Pandemic myths in Indonesia culture and trust in official government information

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ABSTRACT

Multicultural communities in Indonesia produce mythologies related to disease outbreaks. This study aims to map such myths and their impact on trust in COVID-19 information, assuming that trust in the myths influences trust in COVID-19 information. This research is descriptive and qualitative in nature. Data consist of big data and the results of focus group discussions (FGDs) involving participants from three generations, i.e.,baby boomers, millennials, and Gen Z, in three regions. Cross-analyses were performed to examine the data. The results of the big data analysis uncover the myths about the spread, detection, prevention, and treatment of COVID-19. Likewise, the FGD analysis shows myths and superstitions around the COVID-19 pandemic, which could be prevented through religious and cultural rituals. The firm belief in the myths and poor public communication by the authorities created ambiguity. The public believes more in myths than the official information. The findings of this study can inform the formulation of culture-based health communication strategies and the optimization of public communications in a health crisis like the COVID-19 pandemic.
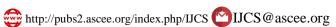
1. Introduction

The COVID-19 pandemic in Indonesia may have been under control, but positive cases remain relatively high. Health Minister Budi Gunadi Sadikin said that Covid-19 cases in Indonesia had increased again. As of December 22 2023, there were 453 new cases, and 2,761 active cases [1], In retrospect, there are many lessons to learn from handling COVID-19 in Indonesia. For example, the surging positive cases caused panic, but the government's response was not helpful [2]. The authorities' public communication was poor, which created even more uncertainty amid the health crisis. Counter-information, hoaxes, and disinformation related to the pandemic discouraged the public's participation and made it difficult for stakeholders to curb the transmission [3]. Many people ignored the health protocols set by the government. This was exacerbated by circulating mythologies related to the COVID-19 pandemic on social media [4]. They quickly spread and become alternative solutions to prevent and treat the infection. Such misleading information and myths have distorted reality and led to distrust in official government information [5],[6].

Mythologies are an important part of society in the form of assumptions or beliefs about the emergence and the prevention of the virus spread [7]. Indonesia is diverse and multicultural, with over 1,340 ethnic groups rich in cultures, traditions, and customs across 17,508 islands. Many ethnic groups produce local wisdom in anticipating or dealing with disasters and crises threatening their

lives. Myths are part of the local wisdom [8] and are rooted in the socio-culture [9]. In relation to the COVID-19 pandemic, the emerging myths became solutions to the issues. Therefore, looking at myths in the context of COVID-19 prevention is important. This study explores and maps myths related to the COVID-19 pandemic and their impact on trust in COVID-19 information. The results of this research can provide insights to inform the formulation of culturally sensitive health communication strategies and the optimization of public communication about the COVID-19 pandemic.

2. Theorical Framework

2.1. Cultural Approaches to Health Communication

Recent research on public health communications recognizes the role of culture as one of the factors associated with health issues and healthy living behaviors [10]. [11] For example, a culture-based health communication model applied in audience segmentation can increase the effectiveness of health communication. A cultural approach to health communication begins with understanding that culture is a dynamic and adaptive process [12]. It is learned, shared, transmitted between generations, and reflected in values, beliefs, norms, practices, communication patterns, family roles, and social life practices [13],[14]. Culture then becomes an integral part of an individual's life, including in the health dimensions. In this case, culture manifests as health myths [15]. Myths can be in the form of folklore, which contains narratives that can shape people's lives. Myths are understood as a cosmological saving force because it tells how things came to be and why specific measures are the right things to do [16]. Myths have an existential function for humans and relate to social reality and the universe. Myths are considered a local wisdom that is useful and relevant to be passed on to other communities [17].

Socio-culturally, the society views the pandemic as a disaster, calamity, or a trial that causes misery. People eventually accept this misery due to unavoidable destructive incidents [18]. The myth is that the arrival of a pandemic is marked by the appearance of a row of meteors [19],[18]. Dispelling the pandemic requires the community to hold a ritual to neutralize the bad luck [20], which can be done through mass prayers, giving offerings and alms, fasting, meditating, and other ascetic practices [21],[20]. Bad luck can be neutralized through an heirloom carnival or certain disaster-repellant vegetables [19]. This ritual is the socio-cultural practice to deal with the COVID-19 pandemic. The results of ethnographic research by the Health Research and Development Agency (the Ministry of Health of the Republic of Indonesia) in 2014 involving 32 ethnic groups in Indonesia showed the beliefs in irrational explanations related to diseases, e.g., caused by supernatural powers [22]. Examining this phenomenon more closely is vital because culture affects health. Therefore, this study aims to discover the intents and purposes of these cultural practices. The findings show that traditions related to health practices can be understood and explained scientifically [23]. However, some practices and understanding about the causes of an illness and its remedy are irrational [22]. The COVID-19 pandemic is not only a health issue but is also a political, economic, social, and cultural one. Modern society that thinks ontologically and acts functionally, so myths are considered irrational [24]. However, myths related to pandemics are social facts and become part of social reality. Through the omnipresent communication and information technologies, these myths have become widespread. The World Health Organization (WHO) even pays special attention to the myths related to COVID-19 [25].

2.2. COVID-19 Myths and the Disseminated Health Information

The Studies on health information have been extensive [26],[27],[28],[29],[30]. In journal articles focusing on health communication, health information keywords are attached to the message around patients and health workers. Conceptually, health information included in studies on health literacy includes extensive and quantitative information provided by healthcare entities. Current health literacy research has shown how people retrieve and disseminate information and contribute to their informed decision-making. In the context of the pandemic and new standards, health information is about patients, sufferers, and the public, as well as the status of COVID-19 as a global pandemic.

Other studies on health communication examine the misinformation and myths about the COVID-19 pandemic. [31] maps health information about COVID-19, discovering that health information tends to be miscommunicated, misrepresented, or misappropriated, negatively affecting

information seekers. [32] examined the spread of the COVID-19 pandemic myths in the community. The findings show that the myths spread through social media, with some being relatively harmless and others hazardous. In response, public and private institutions made a list of myths and set the record straight [33]. Generally, the COVID-19 myths can be categorized into five groups [26]: (1) myths about infectious dissemination, (2) myths about infection avoidance (preventive measures), (3) myths about detection of infection, (4) myths about therapeutic procedures, (5) other myths (miscellaneous) about COVID-19 that fall outside the previously listed four areas.

3. Method

This study elaborates on two main variables: the existence of myths and the public's beliefs in information related to the COVID-19 pandemic. A constructivist paradigm maps the relationship between the myths and the public beliefs [34]. This paradigm identifies and compiles a pattern of myths emerging during the COVID-19 pandemic and the extent to which the public trusts this information.

This study is exploratory and qualitative in nature. Following Poynter's (2010) qualitative research techniques, this research utilizes the findings from social media texts on the one hand and the complexity of informants' opinions on the other [35]. For this purpose, the method comprises two integrated strategies. First, this research uses big data facilities to map various health myths related to the COVID-19 pandemic in several big cities in Indonesia. The findings are used to dig deeper and uncover the complexities of informants' trust in COVID-19 information. Second, the online focus group (OFG) model elaborates and reads the relationship pattern between the myths and distrust in government information regarding the COVID-19 pandemic.

This study uses two data collection techniques conducted sequentially (step by step) to obtain maximum analysis results, as follows:

3.1. Keyword Search of Health Myths from the Big Data

Several keywords from Google Trends related to myths about the COVID-19 pandemic in Indonesia 2020-2021 include vaccines, coconut water, ice cubes, vaccine certificates, etc. Based on these cues, data were collected from social media, i.e., Twitter, TikTok, and Facebook, to obtain keywords related to the COVID-19 myths. These keywords were also cross-analyzed with how the cities were situated geographically in the provinces about the distribution of COVID-19-positive cases. The distribution refers to the statistical data from the Indonesian Central COVID Task Force for 2021-2022. By maximizing keyword searches based on Indonesia's geographical area, data were collected from crawling systems from the NodeXL Professional for Academic software throughout 2021.

3.2. Online Focus Group Discussion

The Focus group discussions were conducted online to reveal more elaboratively the cross-finding results between keywords and the geographic complexity. The FGD informants came from three main regions in Indonesia divided based on time latitude: the central region (the islands of Bali, Nusa Tenggara, and the Sulawesi area), the eastern region (Papua and Maluku), and the western region (Java, Sumatra, and Kalimantan islands). Research informants were selected evenly on a representative and comprehensive basis from each region based on the highest affected province by COVID-19. Three participants from different generations represented each province: the baby boomers, millennials, and Gen Z. The total number of participants was 27 people.

Table 1. Informants's distribution

			Informant:
Eastern Indonesia Time (WIT)	Maluku	3	Baby boomer
	Papua	3	
	North Maluku	3	
Western Indonesia Time (WIB)	North Sumatera	3	Millennial
	West Kalimantan	3	Gen Z
	DKI Jakarta	3	

Central Indonesia Time (WITA)	Bali	3	Each group of informants is represented by three people representing each generation. Each time zone was represented by nine informants. The total number of informants from the three regions was 27 people.
	West Nusa Tenggara	3	
	South Sulawesi	3	

4. Results and Discussion

The results of research data retrieved from social media include disinfectants, alcohol, garlic, UV, lung vaccine, and hot baths. Dominant words on cloud data include virus, COVID-19, disinfectant, prevention, spread, spraying, alcohol, and onion. Word relationships in the word mapping from big data about COVID-19 prevention show interrelationships. The word 'disinfectant' is related to the words 'prevention,' 'spread,' and 'spraying.' The relationship between these words is generally related to the efforts to prevent the spread of COVID-19 by spraying disinfectants.

4.1. Detection

The most frequent word cloud about the detection is the temperature checker at the entrance of a building. This trend increased drastically in March 2020 when the outbreak started, and the large-scale social distancing (PSBB) was implemented for the first time. Public awareness of the potential spread of the COVID-19 virus was high, especially about the symptoms that could be detected using a thermometer. This data is closer to the prevention theme related to detection, i.e., the effort to curb the transmission of COVID-19. The next word, cloud is about holding one's breath. This trend increased in September 2020 and January 2021 and fluctuated in nearly half a year. During the initial pandemic phase, the myth about holding one's breath for 10 seconds was considered a way for detecting COVID-19. In September 2020, the breath holding test coincided with the launch of GeNose innovation by Universitas Gadjah Mada (UGM) as an alternative non-swab way to detect COVID-19. In January 2021 GeNose was established as one of the government's official detection tools for COVID-19 screening in public transportation facilities through the Ministry of Maritime and Investment Affairs (*Menkomarves*) and Ministry of Transportation (*Menhub*).

The results of data processing shows interesting findings. In terms of temperature gauges, the relationship between the word clouds shows that there is closeness between 'temperature gauge' and 'early detection,' 'anticipation,' 'transmission,' and 'public place.' It can be concluded that this word relationship refers to the use of temperature meters to detect COVID-19 exposure, which is common in public places. Conversely, the breath-holding is not related to the same words or phrases. 'Holding one's breath' was a stand-alone keyword without any relation to the other words. It could be concluded that the information on social media related to this trend was a hoax.

4.2. Spread

The word cloud in the context of the COVID-19 spread includes home, people, community, and air. The word cloud shows that COVID-19 was spread through human interaction and viruses through the air. The keyword air comes with the term airborne during the pandemic [3]. The term airborne or virus spread through the air becomes the consideration of wearing personal protective equipment. In the word cloud, the keyword 'child' was dominant. UNICEF itself issued a release about the COVID-19 pandemic and children, underlining the impact of the virus on children, its spread, and considerations for sending children back to school. Children's activities affected severely during the pandemic were in the teaching and learning process. Children studied at home, using televisions or smartphones to access the subjects. Returning to school is underlined as one of the conditions that can potentially spread the virus.

Aside from being airborne, the virus can be transmitted by mosquitoes and flies as suspected carriers of COVID-19. In the later stage, shoes also became a COVID-19 medium that spread the virus. Several sources stated the need to give them special treatment.

4.3. Treatment

Analysis of content from the keywords about treatment showed the distribution in each city. The Capital Special Region (DKI) Jakarta is the most frequently mentioned area on Twitter: 477 times on online news, followed by West Java (346), Bali (281), Central Java (243), East Java (237), Yogyakarta (220), Bandung (163), Papua (146), Surabaya (136), and Depok (120). The area with the lowest intensity is Medan (64). This figure is in line with the COVID-19 report on treatment about the local governments' instructions for self-isolation and centralized isolation. The word-cloud analysis shows a strong relationship with 'tools,' 'vaccines,' 'countries,' 'people,' 'Indonesia,' 'viruses,' 'pandemics,' 'health,' 'home,' 'government,' 'pandemics,' and 'society.' It can be concluded that in terms of treatment during the pandemic, 'vaccines' was a main topic discussed by the media and stakeholders in Indonesia. The 'public perception' about the vaccine has also become a main story, especially because many refuse to be vaccinated.

The word cloud generated from the processing the data shows that 'treatment' also goes with 'the Indonesian government,' 'homes,' and 'the community.' Self-isolation at home is the most feasible option, which is supported by the Indonesian government, especially when health facilities cannot accommodate the increasing number of patients. The water system as a primary source for clean and healthy living also appears as a buzzword. During the pandemic, all activities must be preceded by washing hands with running water. In normal conditions, people greet each other and shake hands, which can be a medium of transmission. Hand washing and other clean and healthy behaviors became parts of the health protocols to control COVID-19, as stated in the ministerial decrees.

4.4. Eastern Indonesia Time Region (WIT)

Baby boomer participants in Eastern Indonesia understand the COVID-19 pandemic as a form of God's punishment. Only by returning to the word of God and carrying out church rituals could the COVID-19 virus be prevented. Aside from the religious, spiritual approach, people also made a physical approach by immersing the body in seawater. The salinity of the seawater became a myth in warding off the COVID-19 virus. The meaning for the society is significant so many people go to the beach and dip in the water until the seawater dries up in their bodies. Many others forcefully assemble and pray in churches. This behavior contradicts the government's appeal not to travel and to restrict physical interaction. Participants' trust in the government's official information about COVID-19 was low. In fact, local officials acted contrary to the appeals and violated health protocols by hosting parties that brought crowds together.

Millennial participants did not know exactly about the origin of COVID-19. Their understanding of the relationship between COVID-19 and religious issues was based on the church' services. The virus is interpreted more as an anti-Christ political movement to prohibit worshipers from going to the church. Meanwhile, Gen Z participants believed that COVID-19 was a global political conspiracy put forward by the global elites to regulate and control the world. However, whatever engineering is done through the disease, the Gen Z participants believe the virus will not be able to survive the hot temperature, so they believe that highly alcoholic local beverages, such as *Sopi* and *Cap Tikus*, can ward off and kill the virus.

4.4. Central Indonesia Time Region (WITA)

The baby boomer generation views the COVID-19 pandemic as a warning from Allah so that people will repent immediately because they are filled with selfishness, greed, and anger. The COVID-19 pandemic is also associated with the myth of Grandma Pakande, which is a folklore in South Sulawesi. Spices were considered an antidote to COVID-19, which include white turmeric, yellow turmeric, white ginger, red ginger, and lemon. Green coconut water mixed with honey and salt was also widely consumed by the public. The virus is believed to be afraid of water, especially salt water. They believe that salt water will kill the virus.

Millennial participants saw the COVID-19 pandemic from two perspectives. The religious perspective believes that the virus is not dangerous. The Director of Mataram City Regional Public Hospital stated that the COVID-19 virus is not dangerous, so people need not be afraid. The important thing is to be happy and to have a strong immune system. The second perspective sees COVID-19 as the result of biological weapons engineering, a global conspiracy by Bill Gates and his associates for political and economic interests on a global scale. Gen Z participants saw the COVID-19 pandemic as a disease outbreak caused by the global elites' conspiracy. The virus was

spread from an unknown aircraft. In general, Gen Z does not believe in COVID-19 information issued by the government because the government was not assertive in dealing with the issues.

4.5. Western Indonesia Time Region (WIB)

Baby boomer participants see the COVID-19 pandemic as a political situation and conspiracies by the ruling regimes. They thought that the elites wanted to impose their political dominance on the opposing groups to gain advantages in general and presidential elections. The pandemic issue is never separated from the regime's interests. Trust in government information is low. The public did not trust the government. The virus is nothing more than a fabrication of the ruling regime. The vaccines and public activity restrictions are not understood not as a solution for the good but as something political. On a more practical level, heat is believed to be able to resist the disease. Therefore, drinking hot coffee or any hot drink in some areas became a ritual to prevent COVID-19. Religiously speaking, rituals were also carried out. For example, in Kalimantan, a cultural ritual of repelling bad luck was carried out, such as the *Basamsam* ritual.

Millennial participants generally did not care much about the COVID-19 issue. Where COVID-19 originated from did not matter to them. What matters most is the economy. COVID-19, according to them, greatly affects their economic life. To keep working, they thought they did not need to believe in COVID-19. They came to terms with COVID-19 and believed that the ritual of repelling bad luck would actually prevent infection. Millennial participants drank hot coffee to maintain vitality and endurance. They also did not believe in vaccines. For administrative needs, they bought a vaccine certificate.

Gen Z participants were almost the same as millennial participants. They were indifferent and did not care much about the COVID-19 issue. They continue to do their daily activities as normal. Gen Z believed in the American COVID-19 conspiracy. Nevertheless, this news can never be clarified as there is no official information from the government. As such, more and more people did not believe in the COVID-19 virus. Gen Z did not believe in vaccines as they think vaccines are not safe. They also believed that vaccines contained planted microchips and non-halal substances. Vaccines can make them sterile and give them other negative effects.

The myths obtained from the big data analysis were confirmed by the results of the FGDs. The FGD data from three generations in three regions vary but generally form a structure about the COVID-19 pandemic myths. The analysis showed that the COVID-19 pandemic was the work of the ultimate reality in reconfiguring the order of human life. The baby boomer and Millennial generations expressed this opinion. Gen Z referred to it as a mystical force. The ultimate reality referred to in this case is the supernatural power that is beyond human ability and reach.

In Talcott Parson's system of action, the human organism's physical environment is the lowest level in the human system of action. The ultimate act is the ultimate reality. The ultimate reality is that humans are at the height of social life's concerns, uncertainties, and tragedies that challenge the meaning of social organization that humans can no longer explain [36],[37]. Humans act between two environments: the organic physical environment and the ultimate reality. Human action starts from micro-level interactions in behavioral organisms, organizational systems, social systems, and cultural systems. When the four systems of action cannot answer the doubts and uncertainties of the social tragedy that befell them, humans come to the ultimate reality. In the impasse, humans return the answer at the highest level to the system of action, i.e., the culture. Myths are part of the culture and answer circumstances that are inexplicable by human reason.

The myth of the COVID-19 pandemic comes from a power beyond human reason. God punishes people through COVID-19 due to their behavior in the four existing systems of action. These punishments are implemented through invisible agents in the form of conspiracies at the global and national levels and astral beings. Gen Z believes the COVID-19 pandemic is a global and national conspiracy effort. Meanwhile, the baby boomers and millennials believe in a conspiracy and the astral beings who worked to spread COVID-19.

The results of this study strengthen the results of research conducted by [38], which shows that most people (54%) view the COVID-19 outbreak as a test or trial for humans, 38% as a disaster, and 2% as God's curse. COVID-19 as an elite conspiracy is also reflected in the results of research by the Center for Innovative and Governance (CIGO) of the Faculty of Administrative Sciences, University of Indonesia (UI), which states that 26% of respondents believe that COVID-19 is a

global elite conspiracy [39]. In addition to the global elite conspiracy, [40] qualitative psychology research through ethnography argues about the national elite conspiracy for political and economic interests.

In response to COVID-19, besides traditional ways, some participants used government-recommended ingredients for health protocols, such as the use of disinfectants, pharmaceutical drugs, alcohol, hand sanitizers, and vaccines. However, people use these for different motives and conditions. Baby boomer participants used disinfectants, alcohol, and hand sanitizers to create a sterile environment for themselves, while Millennials and Gen Z tended to ignore these because they did not believe in COVID-19. Participants across all generations in the three regions tended to ignore appeals to keep their distance. They continued to carry out their usual activities (working) to fulfill their economic needs. The government's lockdown policy has made people's lives difficult. The government does not provide assistance for people's living needs, but people are prohibited from carrying out activities to get their living needs by working. For the community, economic needs are more important to sustain life than fear of COVID-19. Therefore, people tend to ignore various government restrictions in relation to the spread of COVID-19.

The use of masks was more of an accessory used only when there were officers. In general, the way the public dealt with the COVID-19 pandemic reflects distrust in COVID-19 information issued by the government. Such distrust is not only in the health protocols set by the government but is also in the COVID-19 itself.

Myths as narratives, although not proven scientifically, are believed by the public. The belief occurs because myths are conveyed regularly and ritualistically, gaining credence from repetition and reiteration until, finally, the myth stands between cultural beliefs and medical evidence [36]. Although not proven scientifically, myths became alternative solutions to overcome health conditions. They spread quickly because people tend to simplify complex phenomena, believe intuitions, overgeneralize specific things, or fail to represent the context of the problems identified [41]. Myths are rooted in the incompleteness or obsolescence of the concept of the problems we face [42].

Partial understanding leads to the incomplete and simplified conclusions in the form of myths. Consequently, it is important to discuss the connection between myths and the methodological aspects in health. Limited knowledge makes our ability to refute or fully understand medical phenomena limited. The gap that arises from the inability to explain the phenomenon medically provides room for myths to grow as an alternative rationale.

Cultural aspects also determine how myths are firmly believed in one geographical area than the others. Controversy related to myths occurs due to different health experiences among people in different regions. Cultural differences, contexts, and historical experiences about health shape different beliefs and ways to address health myths. For example, the experience of African people with the Ebola virus may be very different from that of Asians. The outbreak of the Ebola virus was massive in many African countries, but there were only very few cases in Asia. In this case, health myths in the two countries.

The COVID-19 pandemic still exists, and ignorance gives room for myths to grow as an alternative source of health information. Myths about COVID-19 compared to other health myths such as flu or tuberculosis show some similarities, such as quick spread and the gullible public accepting them without questioning the authenticity or scientific evidence [32]. Furthermore, during the pandemic, the public's psychology plays an important role in shaping beliefs about such information. For example, in the early days of the COVID-19 pandemic, most Indonesians were convinced of the function of *empon-empon* (herbs and spices, such as turmeric, galangal, ginger, aromatic ginger, white turmeric) as an antidote to the Coronavirus, so most of them consume *empon-empon*.

5. Conclusion

The COVID-19 pandemic was unprecedented, so ignorance about the disease was common. There was much ambiguity due to the unclear official information from the authorities and the circulation of hoaxes and misleading information. Sources of information that are considered to be credible are often based on myths. Myths become alternative sources of health information that can

fill the gap. Myth is a culture-based local wisdom that has been strengthened due to unclear information and reinforcement by social media. The rapid and widespread dissemination of information makes myths accepted as an alternative source of information.

The baby boomer generation believes the COVID-19 pandemic is supernatural work to reconfigure human life. In addition, the millennials also believe in the evil hands' conspiracy and astral beings. Generation Z believes the COVID-19 pandemic is a conspiracy of the global and national elites for specific political and economic interests.

Generally, three generations from three regions believe the COVID-19 pandemic is unnatural. Therefore, various narratives related to the COVID-19 pandemic disseminated by the government did not affect their attitudes. The three generations continued with their lives, although they remained vigilant. The low trust in government information is exacerbated by the behavior of officials who violate government health protocols. Many government officials meet with large crowds, both at parties and work visits, without keeping their distance and not wearing masks.

Acknowledgment

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