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Analysis Of Covid-19 Spreading with Approaches Socio-Cultural Community Gorontalo

(Analysis of Covid-19 Spread Through The Socio-Cultural of Gorontalo Society)

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Abstract

This study aims to analyze the spread of Covid-19 through the socio-cultural approach of the Gorontalo community. With descriptive analysis, this research is focused on two levels of society. First, communities who have a kinship system and strong social interaction; Second, urban communities in administrative and private spaces such as in residential. The results of this study indicate that the spread of the virus will accelerate in communities where social interaction is quite high. Massive spreads and clusters are found in areas that have villages, administratively are villages or villages, but culturally is a model of villages with a very strong kinship (Ngala'a). In contrast to cases that occur in administrative and private spaces such as in residential where the contact is broken. In these spaces, it cannot be called a link because of low social interaction. Populous, but there is no social contact and physical contact. Referring to the results of the study, it can be concluded that Covid-19 spreads because it follows a pattern of kinship and culture. To deal with it, there must be a cultural strategy.

Keyword: Covid-19, Socio-cultural, kinship system, social interaction

PRELIMINARY

The Coronavirus 2019 novel (COVID-19) was first recognized and reported in Wuhan, Hubei Province, China on December 31, 2019. On January 7, 2020, China identified pneumonia of unknown etiology as a new type of coronavirus or a coronavirus novel (Ministry of Ministry Work Team Domestic Affairs, 2020). On 30 January 2020, WHO announced COVID-19 as the sixth public health emergency that needed global attention. This announcement follows the criteria used for H1N1 (2009), Polio (2014), Ebola in West Africa (2014), Zika (2016), and Ebola in the Democratic Republic of the Congo (2019). Finally, on March 11, 2020 WHO established the outbreak as a pandemic (Bruns *et al.* 2020). At present extreme countermeasures such as the Lockdown of an area and even a country are carried out as an effort to minimize the spread of the disease. When news related to the corona virus was first heard, many countries in the

world were panicked about the spread of the virus, but there were also those who responded casually to the corona virus outbreak. Non-natural disasters are certainly not the first time faced by countries in the world. History records that there have been a number of viruses that can also be life threatening if not treated immediately such as the Ebola virus, SARS, H5N1 or Bird Flu, HIV, MERS, and others (Zahrotunnimah, 2020).

The increasing number of cases of Covid-19 in the world, illustrates the spread of the virus so quickly and has spread widely to several countries in the World. Referring to the Directorate General of Disease Prevention and Control (2020), it is known that on February 16, 2020, 51,857 cases of confirmation were reported globally in 25 countries with 1,669 deaths (CFR 3.2%).

The COVID-19 pandemic has resulted in more than 4,3 million confirmed cases and more than 290,000 deaths globally. It also triggered fears will be the economic crisis and recession. Social

restrictions, self-isolation and travel restrictions have led to reduced labor in all sectors of the economy and caused many jobs to be lost. Schools have closed, and demand for commodities and manufactured products has declined. On the contrary, the need for medical supplies has increased significantly. The food sector is also facing increased demand due to panic buying and hoarding food products (Nicola M. *et.al.* 2020).

On Wednesday 10 June 2020, *Kompas.com* reported that an *update of* cases of Covid-19 infected patients in the World was 7,342,779 cases. In this context, researchers assume that the spread of Corona is not merely due to health factors, but also needs to be seen from the *socio-cultural* factor, where more and more people are crossing regions, countries and borders, causing a lot of social interaction, so that the spread of the virus is faster. In addition, on June 10, 2020, *Kompas.com* reported that 213 countries and territories worldwide had reported Covid-19. In addition, the pandemic also spreads in two international transportations, namely the Diamond Princess which rests in Yokohama, Japan and the MS Zaandam Holland America cruise ship.

In line with the description above, actually Corona handling cannot be handled with just one approach, such as treatment. However, various scenarios are needed in dealing with this pandemic. In a fast time, the arrangements for moving, crossing borders, social contact, and interaction must be quickly regulated and controlled quickly.

The more people cross borders between countries, the higher the rate of spread of disease from one country to another. The spread of the virus will be faster in people with high social interactions such as the nations of Asia. In Asia, close kinship and kinship is a strong factor for the economic and social growth of the community, but if in an emergency (epidemic) it becomes a powerful driver for the spread of the virus.

This research was conducted to address issues related to how the pattern of the spread of Covid-19 in the community especially the Gorontalo community? And mitigation scenarios such as what should be done in breaking the chain of the spread of Covid-19 in the community. On the other hand, this research was also carried out to address the concerns of the Gorontalo community, with the intervention model of PSBB in three stages, but the positive

case of Co

19 has even increased. The latest confirmation from the Gorontalo Province Health Office on June 16, 2020 through the Gorontalo Province Task Force, was that the positive data of Covid-19 in Gorontalo Province were 214 cases, including: 214 positive, 116 treated, 90 healed, and 8 died.

The terms PSBB, Lockdown, and Regional Quarantine to New Normal are intervention models. The intervention in question is how to delay a pandemic so that it is under control and even if all *stakeholders* including the community obey the pandemic curve will be sloping and declining. Why are these choices made by countries?

Because before there are drugs and vaccines available on the market, the pandemic is still ongoing. The choice of intervention model is the transition period until the availability of drugs and vaccines. All countries, including Indonesia and especially Gorontalo, have carried out modeling related to the projected number of cases that will occur. It is called a projection because it predicts and estimates how many cases there are in those regions and countries in the future until the time when drugs and vaccines are on the market.

RESEARCH METHODS

This research was carried out in Gorontalo Province, with consideration that PSBB had been carried out to stage 3, but the increase in the number of cases was increasingly significant. Besides that, Gorontalo is an area whose kinship system and social interaction is still strong, so that it makes it easy to analyze the spread of Covid-19 by comparing the increase in cases at two levels of society namely: First, people who have a kinship system and strong social interaction; Second, urban communities in administrative and private spaces such as in housing.

The method that is used in research this is the method descriptive. Data were analyzed the data of secondary that is sourced from: Document the results of the evaluation of PSBB Stage 1 to stage 3 conducted by the Covid-19 Crisis Center UNG, the data cases Covid-19 issued by the Department of Health Gorontalo, analysis libraries associated with the socio-cultural people of Gorontalo, and several other secondary sources that relate to the topic of this research.

RESULTS AND DISCUSSION

In the intervention model, namely the implementation of CBSB, there is something called *Social Distancing* (SD). *Social Distancing* is a recommendation from the *World Health Organization* (WHO) to minimize and break the chain of the spread of Covid-19 (C19). This term was then revised to *Physical Distancing* (PD). Appeal on this PD began to be effective and massive since the enactment of two positive Indonesian citizens infected with C19 as of March 2, 2020. Since then, most people have begun to distance themselves from one another.

Social Distancing , Kinship and Sick Behavior of Gorontalo People

In some areas with high level of enthusiasm such as Gorontalo, there will be quite difficult obstacles. Because, *social distancing* (social distance) and *physical distancing* (social contact) are contrary to the daily behavior of the Gorontalo people, which is very thick in their kinship system, and the social relations between communities are quite strong. This condition can be found in the Gorontalo community community that is in a "kampung" (village) cultural space .

Raising public awareness about health problems COVID-19 is indeed not an easy matter, because people may differ in interpreting the importance of *social distancing* and *physical distancing policies* for their own health. In intervention models such as CBSB, people are urged to follow the government's advice and instructions on the COVID-19 protocol such as maintaining distance, not making social contact, and not crowding. On the other hand, in the *cultural* memory of Gorontalo people, especially in *ngala'a* and *ungala'a*, the two terms above are not known, which in Gorontalo is known as 'wawalahe' (distance or distance). Even if there is a "social distance", it only occurs due to certain causes, for example caused by quarrels in the family *ngala'a* and *ungala'a*, as well as other problems in the family. This cannot be denied in a communal society like Gorontalo which is homogeneous. Moreover, the kinship (*Ngala'a*) is supported by the spirit of "clan" which is still very strong.

Conditions in Gorontalo are not much different from some other regions both in Indonesia and regions in the world where the kinship system is still strong. This is in line with the results of the

Renzaho study (2020) in African communities, where the construct of *self-isolation* and *social distancing* is actually not in line with most sub-Saharan African cultures that emphasize and develop collectively. For example, when a patient is hospitalized, a close relative of the patient will become a caregiver and stay in the hospital with the patient to ensure the care given to the patient is appropriate.

The basis of this behavior is "*ngala'agagala'a-Motolongala'a*" (kinship). The above behavior is not only as a praxis activity or activity, but also as a value chain in the spirit of Gorontalo kinship. The source of these values is none other than the Qur'an and the Sunnah (AQs) which later became Gorontalo jargon: *Adati Hulo-hulo'a to Syara'a, Syara'a topa-topango to Quruani* (Adat with syari'at base)

, shari'ah is based on the book of Allah).

Back to the recommendation of *social distancing*, which in Gorontalo perspective is called "*wawalahe*" (distance, distance). However, this *wawalahe* can only apply if relations between residents are at an emotional level, or have previously experienced a dispute. "*Wawalahe*" also applies when there is an outbreak, but people with the disease can be seen or predetermined their identity in the general public. In contrast to Covid-19 which is still conjectural, probable, contagious probabilities. While the positive is not announced or announced but has been isolated. Therefore, various appeals to fatwas for "*wawalahe*" seem difficult to . In the context of Gorontalo family system, the interaction can be divided into two things; *First*, personal interactions namely "*teteyapuwa*" (caressing), "*titiliya*" (close together), "*governance*" (pat each other, usually shoulder or hand gently), "*kukubinga*" (pinching each other gently), "*tetepawa wawu tetedu 'a*" (kicking each other, but in the context of play), "*titi'uwa*" (elbows in the context of kinship), and many other kinds of personal social interactions .

Second, community social interaction, there are "*depita*" (mutual food), "*bilohe*" (visiting each other), "*dudula*" (approaching each other), "*huyula*" (mutual cooperation), "*tayade*" (sharing) and many other interactions. These two Gorontalo style interaction models require physical contact and social contact. It is this culture of society that is very contrary to the principle of the Covid-19 protocol.

In several studies, it was explained that, in addition to *ungala'a*, the relationship in a

prominent kinship to community life in rural Gorontalo was *huyula* (mutual cooperation). *Huyula* for the Gorontalo community is a system of help (reciprocity) in a job, which is carried out jointly by community members or family members, for the purpose of alleviating the workload in meeting daily needs and interests based on social solidarity. For example, work to build houses, places of worship, cultivate agricultural land, deal with grief events, and other jobs that require help from others. Mutual cooperation activities not only involve one family (ngala'a) or extended family (*Ungala'a*) but also in a wider community group in this area. Ridwan Ibrahim (2003); Daulima (2004: 82); Heryati and Nurnaningsih Nico Abdul (2014); Abdul Latif and Andi Mardiana (2019).

Referring to the results of several studies above, it is known that the mutual cooperation system and help (reciprocity) in *huyula* activities, will involve several members of the community, so this activity is loaded with physical contact. These activities can be seen from the activities carried out together in various community activities in rural areas, both in the agricultural sector, as well as activities within the family members themselves.

As an area that has a strong kinship pattern with a strong Islamic base, Gorontalo culture contains quite complex traditions. In this complex tradition, from birth, marriage to death, everything is loaded with very high social interaction. The gathering of people in the "*kampung*" (village) environment in addition to releasing fatigue, is also a place for sharing information and including the "gossip" habits of the community.

The context of "*kampung*", actually is not only administrative space (village / *kelurahan*), but also cultural space. In these villages, interactions were even higher. Interactions occur in *pentarasi*, *dego-dego* (hangouts), workshops, stalls, "*bele panggola*" (old houses), and many cultural coordinate points as "agreed" places to gather and share stories, including "*karlota*" (gossip).

"*Karlota*" (gossip) may not be about telling someone's "disgrace", but also about information that is still *abstract* and cannot yet be confirmed. These places become cultural spaces where "*kampung*" residents meet. In Gorontalo "*karlota*" pattern, more and more *abstract* issues will make people go to these cultural locations to verify the truth of the issue,

equalize perceptions and *cross check* so that the dark issue can be brighter.

From these "cultural" activities, contact and social interaction will occur, this contact can be suspected to be the root of the spread of Covid-19. Moreover, for example, many "*kampung-kuncu*" residents in Gorontalo have limited literacy in relation to Covid-19. So health protocols such as maintaining distance, wearing masks and washing hands are often ignored. In another context, besides the "cultural" activities described above, public understanding

Gorontalo about "sickness" also needs to be a separate consideration in education about the spread of Covid-19. Referring to the results of the field analysis, it is known that the Gorontalo people's sick behavior is still conventional, using the paradigm of "*polipitolo*" and "*mobuwangohu*" (not feeling well / feeling a bit feverish). The context of "*polipitolo*" and "*mobuwangohu*" for Gorontalo residents is enough with medicines that can be purchased at warungs or drug stores (pharmacies). Coupled with the perspective of "*yilanggu*" (disturbed by demons) that can be treated with "*mohitelaluhu*" (ask for water to some religious/traditional leaders or shamans).

For the people of Gorontalo, the terminally ill was defined as "*mahepo tameyaliyo*" (severe level, activities must be helped by others), and even then more were brought by medical doctors, health centers or health mantras. If after that you can "*mohupa patu*" (fever down) or "*mamo piyohu pongonga*" (appetite is normal) then it is considered "*malohelamola*" (the body is rather mild / somewhat comfortable).

Sociological understanding of pain for the people of Gorontalo is indeed multi-layered. Primarily for villagers or who are at a low economic level. For them the illness was termed "*wanu mowalitamela to bele*" (can be treated at home) so need to be *hospitalized*.

The panic about Covid-19 did not spread to the socio-economic class I mentioned above. The panic is only at the middle class level which often consumes information and knows about Covid-19. On the other hand, economic conditions and the limitations of comprehensive information regarding Covid-19's handling protocol also influenced people's decisions in dealing with this pandemic.

In other contexts, in addition to the problem of Gorontalo society's ill health which is still conventional, there are also certain moments in

Gorontalo culture that are full of gatherings and physical contact, that is, when visiting one of the sick families or relatives. In this condition, then the family gathering momentum both *ngala'a* and *ungala'a*, so that the health protocol which is recommended by the government is ignored. The peak of the momentum mentioned above occurs when a sick family or relative is at a certain level, for example: *mahepo tameya liyo* (seriously ill), and "*mana'o-na'o*" (sakaratul death). This condition is the peak where all families and relatives both *ngala'a* and *ungala'a* come to visit the hospital of the sick person. In this condition, physical contact between family and relatives is difficult to avoid. Because, in addition there are keluaraga and relatives who just came to say hello farewell to patients who are sick, and have also come to mutual apology before the family died.

The reality of society described above, is often found in communities where the basis of kinship and social relations is still strong. Communities like this can be found in geographical spaces.

In the socio-cultural context, the results of the Renzaho study (2020) conducted on people in Africa emphasize that culture and social relations are important to consider in formulating health protocols. In sub-Saharan African communities, the collectivity of interdependent societies dominates, in contrast to some industrial countries where individualistic orientation is too dominating, the emphasis being on valuing personal space, privacy, independence, autonomy, and freedom. Unlike in African communities where people do not have personal space and are not independent. When someone falls ill at home, their friends and relatives are expected to visit during the sick period.

Therefore, social distance interventions need to be specifically defined and seriously consider cultural diversity and context. Sub-Saharan Africa needs COVID-19 interventions that are adapted to appropriate socio-economic and cultural conditions.

From the various realities of Gorontalo people's life that have been described previously, of course there should be an effort from several related institutions, to be able to formulate communication and socialization patterns for Gorontalo citizens based on classes in the community. Information and transparency about Covid-19 is very important not only to

break the chain of distribution, but also to break the "sick paradigm" of Gorontalo citizens who are still conventional.

Distribution patterns of Covid-19 in Gorontalo society

From Gorontalo's epidemiological picture, there are three local transmission *clusters* that are the Covid-19 pandemic epicenter in Gorontalo. The three *clusters* are Cluster Tumbihe (patient 01), Cluster Padebuolo (patient 22) and Cluster Bu'a (patient 46). *Kambungu* is a geographical space based on kinship. Because of the close kinship, the *kelpu* has a very high dimension of social interaction compared to the *kelurahan* / village administratively. Read the results of the Phase III PSBB evaluation in 2020, compiled by the PSBB Evaluation Team and the Covid-19 Impact in Gorontalo Province (UNG's Covid-19 Crisis Center). Administratively, Tumbihe is a village (Tumbihe Village) located in Kabila District, Bone Bolango Regency. Administratively Padebuolo is a *kelurahan* (Kelurahan Padebuolo) located in Kota Timur Subdistrict, Gorontalo City. Administratively, Bu'a is a village (Bu'a Village) located in Batudaa District of Gorontalo Regency.

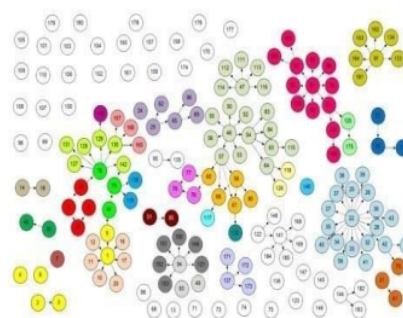


Figure 1. Contact Network Based on Cluster Refer to (Zulfikar Ahmad –Covid-19 Crisis Center UNG)

It is known that from the contact network based on clusters that are formed, more occur in the spaces of "*kambungu*" community, compared with geographical spaces that have high density but low social interaction with high literacy. Thus, cases such as those that occur in community space do not occur in administrative and private spaces such as housing where contact is lost due to low social

interaction. In these spaces it cannot be referred to as " *kambungu* " because of low social interaction. Administrative space such as housing does have a high population density, but social contact and physical contact do not occur .

Gorontalo's epidemiological picture is different from the epidemiological picture that occurs in countries affected by Covid-19 and areas with high prevalence of cases. In Gorontalo, the spread of Covid-19 took place massively in community spaces called " *kambungu*". *Kambungu* can be called a village, even though it is in the City. *Some can* also have high population densities, but some have low densities. In my case , there are also those who have high literacy and some who have low literacy.

In the context of the spread of Covid-19 in Gorontalo, the epicenter is in the " *canal*" which has high density, high social interaction but low literacy. The purpose of high density is " *canoe* " which has a large population ratio and a small area. If the social interaction is high, that is, the " *kambungu* " which have interactions with closely related family bases, the family base is clans that marry each other in one environment. Whereas low literacy is a low level of knowledge and awareness of health protocols. In the context of the family base, Tanipu (2018) explains that, the social roots of society *Kambungu* is a geographical space based on kinship. Because of the close kinship, the *kelpu* has a very high dimension of social interaction compared to the village / village in Gorontalo administration , based on two things. One of them is a kinship bond in a *linula* . When the *linules* form an empire, there are certain clans in the *linules* that become leaders (kings). Gorontalo has strong primordialism ties. Primordialism also requires strong kinship. If we trace back the origin of Gorontalo, which started from the *linules*, then of course the kinship network is a binding medium between the *linules* because the *linula* is basically a community unit in certain territories based on genealogical relations (Tanipu, 2018).

Referring to the results of field analysis, it is known that the spread of the pandemic Covid-19 in people of Gorontalo occur in spaces that base communities *ngala'a*- him (kinship) is very strong, which in the space larger than the potential distribution in public spaces such as the Mall, Offices, restaurants and other public spaces.

The analysis results above are also supported by *Google Mobility* data , that the lower mobility in public spaces, and the higher the mobility or *stay at home / work from home* , has minimized the amount of interaction in public spaces, but the fact is that mobility in the area around the house / environment is higher . Large- scale Social Restrictions (PSBB) should reduce the amount of interaction in the public space and in the community space (*kambungu*), in fact after being suppressed mobility in the public space, it actually makes people increase their mobility in the family / community environment (*kambungu*).

In line with the above description, in reality PSBB models apply only partially due to the restrictions only able to control activity in a public space, not in a community room *kambungu* . In addition, the health intervention model that applies globally is still less than optimal in controlling the activities of community communities that are still very thick in the kinship system and have high social interactions such as in the *communal* community. Model health interventions are used in addressing Covid-19 in people of Gorontalo, should consider to culture of society. This is because Gorontalo culture , which is still very thick with its kinship system, has a role in the pattern of the spread of Covid-19 in Gorontalo.

It is important to assess the role of culture in disease transmission and prevention. From the results of studies conducted in sub-Saharan communities in Africa, it is known that there is some evidence to show that community culture can also be the sole determinant in the HIV / AIDS epidemic in sub-Saharan Africa (Sovran, 2013). The cultural studies approach shows that each culture has specific explanations for its own health, illness, and healing strategies. This is like a study conducted on Konso People in Ethiopia, where Konso people always practice *local wisdom* -based medicine and they also have various dimensions of disease perception and beliefs and local culture-based health care practices. The Konso associate their health and illness problems with socio-cultural factors (Workneh *et.al* 2018).

Disease management using cultural approaches can also be seen from the results of studies in the Pakistani community, that the factors that determine health behavior can be seen in various contexts, one of which is the social cultural context of the community. Therefore, the

utilization of the health care system, whether public or private, formal or informal, can depend on socio-demographic factors, social structure, education level, and cultural practices (Shaikh & Hatcher, 2005). In this context, public health interventions must be handled with a cultural approach.

Because, for success in epidemic management, effective screening, and treatment of COVID-19 in infected patients, health care providers must focus public health efforts on education, prevention, treatment, and follow-up methods based on local community culture (Bruns *et al.* 2020).

Mitigation Scenario Covid-19-based Socio-Cultural

In the paternalistic culture of Gorontalo, there are always figures in my group who are respected and followed, usually to these figures attached to cultural symbols such as "Baate and Sara'a Da'a" (Pemnagku adat), Ayahanda (Village Head), "Dokuteri" (Doctor), "Mandili" (Mantri), and Teacher. There are also people who become figures because of their economic access such as "Ta'o Harata" (People who have a lot of assets), "O Huta Dadata" (People who own a lot of land), and many other various figures.

The series of actors, if they understand Covid-19 literacy, could be a source of information that their understanding follows. However, if there is no local actor as a "kambungu" as above or has an actor but limited literacy, then the "kambungu" becomes an area that has a high risk in the spread of Covid-19. Thus, the key word for understanding the distribution of Covid-19 in Gorontalo is space mapping, literacy, interaction and actors.

Of these four keywords, it can be mapped how many areas are at risk of having cultural space variables such as "kuncu" with high population density, limited literacy, high interaction and minimal actors with literacy about Covid-19.

In the above context, of course, a basic understanding related to the spread of Covid-19 requires a socio-anthropological understanding that can be used as a basis in formulating cultural-based mitigation scenarios. Cultural-based mitigation is important to be proposed as a transition scenario before official drugs and vaccines are released and consumed.

This scenario is important to be formulated, because Covid-19 does not want to be invited to make peace, so the discourse of "reconciling"

with Covid-19 becomes a less precise choice, moreover the peaceful scheme is translated through a new normal policy. The new normal policy in Indonesia is risky if we match WHO's relaxation standards. *pelonggaran menurut WHO.*

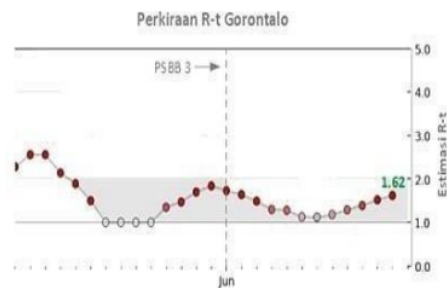
Figure 2. Estimated Rt Gorontalo (Tomy Ishak – Covid-19 Crisis Center UNG)

For WHO, the easing requirements include $R_t < 1$ for two weeks, high test ratios, expanded tracing and tracking, quarantine in adequate health facilities, and many other standards. These requirements are not met if we look at the epidemiological picture, R_t values Gorontalo (See Figure 2) and an increasingly high level of mobility in public spaces.

In the context of mitigation, we need to read and understand the pattern of the spread of Covid-19 in Gorontalo society. This is very important, so that we immediately formulate appropriate mitigation scenarios to break the chain of distribution of Covid-19 in the community.

The discovery of Covid-19 drugs and vaccines is still far away, it may take a year, or even more. Like the war (without peace options), as a unique species, we must treat Covid-19 in an attacking position, without pauses, without options peace. One way to survive is to understand how Covid-19 spreads, from this pattern we can find defensive patterns and counterattack if possible.

After reading and understanding the pattern of the spread of the Covid-19 pandemic in Gorontalo society, this research has found, that the pattern of the spread of Covid-19 is very strong in community space based on *ngala'a* (kinship), compared to administrative and private spaces, where community interaction is broken. In this context, mitigation scenarios must be formulated using several *socio-cultural* based approaches as well.



1. Actor Approach

The actor approach as a mitigation scenario is very important, because in Gorontalo culture that is paternalistic, the term "*lo 'iyalo ta'uwa, ta'uwalu lo'iya*"

, (the words of the characters must be followed) becomes important to give understanding to the community. In the history of the outbreak in Gorontalo, local leaders have a way to prevent it with "*boolota to awota*" (physical distancing), and all residents "*ngala'a*" obey.

At the subsystemic level, the character is not only a person but also a "value" that becomes the cohesion of the *ngala'a*. The figure must be "*moodelo*" (can bring exemplary values in carrying out his role).

Figure 3. Covid-19 Mitigation Scenarios.
(Funco Tanipu, 2020)

The character approach must be age-based, fragmented age above 45 years in Gorontalo the approach of local leaders such as "*Imamu*" (Imam of the Mosque), "*ti Guru*" (Teacher), "*Ti Sara'a Da'a* and *Baa'te*" (adat holders) would be appropriate. In addition to local figures based on age, the approach through humorous figures is also considered to be very ideal. In Gorontalo, humorous figures are an important variable, aside from being a public idol, humorous messages can be quickly understood by the public. On the other hand, for millennials, digital celebrities and *influencers* can become actors to educate understanding.

2. Space Approach

At present, intervening models such as the CBDR only regulate interactions in the public sphere, but do not regulate interactions in the sphere called "*ngala'a*" in "*kuncu-kuncu*". Spaces like this cannot be regulated by using common protocols (keep your distance, wash hands, wear masks), because these protocols can be considered unethical and not in

accordance with the culture of the community which is limited about Covid-19.

The approach in handling a pandemic must be changed, because the virus moves to follow the culture of the community and cultural spaces such as "*kambungu*" with high density, high social interaction and limited literacy and the limitations of local actors who can be heard and followed.

3. Literacy Approach (Language and Communication Pattern)

The literacy approach includes several more specific important things including (Jefryanto Saud, 2020):

a) Psycholinguistics.

The level of public understanding of the PSBB rules and Covid19 information cannot be clearly explained with words, sentences, even derivative discourse that can be understood by the community through the *local wisdom* (local wisdom) of Gorontalo society. The thing to do is to involve community actors who are accepted by the community and certain communities in spelling out the rules of the CBDR and / or carrying out the handling of the pandemic later.

b) Sociolinguistics.

The lack of understanding of the rules and



information above, causes the level of community participation, especially in communities, both young and adult communities can not transfer the meaning of the rules listed in the PSBB into their respective languages. The thing to do is to re-invite the communities that exist in urban society to the village to be able to socialize the forms of rules in accordance with their respective fields. In addition, by disseminating information through Social Media by way of involving *influencers* in all areas of downloading rules instituted this. In the context of social media, the study of Sampurno et al. (2020) explains that social media has many benefits, including as a tool for

tracking public health related to Covid-19. In addition, some researchers have used social media as an instrument to track and predict the spread of the Covid-19 outbreak. With so much publicly available information about various diseases and other public health problems, there is great potential for using social media as a source of data mining for the development of a pandemic response. Social media can even be used to track public opinion, for example regarding the use of disinfectants and other efforts to prevent and deal with Covid-19.

c) Morphosemantic

Every PSBB regulation is reviewed from all types of studies (from law to epidemiology), it should be seen linguistically about the meaning and origin (etymology) of words or sentences to be conveyed to the public.

So that negative effects such as those that occur Psycholinguistics and sociolinguistics above will not occur. Moreover, if you translate the rules to be elaborated in the Gorontalo community, it is appropriate to involve Gorontalo linguists in translating them into rules that touch Gorontalo *Local Wisdom*.

4. Interaction Approach (Ritual)

The approach to the interaction model can be through rituals that develop in Gorontalo society, starting from the process of birth, marriage and death. In the normal birth process begins with *molondalo* (seven months) then followed by *motutu* (childbirth), *mopolihu lo limu* (lemon bath for children), and many other traditions. In this case, it is important to contextualize the protocol in the ritual, but it is communicated by traditional leaders in a local way. Because all activities contact each other and attended by many people.

Likewise, marriage rituals such as *akaji* (marriage contract), *tolobalango* (marriage), *dutu* (customary marriage), and several other wedding rituals that require the presence of many people and must make physical contact.

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Even in death, starting from *molobungo* (funeral) and soul prayer for a week, 20th day, 40th, 100th, and 1000th which must be carried out by means of "hitambelanga" (sitting cross-legged and close together) and eating together by hand.

In the above context, then *Imamu* (Imam), *Baa'te* and *Sara'ada'a* (adat holders), "*hulango*" (traditional birth attendants) and local actors involved must be involved in the preparation of the Covid-19 protocol in the rituals of marriage, death and birth. Likewise, the interaction of residents in villages such as in dego-dego, stalls, workshops, and community gathering points in the community must be parsed and given a clearer understanding of Covid-19.

CONCLUSION

Departing from the research results described above, the conclusions drawn from the findings of the field, that Covid-19 spread because it follows the pattern of kinship and culture of the community. To deal with this there must be a mitigation scenario that uses a cultural stratagem approach. That is, the formulation of the Covid-19 mitigation scenario must be based on community culture. In addition, it is also important for the role of *local community institutions* to participate in

formulating Covid-19 mitigation scenarios specifically and seriously by considering the socio-cultural context of the community. Every region in Indonesia in general and especially in Gorontalo, certainly requires a COVID-19 intervention model adapted to the socio-cultural conditions of the local community.

In the context of case studies and analyzes in the field, the Socio- Anthropological approach of the Gorontalo community is a new approach in understanding the patterns of distribution as well as the formulation of the Covid- 19 pandemic mitigation scenario in Gorontalo. Therefore, to break the pandemic chain in Gorontalo society, it is necessary to formulate a *local* -based health protocol (*local wisdom*)

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