHSP-D-16-00226

Humas Kemensetneg. (2020). *Central and Regional Integrated Steps to Handle the Spread of the Corona Virus*. Local Government DIY. https://www.setneg.go.id/baca/index/langkah_terpadu_pusat_dan_daerah_tangani_penyebaran_virus_korona

Kaul, V., Shah, V. H., & El-Serag, H. (2020). Leadership during Crisis: Lessons and Applications from the COVID-19 Pandemic. *Gastroenterology, 159*(3), 809-812. https://doi.org/10.1053/j.gastro.2020.04.076

Luo, L., Liu, D., Liao, X. L., Wu, X. B., Jing, Q. L., Zheng, J. Z., ... & Mao, C. (2020). Modes of contact and risk of transmission in COVID-19 among close contacts. *MedRxiv*. https://doi.org/10.1101/2020.03.24.20042606

https://doi.org/10.7454/ajce.v6i1.1124

Maak, T., & Pless, N. M. (2006a). *Responsible Leadership: A Relational Approach. In Responsible Leadership*. London: University of St. Gallen, Routledge. https://www.alexandria.unisg.ch/publications/33668

Maak, T., & Pless, N. M. (2006b). Responsible Leadership in a Stakeholder Society - A Relational Perspective. *Journal of Business Ethics*, *66*(1), 99-115. https://doi.org/10.1007/s10551-006-9047-z

Mehta, M., Sarvaiya, H., & Chandani, A. (2020). Community Engagement through Responsible Leadership in Managing Pandemic: Insight from India using Netnography. *International Journal of Sociology and Social Policy*, 725079. https://doi.org/10.1108/IJSSP-06-2020-0214

Menon, K. U., & Goh, K. T. (2005). Transparency and Trust: Risk Communications and the Singapore Experience in Managing SARS. *In Journal of Communication Management*, *9*(4), 375-383. https://doi.org/10.1108/13632540510621614

Michaels, P. J., López, M., Rüsch, N., & Corrigan, P. W. (2017). Constructs and Concepts Comprising the Stigma of Mental Illness. *Psychology, Society & Education*, *4*(2), 183. https://doi.org/10.25115/psye.v4i2.490

Ministry of Health of Indonesia. (2020a). *Why is there Stigma? In guide to Address Stigma associated with COVID-19.* Ministry of Health & Family Welfare Government of India. https://www.who.int/docs/default-source/coronaviruse/covid19-stigma-guide.pdf

Ministry of Health of Indonesia. (2020b). *Guidelines for Preventing the Spread of COVID-19 for the Community*. Direktorat Promosi Kesehatan dan Pemberdayaan Masyarakat. https://promkes.kemkes.go.id/panduan-pencegahan-penularan-covid-19-untuk-masyarakat

Ministry of Health of Indonesia. (2020c). *Guidelines for Community Empowerment in COVID-19 in RT/RW/Village.* Direktorat Pemberdayaan Kesehatan dan Pemberdayaan Masyarakat. Kementerian Kesehatan. https://covid19.kemkes.go.id/protokol-covid-19/pedoman-pemberdayaan-masyarakat-dalam-pencegahan-covid-19-di-rt-rw-desa/

https://doi.org/10.7454/ajce.v6i1.1124

Ministry of Health of Indonesia. (2020d). *Guidelines for Prevention and Control of Coronavirus Disease (COVID-19) Revision 5.* Direktorat Surveilans dan Karantina Kesehatan.
https://covid19.go.id/storage/app/media/Protokol/2020/Juli/REV-05_Pedoman_P2_COVID-19_13_Juli_2020.pdf

Misnaniarti, M., Hidayat, B., Pujiyanto, P., Nadjib, M., Thabrany, H., Junadi, P., … & Yulaswati, V. (2018). Availability of Health Facilities and Personnel to Support Universal Coverage of National Health Insurance. *Jurnal Penelitian dan Pengembangan Pelayanan Kesehatan*, *1*(1), 6-16.
https://doi.org/10.22435/jpppk.v1i1.425

Nasiwan, N. (2012). Islamic Cultural Transformation in Kota Gede, Yogyakarta. *INFORMASI*, *38*(2). https://doi.org/10.21831/informasi.v2i2.4450

OECD. (2020). COVID-19: *Protecting People and Societies.* Tackling Coronavirus Contributing to a Global Effort. https://read.oecd-ilibrary.org/view/?ref=126_126985-nv145m3l96&title=COVID-19-Protecting-people-and-societies&_ga=2.263580300.1808499119.1638757931-1565343565.1627352318

Paat, Y. (2020, May 18). *Every Village has an Independent Isolation Place.* Berita Satu.
https://www.beritasatu.com/megapolitan/634135/anies-pastikan-setiap-kelurahan-punya-tempat-isolasi-mandiri

Pascawati N. A., & Satoto, T.B.T. (2020). Public Knowledge, Attitudes and Practices towards COVID-19. *International Journal of Public Health Science*, *9*(4), 292-302. http://doi.org/10.11591/ijphs.v9i4.20539

PEMDA DIY. (2020). *Collection of Public Documents on the Development of* COVID-19 in DIY. Local Government, DIY.
https://corona.jogjaprov.go.id/rilis/dokumen-publik

Ramaci, T., Barattucci, M., Ledda, C., & Rapisarda, V. (2020). Social Stigma during COVID-19 and its impact on HCWs Outcomes. *Sustainability*, *12*(9), 3834.
https://doi.org/10.3390/su12093834

https://doi.org/10.7454/ajce.v6i1.1124

Ramsbottom, A., O'Brien, E., Ciotti, L., & Takacs, J. (2018). Enablers and Barriers to Community Engagement in Public Health Emergency Preparedness: A Literature Review. *Journal of Community Health*, *43*(2), 412-420. https://doi.org/10.1007/s10900-017-0415-7

Roudhunah. (2007). *Ilmu Komunikasi.* Lembaga penelitian UIN Jakarta: UIN Press.

Schiavo, R. (2020). Advocacy, Community Engagement and Cross-Sectoral Collaborations as Key Strategies during COVID-19 Response and Beyond: New Directions for a New Decade. *Journal of Communication in Healthcare*, *13*(1), 1-5. https://doi.org/10.1080/17538068.2020.1762983

Skrip, L. A., Bedson, J., Abramowitz, S., Jalloh, M. B., Bah, S., Jalloh, M. F., ... & Althouse, B. M. (2020). Unmet needs and behaviour during the Ebola response in Sierra Leone: a retrospective, mixed- methods analysis of community feedback from the social mobilization action Consortium. *Lancet Planet Health*, *4*(2), e74–85. https://doi.org/10.1016/S2542-5196(20)30008-5

Soekanto, S. (2000). *Sosiologi suatu Pengantar*. Raja Grafindo Persada.

Stoller, J. K. (2020). Reflections on leadership in the time of COVID-19. *BMJ Leader*, *4*(1), 1-3. http://dx.doi.org/10.1136/leader-2020-00024

Syaipudin, L. (2020). Role of Mass Communication in the Midst of the COVID-19 Pandemic. *Kalijaga*, *2*(1), 14-34. https://doi.org/10.28944/hudan linnaas.v2i1.388

Tristanto, A. (2020). Mental and Psychosocial Health Support (MHPSS) in Social Services for the Elderly during the COVID-19 Pandemic. *Sosio Informa, 6*(02), 205-222. https://doi.org/10.33007/inf.v6i2.2348

Tohani, E. (2005). Peran Pemimpin Masyarakat Desa dalam Memberdayakan Kegiatan Belajar Masyarakat. *Diskusi*, *6*(X), 35-47. https://media.neliti.com/media/publications/217869-peran-pemimpin-masyarakat-desa-dalam-mem.pdf

Van Griethuijsen, R. A., van Eijck, M. W., Haste, H., Den Brok, P. J., Skinner, N. C., Mansour, N., ... & BouJaoude, S. (2015). Global Patterns in Students: Views of Science and Interest in Science. *Research in Science Education*, *45*(4), 581-603. https://doi.org/10.1007/s11165-014-9438-6

https://doi.org/10.7454/ajce.v6i1.1124

WHO. (2020a). *Leaders Speak Out about their Concerns Regarding Older People in the Context of COVID-19*. Geneva: World Health Organization. https://www.who.int/news-room/feature-stories/detail/leaders-speak-out-older-people-covid-19

WHO. (2020b). Maintaining Essential Health Services: Operational Guidance for the COVID-19 Context. Geneva: World Health Organization. https://www.who.int/publications/i/item/WHO-2019-nCoV-essential_health_services-2020.2

WHO. (2020c). Pandemic Fatigue: Reinvigorating the public to prevent COVID-19. Geneva: World Health Organization. https://apps.who.int/iris/bitstream/handle/10665/335820/WHO-EURO-2020-1160-40906-55390-eng.pdf

Worldmeters. (2021). *COVID Live-Coronavirus Statistics*. California: Company Dadax https://www.worldometers.info/coronavirus/