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Impact and Coping Strategies among Vulnerable Groups: An Urban-Rural Resilience Trajectory of the COVID-19 Pandemic

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Abstrak

Pandemi COVID-19 telah memengaruhi kehidupan kelompok rentan. Studi-studi terdahulu memperlihatkan bahwa kelompok rentan di daerah perkotaan mengalami dampak ekonomi yang lebih besar dibandingkan dengan daerah pedesaan, terutama karena pembatasan mobilitas, jaga jarak aman dan kerentanan yang sudah ada sebelum pandemi, sehingga memperparah tantangan kelompok perkotaan dalam bertahan hidup. Tulisan ini bertujuan untuk mengkaji variasi dampak dan strategi koping pada kelompok rentan di wilayah perkotaan dan pedesaan terpilih di Indonesia selama pandemi COVID-19 dan menilai bagaimana dampak dan strategi koping tersebut akan membentuk alur ketangguhan masyarakat. Tulisan ini memberikan argumentasi bahwa meskipun kelompok rentan di perkotaan lebih rentan terhadap dampak ekonomi pandemi COVID-19, namun baik kelompok rentan di pedesaan maupun perkotaan memiliki kesamaan berupa rendahnya kapasitas mereka untuk mengatasi dampak pandemi. Studi ini menemukan bahwa pemerintah masih kesulitan untuk menyediakan bantuan yang tepat waktu dan tepat sasaran bagi kelompok paling terdampak. Pemerintah masih memperlihatkan kapasitas yang rendah dalam menyampaikan pesan yang transparan dan koheren mengenai risiko pandemi untuk meningkatkan kapasitas ketangguhan masyarakat. Data primer dikumpulkan melalui metode penelitian kualitatif berupa wawancara mendalam terhadap berbagai informan seperti kelompok rentan, pemimpin masyarakat dan perangkat pemerintah.

Abstract

The COVID-19 pandemic has had profound effects on the livelihoods of vulnerable groups. Previous studies have indicated that vulnerable groups in urban areas suffer more economic impacts than their counterparts in rural areas, largely due to mobility restrictions, social and physical distancing measures, and pre-pandemic vulnerabilities, exacerbating the challenges that urban groups face to survive. This article examines variations in the impacts and coping strategies of vulnerable groups in selected urban and rural areas in Indonesia during the COVID-19 pandemic, and determines how these impacts and coping strategies have shaped the trajectory of community resilience. The article argues that although vulnerable groups in urban areas are more susceptible to the economic impacts of the COVID-19 pandemic, both urban and rural groups share the same lack of capacity to address the impacts of the pandemic. The study finds that the government continues to struggle to provide timely and well-targeted assistance to the worst affected groups. The government has demonstrated low capacity in delivering transparent and coherent messages on the risks of the pandemic in order to increase the community's capacity for resilience. Primary data were collected using qualitative research methods in the form of in-depth interviews with a wide range of informants, including vulnerable groups, community leaders, and local government officials.

Keywords: resilience trajectory, impacts of the COVID-19 pandemic, coping, adaptation, urban-rural communities

INTRODUCTION

The COVID-19 pandemic has presented formidable challenges to people's livelihoods, despite variations in urban and rural areas and across different economic sectors. Studies have indicated that the impacts of the pandemic have been more severe for workers in urban areas, as they have been unable to work due to mobility restrictions (Brooks, Mueller, and Thiede 2021), with migrant workers experiencing wage losses (Zhang and Hu 2021), and poor communities experiencing changes in consumption patterns (Kumar and Abdin 2021). Urban environmental issues, including air pollution and a lack of clean water and sanitation facilities, mean that urban dwellers are more susceptible to pandemic health risks (Sharifi 2021). Meanwhile, in rural areas, the impacts of the pandemic on the labor market have been less severe as rural people are less likely to report being unable to work (Brooks, Mueller, and Thiede 2021), although the health risks of the pandemic persist.

The pandemic has also had divergent effects on different economic sectors, with those in urban areas having been impacted disproportionately. The tourism industry is one of the sectors hardest hit by the pandemic (Abbas et al. 2021), followed by the service sector (Xiang et al. 2021). Pandemic responses appear to contribute to the disproportionate impacts. In urban areas in the United States, for instance, the

government has implemented a more aggressive pandemic control policy, resulting in greater economic impacts than in rural areas (Brooks, Mueller, and Thiede 2021). In Indonesia, the policy to restrict public mobility in order to contain or halt the spread of the virus appears to have had the greatest impact on the trade and service sector, including micro, small, and medium enterprises (SME) (Lutfi et al. 2020), contributing to a significant reduction in demand for products and in service workers' incomes.

In multiple socio-economic crises and disaster induced by natural hazards, vulnerable groups tend to suffer worse impacts than the general population or more affluent groups (De Silva and Kawasaki 2018). These groups, which include those who have a lower capacity to adapt to adversity, find it challenging to maintain their standard of living post-crisis, and fail to protect household consumption (Skoufias 2003). In the worst-case scenario, they are only able to cope over the short-term, while failing to adapt to the long-term impacts of the crisis, leading to asset depletion, disruptions to children's access to health and education, and impacts on the family's plan for the future (Helgeson, Dietz, and Hochrainer-Stigler 2013). With their low capacity to cope and adapt, vulnerable groups may fall into poverty, widening the socioeconomic gap between the rest of the population.

In the complex socioeconomic system, vulnerability and resilience are closely related, with both involving the notion of capacity to cope with and adapt to adversity. Vulnerability is seen as the opposite of resilience (Aguirre 2007), and resilience is sometimes considered to be one component of vulnerability (Pelling 2007). In both notions, transformation from vulnerability to resilience is desirable. Vulnerability itself can be considered as a condition shaped by livelihood assets, community structures, and social characteristics such as gender, age, ethnicity, and health status (Pelling 2007). On the other hand, resilience refers to a process of adaptability and recovery that relies on community members' social-economic and cultural capacity (Van Landingham 2018).

In the context of the COVID-19 pandemic in Indonesia, it is pertinent to understand how vulnerable groups in various community contexts have been affected by the pandemic and how they have built resilience through coping and adaptation strategies. This understanding is fundamental as vulnerability in urban areas is higher than in a more traditional, rural types of communities (Moser 1998), affecting the process of resilience building.

For the current paper, we conducted an exploratory study of community resilience during the COVID-19 pandemic in purposively selected rural and urban areas. The study aims to examine variations in the impacts of the pandemic and the capacity of communities, in particular vulnerable groups, to cope with the consequences. Using the resilience framework developed by Norris et.al (2008), we analyzed communities' capacity for resilience through a set of networked capacities, consisting of economic capacity, information and communication, and community competence. We added government responses to the pandemic into the analysis as a key element in building community resilience.

The findings from the study align with the findings of previous studies that show vulnerable groups in urban areas to be more susceptible to COVID-19 related economic impacts. The findings also suggest that the government's inadequate handling of pandemic measures has not only amplified the vulnerability of individuals in urban area, but also reduced their long-term coping strategies, thus undermining their capacity for resilience.

COMMUNITY RESILIENCE: A SET OF NETWORKED CAPACITIES

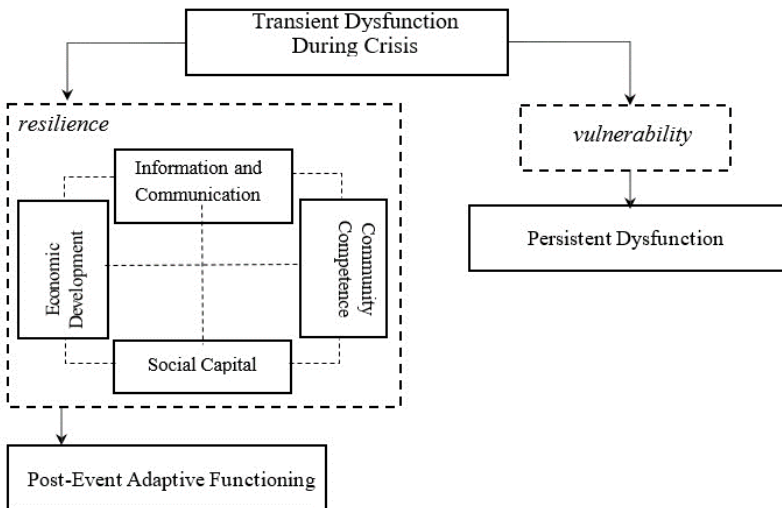
Resilience is an emerging concept that stems from the disaster study, engineering, and ecological fields. In all definitions from different fields, the concept of resilience encompasses the notion of capacity to adapt in the face of stress, risks, or adversity (Garmezy 1993; Masten, Best, and Garmezy 1990). In the current study, the COVID-19 pandemic, which hit Indonesia hard in March 2020, is perceived as a risk due to the challenges it poses, including public transmission of the virus, social isolation, and financial uncertainty (Kroska et al. 2020).

As a broad concept, resilience is a topic of much debate. A wealth of literature has presented resilience as an autonomous initiative in which adaptive capacities are perceived as the responsibility of the individual during times of uncertainty (Katz 2004; O'Malley 2010; Neocleous 2013). This understanding of resilience may potentially encourage "the ongoing processes of neo-liberalization" (Rogers 2013), where the management of an array of adversities is transferred from the state to community members, rather than contributing to the establishment of a "more ecologically sensitive and socially just form of social organization" (Hudson 2010). Growing criticism of this understanding has resulted

in a conceptualization of resilience that acknowledges the subjects as citizens in state-society relations (Anderson and Adey 2012; Brassett, Croft, and Vaughan-Williams 2013). Within such a relationship, “the state has a duty to protect the population, and the population can demand to be protected” (Anderson 2015).

However, the role of the state as the entity with the obligation to protect the population has been insufficiently addressed within the resilience framework. Norris *et al.* (2008), for instance, offer a framework that explains a set of adaptive capacities required to establish community resilience: information and communication, community competence, social capital, and economic development. The framework successfully emphasizes how vulnerable groups’ capacities link resources to outcome, rather than solely assessing resilience based on the outcome. It also acknowledges communities’ perceptions of risks that stem from the crisis and have an influence on communities’ behavior, including the way they respond to the crisis. Hence the framework can be utilized to explain a pandemic situation, which encompasses multidimensional risks. However, an equally important element, which is not emphasized sufficiently in the framework, is the government’s role in supporting communities to deal with the crisis. The current article analyzes government responses as a vital element in tackling the COVID-19 pandemic, especially in terms of the protection of vulnerable groups.

Figure 1. Resilience as a network of adaptive capacities



Source: Norris et al. 2008

In the context of the COVID-19 pandemic, four capacities are vital to establishing community resilience. *First*, information and communication resemble insight exchange among community members around risk mitigation measures (Comfort 2005). It can be argued that “correct and correctly transmitted information” (Longstaff 2005) is a critical resource in tackling public confusion during the pandemic. The current study explores the government’s public communication strategies and their impacts on vulnerable groups’ perceptions of the risks and ideas for coping mechanisms.

Second, community competence involves the ability to develop collective decision-making to solve the problems faced by community members during a crisis (Bruneau et al. 2003). To better understand community competence within the context of the pandemic, the current study explores the government’s disaster risk management strategies and how they have aligned with other government responses. We also explore initiatives formed by communities to support vulnerable groups during the pandemic.

Third, social capital consists of an individual’s capacity to obtain assistance from their social network, including family and friends (Lin 2001). Social support provided to vulnerable groups can decrease the negative impacts of the pandemic. This study explores dynamics within the household sphere, including how relationships between household members have changed during the pandemic.

Fourth, economic development includes the resources required to help vulnerable groups to cope with the crisis (Bolin and Stanford 1998). Communities with the least access to economic resources have lower risk mitigation capacities. This study explores the economic impacts of the pandemic on vulnerable households.

THE CAPACITY OF COMMUNITIES TO COPE WITH AND ADAPT TO THE PANDEMIC

Community resilience is best perceived through a framework of adaptability rather than stability in response to a changed system (Paton and Johnston 2001; Ganor and Ben-Lavy 2003). It is also critical to highlight resilience as a process in which the interaction of social, psychological, and physical aspects within a community may lead to adaptation or continual disturbance (Cicchetti & Schneider-Rosen 1986; Sroufe

1979). Therefore, investigating the interaction between these aspects is more valuable than examining the aspects in isolated observation.

The interaction of community capacities indicates the community's ability to re-function after a crisis. The lack of such capacities within vulnerable groups leads to short-term coping strategies instead of long-term adaptation. In the dominant discourse of resilience, adaptation is understood as a quintessential outcome of resilient subjects with different interpretations. A wealth of literature defines adaptation as the functioning of a previous hegemonic status quo (MacKinnon and Derickson 2013; O'Hare and White 2013). Meanwhile, other works of literature have interpreted adaptation as the altered circumstances for sustainable socio-ecologically inclusive living (Hudson 2010; Walker and Salt 2012; Nelson 2014). Adaptation encompasses a condition that eliminates risk factors to avoid recurring hazards in all different notions.

Coping and adaptation are relatively distinct, though it can be difficult to point to the differences between the two in real-life situations. The distinction lies in that lasting and rapid resource mobilization is not guaranteed in coping. The psychophysiology approach defines coping as thoughts and acts that lower disturbance (Miller 1980). When a crisis takes place, coping is defined as a subset of activities involving efforts to manage discrepancies between resources and demand, regardless of the outcome (Lazarus and Folkman 1984; Sarafino and Smith 2011).

There are two types of coping processes: emotion-focused and problem-focused (Folkman and Lazarus 1980). Emotion-focused coping is favorable when people perceive the stressor as something that must be endured. Meanwhile, problem-focused coping is favorable when people perceive the stressor as something that must be tackled using constructive actions. Vulnerable groups tend to choose to cope, rather than to adapt, due to pre-existing vulnerabilities that limit their ability to mobilize resources to adapt to the crisis (Ahern and Galea 2006; Norris et al. 2008). Vulnerable communities elsewhere have engaged in self-organized activities to address the risks posed by the pandemic. However, their capacity to establish a longer-term adaptation strategy has been questioned (Bento and Couto 2021).

RESEARCH METHODS

We employed a qualitative approach to compare the degree to which several types of communities have built resilience in the midst of the crisis

(Aspers and Corte 2019). The study is exploratory in nature, considering the lack of studies that have explored how vulnerable groups within communities in Indonesia have built resilience amidst the COVID-19 pandemic. In this study, we define community as a description of and reflection upon targeted populations within geographic boundaries and socio-cultural settings (Soy 1997; Yin 2013). We selected several types of communities as case studies: agriculture-based rural, tourism and home-industry-based rural, and urban, as detailed in Table 1. The types of communities were selected in an attempt to understand the connection between the capacity for mobility and livelihood strategies, and the development of resilience among vulnerable groups.

Table 1. Location and number of communities

Province	District	Type of Community		
		Agriculture-based rural	Tourism and home-industry-based rural	Urban
East Java	Banyuwangi	1		
	Pacitan	1	1	
	Sidoarjo		1	
Bali	Badung		1	
Yogyakarta	Bantul		1	
Jakarta	East Jakarta			2

Source: primary data

In this study, the term “vulnerable group” is used to refer to individuals whose pre-existing social characteristics intertwined with specific situations, causing limited capacity to reconstruct their livelihoods following a disaster (Carney 1998; Moser 1998; Sanderson 2000; Peacock et al. 2001). Those who are considered vulnerable include: individuals experiencing homelessness, those who belong to poor households, the elderly, persons with disabilities, members of women-headed households, recent residents/immigrants/migrants, and children/youth (Morrow 1999). Informants were mainly identified using the snowball sampling approach with our prior connections as gatekeepers.

Data collection was conducted in two rounds. The first round was conducted in April–June 2020, coinciding with the initial implementation of large-scale social restrictions (PSBB) in the capital city. The social restrictions were extended, relaxed, tightened, and even replicated in other districts based on the number and spread of active cases. The second round of data collection was conducted from December 2020

to June 2021, after the central government introduced public activity restrictions (PPKM) to respond to increased active cases due to three major holidays. The fluctuation of active cases and different policy responses during the two rounds of data collection are reflected in the data we obtained. We observed changes and dynamics in community members' risk perceptions and coping strategies.

Table 2. Characteristics of key informants

Regional Level	Type of Informant	Number of Informants* *“institution” for government agency and “person” for household
District/City	Health Office	6
	Tourism Office	1
	Cooperatives and SMEs Office	2
	Industry and Trade Office	1
	Social Services	6
	Regional Agency for Disaster Management (BPBD)	5
	Communication and Informatics Office	4
	Development Planning Agency	3
	Research and Development Agency	1
	Village and urban-village-level administrative area (“kelurahan” in Indonesian)	Village head/secretary
COVID-19 Task Force up until the lowest administrative unit (<i>Rukun Tetangga/RT</i>)		7
Female head of household		10
Local migrant		8
Household with elderly members		9
Household with children		11
Household with persons with disabilities		4
TOTAL		84

Source: primary data

During the first round of data collection, the pandemic forced us predominantly to employ online data collection techniques using phone call in-depth interviews. However, this strategy has several limitations: researchers were unable to capture the gestures and expressions of study participants and could not make field observations. We were also required to anticipate technical obstacles regarding telephone and internet signals, particularly in rural areas. During the second round of data collection, we combined online video calls and phone calls, with in-

person interviews with the help of local research assistants. Despite the limitations, we managed to conduct 84 interviews with various types of informants, as described in Table 2.

IMPACT OF COVID-19 AMONG VULNERABLE GROUPS

In Indonesia, as elsewhere, the pandemic has had a significant impact on the economy. The World Bank (2021) reported that people across all income groups have experienced losses during the pandemic with the poorest 20 percent having experienced the steepest decline in incomes. In 2021, their incomes declined further while the richest began to stem the tide. The poorest 40 percent of the population have not started to recover from income losses. The decline in incomes has translated to approximately 100 million more individuals living in extreme poverty. Congressional Research Service (2021) also notes that the pandemic has disrupted lives across all countries and communities and negatively affected global economic growth in 2020 beyond anything experienced in a century.

The vulnerable have experienced harsher impacts from the COVID-19 pandemic than other group, both economically and socially. Their vulnerability means that they have a lower capacity to cope with the impacts and have fewer resources to fall back on to recover. Vulnerable individuals or groups have certain characteristics and experience particular situations that affect their capacity to anticipate, cope with, resist and recover from the impacts of extreme natural events or processes (Blaikie et al. 1994).

We found that vulnerable groups in rural areas with agriculture-based livelihoods experienced less economic impacts than other groups. The agriculture sector is less affected by government measures to manage the pandemic, including physical distancing and restrictions on social-economic activities. However, landless farmers experienced a greater decline in income than other farmers, as landowners attempted to minimize their use of labor in order to reduce cash expenditure.

In rural areas that rely on tourism and the home-industry sector, the COVID-19 pandemic produced a more significant economic impact than in agriculture-based rural areas. Informal and casual workers in the tourism sector in Bali and East Java experienced a significant decline in income as the government closed tourist attraction sites. Meanwhile, workers in home-industry-based rural communities, including pottery

workers and metal artisans in Yogyakarta and East Java, also experienced a drop in product demand and reduced working hours, resulting in a decrease in workers' incomes.

The pandemic has hit vulnerable groups in urban areas the hardest. Individuals who work in the informal sector, as well as contract workers in various formal sectors, also experienced a significant drop in their incomes. Small business owners, including food traders, closed their businesses due to a lack of buyers. Several factory and migrant workers were required to live on half of their usual income, were laid off, returned to their village, or found work in the agricultural sector.

The above findings demonstrate how the pandemic has affected various vulnerable groups in rural and urban areas differently. Government measures to address the pandemic are the main cause of the differences in impacts. In this regard, the agriculture sector's production activities on farm sites were not affected by the policies adopted. In fact, during the pandemic, the agricultural sector has continued to experience growth. BPS (2022) showed that NTP (Farmers' Term of Trade) increased during the pandemic. This sector has become an alternative economic opportunity for individuals who have lost their jobs in the hardest-hit sectors.

We found that strict mobility restrictions resulted in losses and reductions of income for the majority of individuals who belonged to vulnerable groups in urban areas. Although the economic situation had slightly improved towards the end of 2020 and early 2021, it had not returned to pre-pandemic levels. Some individuals continued to experience a perceived level of uncertainty in their economic situation related to changes brought about by pandemic control measures. We encountered cases in which individuals had lost their jobs and returned to their villages, and had not yet found employment.

In addition to the economic impacts, the pandemic has also had social and psychological impacts on households in rural and urban areas. We witnessed changes in social relations between community and household members. The impacts brought about by the changes included strengthened solidarity among community members, which emerged almost spontaneously and was mainly observed at the "*rukun tetangga*" (RT) level. In terms of inter-household relationships, there appeared to be an increase in the intensity of communication between household members, bringing households closer together.

The study also identified that increases in COVID-19 cases, and the greater the risk of the virus, tended to bring individuals in urban and rural areas together. This form of solidarity, however, tended to weaken when the risk of COVID-19 transmission was low. The study also shows that the communities had limited capacity to provide financial support to others, driving vulnerable groups to rely on themselves to find means of coping. In addition, the absence of community-based social activities at the height of the pandemic reduced an array of social interactions that could have connected vulnerable individuals with more privileged community members. This phenomenon was more visible in urban areas, where cases of COVID-19 were more prevalent than in rural areas.

In both urban and rural areas, the social and economic implications of the pandemic contributed to psychological problems within the households. Household members who had experienced a loss of or decline in income experienced psychological stress. This impacted previously harmonious relationships between family members, particularly between husbands and wives. Family members were afraid that they would not be able to meet their household's daily needs. The psychological pressure was even more severe among households with debts. In these cases, the psychological stress led to further tensions in the family, with spouses tending to clash and argue more often.

The study found psychological impacts to have occurred in several households in all communities in both urban and rural areas. However, the study reveals that decision-making patterns, as well as the division of workloads between women and men, continued to be unchanged before and during the pandemic. Husbands continued to dominate the decision-making process, and wives still played a significant role in providing care work to the family.

To summarize, we identified various economic, social, and psychological impacts of the COVID-19 pandemic on vulnerable groups. The government's inadequate responses to control the pandemic have amplified the economic impacts of the pandemic on vulnerable groups, especially in urban areas. However, the pandemic has resulted in similar social and psychological impacts on vulnerable groups in both urban and rural areas.

COMBINING TYPES OF COPING STRATEGIES

The current study found that vulnerable groups have tended to implement temporary coping strategies, rather than long-term adaptation strategies, to navigate the risks associated with the COVID-19 pandemic. Vulnerable groups within three types of communities have implemented a combination of problem-focused and emotion-focused coping strategies. In addition to the low capacity of vulnerable groups to cope, the inadequacy of the government's response has further exacerbated vulnerable groups' adaptation to the pandemic situation.

In the midst of the COVID-19 pandemic, vulnerable groups have practiced problem-focused coping strategies by addressing the economic and the health impacts of the pandemic. We found that vulnerable groups in rural and urban areas practiced more or less similar coping strategies, for example reducing the quality and variety of the food they eat, especially meat and fish. In severe cases, for example in agriculture-based-rural communities, we encountered households that had changed their staple food from rice to "tiwul" (made from cassava powder). Households, in both urban and rural areas, had also reduced their non-food expenditure, including body care, clothes, and snacks for children. Several households had reduced the amount of financial support they provided to their parents. They had also used their savings or sold jewelry to fulfill their daily needs.

In tourism and home industry-based rural communities, the vulnerable groups' main objective of practicing problem-focused coping strategies was to fulfill their daily needs, either in the form of food or non-food expenditure. At the same time, vulnerable groups looked for alternative sources of income. We encountered individuals who had changed their business strategy, for instance, by resorting to mobile applications or diversifying their products to attract more customers. Several households had also received assistance, in the form of many and in-kind support from parents, relatives, and charity organizations.

The range of problem-focused coping strategies implemented by vulnerable groups in urban areas was relatively limited compared to those practiced in rural areas. Alternative jobs to compensate for loss of income were not readily available due to the severity of the pandemic's effects on most economic sectors in urban areas. It has been difficult for vulnerable groups in urban areas to adapt to the pandemic situation successfully. We found that several people who had previously worked

in the service and hospitality industry had returned to their home villages after losing their jobs. They had opened small businesses or were looking for new job opportunities.

Under the difficult circumstances, vulnerable groups in urban areas have tended to resort to emotion-focused coping strategies by looking to and talking with fellow neighbors and family members to deal with the psychological impacts of the pandemic. Such strategies are helpful in releasing stress and tension from work and other problems. Vulnerable groups in the urban areas had also attempted to manage the situation by becoming “*pasrah*” (“submitting to the conditions and thinking positively”) to boost their motivation to find ways to address the problem.

This study found that the coping strategies adopted in rural and urban areas had the potential to change following variations in household or community situations, the dynamics of the COVID-19 cases, and the direction of government policies. In addition, differences in the educational levels and social networks of vulnerable groups determined the coping strategies that they were able to implement. Those who were able to find new jobs mostly had a higher formal education degree, more comprehensive networks, and better access to digital information. Nevertheless, these individuals considered their coping strategies to be temporary and hoped to return to their previous jobs once the situation improves.

In short, vulnerable groups in urban and rural areas have limited options in dealing with the impacts of the pandemic due to the low capacity of their human and social capital. Under the circumstances, while they have implemented short-term and temporary coping strategies, it has been challenging for vulnerable communities to plan longer-term and more strategic adaptation mechanisms.

COMMUNITY RISK PERCEPTIONS AND SELECTION OF COPING STRATEGIES

This study shows that the information and communication capacity of vulnerable groups has decreased over time, and has had an influence on their perceptions of risks associated with the COVID-19 pandemic. Risk perceptions of vulnerable groups, as determined in the study, are not only influenced by perceptions of economic loss over health risks, but are also shaped by socio-cultural factors within the community. Government policies and risk communication strategies also play a crucial role

in influencing vulnerable groups' risk perception. This study suggests that the specific ways in which vulnerable groups perceive the risks associated with the COVID-19 pandemic have shaped their selection of problem-focused coping strategies.

The way risks associated with the pandemic are perceived by members of communities shape their strategies to adapt. Communities' risks perception is influenced by the connection between the perceived risk and perceived benefit of a hazardous activity (Alhakami and Slovic 1994; Finucane, Alhakami, Slovic, and Johnson 2000). When the stakes for economic loss are higher than the health risks, individuals tend to become involved in risk-taking activities. During public health crises, when the uncertainty level increases, people's judgment to evaluate health-related decisions is also challenged (Weible et al. 2020).

Until around early 2021, the perceived health risk among vulnerable groups was relatively high. Individuals adhered to the mobility restrictions, as stipulated by the PPKM and PSBB policies, and willingly stayed at home. Gradually, there was growing uncertainty due to numerous influential factors, including the surge of changes in policy decisions on public health protocols and limitations on social-economic activities. Ever-changing mobility restrictions, for instance, were seen as directly impacting community risk perception. The tug of war in terms of decisions between stakeholders caused confusing messages to be delivered to the public and resulted in dissonant behaviors toward the policies. The uncertainty around the pandemic situation also led to a false sense of security. Eventually, this resulted in increased inconsistency of community adherence to mobility restrictions and health protocols. Individuals from vulnerable groups began to engage in high-risk social activities, for example returning to workplaces, as they perceived the benefits to be high.

During the second phase of data collection in December 2020–June 2021, we found that individuals had become more reluctant to stay at home and to comply with health protocols in public places than during the initial stages of the pandemic. Three factors primarily influenced this change: the decrease in the number of the active cases, the loosened monitoring of health protocols, and pandemic fatigue.

Numbers of active cases that tended to decline during the same period stopped individuals from seeking out the latest information on the pandemic from television or social media. The growing assumption among community members was that COVID-19 posed a danger mostly

to the elderly and those with previous comorbidities. These trends all lead to a decline in the perceived health risks, while the perceived social and economic risks began to increase among vulnerable groups.

In the research area, regional governments' monitoring of health protocols tended to become more inconsistent from December 2020 to June 2021. The government's monitoring of public health protocols, other than wearing a mask, also loosened. The loosened monitoring became a significant issue with the survey conducted by BPS (2021) showing that general compliance with maintaining established distance (40%) and avoiding crowds (43.3%) was lower than with wearing a mask (57.1%).

Simultaneously, people started to experience pandemic fatigue, which caused distress around any information regarding COVID-19. The distress was driven by continuing uncertainty due to the lack of references in terms of similar crises in remembrance. This distress was worsened by a surge of COVID-19 misinformation and fake news on television and various social media channels. Lacking the literacy skills to evaluate information, informants mainly described data on COVID-19 as “*confusing*,” “*disheartening*,” and “*monotonous*.”

The study also found that vulnerable groups from rural and urban communities developed different risk perceptions toward COVID-19. This variation was influenced by the socio-demographic characteristics of the community, their primary type of livelihood, and the degree of social cohesion.

In rural communities, whether agriculture-based or tourism & home-industry-based, vulnerable groups are generally more cautious when interacting with people outside the village, while perceptions of the risk of being infected by neighbors are relatively low.

We argue that lower risk perception regarding neighbors is influenced by the extent of social cohesion and connectedness among community members. Social connectedness that keeps people together has not changed much during the pandemic, hence increasing risk-taking behavior, for example conducting or attending social gatherings without strict health protocols. We found that several social and cultural activities, including congregational prayers and rotating lottery clubs (“*arisan*” in Indonesian), started to recommence in January 2021 following the shift from PSBB to PPKM, although several restrictions continued to be implemented in the case of individuals from outside the village.

In urban communities, vulnerable groups' perceptions of the economic risks were higher than their perceptions of the health risks. This

was due to mobility restrictions that challenged the urban hospitality and daily transportation sector, in which most individuals from vulnerable groups worked. During April–June 2020, vulnerable groups in urban areas maintained a higher perception of the health risks. However, from December 2020 to June 2021, they perceived the economic risks to be higher than the health risks. Risk perception among vulnerable groups in urban areas was influenced by households' financial capacity, which had not yet recovered to pre-pandemic levels. Financial distress, combined with pandemic fatigue, made risk-taking behavior more apparent than in the first year, including using extremely crowded public transportation to travel to busy workplaces.

In summary, the current study shows that changing community risk perceptions among vulnerable groups shaped and influenced their selection of problem-focused coping strategies. When the perceived health risks were lower, people tended to engage in risky behavior during the pandemic. Meanwhile, when the perceived health risks were relatively high, individuals complied with behavioral options to reduce said risks, including staying at home.

GOVERNMENT RESPONSES TO SUPPORT COMMUNITY COPING CAPACITY

The government issued presidential decree number 11/2020 on the establishment of a public health emergency in the legal field and declared the COVID-19 pandemic a national disaster through presidential decree number 12/2020. Furthermore, the government formed a special task force to implement COVID-19 disaster management at the central, provincial, city/district, and community level. Our interviews with COVID-19 task force members showed that the government has also implemented various policies on the management of the public health system, restrictions on communities' social activities, economic recovery, and social protection programs.

The formulation of pandemic policies at the local level ideally ought to be in line with central government policies. Effective coordination between all government sectors would ensure that COVID-19 policies are delivered in a timely manner and are well-targeted. However, during the first year of pandemic, tensions between government actors resulted in inconsistencies in government strategies to address the pandemic. However, better synergy had been developed between government ac-

tors by the second year of the pandemic thus resulting in more coherent policies.

District/municipal governments stipulated policies to address the COVID-19 pandemic following central and provincial government policies. Consequently, we found similarities in district/municipal government policies in our study areas—regardless of the severity of COVID-19 cases. The district/municipal governments formed several policies at the local level to support community livelihoods through economic recovery programs and social assistance by utilizing local resources. The forms of policies and programs included but were not limited to (i) certification of eligibility for health protocols for business actors, (ii) empowerment and training for micro, small and medium enterprises, (iii) utilization of software applications as innovative ways to handle the pandemic, (iv) provision of self-isolation facilities by utilizing local hotels/business, (v) implementing mobility restrictions adapted to local conditions and policies, and (vi) distributing social assistance by utilizing district/municipal budgets.

The research informants from rural and urban areas stated that various local policies and programs had supported them in responding to the pandemic's impacts, but were not optimal. Local programs were generally charitable, one-off, and not designed to promote long-term recovery. For example, the district/municipal governments provided food/cash assistance and training for communities affected by the pandemic. However, the programs were only implemented several times at the beginning of the pandemic and did not take into consideration future follow-up plans. In addition, the informants continued to experience mistargeting in the distribution of program assistance (inclusion and exclusion errors) and untimely schedules. Meanwhile, communities with specific vulnerabilities, for example women-headed households, had not been fully prioritized in district/municipal policies related to pandemic coping.

This study also found that vulnerable groups sought assistance from non-governmental organizations, which were able to compensate for the absence of government programs. Local governments also faced limited financial capacity, human resources, and infrastructure, making it difficult to design programs specifically targeted at groups severely affected by the pandemic.

Through COVID-19 task forces at the community level, the village/urban government has become an essential social organization system

in supporting COVID-19 handling programs at the grassroots level. These government administrations act as a transmitter of policies and coordinate programs and assistance from and for their communities. However, community support for the social organization system within villages/urban villages is predicted to be unsustainable due to limited community capacity, the emergence of pandemic fatigue, and dynamic community risk perceptions.

To summarize, the role of government policies in helping the community to develop its capacity for resilience is crucial. The government has implemented various policies at the national, regional, and community levels to address the spread and impacts of the COVID-19 pandemic. The application of these policies, together with support from non-governmental organizations and communities, has played a significant role in developing the resilience of vulnerable groups in responding to the pandemic situation, although not always optimally.

DISCUSSION AND CONCLUSION

Cutter, Ash and Emrich (2016) suggest that there are different factors that contribute to the formation of resilience in rural and urban areas. In rural areas, communities' capability to develop post-disaster depends largely on social capital, mainly the strength of kinship-based social networks. In contrast, in urban areas, economic capital, in particular the financial capacity of community members, conditions the formation of resilience. In the context of the COVID-19 pandemic, Peters (2020) argues that there are variations in factors that contribute to groups' vulnerabilities, including the resiliency of rural and urban communities. Rural communities are more vulnerable to being infected by the virus, due to limited access to health services. The high proportion of older individuals in rural areas also means that more people are likely to be severely impacted when infected by the virus. In contrast, urban vulnerability is characterized by high population density and high mobility.

The current article has shown how rural and urban communities have relied on different socioeconomic capacities to cope with the various impacts of the COVID-19 pandemic, which has shaped their resilience trajectory. On the one hand, pandemic policy responses, which are more prevalent in urban areas, including mobility restrictions and social distancing measures, have had negative impacts on urban workers who have experienced reductions in income and working hours. The

fact that some workers, for example migrant workers, are not covered by regular social protection programs or have not received pandemic response assistance has exacerbated their suffering. On the other hand, workers in rural areas generally fare better than their urban counterparts, as the agricultural sector is less affected by mobility restrictions. The pandemic has also revealed the strength of the rural economy, especially the agricultural sector, in absorbing workers who have returned from urban areas.

In terms of coping strategies, the most common strategy applied by individuals in urban and rural areas is reducing food and non-food expenditure, which is a form of problem-focused coping. In urban areas, the dominant coping strategies were applied to deal with significant income loss, f̄vulnerable groups, due to weaknesses in program delivery, low coverage, and limited financial resources, human capital and infrastructure, which exclude several vulnerable groups from benefitting from the programs.

With their low capacity and competence, we found that community coping strategies represented short-term responses to the pandemic and were unable to support long-term recovery. In other words, vulnerable groups have found it difficult to adapt to the impacts of the pandemic and may continue to do so in future. In this regard, the government's response, which this study has framed as a central element in the community resilience framework, must be strengthened to support and enhance the community's socioeconomic capacity to cope and adapt to the pandemic.

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