

THE ROLE OF THE NEIGHBORHOOD AUTHORITY IN RAISING RESIDENTS' OBEDIENCE TO THE IMPLEMENTATION OF THE HEALTH PROTOCOLS DURING THE COVID-19 PANDEMIC

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Abstract

Public obedience to implementing of the health protocols during the COVID-19 pandemic was important. Not all people, especially in residential areas (neighborhoods), were obedient. Limited research had addressed the implementation of health protocols in neighborhood setting, so a thorough study on this issue was significant to explore new knowledge. This study aimed to identify the authorities in charge of handling the COVID-19 pandemic in the neighborhoods, the obstacles experienced by the authorities and the residents, the support of the neighborhood authorities, the residents' responses to policies related to the pandemic, and the impacts of the pandemic on the residents' lives. There were 30 participants from 30 neighborhoods interviewed and observed. To enhance study credibility, a triangulation method was employed. It revealed that there were formal and informal authorities. Both the authorities and the residents experienced obstacles. The authorities had conducted many efforts to handle the pandemic like delivering education, providing facilities, modifying the residents' behaviors, and collaborating with related stakeholders. Residents were supporting and not supporting the policies and the authorities' efforts. Besides the negative impacts on the economy, health, society, and psychology, the pandemic has also brought positive impacts such as the adaptation to new habits and the emergence of new micro-businesses in the neighborhoods.

Keywords: obedience, authority, power, COVID-19 pandemic, neighborhood

Introduction

The World Health Organization declared the Coronavirus (COVID-19) pandemic as a global pandemic on March 11th, 2020 (COVID-19 Task Force, 2020). Since then, the pandemic has caused biggest global health crisis in this generation (COVID-19 Task Force, 2021). It was still happening as of this writing. Based on the data from Indonesia's COVID-19 Task Force, at least 143,457 people died and 4,245,373 were confirmed COVID-19 positive until November 2nd, 2021 (COVID-19 Task Force, 2021). The data showed that the spreading of this virus could threaten people's lives. The findings in the fields also indicated that COVID-19 was different from other viruses, namely that it could mutate into many variants. The World Health Organization (2021) stated that there have been 4 variants of concern (VOC) that can cause an increase in transmission and death rate, 2 variants of interest (VOI) that can genetically affect the severity of diseases, and 15 variants under monitoring (VUM) that has the potential to transmit in the future. Due to its rapid growth, it was uncertain when this pandemic would end. To prevent transmission, the government of Indonesia issued regulations on the enforcement of health protocols and the vaccination program to increase people's immunity. The health protocols set by the Ministry of Health comprise wearing a mask, washing hands with soap,

distancing, avoiding crowds, and reducing mobility (the Directorate of Health Promotion and People Empowerment of the Ministry of Health, 2020).

The health protocols were simple but necessary to be implemented. All institutions and places like banks, offices, praying houses, and shopping centers enforced the protocols in their environments. They obliged people to use the *Peduli Lindungi* (the state's official smartphone application for tracing the transmission of COVID-19 and for identifying the vaccinated residents), to scan QR codes at the entrance, to have their body temperature checked, to wash their hands before entering these places, and of course, always to wear a mask. Security personnel at these places warned people who were not compliant with the health protocols and forbade them from entering. With the strict enforcement of health protocols in formal institutions, people eventually tended to comply with them. However, it was different in the settings of residential areas in which the discipline in the implementation of the health protocols was less strict. Apriyanti and Widoyoko (2021) explained that in residential areas, many people did not wear masks because they thought their neighborhoods were very safe and felt uncomfortable wearing a mask. In addition, they also still held activities that caused a crowd with any distancing manner, such as feast, communal patrol, sitting around, and *ngabuburit* (visiting friends on holidays). These happened because people considered these activities to be traditions and felt their neighborhoods were safe. The local authorities like the heads of villages, *Rukun Warga* (RW), and *Rukun Tetangga* (RT), tried to prevent the transmission of COVID-19 by providing health information, spraying disinfectant at public facilities in the neighborhood, distributing masks and economic aid, restricting big gatherings, and imposing restrictions on the residents who were infected with COVID-19 or on those coming from other cities/abroad (Jaffrey, 2020). However, violations of these rules still occurred. Moreover, the heads of RTs/RWs were worried about to what extent they could intervene in the lives of the residents. RT/RW are the administrative divisions of a village.

A neighborhood is an environment where an individual spends most of their time doing daily routines and activities (Logan & Molotch, 1987). We perceive it as a safe environment, but it may cause a big risk of virus transmission. Therefore, increasing the residents' obedience to implementing health protocols is crucial. Obedience is said to exist if an individual receives another person's influence (Cialdini & Goldstein, 2004), in this case, the authority of the environment. Authority is the party that controls the other party's behavior (Hamilton & Biggart, 1985). The authority is also the legitimate power existing in the structure of an organization that makes regulations and generally is accepted by the members of the organization. Power is an aspect of a relationship as well as an action that is taken. Kanter in Hamilton & Biggart (1985) explained that power constitutes visible, hierarchical domination in implementing reward and punishment, which indicates the expression of authority (legitimate power). Power in an organization does not consist of a group of autonomous individuals but a group of obedient ones. The authority (legitimate power) in the environment plays an important role. The government of Indonesia has made regulations regarding the roles of the authorities at the levels of neighborhood and community institutions such as RT/RW, community empowerment organizations, Karang Taruna (youth organization). These authorities help the local government in their respective areas. The characteristics of the neighborhood authorities are informal and normative in contrast with formal organizations with particular Standard Operational Procedures (SOP) (Rauf, 2015). With the voluntary, informal, and normative characteristics, the neighborhood authorities have faced big challenges during this pandemic. The neighborhood authorities of the RT/RW level had many complex

duties, such as socializing the regulations, enforcing the health protocols, taking care of sick residents, and handling the funeral of the deceased residents. We have faced this pandemic without any specific preparation or knowledge about the proper measures to adapt to new practices/new normal.

Several researchers have researched pandemics in residential areas. There were several categories of topics that have been studied. First, the topic was related to the spread of the virus in the neighborhood. This research has been done by Choi and Denice (2020), focusing mainly on the differences regarding virus transmission in high and low-socio-economic neighborhoods. The specific matter researched was the correlation between public facilities and the virus transmission rate. There was also research exposing the residents' point of view on the causes of people's disobedience to the health protocols and referring to the health belief model theory, but it did not explicitly disclose its method (Claresta, Christian, & Sa'id, 2021). The second topic was about the university as an external party providing socialization and education on the pandemic in residential areas (Lelisari, Imawanto, & Rukimin, 2020). The third topic was about the authority's role at the municipality level during the pandemic, as done by Puspitasari and Wibowo (2021). Their study focused on the leadership pattern of the authority of Tegal City over local stakeholders regarding the efforts to adapt to the COVID-19 pandemic. The fourth was about the behaviors of the community leaders and the residents. The research conducted by Zetterberg, Santosa, Ng, Karlsson, and Eriksson (2021) explained that social modal in the neighborhood tended to increase during the pandemic so that the sense of caring among the residents increased during the COVID-19 pandemic, especially in the areas where the level of social model was high. Using Weber's theory of leadership in the village context, Hidayat (2021) explained the leadership competence of a village chief during the COVID-19 pandemic.

Based on the review of these studies, no study was done in the context of a neighborhood as low as RT (Rukun Tetangga) level and on the role of leadership at this level. There have been studies on the role of leaders, such as those conducted by Hidayat (2021) and Pusputasari & Wibowo (2021). However, these studies addressed the leadership in the higher and more formal level of administration, while the leadership in the lower level, like the RT neighborhood/housing complex, which is more voluntary and more informal, had not yet been studied. This has indicated one of the research gaps: the population gap. According to Miles (2017), the population gap refers to the rarely studied populations, so it is necessary to do more research on the populations or communities. There have been studies describing the pandemic-related behaviors in residential areas using Weber's leadership theory (Hidayat, 2021) and health belief model (Claresta, Christian & Sa'id, 2021), but no research studied the behaviors of actors using the theories of power and obedience. Therefore, it showed a theoretical gap. Miles (2017) explained that a theoretical gap indicates a shortage of theories to review a phenomenon, so more theories must be used to gain new insights. Empirically, this research was expected to bring novelty in population and theory. The COVID-19 pandemic was still happening, and there were still many things to be studied so that we could learn from the experiences of facing this pandemic. This study provided a different perspective because the previous studies had not examined both the authorities and residents of neighborhoods during the COVID-19 pandemic.

This research aims were 1) to identify the authorities tackling the COVID-19 pandemic at the level of the neighborhood, 2) to map the obstacles experienced by these authorities and the people facing the COVID-19 pandemic in their neighborhood, 3) to identify the efforts done by the authorities in the neighborhood during the pandemic, 4) to identify the people's responses when the authorities

enforce certain policies regarding the pandemic, and 5) to map the effects of the pandemic on the people in the neighborhood.

Research Methodology

Research Design

This research used a qualitative approach with a case study design. The researchers made a data collection and analysis structure referring to what was observed in the field (Fidel, 1984). Brady and Collier (2004) also explained that research that uses a case study design presents a more detailed analysis of a case, assuming that knowledge can be obtained by exploring a phenomenon in the field correctly and intensively. In addition, Sukmandinata (in Bachri, 2010) explained that the advantage of using the qualitative approach within a case study design is that the subject matter appears from the available data to provide the chance to do an intervention from many sides. Moreover, the approach can help the researcher depict, reveal, and explain the data in detail in the context of phenomenon, society, and culture, and even certain stances and thinking (Bachri, 2010). The study addressed the power possessed by authorities and the residents' obedience in the neighborhood setting during the COVID-19 pandemic. The design of this study enabled direct observation of how the authoritative figures interacted with the people to make them obedient to the COVID-19 health protocols. In addition, the researchers could also make an in-depth analysis of various factors like the authorities' actions to overcome the pandemic in the neighborhoods, obstacles encountered by the authorities and residents, support from the neighborhood authorities, residents' responses to policies related to the pandemic, and impacts of the pandemic on the residents' lives. The findings of this case study provided insights useful for dealing with similar situations and helping with policy making. As Yin (2014) stated, a case study is a means of understanding a real-life context and complex social phenomena matching the research questions.

Methods and Tools of Data Collection

This research used interview and observation methods with diary descriptions to collect data. According to Stewart & Cash (2012), as translated by Mahendra (2014), an interview with a primary source means that the information digging is done through an interactive process by exchange of information, trust, and/or emotions. An interview is used to get information that is relevant, accurate, deep, complete, and detailed (Stewart & Cash, 2012). The interview conducted in this study was semi-structured with open-ended questions, enabling additional questions for probing data (Elhami, 2022). This approach allowed the interviewees to share more information and the researchers to explore their topics. A list of questions was made to pursue the objective of the study. The general objective of the interview of this study was to discover the phenomenon of obedience to the health protocol being enforced in the settings of residential places and the relationship between the authorities and residents during the pandemic. To gather deeper information, more specific goals were made as references for composing the question list. The specific goals were (1) to find out the authoritative actors and their influence in the context of this pandemic, (2) to identify the residents' obedience and disobedience, either constructive or destructive, and (3) to map the reasons for their obedience and disobedience.

The observation method was used to get secondary information for completing the data gained from the interviews regarding the obedience or disobedience of the subjects in their respective

neighborhoods. At the same time, a diary description is a method of recording observations in a narrative description that can be used to record behavior or phenomenon in the form of a series of events in detail by mapping them out step by step (Kusdiyati & Fahmi, 2016).

Since data was collected during the pandemic, the researchers had to implement the health protocols correctly and properly. The interviews and observations were done offline, in which the research team met face-to-face with the respondents of this research. The interview, specifically, was conducted individually.

The entire process, from the preparation to data collection, was conducted from April to June 2021. The subjects of this research were 30 people from 30 neighborhoods of several urban areas. They occupied positions in the authorities of their respective neighborhoods. The consideration to have this number of samples referred to the study done by Guest, Bunce, and Johnson (2006), which stated that to describe the perception, belief, or behavior of a relatively homogenous group of people, it needs to interview at least 12 samples. However, the number of interview samples needed to reach data saturation and maximum variability can vary depending on the topic's complexity and the study's goals. Therefore, this study chose 30 subjects as participants to better represent different perspectives and experiences and gain a more comprehensive understanding in accomplishing the goals of this study. The subjects as informants were characterized by having a say in executing the authority over the implementation of the COVID-19 health protocols in their neighborhoods, namely the head of *Rukun Tetangga*, head of *Banjar*/village, housing developer, head of community association, COVID-19 task force. The list of the neighborhoods where the research was conducted can be seen in Table 1.

Table 1. Locations of the Research

Provinces	City	Number of Participants
East Java	Surabaya	16
	Gresik	3
	Jombang	2
	Blitar	1
Central Java	Solo	1
	Sukoharjo	1
Bali	Denpasar	1
	Sanur	1
South Sulawesi	Makassar	2
East Kalimantan	Samarinda	1
Papua	Timika	1

The process of collecting data, especially through the interviews, was conducted according to the prevailing code of ethics, in which the respondents interviewed should fill in informed consent as an agreement to participate in the research. In addition, the anonymity of the respondents was protected well with a specific code for each of them in the data analysis. This research used a combination sampling technique: purposive and convenient. Convenience Sampling is a type of non-probability sampling in which samples are taken only through consideration of meeting certain practical criteria, such as ease of accessibility, geographical proximity, availability of time, or willingness to participate in Research (Dörnyei, 2007). This sampling technique is used to get respondents who are residents around the residence. There are no specific criteria for selecting

respondents, so they only choose residents willing to be involved in this Research and be a part of implementing the regulations regarding COVID-19 that apply to their residences. This technique was also chosen because there are limitations related to health protocols that are quite strict regarding the COVID-19 pandemic, so there is a need to limit mobility and interaction with other people.

On the other hand, purposive sampling was used to select respondents with an authority role in the residence. The selected authorities play a role in the decision-making process regarding COVID-19 regulations. This sampling technique is used because the researcher involves selecting respondents according to criteria and phenomena following the Research (Cresswell & Clark, 2011). The criteria are related to the decision-making process and obedience and disobedience to health protocol regulations during the COVID-19 pandemic.

The participant selection process was obtained through the help of Research Assistants who are active students of the Faculty of Psychology. Research Assistants were asked to collect data from residents who live in their respective residential areas through several stages of the procedure first. The Research Assistant will ask for permission to collect data by providing and explaining things related to the research listed in the informed consent.

Data Analysis

The interviews were transcribed verbatim to obtain more comprehensive and valid analytical results. By analyzing verbally transcribed data, researchers can gain a richer and deeper insight into the issues relevant to the research and strengthen the overall quality of the Research (McMullin, 2023). The transcribed data were then analyzed using the thematic analysis technique, which is one of the techniques commonly used in research with a qualitative approach. The thematic technique of analysis processes the data found based on the phenomenon, then inputs or groups them into certain themes related to the topic of the Research (Boyatzis, 1998).

According to Boyatzis (1998), data analysis using thematic technique goes through several stages: 1) Sensing Themes, the analysis begins with identifying which parts of information can be coded and grouped. In this research, verbatim was done to make it easy to find which information can be coded for grouping into several categories; 2) Doing it Reliably, after the verbatim is done, the process of data analysis is continued with coding the important information that can be used for the research. For example, the information that could be input into the coding system was the people's behaviors in terms of their obedience and disobedience. 3) Developing Codes: After the coding process, the results are grouped into several categories to make it easy to determine certain themes that will be analyzed with relevant works of literature. Coding was conducted in an exploratory/bottom-up manner (Saldana, 2013). It was not based on theoretical assumption, but it was developed in stages and constantly refined through discussion with the research team; 4) Interpreting: The last stage is the interpretation of the themes determined in the previous stage. Data interpretation is adapted to the researcher's theory and frame of mind. In this stage, developing a piece of new knowledge from these themes is possible.

Research Credibility

To increase the credibility of this research, the researchers used the triangulation method in collecting the data. It is one of the ways to examine the data collected with multiple techniques (Bachri, 2010). This research used the methods of interview and observation with diary description to obtain

the most truth of the data as possible, and in processing the data they were combined with qualitative and quantitative methods (Sandelowski, Voils, & Barroso, 2006). In addition, the respondents had also met the criteria required, namely occupying the positions as the authorities of their respective neighborhoods.

Result and Discussion

Context

The context of this research was a neighborhood or residential area. The neighborhoods chosen were located in East Java, Central Java, Bali, South Sulawesi, East Kalimantan, and Papua. There were 30 neighborhoods with 18 housing complexes and 12 non-housing complexes. In general, these neighborhoods were not too communal, meaning that despite the interaction among the residents, the frequency and closeness among them were not as intensive as those in rural residential areas. The main focus of this research was the roles of the authorities and residents of these neighborhoods during the pandemic, especially in implementing health protocols and residents' obedience.

The Neighborhood Authorities

Based on the collected data, it was discovered that the neighborhood authorities regulating the pandemic-related policies consisted of:

Table 2. The Authorities Handling the COVID-19 Pandemic in the Neighborhoods

Main Category	Category	Sub-Category
Formal Authority	Leaders of Formal Community Institutions	Chief of RT
	Executive	Neighborhood Chief (a division of a Banjar*)
Informal Authority	Owner of an area/housing complex	Housing Developer
	Temporary committee	COVID-19 Task Force
	Leaders who do not have any formal institutions	Chief of Association

(Banjar is the division of regions in Bali under the village, equivalent to RW)

Formal Authority

Formal authority is the actor/party who becomes the leader or executive of a community institution stated in the Government Regulation No.37/2005 on Village (Network for Legal Documentation and Information of the Audit Board of The Republic of Indonesia/*Jaringan Dokumentasi dan Informasi Hukum Badan Pemeriksa Keuangan Republik Indonesia* [JDIH BPK RI], 2005), which is strengthened with the Minister of Home Affairs Decree No.5/2007 (Network for Legal Documentation and Information of the Audit Board of The Republic of Indonesia/*Jaringan Dokumentasi dan Informasi Hukum Badan Pemeriksa Keuangan Republik Indonesia* [JDIH BPK RI], 2007) on the Guidelines for Structuring Social Institutions.

Below are the excerpts from the interviews:

"In this neighborhood, I am the RT head" (K9, L90.1)

“Besides being the head of the neighborhood, I am an entrepreneur in Sanur, which happens to be a tourist area” (K5, I98.1)

Informal Authority

Informal authorities exist in society but they are not listed in any formal social institution. Below are the excerpts from the interviews:

“as the head or developer of this housing complex” (K11, N99.1)

“I serve in the COVID-19 Task Force” (K8, K86.2)

Based on the data collected, it was known that the policyholders regarding the COVID-19 health protocols in residential areas are not formal authorities only as stated in the Government Regulation No. 73/2005 on Village, which has been strengthened with the Ministry of Home Affairs Decree No.5/2007 on the Guidelines for Structuring Social Institutions. The government regulation and ministry decree state that the authorities of social institutions are RT, RW, village, and sub-district (JDIH BPK RI, 2005). However, the reality in the field shows that the authorities regulating the health protocols are not registered as formal social authorities, for example, the head of the neighborhood, the head of the association, or the manager of a housing developer. On the one hand, it is positive because informal components of society (not included as formal social institutions) also contribute to handling the pandemic. On the other hand, it can bring the risk of misinformation between the formal authorities and the informal ones. For example, a housing complex led by the head of the residents' association (*paguyuban*) may not necessarily coordinate with the local RT although the head of the RT holds most information about COVID-19 or vice versa. The Minister of Health has issued the final guidelines on community empowerment and COVID-19 prevention at the level of RT/RW (the Ministry of Health/Kemenkes, 2020). This means the heads of neighborhoods at the level of RT/RW ideally have already known the validity of the data and every piece of information about the prevention of COVID-19 transmission. It would be better if these formal neighborhood authorities reach other informal authorities in their areas. Coordination among them needs to be conducted to synchronize the collection and handling of the data regarding COVID-19.

The Obstacles Faced by Authorities and Residents

Tabel 3 (look at appendix I) shows the obstacles/challenges related to the COVID-19 pandemic faced by the authorities and the residents. Those faced by the authorities included administration, expression of power, and personal dilemmas in enforcing the regulations. During the pandemic, collecting the data concerning the residents who got sick, died, were being quarantined, and needed oxygen was so important that it could help the authorities handle the problems more quickly. However, actually, for the authorities, it was very challenging. The informal authorities (such as the heads of residents' associations) often did not have enough team/human resources or tools to help them collect data. In addition, some residents had not held identity cards so it was difficult to input the data accurately. Therefore, the obstacle kept existing. Besides such administrative obstacles, the authorities also had difficulty persuading the residents to implement the health protocols (action/expression of power). So far, what had been done was education on the importance of health protocols. However, if there had been a violation, the authorities could not apply sanctions or strictly

monitor the residents' behaviors despite the recommendation of strict implementation of the health protocols during this pandemic.

Raven (2008) explained that in a relational situation between the authority and residents, there are many ways to influence such as information resources, rewards, coercion, legitimacy, expertise, and references. The data collected revealed that the authorities of the neighborhoods were able to socialize the health protocols but they could not do the functions of monitoring and sanctioning. It means that they just used their informational power, influencing through information. They did not influence the residents by coercion like giving sanctions or negative consequences. Despite being informed, the residents did not just obey the authorities. It is in line with Jaffrey's findings (2020) that the leaders of residential areas chose not to impose strict actions like giving punishment when a violation happened because they lived in the same neighborhood and had a social bond with the residents. It was difficult for them to be strict with the residents. Residents always did not implement the health protocols and no sanction could be given. Therefore, the legitimate power of the authorities of residential areas could be considered weak because if there had been a strong structure of leader-residents hierarchy, obedience should have been strong, too. In a formal and hierarchical structure, a person who holds legitimate power can oblige the structure's members to be obedient. In this case, the authorities did not show any indication of coercion towards the residents so they felt they did not have to comply with the rules of the health protocols. The existing Research explains power as the capacity of imposing sanctions on another actor. This study provided new findings because the legitimate actors who had the power did not always take coercive action.

On the one hand, the obstacles found in the residents involved the aspects of cognition, affection, behavior, and situation. The Ministry of Health (2020) has published a guidelines book on COVID-19 handling at the level of RT/RW and village. It contains the procedures of disseminating information, distributing tasks to RT administrators, reporting, and managing the logistics. Of course, the book is very useful for the authorities as a reference in handling the pandemic in their neighborhoods. However, the minister has not put the psychological aspect of the obstacle in the book. Based on the findings from the fields, the obstacles to enforcing the health protocols comprise many aspects like cognition, behavior, affection, and unusual situations. Therefore, interventions relevant to the aspects are needed to support the implementation of the health protocols. Education in many forms is needed to give better effects. For example, if residents feel bored of dealing with a pandemic, education that is orientated to the aspect of affection needs to be organized. It means that educational content can be adjusted to tackle specific conditions (e.g. cognitive, affective, behavioral aspects) existing in the neighborhood.

Table 4 (look at appendix II) shows the efforts made by the neighborhood authorities during the pandemic. The results indicate several measures already taken by these authorities, such as educating the residents, providing facilities and infrastructure, modifying the residents behaviors, and collaborating with related stakeholders. The efforts had been good, but in reality, in the field, the desired behaviors of the residents were not fully formed. Khoyimah, Hidayah, and Huda (2018) in their research on behavior formation, found that there are 3 ways to form a behavior, namely (1) conditioning or habituation, (2) understanding, and (3) using a model. However, the results of their research show that the most prominent way is conditioning or habituation. The behavior of a person can appear because of habit and learning. In the field, although there had been many authorities doing many ways to modify residents' behaviors, it turned out that the residents did not fully change.

Chandra (2015) found that habituation cannot fully be formed without any tight supervision. His study shows that the more workers feel supervised, the more obedient they are to wearing safety gear. It is the same as what happens in society today, in which they will not comply with the existing rules if they are not monitored. To ensure residents' obedience, it is very important to do the monitoring. In addition, it is also necessary to inform the consequences of obedience and disobedience. The authorities must show a strict penalty so that the residents can be more disciplined and compliant. Wahyudi (2018) in his study stated that punishment can be very effective to form students' discipline. It shows that not all of our society is aware of complying with the existing rules. Therefore, besides habituation, the authority needs also to conduct monitoring and penalization to build obedience in the residents.

Table 5 (look at appendix III) shows the residents' response to the authorities' enforcement of the policies related to the pandemic. The result indicates that the residents gave positive and negative responses to the authorities' efforts to prevent the transmission of COVID-19. The positive responses were made in the form of affection and behavior. The residents understood the positive aspect of the policies because they were also aware of the existence and danger of COVID-19 that has caused this pandemic. Thus, they agreed and supported the policies and rules enforced in their neighborhoods. This support was also consistent with the behavior of the residents who were willing to comply with the health protocols by wearing a mask, distancing, reducing mobility, and washing hands as well as reminding each other to obey the regulations. In a time of crisis like this pandemic, trust in the government, including every level of authority, is an important determinant for the residents to comply with public health policies (Bargain & Aminjonov, 2020). In addition, the residents also showed their attention to neighbors who were infected with COVID-19 by providing financial assistance and necessities, even contributing suggestions and feedback to the authorities for handling this pandemic. It showed that the residents had the initiative to participate actively and contribute in a group to handle the pandemic. These findings were consistent with the results of the research done by Zetterberg et al. (2021) it turned out that a crisis like this pandemic can increase social and emotional support among neighbors. Tyler, Tyran, and Feld (2014) also stated that contribution and commitment to the government's regulations would easily be built in small communities where face-to-face communication can occur among the members.

On the other hand, it was undeniable that some residents did not support and even obstructed the authorities' efforts in tackling the COVID-19 pandemic. This obstacle was shown affectionately through complaints and behaviorally through violation of the health protocols. Passini & Morselli (2010) found that individuals with this way of thinking consider that obeying or disobeying the rules is a responsibility to themselves and others. To respond to the behaviors that hinder the pandemic countermeasures, it needs to increase public health campaigns that emphasize that this health crisis must be overcome together for our interest and the people around us. The first measure that can be taken is to increase people's belief in the importance of wearing a mask to protect others (Bokemper et al., 2021). This can also be done by increasing peer influence. Also, increasing people's awareness of the importance of maintaining health is an important factor in helping control pandemics. The results of a survey done by Yousuf et al. (2020) indicate that campaign videos and news articles released by news media and social influencers on a big scale have increased people's awareness of hygiene behaviors in response to the COVID-19 pandemic.

Tabel 6 (look at appendix IV) shows the COVID-19 pandemic has negatively affected the residents' lives. They could not adapt to the conditions that limited their social activities and events such as celebrating Indonesia's Independence Day. Although it could be carried out online, it could not gather the whole residents because they had their activities at home. The pandemic also forced them to stay at home for much longer so it caused boredom in them. Those who at first obeyed the rules and health protocols gradually felt bored of the pandemic that, was uncertain when it would come to an end, and eventually, they broke the prevailing rules.

Although they felt bored with the pandemic, it turned out the residents made negative reactions like the anxiety of getting infected by the virus, sadness due to the inability to interact with other people freely, and fear of seeing the COVID-19 task force personnel coming to their neighborhoods. Besides the restriction of the residents' mobility, information about COVID-19 infection cases that kept increasing and spreading on social media contributed to influencing the emotions of the residents. Certainly, these brought negative impacts, one of which was that the residents were prone to get stressed. The research done by Jones, Schetter, Thompson, and Silver (2017) proved that the risk of stress increases when people receive conflicting and ambiguous information during times of crisis.

The handling of the pandemic often focused on physical health only, not psychological health, contributing to people's physical health. The measure taken by the government of Saudi Arabia could be an example of how the government supports the residents psychologically during the pandemic. To avoid panic buying and anxiety, the government of Saudi Arabia guaranteed the availability of food for the residents (Nicomedes & Avila, 2020). The government also ensured that the employees' salaries of private companies could be fully paid so that no employee was fired. Viewed from a psychological perspective, the policies help people so much that they do not feel stressed and desperate due to work termination (Farre, Fasani, & Mueller, 2018). The government of Saudi Arabia also eradicated hoaxes spreading on the Internet and severely punished the hoax spreaders. Such measures are critical because in times of crisis like the COVID-19 pandemic, much news is still uncertain of its truth and will cause panic and misunderstanding in society (Azim, Dey, Aich, & Roy, 2020).

Based on the data, the pandemic has also brought some positive impacts. They are grouped into two categories, namely economic and social impacts. The former refers to the emergence of new businesses. For example, residents, especially mothers, have maximized their potential to become entrepreneurs or producers, and digitalization of marketing has been widely carried out to sell merchandise such as through online marketplaces. Thus, the community continues to earn income by utilizing available expertise and networks. This finding differs from the Research of Wegasari, Utomo, and Surachmi (2021) who examined the positive impact of the COVID-19 pandemic in education. Regarding social impacts, this refers to new habits for community activities including religious activities. People had to worship in their respective homes. It can be said that the community explicitly continued to carry out its duties and obligations to the fullest. This is consistent with Jubba's Research (2021) which states that the social restriction policy had made religious people in Indonesia perform worship at home and virtually.

Conclusion

This research can fill the theoretical gap existing in the field of research using the theory of power obedience, especially in the context of the residential area. In addition, it also enriches the research on society during the situation of pandemic. The majority of pandemic research to date has centered on individuals. The interaction between authorities and residents served as the unit of analysis in this study, which adopted a different perspective. The pandemic's negative effects have been extensively examined. This study demonstrated that there are also positive effects. The positive impacts were seen in the economic sector with the emergence of new businesses and in the social sector with the new healthy lifestyle habits. In addition, the novelty of this study was the extent of the understanding of the power-obedience theory. The theory of power addresses the source of power and act of power in the settings of formal or political organizations. This study explained several types of authority. An authority that holds power can be both formal and informal. Studies of power rarely review the obstacles actors encounter while performing an act of power. In this study, the obstacles experienced by the subjects included those related to administration, expression of power to influence the residents, and personal dilemmas over their roles. So far, power studies have focused more on the parties having the source of power. This study revealed the responses of the residents to the authorities. When receiving information, they could give both positive and negative responses. The positive response was, for example, their support to the policies, as seen in their obedience to the health protocols, and the negative one was hindering the implementation of the policies by complaining against them and not complying with the prevailing rules.

The pandemic and policy of enforcing health protocols are related to the theory of power (especially legitimate power) and obedience. All this time, the theories of power and obedience do not focus on a certain context. It would be better to develop a study on the theory of power obedience in the daily context as a frame of mind that helps understand social phenomena. It would be better if there were more studies to develop the theory of obedience and modify the behavior of obedience at the macro scale, for example, shaping new norms/culture to increase obedience. Guidelines derived from evidence-based studies will be very useful for influencing policy-making. This study had limitations, such as online data collection, because the pandemic was still ongoing. Future research should ideally use face-to-face methods to collect more comprehensive data. In addition, the authorities involved can be more varied, for example, the head of the RT, the head of the association, or the task force. The criteria for the authorities need to be made more specific and homogeneous. Since there are also informal authorities in residential areas besides the formal ones, the local governments can optimize the roles of these informal authorities to collaborate in coordinating data and handling pandemics in each neighborhood.

1. The authority of a residential area has obstacles to imposing strict sanctions on those violating rules because they live in the same neighborhood. Therefore, it needs effective collaboration between the neighborhood authority and elements of the local government, like its Civil Service Police to regularly and consistently monitor the implementation of the health protocols.
2. Education for residents usually focuses on promoting hygiene and a healthy lifestyle, such as wearing a mask, physical distancing, etc. It would be better if education could also deliver effective and behavioral content regarding the health protocols. With creative education, people are expected to change effectively and cognitively, becoming aware of which behaviors are favorable and which are not.

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Appendix I

Tabel 3. Obstacles Experienced by the Authorities and Residents in Dealing with the COVID-19 Pandemic in the Neighborhoods

Main Category	Category	Sub-Category	Excerpt of Interview/Observation
Obstacle from the Authority	Administration	Poor data management	<i>"The difficulty is when someone does not have an identity card. The authority's action towards the residents who don't report their being infected in this location. So, even if they get infected, the condition has already been severe, being hospitalized. What is traced is the identity, not where they live". (K1, F134.1)</i>
	Expression of power to influence the resident	Poor monitoring of regulation enforcement	<i>"Difficult, because... it is difficult, what I can do is just give advice. The loudest I can do is give a warning". (K9, L133.1)</i>
		Weak sanction	<i>"Our society has been falling off with lengthy economic hardship, so we don't impose tough sanctions like money penalty" (K5, I126.1)</i>
Obstacles from the residents	Personal dilemma over the roles	Pressure from the people	<i>"So, it's torn, Pak RT...Scolded by the Task Force team...No payment, Is that so?" (K5, I142.1)</i>
			<i>"This is it.. this is what the head of RT complains about, and so do we"(K5, I142.2)</i>
	Cognitive	Not believing in/ignoring the existence of COVID-19	<i>"Sometimes when they take a walk with their pets, they often don't wear a mask. They ignore it because they think their neighborhood is quiet." (K2, F115.2)</i>
			<i>"..at the security post, people sit around, at the market people huddle together, After we come and warn them, they just do the distance. When we come, we can see they cram into each other" (K8, K113.1)</i>
	Behavior	Violating the prevailing rules (disobedient)	<i>Majority, the residents disobey with the social distancing regulation (observation E)</i>
			<i>Some of residents were not wearing mask (observation H)</i>
			<i>"When we get older, our ability to adapt with the desire to change declines as compared with that of younger people". (K1, O29.1)</i>
		Implementing the health protocols improperly	<i>"Yes, especially the mask, sometimes they don't wear the mask properly, they just put in on the neck, sometimes they forget where they put the mask." (K2, F120.1)</i>
		Non-disclosure of being sick of COVID-19	<i>"The residents who don't make a report if they have got infected." (K1.O4.1)</i>

Affection	The boredom of dealing with the pandemic situation	<i>“People must get bored, why doesn’t it just end?” (K1, L140.2)</i>
Financial Condition	Not having enough funds to buy masks	<i>“In general, they don’t comply with the rule because, perhaps, due to their socio-economic background, they are not able to buy masks in bulk, good masks must be expensive, and to always have sanitizer is also expensive. From a socio-economic point of view, I can see broadly they are from lower socio-economy” (K8,124.4)</i>

Appendix II

Table 4. The Supports Done by the Neighborhood Authorities during the Pandemic

Main Category	Category	Sub-Category	Excerpt of Interview
Education (building awareness in the residents)	Delivering education directly	Agreement with the residents	<i>"About the rules, I have made, it's already appropriate because I have discussed them with the residents. So, everyone has agreed" (K5, I64,3)</i>
	Delivering education indirectly	Social media (WA groups)	<i>"That's why I and the residents here have agreed to give sanctions like giving a fine to violator as much as...fifty thousand" (K5, I64,2)</i> <i>"I also share in the WA group, and I also carry out monitoring." (K2, F65.1)</i>
Providing health facilities and infrastructure	Providing facilities supporting physical health	Banner of health protocols	<i>To convince them like what I just said, I share the news in the WA group" (K2, F65.2)</i> <i>"Making posters too, bring them to the security at the front gate" (K2, F28.1)</i>
		Providing instruments of health protocols (disinfectants, hand-washing facilities)	<i>"We also have a budget to buy masks and sanitizers, which then are distributed to the residents" (K8, K19.1)</i> <i>"We can distribute masks as many as three to four packs to every house with the number of people as many as four people." (K8, K19.3)</i>
	Providing psychological assistance	Giving aid to sick residents	<i>"from the government's program, they give us food for self-isolation" (K9, L26.1)</i>
Modifying behaviors	Monitoring the implementation of health protocols	Efforts to calm residents	<i>"I also want to make the residents not afraid, so I immediately do it, take those suffering severe symptoms to hospital" (K2, F69.1)</i>
		Restricting the residents mobility	<i>"We have to close this gate at 10, to restrict the residents from going out" (K2, F145.1)</i> <i>"then I collect data of visitors, I take their identity cards, I mean the security take the identity cards and note the data, so it is clear who has come in and out of the neighborhood" (K2, F145.3)</i>
Collaboration with related stakeholders	Coordination with force/stakeholders related to the health facility	Giving warnings regarding violations of health protocols	<i>"The task force always goes around, so do the security personnel in our housing complex and make sure the residents wear a mask when going out, they will directly warn them and if they don't obey, they will report to me as the head of the neighborhood, and I will warn the persons." (K9, L20.1)</i>
		Collecting and communicating data	<i>"Yesterday we made a report to the village's task force because we are obliged to report." (K5, I70.1)</i> <i>"If something happens we have to report to get fast handling from the task force." (K5, I70.1)</i>

Appendix III

Table 5. The Residents Responses When the Authorities Enforced Policies Related to the Pandemic

Main Category	Category	Sub-Category	Excerpt of Interview
Supporting responses	Affection	Supporting the policy	<i>"All the residents have realized that this pandemic is happening and the coronavirus is indeed dangerous." (K4, H151.1)</i>
			<i>"The residents have already known that COVID-19 is not an ordinary virus because it is easy to get infected, so people realize how dangerous it is, so we do things according to the health protocols" (K4, H151.2)</i>
	Behavior	Compliance with the health protocols	<i>"Usually every afternoon people gather around, but now they have begun to keep their distance, in their homes, and when talking, they don't make a visit to one another, they talk from the distance, the minimum distance is 1 meter, just like that" (K2, F152.1)</i>
		Helping sick neighbors	<i>"We collect funds to give financial support to them because when self-isolating, they don't go to work. We help one another, supporting them every day until the end of the 14-day isolation" (K2, F9.1)</i>
	Reminding the residents not complying with the health protocols		<i>"So, because they cannot go out, the neighbors put their donations like food and basic needs in front of their houses" (K12, O9.1)</i>
			<i>"We all remind each other like when friends are not wearing a mask, we remind them" (K8, K10.1)</i>
			<i>"Helping each other, reminding each other, they will be able to go through this hard time" (K12, O10.1)</i>
Giving the authority constructive suggestion		<i>"Maybe if the residents know there are builders, janitors who don't wear masks, they remind us. Like that." (K1, 107.1)</i>	
		<i>"Wow, some of these rules are suggestions from the residents too. For example, always wear a mask when outside. It was a suggestion from the residents as well." (K9, L7.3)</i>	

Obstructing responses	Affection	Complaining	<p><i>"It hasn't been built. Because of the post in the middle only, the residents have complained (building of a gate to restrict the residents' mobility)." (K2, F153.1)</i></p> <p><i>"Because I used to apply disinfectant from head to toe, but the residents protested, saying not getting infected by covid, but we get a cold instead. So, I apply on the leg only (disinfectant chamber)." (K2, F153.2)</i></p>
	Behavior	Violating	<p><i>"Not wearing a mask, certainly." (K2, F115.3)</i></p> <p><i>"But now people who go out riding a bike sometimes don't wear a mask; it indicates that if they are brave enough to do so they think there's already no virus outdoors. In fact, they should still wear a mask" (K2, F115.4)</i></p> <p><i>"Based on the observation, there were 211 residents on weekdays and 143 on the weekend who didn't wear a mask. More residents break the health protocols on the weekend." (K1. DO.5.2)</i></p>

Appendix IV

Table 6. Impacts of the Pandemic

Main Category	Category	Sub-Category	Excerpt of Interview
Positive impacts	Economy	The emergence of new business	<p><i>“The pandemic can awaken, especially mothers, those who usually don’t sell anything now they sell things. Those good at making cakes, forcefully keep making it and become proficient. Yes, that’s right, they become entrepreneurs, even just at the level of the neighborhood. But if they continue they will make progress, as long as there are supports” (K2, F163.1)</i></p> <p><i>“There are stalls, online stalls for the residents. There are 400 members. If people need this, they just need to call, so they buy each other. Well, now in this fasting month, people do ngabuburit for one month. So, to buy them iftar, there is no need to go far. And, thank God, it’s been 1 year every Sunday there is a bazaar, starting at 6 am to 11/12 noon. Thank God, it has helped and helped them financially.” (K2, F163.2)</i></p>
	Society	Adaptation to new habits in religious activities	<p><i>“We keep doing it, we can do it at home” (K5, I64.1)</i></p>
Negative impacts	Society	No adaptation to social activities	<p><i>“Of course, usually we have an offline event, celebrating August 17, together we organize games, but now no one wants to do it online because everyone has been busy with their activities.” (K2, F167.1)</i></p> <p><i>“Like I just said, because everyone has activities, everyone is busy, we cannot force them.” (K2, F167.2)</i></p>

Psychological	Boredom in dealing with the lengthy pandemic situation	<i>"The point is we always do with an approach because we also realize, perhaps because this pandemic has gone for too long, people get bored and lose their trust" (K5, I68.1)</i>
	Residents reacting with negative emotions	<i>"Because we are aware too, we know those who used to comply with the rules, but because it is too long, they feel bored and then become neglectful" (K5, I68.2)</i> <i>"The residents instantly get anxious." (K2, F171.1)</i> <i>"Those declared positive have been hospitalized, two people are still at home. So, the process of the swab for F1 is done by a team from the Health Office, they come to houses. When they come, the people are scared" (K5, I173.1)</i>
Economy	Decrease in income	<i>"They also want the economy in this region to recover quickly because it is one of the livelihoods of the people in this tourist region" (K5, I5.3)</i> <i>"Our people have gone down with prolonged economic hardship" (K5, I126.1)</i>
Health	Many people got sick and died	<i>"There had been 3 families that got infected by covid at that time".(K2.F84)</i> <i>"But when it has already attacked the respiration, immediately I have them brought to the hospital" (K2.F82)</i>