An Ethnographic Study of the Concept of COVID-19 in the Belu Community Beliefs

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A B S T R A C T

The spread of COVID-19 that has swept across the world as a global public health emergency is an unexpected, sudden, unplanned, and unimaginable event that has even affected the world in all aspects of the fabric of people's lives including psychological, economic, educational and social. culture. Belu is one of the districts in East Nusa Tenggara Province, Indonesia. The main style of culture in the Belu Regency is that it has four major ethnic groups, namely Tetun, Marae, Kemak, and Dawan which are thick with customs by the teachings of the Belu tradition. The Belu community has a view of life that believes that there is a close relationship between individuals, society, and nature which is symbolized through various forms in the form of traditions of carrying out ritual or customary ceremonies. To explore public perception about the concept of COVID-19 in public trust in Belu Regency, East Nusa Tenggara Province. Methods An ethnographic approach used by focused ethnography. Data Collection for 6 months (May until October) through interviews, documents, and observations. Tested semi-structured interview guide. The type of purposive sampling consisted of 14 participants consisting of 4 communities, 6 health workers, and 4 traditional elders living in Belu. Data analysis using NVIVO. Analysis of qualitative ethnographic research data using the Spradley Model to look for cultural themes, found three main themes: (1) Other Names or Local Designations for COVID-19 (2) Community Trust vs Mistrust against the Danger of COVID-19 (3) Standing, Blocking, Expelling, Deterring and Fencing and Unite in Dealing with COVID-19.

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A B S T R A K

Penyebaran COVID-19 yang melanda di seluruh dunia sebagai darurat kesehatan masyarakat global merupakan suatu peristiwa yang tidak terduga, tiba-tiba, tanpa perencanaan dan tak terbayangkan bahkan telah mempengaruhi dunia pada segala aspek tatanan kehidupan masyarakat mencakup psikologis, ekonomi, pendidikan dan sosial budaya. Belu merupakan salah satu kabupaten di Provinsi Nusa Tenggara Timur, Indonesia. Corak utama kebudayaan di Kabupaten Belu yaitu memiliki empat etnis besar yaitu Tetun, Marae, Kemak, dan Dawan yang kental dengan adat sesuai dengan ajaran tradisi Belu. Masyarakat Belu memiliki pandangan hidup yang meyakini bahwa terdapat hubungan erat antar individu, masyarakat, dan alam yang dilambangkan melalui berbagai bentuk berupa tradisi melaksanakan upacara-upacara ritual atau adat. Mengeksplorasi persepsi masyarakat tentang konsep COVID-19 dalam kepercayaan masyarakat di Kabupaten Belu, Provinsi Nusa Tenggara Timur. Metode penelitian etnografi menggunakan focused ethnography. Data dikumpulkan selama 6 bulan (Mei s.d. Oktober) melalui wawancara, dokumen, dan observasi. Wawancara semi struktur menggunakan pedoman wawancara. Tipe Purposive Sampling tediri dari 14 partisipan

mencakup 4 orang masyarakat, 6 orang tenaga kesehatan, 4 orang tua adat. Analisis data menggunakan NVIVO. Analisis data penelitian kualitatif etnografi menggunakan Model Spradley untuk mencari tema-tema budaya, ditemukan tiga tema utama : (1) Nama Lain atau Sebutan Lokal untuk COVID-19 (2) Trust vs Mistrust Masyarakat terhadap Bahaya COVID-19 (3) Berdiri, Menghadang, Mengusir, Menangkal dan Memagar serta Bersatu dalam Menangani COVID-19.

INTRODUCTION

Novel Coronavirus 2019 (COVID-19) was first reported in Wuhan, Hubei Province, China on December 31, 2019, and was declared by the World Health Organization (WHO) as the sixth public health emergency on January 30, 2020, after H1N1 (2009), Polio (2014), Ebola in West Africa (2014), Zika (2016), and Ebola in the Democratic Republic of the Congo (2019). Furthermore, on March 11, 2020, WHO declared the outbreak a pandemic (European Centre for Disease Prevention and Control, 2020; WHO, 2020). Coronavirus disease or coronavirus disease-2019 (COVID-19) is an infectious disease caused by the newly discovered coronavirus and is a major concern throughout the world, both developed and developing countries, which globally has reached 216 countries with 17,660,523 confirmed cases and caused 680,894 deaths. The COVID-19 cases announced by the Indonesian government on June 17, 2020, were found to be 41,431 positive cases of COVID-19 with a cure rate of 16,243 but still causing 2,276 deaths from 432 districts in 34 provinces (WHO, 2020). Furthermore, on August 16, 2020, 139,549 positive cases of COVID-19 were found with a cure rate of 93,103 people but still caused the death of 6,150 people (Gugus Tugas Percepatan Penanganan COVID-19, 2020).

COVID-19 is a worldwide public health problem that affects everyone regardless of age, gender, region, income, and even social status. COVID-19 also causes significant morbidity because it is accompanied by other pandemics namely stigma and discrimination against populations affected by a coronavirus (Ioannidis et al., 2020; Li et al., 2020; Liu et al., 2020; Walter & McGregor, 2020). The COVID-19 pandemic that continues to develop around the world also has an impact on various aspects of daily life including work/livelihood, socio-economic, political, and cultural (Bruns et al., 2020; Choudhari, 2020). Cases of COVID-19 are expected to continue to increase and continue as an infectious disease in the future. Appropriate and appropriate public health interventions to address the cultural impact of the spread of COVID-19 and the risk of stigmatization through appropriate screening, treatment, and follow-up for affected individuals and close contacts can reduce the number of infections, severity, and death. As health care providers, we must be aware of the facts of COVID-19, its cultural implications, and the potential stigmatization of populations affected by COVID-19 (Bruns et al., 2020).

A holistic approach that considers culture, gender, religion, economy, and politics to address the social aspects of transmission and prevention to be effective, prevention strategies must involve people's daily lives and be integrated into social relationships and practices. Local context is key in preventing the spread of COVID-19 because different solutions will be needed for different situations. Effective prevention uses beliefs and traditions to find local solutions to prevent COVID-19 to find opportunities in aspects of Indonesian life that are respected by the government including the role of religious and cultural leaders who can translate health advice into more persuasive and relevant terms (Bruns et al., 2020; Munro & Richards-hewat, 2020).

METHOD

This research method is qualitative with an ethnographic approach. The type of ethnography used is focused ethnography as a form of applied and pragmatic ethnography that explores certain social phenomena that occur in everyday life focusing on the general behavior, experiences, and cultural perspectives of participants (Bikker et al., 2017; Jones & Smith, 2017). Participants were identified with the help of the gatekeeper. Participants in this study were traditional elders, health workers, and the community in the Belu district. There were 14 participants consisting of 6 health workers, 4 traditional elders, and 4 community members who were in the working area of the health center (Puskesmas) consisting of Puskesmas Haliwen, Puskesmas Silawan, Puskesmas Ainiba, Puskesmas Haekesak, Puskesmas Wedomu, and Puskesmas Atambua Selatan located in Belu district. This allows a contextual variation, population representation, and theme saturation as verified through the data analysis process. The sample was selected using purposive sampling. The research instrument used was interviews, related documents, and observations. Data were collected from May to October 2021 through semi-structured interviews with a duration of 25 minutes to 60 minutes. After approval, participants were asked to respond to a series of questions about COVID-19. These questions are described in the interview guide that has been prepared previously by the researcher and has been carried out by expert judgment.

Data collection will take place between May and October 2021 in Belu district, East Nusa Tenggara province. A qualitative approach to explore public perceptions of the causes, manifestations, and treatments of COVID-19. The local languages used are *Tetun*, *Kemak*, and *Marae*. Interview data were recorded, identified, and transcribed verbatim in local languages (*Kemak, Tetun, Marae*), and translated into Indonesian and English. Data is managed with Nvivo 12 Plus software. All transcripts were read once initially to provide an overview of the tone and scope of the information. The verbatim transcripts were coded using ethnographic analysis. Each recording was coded separately by researchers who independently came up with a label to attach to the transcribed sections that appeared to show perspectives on COVID-19. Then compare the code and revise it repeatedly. The major themes that emerged were compared to the original transcript, and further refined, merged, and encoded.

RESULT AND DISCUSSION

The participants in this study were 14 informants consisting of 4 community members, 3 traditional elders, and 6 health workers. Researchers set the number of participants as many as 14 participants because the interview data was saturated with having the same or similar meaning.

Table 1 Characteristics of Participants

| Participants	Charateristics				
	Sex	Age (years)	Education	Occupation	Tribe
Community					
P1 (IM1)	F	64	PS	Farmer	Marae
P2 (IM2)	M	31	Bachelor	Teacher	Marae
P3 (IM3)	F	59	PS	Housewife	Kemak
P4 (IM4)	F	45	SS	Housewife	Tetun
Traditional Elders					
P5(ITA1)	M	66	SS	Police	Kemak
P6 (ITA2)	M	64	PS	Farmer	Kemak
P7 (ITA3)	M	70	PS	Farmer	Kemak
P8 (ITA4)	M	62	PS	Craftsman	Marae
Health Workers					
P9 (IKES1)	M	34	Diploma	Nurse	Tetun
P10 (IKES2)	M	42	Bachelor	Nurse	Tetun
P11 (IKES3)	F	29	Diploma	Nurse	Tetun
P12 (IKES4)	F	34	Bachelor	Nurse	Kemak
P13 (IKES5)	M	35	Diploma	Nurse	Tetun
P14 (IKES6)	F	36	Bachelor	Doctor	Tetun

Notes. For sex, M = male, F = female. PS. = primary school. SS. = secondary school

Tablel 1. It shows that most of the participants are female, the highest education is bachelor degree and the lowest is primary school, the highest age is 70 years old and the lowest is 29 years old, works as a nurse, and comes from the Kemak and Tetun tribes.

Analysis of ethnographic qualitative research data using the Spradley Model to look for cultural themes found three main themes: (1) Other Names or Local Designations for COVID-19 (2) Community Trust vs Mistrust against the Danger of COVID-19 (3) Standing, Facing, expel, ward off and fence and unite in dealing with COVID-19. This theme can be seen in Figure 1.
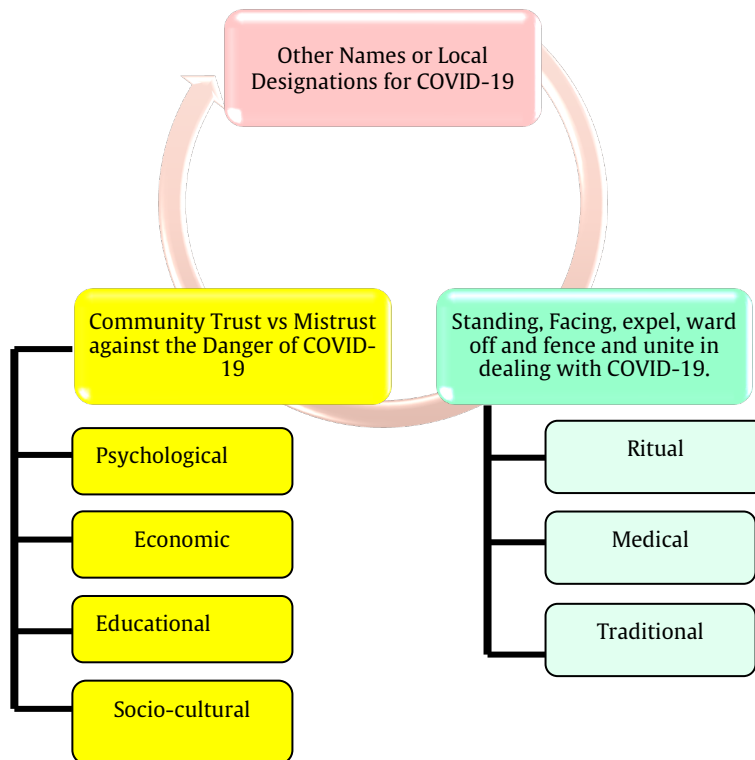
Figure.1 *Culture Themes*

First, another local name for COVID-19 is a term from the cultural perspective of the Belu people who mention COVID-19 in the local (regional) language including *Lakar* (*Kemak*); *En Lakar* (*Marae*), *Lakar* (*Tetun*). This is as expressed by participants:

"*...en lakar is a human disease like Covid...*" (IM2)

"*...in the Kemak language, COVID-19 is called Lakar, samberga rai bote means a disease that comes from big islands, other countries, diseases from foreign countries, abroad...*" (ITA1)

"*... the language of Ema (Kemak) Lakara, COVID-19 is an ugly disease, a disease that cannot be seen, Lakar is of various kinds, in the past the ancestors called bai braga (Cholera) Covid is also a lakar...*" (ITA2)

"*...Covid is grouped into Lakar, Lakar is a disease that comes unexpectedly, a dangerous disease that affects the whole world...*" (ITA3)

"*...covid in Marae en lakar; and Mupel, if Mupel the body feels sick, uneasy, constant pain that appears in certain seasons...*" (ITA4)

The mention of the local term COVID-19 by the Belu community in general as "*Lakar*" is a new disease that cannot be seen, an ugly disease, evil disease, malignant disease, dangerous disease that appears suddenly to attack the whole world and even cause death. The mention of COVID-19 with the term "*Lakar*" is based on the previous experience of the community when a cholera outbreak suddenly appeared several centuries ago and hit the whole world and even caused death. Based on the experience and history of the community, it is identified that COVID-19 has similarities with the cholera outbreak because it attacks everyone around the world and causes millions of deaths.

Based on research by Levin et al., (2020) in "from cholera to COVID-19: How pandemics have shaped the development of anesthesia and intensive care medicine" a pandemic is a worldwide spread of disease that has plagued humans for thousands of years, such as cholera, namely a deadly diarrheal disease caused by the bacterium Vibrio cholera as the cause in seven pandemics since the 19th century that caused millions of deaths (Levin et al., 2020). Furthermore, based on WHO (2019) that to mention the coronavirus (COVID-19) an official name has been announced which was previously known as the novel coronavirus. Viruses are named after their genetic structure to facilitate the development of diagnostic tests, vaccines, and drugs. Diseases are named to facilitate discussion of disease prevention, spread, transmission, severity, and treatment. Human disease preparedness and response is the role of WHO so that disease is officially named by WHO in the International Classification of Diseases (ICD). WHO announced "COVID-19" as the name of the new disease on 11 February 2020 (WHO, 2019). The disease caused by a novel coronavirus (CoV) is a new type of coronavirus that was first identified in Wuhan, China named coronavirus disease 2019 (COVID-19), "CO" stands for from corona, "VI" for the virus, and "D" for Disease (Kishore, 2020).

The findings of this study state that the worldwide spread of COVID-19 is a global public health emergency. It is known that the local designation of COVID-19 is influenced by community culture. Culture is related to how emotions are expressed, mental stress, social problems, physical illnesses, and experiences. Beliefs about illness and actions or behaviors performed vary across cultures (Bhui & Dinos, 2008).

Culture influences a person's health by shaping perceptions, beliefs, and attitudes towards COVID-19 disease and health precautions. Efforts are being made to prevent and slow down the transmission of the COVID-19 virus, namely health behavior. Health behavior is one of the key prevention factors that also affect the health economy including a healthy lifestyle and health awareness to provide effective assistance to maintain a good and long level of quality of life (Faragó et al.,2019). A person's behavior and thoughts are also influenced by a culture that affects a person's health (Jia et al., 2017).

Second, community trust and mistrust towards the dangers of COVID-19 refer to the impact of the COVID-19 pandemic which is divided into 4 (four) domains psychological, economic, educational, and socio-cultural. The following is a description of the explanation of 4 (four) domains, among others:

Psychological Domain

The psychological impact of COVID-19 includes components of stress, anxiety, fear, depression, stigma, and discrimination as well as community mistrust of the dangers of COVID-19. The first component is stress. This was conveyed by the participants as follows:

"*...diseases that have haunted us, make us think, stressed...*" (IM4)

The second component is anxiety about the dangers of COVID-19. This was conveyed by the participants as follows:
"*...a disease that has haunted us and made us anxious...*" (IM4)

"*...psychologically/mentally, people are anxious, worried, and afraid to travel...*" (ITA1)

The third component is fear of the dangers of COVID-19. This was conveyed by the participants as follows:

"*...people who want to travel are afraid, people are afraid or intimidated...*" (IM2)

"*...corona is a disease that has just emerged which makes us very afraid...*" (IM3)

"*...Initially we monitored by phone because we were all afraid, wanting to meet was also afraid...*" (IKES2)

"*...covid is too deadly so if we think they are covid it means they will die, so they are actually scared...*" (IKES3).

The fourth component is depression. This was conveyed by the participants as follows:

"*...this is very sad for the bereaved family, it is very sad and very concerning...*" (IM2)

"*...we feel sad that all events have been canceled...*"(ITA2)

The fifth component is stigma and discrimination. This was conveyed by the participants as follows:

"*...there are neighbors who stay away from them and they are told to isolate themselves in huts in the forest, they live alone in the garden...*" (IKES1)

"*...they feel that covid is like a disgrace so if someone is positive they are immediately shunned by the whole family...*" (IKES4)

"*...because they still think that covid is a disgrace and a discriminatory disease, there is still a stigma...*" (IKES6)

The sixth component is community trust in the dangers of COVID-19. This was conveyed by the participants as follows:

"… we don't have corona here, COVID-19 only appears in cities, no villages…" (IM1)

"…I believe that covid exists so wherever I wear a mask, I always wash my hands, avoid crowds or crowded places…" (IM2)

"…I believe that covid exists but cannot be seen, it is in every one of our bodies but we don't know what it looks like…" (IM3)

"…I don't believe that I have been confirmed with Covid-19 because covid is small and can't be seen with the eye, it even suddenly hit me, I don't believe that covid exists…" (IM4)

"…I believe that because many have disobeyed health protocols and have been exposed to COVID-19, COVID-19 exists but cannot be seen with the naked eye…" (ITA1)

"… want to believe it or not but in general we believe in TV broadcasts, we see the reality that happened and we believe that COVID really exists…" (ITA2)

"…I can't believe it and I'm not afraid especially since I'm already old…" (ITA3)

"…believe it or not, some even say, we have COVID-19 but we are healthy, the general picture is that they may not believe that Covid-19 really exists or not…" (IKES1)

"… in society he avoids, he does not accept the results, he is not sure about the results of the examination and he is not sure that covid exists, they follow developments but they are not sure that this is really covid…" (IKES2)

"…public awareness is very lacking because they don't believe in covid because there are people without symptoms so they consider themselves to be fine…" (IKES3)

"… when he delivered the result that he was positive he didn't accept it because he felt he had no symptoms, why didn't I cough, didn't have a cold, didn't have a fever, I was health but the result was positive…" (IKES4)

"…because they feel that this covid doesn't exist and they think that it only exists in cities…" (IKES4)

"…the public still understands that Covid is a hoax, no, there is no need to be afraid and it is carried out by people with an interest…" (IKES5)

Economic Domain

The economic impact of COVID-19. This was expressed by the participants as follows:

"…the economy is not running smoothly…" (IM2)

"…the economic impact is because people stay at home so there is no business, such as making red bricks for sale, who wants to buy…" (IM3)

"…the impact of this covid is the economy is stuck and dry bags…" (IM4)

"… for example, the economy wants to sell something to the market, no one…" (ITA1)

Education Domain

The impact of COVID-19 in terms of education This was revealed by participants as follows:

"… education is not running normally…" (IM2)

"…schoolchildren study online…" (IM3)

"…in the education section, everything is online…" (IM4)

"…now primary school, secondary school, high school, to university online learning even the most felt are school children…" (ITA1)

"…iskola (school) children are not fluent in learning because from kindergarten to university all study online…" (ITA2)

Socio-Cultural Domain

The impact of COVID-19 from a socio-cultural perspective. This was expressed by the participants as follows:

"…the activities of each community or the activities of certain people are restricted, such as visiting each other…" (IM2)

"… Timorese cultural customs, people who die usually take 3 days to be buried, but the impact of COVID-19 is that the family dies so sadly they don't see their faces anymore because they are buried right away…" (IM2)

"… sick and dead people are buried immediately while the custom for 3 days was buried but with covid, you can't see…" (IM3)

"… in my culture, for example, someone who dies is usually buried in a funeral home for 3 days, but because of the pandemic, he will be buried for a day at most, and the third night is almost non-existent…" (IM4)

"…with covid, if someone dies with COVID-19, who used to be at home for 2 to 3 nights, but with covid today he died today and he was buried, this is a bad impact so that it can destroy the culture of the Timorese people…" (ITA1)

"…before covid, people only had birthdays for events, especially if there were big parties like wedding parties, people were busy but after covid, we are advised to stay at home, socially there is no interaction because we just stay at home…" (ITA1)

"… people die as soon as they die and bury them. According to tradition, tai mloi (bad), soko (ugly) we should have a custom by inviting the inam family (all the extended family of the woman who is married) maneheu (son-in-law) ita (us) dale (talk) adat (tradition) nogo (this) ita (us) tai (no) dale (talk) hadata (custom) all customs are dismissed…" (ITA2)

The COVID-19 pandemic has affected the world in all aspects of the fabric of people's lives, including psychological, economic, educational, and socio-cultural impacts. The findings in this study some of the psychological impacts felt by the community, including stress, anxiety, fear, depression, stigma, and discrimination as well as community mistrust of COVID-19. This condition is influenced by the severity and nature of COVID-19, which is highly contagious and even deadly.

People also have the notion that when someone is infected or exposed to COVID-19, it can instantly kill someone. In addition, the fear that arises is that it can transmit to family members or contract the virus while traveling or interacting with other people so that it becomes a threat to people's mental health. The depression felt as a result of losing a loved one who fell victim to COVID-19. Stigma and discrimination arise because of the assumption from the community that suffering from COVID-19 is a disgrace so that it will be shunned and rejected by the surrounding community. Furthermore, the community mistrust COVID-19. Disbelief that arises in society that COVID-19 does not exist and COVID-19 only occurs in urban

areas. In addition, the cause of community mistrust of COVID-19 is because there are asymptomatic people who consider themselves healthy or fine even though the results of the examination have shown that the person is confirmed to be COVID-19. Another condition that triggers community mistrust is the circulation of information from various sources on social media as a place for people to seek information related to COVID-19.

The COVID-19 outbreak threatens not only the lives of the infected but also the psychological health of the affected people. Based on the results of research by Aligam et al., (2020) that the psychological impact of COVID-19 is moderate to severe depressive symptoms (16.9%); moderate to severe anxiety (28.8%), and had moderate to severe stress levels (13.4%) as well as significantly greater discrimination and higher levels of stress, anxiety, and depression (p<0.05). This is influenced by age, gender, single status, implementation of quarantine, long stay at home, reports of poor health status, and concern for family members (Aligam et al., 2020).

Other research findings also reveal that the psychological impact of the current COVID-19 pandemic triggers fears of falling ill, dying, helplessness and stigma. Mass fear of COVID-19 is referred to as coronaphobia which has given rise to a large number of psychiatric manifestations in various walks of life (Dubey et al., 2020). Based on research by Alkhamees et al., (2020) reported symptoms of depression (28.3%), anxiety (24%), and moderate to severe stress (22.3%). It also shows that respondents who experience stress, anxiety, and symptoms of depression can practice COVID-19 prevention measures, such as washing their hands and keeping a distance as a form of protection. This is in contrast to the study conducted by Stickley et al., (2020) that demographic and socioeconomic factors, anxiety, and depressive symptoms were both associated with significantly lower involvement in COVID-19 prevention behaviors.

In addition, based on the research results of Dubey et al., (2020) that combating COVID-19 by implementing quarantine and lockdown, it causes acute panic, anxiety, obsessive behavior, paranoia, depression, and stress. This condition is driven by the spread of the infodemic through various social media platforms, stigmatization, and xenophobia against certain communities. However, frontline health workers are at a higher risk of contracting the disease and experiencing psychological effects in the form of fatigue, anxiety, fear of transmitting infection, and depression (Dubey et al., 2020).

The rapid rate of spread of COVID-19 around the world so that individuals experience considerable psychological stress daily. Factors that trigger psychological stress include the pandemic, socioeconomic status, and lifestyle. Risk factors for psychological distress related to the pandemic such as medical history, experiencing problems in daily life, unavailability of groceries, and new work styles; factors related to socioeconomic status such as low income; while factors related to lifestyles such as lack of rest/sleep, and nutritious food. Psychological stress is felt more in people with low incomes and the younger generation (Id et al., 2021).

Along with the high infectivity and mortality rates, Corona Virus Disease 2019 (COVID-19) has caused universal psychosocial impacts by causing economic burdens and financial losses. Health-related pandemics and economic and social stresses present significant risks to mental health. Based on research by Porter et al., (2021) that pandemic-related stressors such as health risks/costs, economic hardship, food insecurity, and educational or occupational disorders are risk factors for anxiety and depression. Furthermore, based on the research of Wasserman et al., (2020) that several variables that contribute to the increase in depression, anxiety, and post-traumatic stress disorder are the economic downturn that hinders access to health care; interpersonal conflict; neglect and domestic violence; unemployment; poverty; loneliness and hopelessness (Wasserman et al., 2020).

The impact of morbidity during the COVID-19 outbreak has not only resulted in the weakening of social functions and other important areas but also excessive mental stress that has biological effects including decreased immunity and increased inflammatory processes. An important element of outbreak management is an appropriate psychobehavioral response to preventive measures to minimize the spread of infection. Future studies should focus on the infodemic consequences of false information about COVID-19 circulating on social media and public anxiety. The abundance of information about coronavirus circulating on social media has been reported to trigger anxiety, fear, and panic (Ahmad & Murad, 2020). Furthermore, based on the findings of Tayal & Bharathi. S, (2021) that most social media posts about COVID-19 are not very reliable and trustworthy.

Early in the pandemic researchers noticed the spread of misinformation, conspiracy theories (causal attribution to "the machinations of powerful men trying to hide their role"), and unverified information about COVID-19 in the form of false content and true information presented in a way that misleading information so that this flood of information has created confusion among the public in terms of which sources of information can be trusted even though epidemiological research and other scientific work on COVID-19 is conducted openly so that at the same time the support of misinformation or conspiracy seems common. Consistent with the proliferation of misinformation about COVID-19 it has been suggested that conspiracy thoughts are more likely to emerge during times of social crisis (Agley, 2021).

The COVID-19 that is sweeping across the globe was an unexpected, sudden, unplanned, and unimaginable event for everyone. This condition forces all institutions to adopt online teaching methodologies. The education system from primary to tertiary education suddenly forced school children and students to study from home. Based on the research of Verma et al., (2021) online learning can make a significant contribution to developing an integrated approach to education management according to guidelines (Verma et al., 2021). In addition, based on the research results of Rahim et al., (2020) that as many as 58.8% of faculties agree that online education is convenient for work and the concept of online teaching mode is acceptable up to 65.6% but around 70% disagree that face-to-face lectures are replaced with online lectures. and 33.8% agree that preparing for online college requires a lot of effort, and 52.5% agree that learning online technology is difficult to learn. In addition, the main challenges faced were network problems 56.3% and lack of computer skills 64.44%. In addition to the application of online teaching in education, it also includes spiritual services in churches that are carried out virtually. This finding is in line with the research of Bryson et al., (2020) that during virtual services the congregation's house is temporally connected to the intersacral space, and the space inside the house is converted into a sacred space.

Illness and death go hand in hand every day as a result of the COVID-19 pandemic. When the loss of a loved one due to the impact of COVID-19 requires attention from the

government to meet the needs of the family in expressing emotions through rituals adopted by the local community. Ritual is a cycle of representations of people's lives that marks important events such as rituals for welcoming births, birthday parties, family and religious holidays, first communion, graduation, weddings, and funerals. The findings of this study reveal that bereaved families cannot see the last faces of loved ones when they die. This condition can also trigger traumatic grief for the bereaved family, while the tradition in Belu society when someone dies, the person's body is still buried at home for three days accompanied by several rituals to honor family members who died before the funeral. The impact of COVID-19 seems to have eliminated the funeral ritual tradition, causing family dissatisfaction in expressing emotions. This finding is in line with Imber-Black (2020) research that the loss of loved ones due to the impact of COVID-19 includes some rituals for funerals in innovative ways but some funeral rituals are unsatisfactory (Imber-Black, 2020). Furthermore, based on research by Sen, (2021) that COVID-19 makes it impossible to perform rituals of mourning and respect after the death of a loved one. This is also supported by the research of Menichetti Delor et al., (2021) that there is a potential for traumatic grief for the families of victims of COVID-19 and the family needs that are needed, namely finding alternative rituals to giving meaning and expressing emotions.

While the COVID-19 pandemic can disrupt people's economies, infect millions of people, and change people's behavior, COVID-19 has an invisible nature with symptoms similar to the common cold. During quarantine and lockdown, people search and search for information from various sources such as social media, but when they get the wrong information, it can lead to distrust of COVID-19. The belief is that COVID-19 is a hoax as a ruse for socio-political reasons. Furthermore, the study of Bok et al., (2021) uses the 8-item construction of the COVID-19 Disbelief Scale (CDS) to measure false beliefs that COVID-19 is not real and life-threatening. Predictive analysis shows that people who do not believe in COVID-19 are more afraid of COVID-19 and have lower intentions to get vaccinated (Bok et al., 2021).

Based on appraisal theory that a person can cope with perceived threats in different ways. If a person overcomes a threat with problem-focused coping, one will look for useful information to eliminate the root cause of the threat but during the COVID-19 pandemic, people tend to explore the complex information environment due to the level of uncertainty so that one may adopt maladaptive behaviors such as avoiding information or pseudo-coping. Epistemic i.e. engaging with non-scientific explanations resulting in decreased learning from the information environment and being vulnerable to conspiracy theories. It is found in the research of Heiss et al., (2021) that the perception of high levels of threat in an uncertain information environment can hinder people's learning and encourage conspiracy beliefs (Heiss et al., 2021).

Third, standing up, blocking, expelling, warding off, and fencing and uniting is an effort in handling COVID-19 which is divided into 3 domains, namely ritual, medical, and traditional.

Ritual Domain

The customary domain is included in the traditional ritual component. Here are the participants' expressions:

"...so there is a traditional ritual called in Marae Ill Lokar language to ward off and ward off disease by uniting family and ancestors so that they can resist the disease..." (IM2)

"... in this village, traditional rituals have been made to protect the community from covid..." (IM3)

"...there is a ritual, they carry out a ritual to refuse so that the covid does not get infected in the local residents, the ritual that is carried out is called the Araperi ritual which means like the entrance, standing and guarding..." (IM4)

"...we held a traditional ritual called Araperi in Indonesian to get up and stand up and block to convey to God and the spirits so that they can bless the community so that they are farthest from covid-19..." (ITA1)

"... Araperi traditional ritual to love to come back, order to return home, drive away bad disease, an evil disease so that tai (not) mola (enters) da (in) ita (us) ilata (village)..." (ITA2)

"...every tribe exists, it has its customs so that using the Pamali's House it rejects the disease through the wind..." (ITA3)

"...so this rejection through the spirits can also be done because this disease comes through the air, through the wind so we believe in spirits like the wind so we odi (bring) ita (us) uma luli (Pamali's House), ita (we) can do Araperi custom..." (ITA3)

"...we only make betel nut whose name is ill lokar which means we are in a united tribe, one voice, so we unite so we can get rid of the disease..." (ITA4)

"...At that time, it was only the first time that we made a custom here, we donated Community Health Center (Puskesmas), the village head, all of us, the term is village fence..." (IKES4)

In addition, when the researchers observed the Araperi Traditional Ritual, the following is the process of the traditional ritual:

"...the first traditional ritual is to prepare betel leaves, areca nut, a bottle of Sopi (distilled palm wine), and rice in a container (taka san pusi) to find a way (ele bula). After looking for a way (ele bula) then the traditional elders saw from the bulla to perform a traditional ceremony by slaughtering or burning chickens. The traditional elders slaughter a black rooster and take the feathers of the chicken and put it together with betel leaves and areca nut in a container. The container contained 7 (seven) betel leaves and 7 (seven) betel nuts, rice, chicken feathers, and a silver bracelet (Keke) which were used to ward off the rogue (Covid-19) using a paper boat that was released into the river (tau bero ana, batar da hola). Before slaughtering a black rooster, traditional elders say words by calling the spirits and ancestors to bless, keep and protect. When traditional elders made betel nut with meat, they said there were 6 languages, the language of four Lisu Pat Bai Pat specifically in the village became four corners and the two languages Hena Ina No Luru had been completely surrounded and guarded this village. The chicken used in the ritual is a black rooster because it is considered that covid cannot be seen so a dark feathered rooster can obscure the corona disease. Next, the chicken is burned and eaten together by the traditional elders. (Fieldtrip, 23 March 2020, page 3, lines 28-54)

Figure 2. *Araperi traditional ritual procession*

The process of slaughtering a black feathered rooster carried out by a traditional elder of the Kemak tribe which was attended by the local community.

Figure 3. Betel leaf, areca nut, rice, Sopi and container

7 pieces of betel leaf, 7 pieces of betel nut, Rice, Sopi and Taka san pusi (a container used to store betel leaves, areca nut, and rice). This equipment is prepared by the adat elders before starting the Araperi traditional ritual.

Figure 4. Slaughter of Chicken by traditional elders

Traditional elders slaughters a black rooster and takes the feathers and puts it together with betel leaves and areca nut in a container (*Taka san pusi*).

Figure 5. Traditional elders and local people

Traditional elders and local people who participate in the Araperi traditional rituals. Traditional elders and the community ask the spirits and ancestors to guard, protect, fence, and block the entry of COVID-19 through the Araperi traditional ritual

Medical Domain

The domain of medical treatment for COVID-19 is included in the components of education and outreach to the public about COVID-19; cross-sectoral cooperation to assist in the handling of COVID-19; implementation of health protocols; case monitoring by testing, tracing, and treatment.

The first component in the medical treatment for COVID-19 is education and outreach to the public about COVID-19. This was expressed by the participants as follows:

"*...we only use their communication, information, and education for how to live healthily, how to cough properly, always wear a mask, wash hands with soap...*" (IKES1)

"*...they already know this information about covid, we are from the health center who gave the mobile broadcast counseling about covid...*" (IKES2)

"*... Counseling every time there are activities in the community includes 5M wearing masks, washing hands, maintaining distance, staying away from crowds, and reducing mobility...*" (IKES3)

"*... we still have counseling, we have health promotions, mobile broadcasts too...*" (IKES3)

"*...health promotion officers conduct mobile broadcasts for the implementation of the covid-19 protocol...*" (IKES4)

"*... yesterday we just received AstraZeneca but we have to socialize it first so they know the side effects...*" (IKES4)

"*...in the communication, information, and education Puskesmas building we continue to carry out general patients, providing education socialization related to covid...*" (IKES5)

"*...we have socialized that covid can hit anyone with such local transmission, the general awareness of the people here is not maximized but we still have to continue to socialize...*" (IKES6)

The second component of medical treatment efforts is cross-sectoral collaboration to assist in the handling of COVID-19. This was conveyed by the participants as follows:

"*...we are assisted by Bhabinkamtibmas and Babinsa; if you come in a serious condition, you have to be treated, we usually call the SATGAS (Task Force) for treatment...*" (IKES1)

"*...we have a tracing team from Babinsa (Indonesia National Army) and Bhabinkamtibmas (community police officer), doctors, nurses, analysts and pharmacy...*" (IKES2)

"*...there is a Covid-19 handling team, the team has doctors, heads of health centers, nurses, surveillance officers with cross-sectoral Babinsa and Babinpol...*" (IKES3)

"*... we have the sub-district covid team and the village covid team, the sub-district covid team includes the sub-district head, the Danramil (commander of the army), the police chief, then the head of the Puskesmas and village heads; In the village, there is a Covid Team, there are village heads, heads of health centers (Puskesmas), surveillance, Babinsa, Babinpol, and also the heads of hamlets...*" (IKES4)

"*...all lines work, if we only hope we are healthy, we can't, we must all move, especially from the smallest level to the hamlet level to monitor the entry and exit of the community...*" (IKES4)

"…*involving cross-sectors, in this case, the SATGAS covid (task force) from the village, sub-district level to synergies with districts…*" (IKES5).

"…*Currently, we have a cross-sector collaboration called the Garuda Team, so that includes the sub-district head, and the Indonesian National Police (TNI POLRI) military personnel, then the village heads, Covid volunteers from each village, medical personnel from the Puskesmas…*" (IKES5)

"…*we work with cross-sectors, we can't get to the Puskesmas alone. We usually work with Babinsa, Bhabinkamtibmas, village leaders or local village heads…*" (IKES6)

"…*as a community and as traditional stakeholders, let us work together to eradicate COVID-19 to its roots…*" (ITA1)

"…*as a customary holder if a community is exposed to COVID-19, I as a traditional leader immediately report to the Puskesmas, the COVID-19 task force, the health protocol task force…*" (ITA1)

"…*the covid handlers are better or cooperate with the government to maintain health protocols…*" (IM2)

"…*I hope that the whole community cooperates with the government to comply with the health protocol so that it can be minimized even more those who are exposed to the covid virus and those who don't want the vaccine should vaccinate because it is not dangerous because with that we help medical personnel and government programs…*" (IM4)

The third component of medical treatment efforts is the application of health protocols. This was conveyed by the participants as follows:

"…*always wear a mask, wash your hands with soap, so far health workers have complied with health protocols when visiting our community, we are a role model for the community…*" (IKES1)

"…*the implementation of the health protocol continues, the 5M prevention protocol so we focus on the prevention protocol from hand washing to 5M…*" (IKES2)

"…*every visitor or patient who comes to the Puskesmas does not wear a mask, we are told to go home, if those who are near here take a mask far away, we will give the stock of masks that we have…*" (IKES2)

"…*emphasized in the community includes 5M wearing masks, washing hands, maintaining distance, staying away from crowds, reducing mobility…*" (IKES3)

"…*the application of the COVID-19 protocol for all patients who will visit the Puskesmas will not be provided with services if they do not wear masks, wash their hands before entering, then officers use standardized personal protective equipment (PPE), all mothers who are about to give birth must have rapid antigens…*" (IKES4)

"…*trying to comply with the health protocol, namely 5M and then self-isolate…*" (IKES5)

"…*we still maintain health protocols because there are 6M health protocols, namely washing hands, maintaining distance, wearing masks, avoiding crowds, avoiding mobility and eating together…*" (IKES6)

"…*now we wear masks with the aim of air, wind like this so that dirt does not enter the mouth, nose…*" (IM1)

"…*everywhere I wear a mask, I keep washing my hands, avoiding crowds or crowded places…*" (IM2)

"…*so that I don't get corona according to our health protocols, we wear masks, wash our hands, keep our distance, avoid crowds, take regular breaks so that our bodies are always strong…*" (IM3)

"…*the way to prevent transmission is to wear a mask, bring hand sanitizer, keep your distance from crowds, that's all I do personally…*" (IM4)

"…*preventions include wearing masks, washing hands, maintaining distance, staying away from crowds/avoiding crowds and mobility, and eating together…*" (ITA1)

The fourth component, is medical treatment efforts, namely case monitoring by testing, tracing, and treatment. This was conveyed by the participants as follows:

"…*we do an antigen swab for every traveler, if there are no symptoms, they must self-isolate, if in severe conditions they must be treated at the hospital or the Ministry of Maritime Affairs and Fisheries, the therapy given is following the symptoms that appear…*" (IKES1)

"…*so far, the cases we have found are asymptomatic and have mild symptoms, cluster cases at the University of Pertahanan project cluster workplace after being sick returned to their homes, we searched the workplace and examined all of them, the Puskesmas efforts were immediately traced and during isolation, there was treatment from the doctor according to the symptoms given treatment for coughs, colds, vitamin C*" (IKES2)

"…*our first case in June there were 42 cases that were locally transmitted on the University of Pertahanan campus because they work together in close contact, we checked on the fifth day we got 42 people, we urge patients to self-isolate for 10 days, we are officers from here we have monitored for 10 days, after the fifth day we traced nothing positive, we monitored giving medicine according to the cough complaint of ambroxol with GG, then we gave 500 mg of vitamin C…*" (IKES3)

"…*we are only limited to finding those who are asymptomatic, self-isolation is monitored by doctors and surveillance officers then those with symptoms are immediately referred if monitoring is for tracing…*" (IKES4)

"…*we as health workers are responsible for tracing, we involve 6 tracers from the police, TNI (Indonesia National Army), youth leaders, cadres to help provide information related to travelers and monitoring cases; treatment for cases who are self-isolating at home who have symptoms, doctors provide therapy to those who are symptomatic; testing using rapid antigen and Genose tools to detect cases early in the field…*" (IKES5)

"…*what we have done, if there is a case we go down tracing, we have a tracing team, usually we go to a field that is confirmed to be close, we find close contacts around, we do rapid antigen rapid contact…*" (IKES6)

The fifth component, medical treatment efforts, is the installation of the COVID-19 flag. This was stated by the participants as follows:

"…*we started to be obliged to put up the covid flag, the goal was to let the neighbors of the surrounding community know that temporarily family members from this house have covid so they are not allowed to visit, interact with each other before the flag is lowered…*" (IKES5)

"…*we were recently told by the Regent to use the covid flag to find out that in the family there was a confirmed COVID-19…*" (IKES6)

Traditional Domain

The realm of traditional COVID-19 handling includes components of traditional ingredients using spices available

in the local community. This was stated by the participants as follows:

"*... if we get sick, we take leaves such as tamarind leaves, Turi leaves (Sesbania grandiflora), and lime leaves and then boil them and then take a bath...*" (IM1)

"*...I use turmeric, lemongrass leaves, lime leaves, ginger, brown sugar after that the ingredients are washed and then peeled, blended, then cooked. The water is filtered and then drunk...*" (IM2)

"*...I consumed when it is infected with covid is boiled Moringa leaves to drink...*" (IM4)

Standing up, blocking, expelling, deterring and fencing, and uniting in dealing with COVID-19 is a form of effort to handle COVID-19 in the community. Some of the efforts made to deal with COVID-19 cover 3 main domains, namely ritual, medical and traditional.

Currently, the whole world is facing the COVID-19 pandemic. This condition encourages indigenous peoples around the world to reflect on the experiences of their ancestors in fighting pandemics in the past through traditional knowledge, practices, and values to stay strong and healthy during the COVID-19 crisis. One of the Belu people's efforts in responding to the coronavirus outbreak is to revive traditional traditions or rituals. The traditional ritual of "*Araperi*". The word "*Araperi*" comes from the *Kemak* language which means to stand up and block or repel COVID-19. The traditional "*Araperi*" ritual is a form of traditional practice carried out by the Belu people, especially the *Kemak* tribe, which aims to prevent the entry of COVID-19 into an area.

The traditional "*Araperi*" ritual carried out by traditional elders is based on the knowledge they have about COVID-19 which is locally called "*Lakar*" which is a disease that is invisible to the naked eye, dangerous, vicious, ugly, evil, appears suddenly. arrives but can attack and kill everyone in the world. In addition, based on previous experience when a cholera epidemic swept across the world and caused a high mortality rate in the past few centuries, the traditional elders seemed to be reviving the traditions that had been carried out and passed down by their ancestors from generation to generation to block, expel, and ward off COVID-19 by asking for protection from spirits and ancestors through traditional rituals.

The traditional "*Araperi*" ritual was carried out by the *Kemak* community in the Belu district by slaughtering animals such as dogs and chickens. The selection of animals (dogs and chickens) is male and black. This is done by traditional elders, especially *gaze* (traditional healer) with the belief that COVID-19 is invisible to the naked eye so that the way to prevent COVID-19 is through dark-haired and male animals. In addition, the animals used are dogs or roosters because it is believed that they have the power to repel the phrase that "*dogs are evil*" so that they will guard and protect the local community from the attack or spread of COVID-19.

Several traditional rituals performed by each region have the same purpose. This is similar to the research conducted by Saputra (2020) on "*Tulak Bala* as an Acehnese Tradition in Facing the Corona Virus*" namely that an epidemic is not a new thing for the people of Aceh, the outbreak has occurred since the second Dutch aggression with the spread of a cholera outbreak caused many people to die. The *Tulak Bala* tradition carried out by the Acehnese people is a tradition that has been carried out from generation to generation and was passed down by predecessors. This tradition is believed to be able to prevent and eliminate all forms of plague and calamity. The people of Aceh believe that the plague is a gift from God, so to be able to deal with it, they must ask for help from the Creator (Saputra, 2020).

The findings in the study reveal that medical treatment efforts for COVID-19 consist of components of education and outreach to the public about COVID-19; cross-sectoral cooperation; implementation of health protocols; case monitoring by testing, tracing, and treatment; and the installation of the COVID-19 flag. Based on the research of Atmaja et al., (2021) that 5M socialization and self-isolation are very important for COVID-19 patients to prevent transmission and handle COVID-19. Educational programs delivered using the lecture method and the use of media in the form of educational videos increase understanding. This educational program can stimulate thoughts, feelings, attention, creativity, and innovation and provide direct experience to the audience. The participants have also implemented the COVID-19 protocol in their daily activities but still, leave the house for some purposes. This is also in line with the research of Putri et al., (2021) that health education activities to prevent transmission of COVID-19 with the 3M movement are effective in increasing public health insight and knowledge, growing public awareness to implement the 3M movement and self-awareness to implement a clean lifestyle. and healthy.

Some of the strategies implemented to combat COVID-19 include wearing masks, washing hands, and keeping a distance. Based on the research of Chiu et al., (2020) that wearing a mask, washing hands, and keeping a distance can contribute not only to the prevention of COVID-19 but also to the reduction of other respiratory infectious diseases. This is also supported by the research of Bo et al., (2020) that non-pharmaceutical interventions such as the mandatory application of masks, isolation or quarantine, maintaining distance, and limiting mobility are simultaneously associated with a reduction in COVID-19 transmission.

The testing-tracing-treatment (3T) strategy in public health is an important element in controlling the spread of COVID-19 in collaboration and coordination with health workers at the Puskesmas and across sectors (the COVID-19 Task Force from the village, Subdistrict, and Regency levels) in Belu. Health workers at the Puskesmas provide Communication, Information, and Education to general patients, screening visitors who may have symptoms that lead to COVID-19, the doctor immediately recommends rapid antigen examination. Then for communication, information, and education to the general public, health workers at the Puskesmas conduct mobile broadcasts and distribute leaflets such as leaflets through the village office. Socialization and education focused on implementing the 5M health protocol, including wearing masks; washing hands with soap; keeping the distance; avoiding crowds, and limiting mobility.

Furthermore, health workers or medical officers are also responsible for tracking and treating cases that are self-isolating at home and have symptoms. The direct targets as tracers are Puskesmas surveillance officers, Babinsa and Bhabinkamtibmas, youth leaders, and cadres who assist and provide information related to travelers; assist in monitoring positive cases who are self-isolating at home; provide information to people who were in close contact with previous cases so that based on this information medical personnel will conduct testing using rapid antigen and GeNoSe to detect cases early in the field. In addition, health workers at the Puskesmas also check oxygen saturation.

The form of cooperation carried out in dealing with COVID-19 is through the formation of the "Garuda Team". The Garuda team consisted of the Camat, Danramil, Babinsa, Bhabinkamtibmas, Lurah, COVID-19 volunteers from each village, and health workers from the Puskesmas. The task of the Garuda Team is to provide educational socialization about COVID-19; monitor COVID-19 cases who are self-isolating at home; perform searches and tests. In addition, for the case of a referral to the Maternal and Child Health process; willing to take them to the Ministry of Maritime Affairs and Fisheries (KKP) or the Smart House.

The findings of this study are in line with research conducted by Park et al., (2020) that at the beginning of the epidemic, the Seoul Metropolitan Government established a testing-tracing-treatment (3T) strategy in the field of public health in collaboration with the Korea Disease Control and Prevention Agency. Testing is defined as a strategy to perform complete testing of all patients associated with the investigated cluster whether working, living, or visiting in a confined environment where the cluster is found with an unknown source of infection including asymptomatic cases. Rapid tracking aims to prevent secondary and tertiary infections in the community and across the country, as contacts with confirmed patients are identified and notified for testing. Furthermore, to prevent the spread of COVID-19 in the community, the Seoul Metropolitan Government (SMG) or the Seoul Metropolitan Government formed a Rapid Response Team (SCoRR Team) consisting of epidemiologists, police (Judicial Police Bureau for Public Security), and administrative experts. such as health workers. Society supports epidemiological investigation and response in the event of hospital infection or cluster outbreaks due to unknown sources. The SCoRR team relied not only on subjective in-depth interviews for contact tracing but also on objective data, such as global positioning system data, credit card transaction logs, drug use reviews, and closed-circuit television. Furthermore, to ensure proper and timely treatment, when the test result is positive, the confirmed patient is immediately transferred to a health service equipped with a negative pressure room to start early treatment considering the severity. In addition, the first community care center was established for patients with mild or asymptomatic disease, and a city hospital detention ward was established to treat seriously ill COVID-19 patients.

In addition, the results of the study (Park et al., 2020) that testing increased positive tests (3.9% to 4.2%), asymptomatic cases at diagnosis (16.9% to 30.6%), and reduced the time from onset of symptoms to quarantine (4.0 to 3.0 days). Tracing decreased unknown sources of infection (6.9% to 2.8%), the mean number of contacts (32.2 to 23.6), and the number of times of varying reproduction R(t) (1.3 to 0,6), with proper treatment, there were only 2 cases of death, so the mortality rate was only 0.3%. In the first wave of the 100-day COVID-19 pandemic, the effects of the 3T strategy flatten the curve and reduce the transmission time of infected individuals, thereby lowering R(t) below 1 in Seoul.

According to (World Health Organization (WHO), 2020) contact tracing is a public health measure and an important component of a comprehensive strategy to control the spread of COVID-19. Contact tracing breaks the chain of human-to-human transmission by identifying exposed people for confirmed cases by quarantining, following up to ensure rapid isolation, and testing and treatment of cases to develop symptoms. When applied systematically and effectively, these measures can ensure that the number of new cases generated by each confirmed case remains below one.

Contact tracing in the context of COVID-19 requires identifying people who may have been exposed to someone with COVID-19 and following up daily for 14 days from the point of last exposure. While COVID-19 transmission may occur before symptoms develop, contacts should remain in self-quarantine for a 14-day monitoring period to limit the possibility of exposure to others. Key elements in implementing contact tracing include community engagement and public support; there is planning and consideration of local, community, and cultural contexts; a trained contact tracing workforce and supervisors; logistics support to contact the tracking team; and well-designed information systems to collect, manage, and analyze data in real-time.

Based on available evidence, the COVID-19 virus is transmitted from people through close contact and droplets, not through airborne transmission. The people most at risk of infection are people who are in close contact with COVID-19 patients or who care for COVID-19 patients. Prevention and mitigation measures are key. Effective prevention efforts in the community include frequent hand washing with alcohol-based hand rub if hands are not visibly dirty or with soap and water if hands are dirty; avoiding touching the eyes, nose, and mouth; Practicing respiratory hygiene by coughing or sneezing into a bent elbow or tissue and then immediately throwing the tissue away; wear a medical mask if you have respiratory symptoms and wash your hands after disposing of the mask; Maintain social distance (at least 1 meter) from people with respiratory symptoms (WHO, 2020).

On March 11, 2020, the World Health Organization (WHO) declared COVID-19 a pandemic. After that, most countries announced preparedness plans for COVID-19 including lockdown, self-isolation, social distancing, washing hands, and wearing masks. The rapid spread of COVID-19 is mainly due to pre-symptomatic cases and travelers with or without symptoms. Based on a new modeling study in Singapore, Koo et al., (2020) found that a combined approach of physical distancing, quarantine, school closure, and workplace distance interventions, was the most effective for reducing transmission of SARS-CoV-2.

A report from the United States suggested that social distancing interventions could provide vital time for communities to reduce the spread of the COVID-19 pandemic (Matrajt & Leung, 2020). However, social distancing in public places (6 feet away from other people) is not sufficient (Jones et al.,2020). With the movement of people in daily life, keeping a distance of 6 feet in public places such as work environments, restaurants, public transportation, and market areas is difficult to adhere to the distance. While handwashing effectively limits the transmission of SARS-CoV-2 through indirect contact, washing hands with an alcohol-based hand sanitizer and disinfectant is also recommended for infected individuals, close contacts, and the general public. This practice can help reduce the risk of transmitting COVID-19 (Xiao et al., 2020).

The Centers for Disease Control and Prevention (CDC) recommends for the general public the use of cloth face masks in the public environment to prevent COVID-19 (Hendrix et al., 2020; *US Centers for Disease Control and Prevention.,* 2019; Fisher et al., 2020).This can help reduce the risk of SARS-CoV-2 transmission from symptomatic and asymptomatic cases (Zou L et al.,2020). Based on a new study, Cheng and colleagues from, Hong Kong, reports that wearing masks for the whole community can reduce the spread of the global threat from someone with subclinical or COVID-19 (Cheng et al.,2020).

The findings of this study also reveal that the Garuda Team is also trying to control the spread of COVID-19 in the community by installing the "COVID-19 Flag". The installation of the yellow COVID-19 flag aims to mark the presence of a confirmed COVID-19 family member so that neighbors or the surrounding community do not visit or interact with the family for a while and interaction will resume when the COVID-19 flag is lowered by the Garuda Team. Before the Garuda Team carried out the installation of the "COVID-19 Flag", the team approached and discussed with the team and family members, and the local community to explain and ask for the family's approval to install the COVID-19 flag.

Several countries have implemented contact tracing apps to tackle the pandemic. For example, in China, the government relies on health codes developed by Alipay and WeChat to identify people potentially exposed to COVID-19 (Mozur et al.,2020). Color-based coding can determine exposure risk and freedom of movement based on factors such as travel history, duration of time spent in risk areas, and association with potential COVID-19 carriers. Health codes are classified into three categories based on the colors green, yellow, and red. A green code indicates that the person is healthy and can move freely around the city while a yellow or red code indicates that the user is at moderate or high risk of exposure and needs to self-quarantine (7-14 days). A yellow or red code does not necessarily mean the person has the virus but also indicates that the person has a major infection (Liang, 2020).

Another effort to deal with COVID-19 is to use traditional medicine. The findings show that people consume rhizomes or *empon-empon* such as ginger, red ginger, turmeric, and lemongrass. In addition, consumption of Moringa leaves. Based on Circular Letter of The Ministry of Health Number HK.02.02/IV/2243/2020 concerning the Use of Traditional Medicines for Health Maintenance, Disease Prevention, and Health Care some examples of medicinal plants are rhizomes/*empon-empon* such as red ginger, ginger, curcuma, turmeric, and galangal; while leaves such as Moringa leaves, sweet leaf bush, gotu kola, celery. Furthermore, some examples of the efficacy of traditional medicine for endurance (herb containing chamberbitter / galangal / noni). Next, the ingredients to reduce cough complaints (herb containing galangal/vitex negundo/*abrus precatorius*/red ginger/lemon/mint leaves). Herbs to reduce cold complaints (herbs containing black cumin/crown of the gods or *chamberbitter*/ginger/mint/cloves ingredients). Herb to reduce sore throat complaints (herb containing ginger/galangal/lime/fennel/nutmeg).

As for some examples of the efficacy of medicinal plant ingredients to increase endurance. The first ingredient, the ingredients used are red ginger 2 thumb segments, 1 lime, cinnamon 3 fingers, brown sugar to taste, and 3 cups of water using making wash all ingredients, red ginger is washed and crushed. Boil the water until it releases a lot of steam, reduce the heat and boil all the prepared ingredients together with brown sugar for 15 minutes. Then strain in a cold state. How to use the herb drink 1 time a day as much as 1 cup. In addition, ingredients from Moringa leave as many as 2 handfuls and 2 cups of water. How to make boiling water until it boils, enter the *Moringa* leaves then turn off the heat and strain after it cools down. How to use it for adults 2 times a day and children 2 times a day (Kemenkes RI, 2020).

Based on the literature and discussions conducted by Bhattacharjee, (2020) that the Moringa tree (*moringa oleifera*) has enormous nutritional and medicinal potential. Moringa trees can be used to prevent many pathogenic infections including SARS-CoV (Bhattacharjee, 2020; Fajri, 2021). Furthermore, based to Meireles et al., (2020) the Moringa leaf (*Moringa oleifera*) is the most frequently used part and can overcome severe nutritional deficiencies, remove moisture and heat and remove toxins. In general, according to Traditional Chinese Medicine (TCM) view, *Moringa Oleifera* leaves have soil elements associated with the spleen and stomach. It is energetically responsible for producing blood, is directly related to the mechanisms and activities of the mind, works in the body in an astringent manner, protects blood vessels, and muscles, and acts at the memory level. The main organ of the earth element is the spleen and is responsible for removing Gu Qi (pure energy) from food and sending it to other organs to produce other pure substances such as Wei Qi (defense energy) which is related to the immune system (Meireles et al., 2020).

LIMITATION OF THE STUDY

Researchers did not participate in events or rituals to expel COVID-19 using paper boats because during the release process many people gathered so they were very limited and had to comply with health protocols.

CONCLUSIONS AND SUGGESTIONS

Based on the results of research and discussion on "Ethnographic Studies on the Concept of COVID-19 in the Belief of the Belu Community" in Belu Regency, East Nusa Tenggara Province, 3 (three) cultural themes were found, namely Other Local Names for COVID-19 *Kemak* Language (Lakar); *Marae* (*en Lakar*); *Tetun* (*Lakar*); Community Trust vs Mistrust against COVID-19 Hazards identified as the impact of COVID-19 includes psychological, economic, educational, and socio-cultural impacts; Stand up, block, repel, ward off and fence and unite in dealing with COVID-19 as an effort to handle COVID-19, namely the ritual, medical, and traditional domains.

Develop psychological interventions directed at vulnerable groups to implement public mental health strategies during the COVID-19 pandemic through communication, information, and education about COVID-19; Form a COVID-19 handling team in the work area of the Puskesmas; Develop collaboration with the government, community, traditional elders, religious leaders in reducing the pandemic and infodemic about COVID-19. For Health Service Practitioners/Health Service Providers to disseminate information about COVID-19 to the community to increase knowledge and awareness in implementing health protocols; Designing community-based health services, developing collaborations with various community groups, and forming community partnerships to deal with COVID-19.

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ETHICAL CONSIDERATIONS

This research has obtained a certificate that states ethically appropriate based on the Ethics Committee for Health Research, Universitas Aisyiyah Yogyakarta No. 1931/KEP-UNISA/XII/2021.

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Conflict of Interest Statement

There are no conflicts of interest

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